



# Health Education in a Cambodian Village

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**M**Y ASSOCIATION with Penn Rey, the "grandfather" of the little village of Purandoung, Cambodia, began shortly after I arrived in Cambodia in 1959 and was provided an office in Phnom Penh, the capital. Purandoung was less than 50 miles away. I had begun to study the Cambodian language, and my teacher (later my interpreter) chanced to remark that his old grandfather had come from his native village to visit. I insisted that the visitor be brought "to eat rice with me." Meals in Cambodia are called "baay" (rice).

The meeting with the grandfather was pleasant. He had never before visited or supped with a foreigner, he said, and never had had the chance to visit in a house like mine. The grandfather asked many questions and wanted to look at all parts of the house and to learn what various gadgets were for. When he left, saying "Cumriep lee haoy" ("Goodbye, I am going now"), he invited me to visit him and his family in Purandoung.

A villager who goes visiting in the outside world, particularly in a situation different from his own, usually returns to his village and shares his experiences with the other inhabitants. On a second visit to my home, the grandfather

asked me for a snapshot to show the people. Therefore, months later when I came unannounced to visit Purandoung, the people there—some 200 to 300 persons—knew who the "Khmau" (black American lady) was.

My visit was a royal one. Someone climbed a tree for coconuts to serve as refreshments. Drinking water came from the marshes, low places, and waterholes about the village. Both villagers and animals quenched their thirst from the same source. A shallow contaminated well was serviceable during the rainy season but dry at other times. Surface water carried dirt and trash into the well and onto the bucket and rope which constantly rested on the ground when not in use, providing a fertile incubator for intestinal parasites and the vectors of diarrheal diseases. Right from the first, however, the grandfather saw to it that I was served only coconut water from the shell because, as he remarked to the villagers, that was safe for me.

The villagers offered me their humble village for my home during my stay in Cambodia. This is the kind of reception a person needs on a first assignment. My only preparation for living and working in that geographic area was a semester of social studies on the Far East that I had taken at Beirut College for Women in Lebanon in 1956. Therefore, immediately upon my assignment to Cambodia, I began a search for information about the country and its people—a quest that I continued throughout my stay. I learned the most, however, from the grandfather of Purandoung and the other villagers.

During the work week I fulfilled my duties as public health nurse adviser for the U.S. Op-

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erations Mission to Cambodia. Weekends and holidays I spent in my adopted village. When the villagers wove the material for their clothing, I, too, received a length for mine. The grandfather, the villagers, and I often sat down together, sometimes "to eat rice," other times to drink coconut water and plan for village improvement.

### **Clean Water and Sanitation**

By February 1960, the group had decided that the lack of clean water for human consumption was the village's number one problem and that sanitation was the second. Therefore the first community project was to be a well to provide clean water for the community and a water-sealed pit privy for each family in the village complex. Since I did not have time to contribute my fair share of labor to the work projects, I offered to pay my share in cash. Money was needed to buy a few tools, nails, hinges, lumber, garden seed, and some bits of wood to make a few pieces of furniture. The grandfather was appointed keeper of the funds. He also served as project leader, assuming responsibility for all the administrative questions that arose with the provincial government.

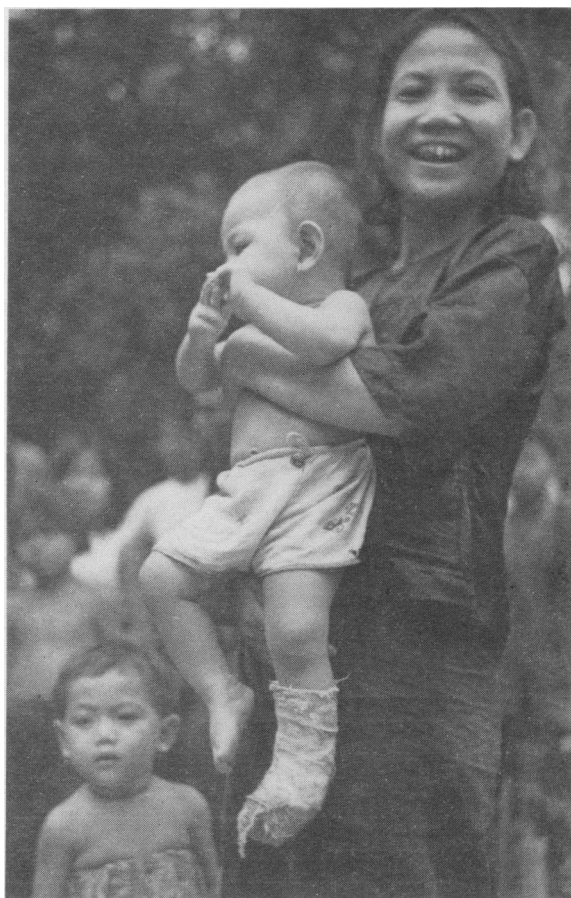
When the residents of Purandoung were ready to have a well drilled, Marvin Miller, a well driller with the U.S. Operations Mission to Cambodia, provided the equipment and technical know-how. In March 1960, we drilled a 2-inch well, more than 32 feet deep. Miller connected a brand new hand pump that he brought with him. Pumping at first brought up only cloudy water. But finally a stream of clear water gushed forth. It was pleasing in taste and abundant in supply—a delight for both adults and children.

Once the site for the well had been chosen, sites for privies could be selected. In September 1960, the Cambodian Ministry of Health assigned a staff member to the village to assist the people with the preparation and installation of the privies. After a pit was dug for the privy, it was walled with split bamboo to prevent cave-ins. Over the pit was placed a cement slab with a hole in the center and a place for the feet. The villagers worked in teams in molding the cement and digging and lining the pits. Each family, however, was to complete the

privy from that point, adding a shed or screens as it wished. By November 1960 the chief physician in Kandal Province and the medical director of the Cambodian Government's hospital—Preah Ket Mealea—at Phnom Penh were providing persons to help show the villagers how to dig the privies. A local Chinese lumber company subsequently contributed enough lumber for the families to complete the privies. Each family in the village had a slab and a pit for its privy by April 1961, and many families had constructed some kind of shelter around their privies.

### **A Center To House Community Activities**

Soon after my arrival in Purandoung I had begun teaching, demonstrating, and holding family health conferences on Saturdays for the people from Purandoung and the neighboring villages. A series of Walt Disney health films



**Mother is happy that her baby's clubfoot has been set**



**Villagers of Purandoung preparing to extract the milk from coconuts**

that I had brought with me and showed in February 1960 in the rice paddies proved to be a great success. They provided both recreation and information. At the showings, I gave—with the help of my interpreter—simple instructions about hygiene and child care and explained how diseases are caught and can be prevented. Along with my interpreter and occasionally friends whom I invited to the village, I listened to the stories that the grandfather and the villagers told about the health of the people and the problems they had experienced from one generation to the next.

All these activities took place out of doors. The second project the villagers decided to undertake therefore was the construction of a community center to be used for teaching, demonstrations, family health conferences, and the like. Planning began the latter part of 1959. A U.S. Army sergeant who was assigned to the U.S. Military Advisory Mission to Cambodia prepared the preliminary designs and plans for the center. Concerned Americans assigned to U.S. Government missions in Cambodia organized themselves into an advisory committee to give the grandfather and the villagers a helping hand. The size of the building in the plans was reduced to a rectangle 42 feet 9 inches by 19 feet 8 inches, a size in line with our funds.

The building was laid out, and digging of the

foundation began in January 1961. On January 28, 1961, Mrs. William C. Trimble, the wife of the U.S. Ambassador to Cambodia, laid the first brick for a supporting pillar. Fortunately we were able to purchase the necessary lumber, tools, and nails locally, from a Chinese firm that thereupon also contributed lumber to complete the privies and delivered all the supplies to Purandoung. Ambassador Trimble and the director of the U.S. Operations Mission, Charles A. Mann, provided some funds. A few sets of carpenter tools were also donated by interested Cambodians and Americans. The local international church gave the village a special collec-



**Completed foundation of the community center**

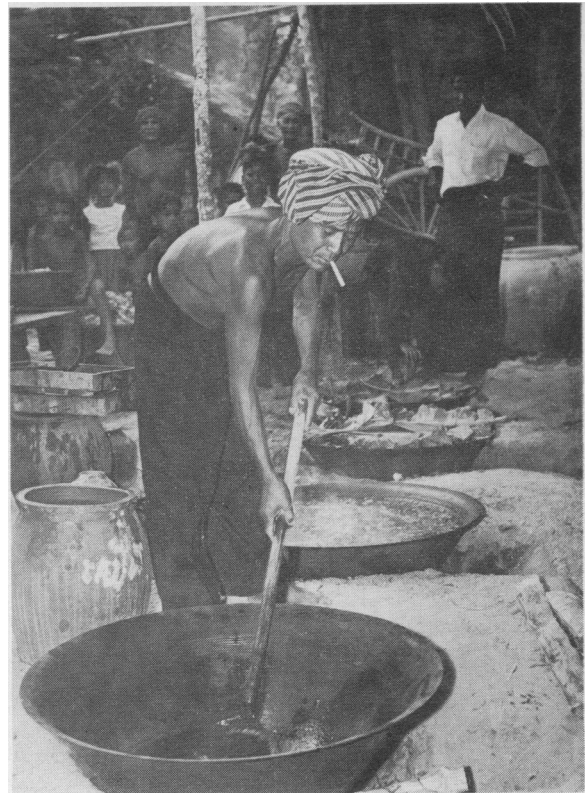
tion, and friends in several States aided us financially. The cost of the center was twice our original estimates, but by March 1961, the major part of the building materials had been procured. Before leaving Cambodia I contributed enough money so that the villagers could get the needed nails and shingles. I subsequently learned from an American friend who visited the village after my departure that the Purandoung community center was completed.

Long before I had come to Cambodia, I had taken midwifery training to prepare myself for an assignment in North Carolina—a useful skill to bring to other lands. I wanted, therefore, to be present at a delivery in Purandoung so that I could assist and teach the “matron” (the childbirth attendant) and the village women how to provide safer care for mothers and babies. I wanted also to learn how mothers were cared for during labor and delivery. The people had told me about many babies who had died (presumably from tetanus) and about mothers who died during and after childbirth.

The first delivery at which I was present in the village was to a young mother whose wed-



**Village woman weaving cloth**



**Making sugar from the sap of the sugar palm tree**

ding I had attended and to whom I had been giving prenatal care. She and her husband asked me to take charge when her time came, and I did. The birth was uneventful. Both mother and baby did well. I taught the mother and father how to care for their child.

I performed another delivery in the village in March 1961 to a woman 38 years old, who had been married 18 years and was pregnant for the first time. With at least 25 women of the village, including the woman's nearest neighbors, I kept a careful vigil for 36 hours. The patient's father, with whom she and her husband lived, was critically ill. Therefore hospitalization of the woman was out of the question. Some of the little band keeping watch had given up hope for a live baby. Finally, however, a weak infant, choked with mucus, came forth with a little whimper. My attempts to blow life into the little tike seemed endless and almost proved of no avail. The day after the delivery some of the women remarked, “Had you not been there, the baby would have died.”



**The U.S. Operations Mission to Cambodia (now AID) provided the technical know-how and equipment to dig a new well for the village**

The baby's ill grandfather 2 days later went "to join Buddha and his ancestors." The daughter commented, "He waited to see the baby."

I made visits to the village in the evenings after my other work when it was necessary to follow up patients and to check on those referred to the hospital and to the chief physician in the provincial headquarters at Takamu. Between July 1960 and March 1961, a total of 8,131 visits were made to our weekly open-air family health conferences. The average monthly attendance was 1,016 persons.

#### **Health and Medical Supervision**

Common health problems in Purandoung included eye and skin diseases, tuberculosis, Hodgkin's disease, measles, dysentery, intestinal parasites, nutritional diseases, dental disease, toxemia of pregnancy, and gynecologic diseases.

The overall supervision and responsibility

for the health of villagers is delegated to the chief physician of each province. These government health officers are responsible to the Cambodian Ministry of Health for conditions within their respective provinces.

In July 1960, we asked the dispensary of the U.S. Embassy and the Cambodian Ministry of Health for help with physical examinations and the diagnosis of cases and the treatment of selected patients. In response, the dispensary supplied us with drugs, and its physician helped us with some patients. By late summer, a Cambodian health officer was assigned to Purandoung as a "general practitioner." By November 1960, the chief physician of Kandal Province and the medical director of the Preah Ket Mealea Hospital of the Cambodian Government at Phnom Penh were providing followup care for the villagers. The director and assistant director of health services of the Ministry of Health also assisted with selected patients.

Gifts of drugs for Purandoung began arriving; the major portion was provided by Mrs. Irene Auberline, president of World Medical Relief, Detroit, Mich., the late Dr. Tom Dooley



**Constructing the lining for a privy pit**



and his organization MEDICO, and a local French physician who was a representative of French and U.S. drug firms.

During my stay in Purandoung, I arranged for the admittance of two young villagers to the Preah Ket Mealea Hospital—an infant with a clubfoot for X-rays and a cast and a 12-year-old girl for treatment of tuberculosis. The mother's explanation of the girl's illness was that the grandmother, who had been ill for several months before she finally passed on, "had now returned to take her grandchild." This fate for the child was accepted by the family. My task was to help the villagers understand that diseases are carried by germs and that most can be prevented or cured.

The villagers had little to offer beyond their energy, an abundance of goodwill, and an interest in the success of our community projects. They had no outside sources of income. The little they were able to earn they needed to purchase the meager necessities. The rice crop had not been bountiful for a number of years.

When interested persons visited the village,

I would tell them of my experiences there and, as a result, enlisted the aid of a number of them for our weekly family health conferences. Also, in January 1961, American friends residing in Cambodia helped me sponsor a party for the village children. This occasion afforded these other Americans an opportunity to visit a rural village and enjoy firsthand contact with its inhabitants—treats not always open to strangers.

The Cambodians became increasingly interested in this kind of sharing—of foreigners and Cambodians working together to improve health, sanitation, and nutrition in a little village in the midst of rice paddies. The Cambodian Ministry of Health's provision of health services at the village level was something the ministry had not attempted until it aided us in Purandoung.

Although the health education project in Purandoung was small, it influenced not only the people of Purandoung, but also many from other villages, to come to the weekly conferences to learn about health and to receive care.

## Education Note

**Generating Community Action for Environmental Health.** The Environmental Control Administration, Public Health Service, will offer a new course in generating community action for environmental health at the Administration's training facilities in Cincinnati, Ohio, December 2–6, 1968.

Subjects will cover the rationale of public contact, proper attitudes toward the public, preparation of the environmental health message, including development of a visible prob-

lem, and dissemination of the message through mass media and by direct contact with the public. Trainees will discuss the nature of news, develop a community action program, and tour a metropolitan newspaper and a television-radio station.

No tuition or fee is charged. Trainees are expected to provide their own housing and transportation while attending the course.

Application may be made by writing to the Chief, Training Program, Environmental Control Administration, 222 East Central Parkway, Cincinnati, Ohio 45202 or by telephoning 513-871-1820, extension 298.