EP061

When Caregiving Comes First: A Case Study of Unmet Health Needs of a Rural Malaysian Indian Mother



MINISTRY OF HEALTH MALAYSIA
INSTITUTE FOR HEALTH BEHAVIOURAL RESEARCH

Delarina Frimawati binti Othman Andu[1,2], Norlinda binti Abdul Rashid[2]

[1]Clinical Research Centre Hospital Melaka

[2]International Islamic University Malaysia

INTRODUCTION: Unmet health needs disproportionately affect low-income and rural populations in Malaysia. Rural residents frequently face significant systemic barriers to healthcare, including long travel distances to hospitals, high transportation costs and a lack of adequately staffed local facilities. Women in Malaysia often face a "double burden" of managing both domestic household duties and unpaid caregiving. For rural mothers, the time and financial costs required to seek medical care directly compete with their daily obligations to care for their young children. Because of these intersecting socioeconomic and relational barriers, low-income women in caregiving roles are frequently forced to delay or completely forgo essential health-seeking behaviours and preventive care. This case study examined how these unmet health needs are experienced and negotiated by a rural Malaysian Indian mother who is at risk of diabetes, exploring how she balances her caregiving responsibilities with her own health.

METHODOLOGY: A qualitative case study approach was adopted to explore the lived experience of 'Mrs Eesha' (not a real name), a 33 years old rural Indian housewife with five children, married to an odd job Indian man, living near an estate which is more than 40km to the nearest town in Temerloh, Pahang. Data generated through in-depth interviews and informal observations. The analysis focused on identifying barriers to healthcare access, competing priorities and expressions of unmet needs, guided by a reflexive and interpretive framework.

RESULTS & DISCUSSIONS

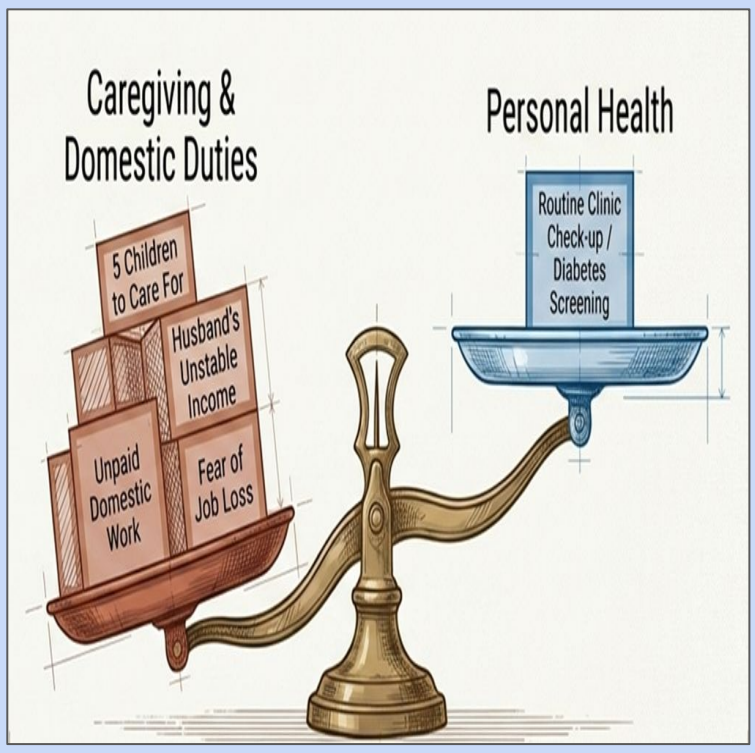


FIG. 1: DOUBLE BURDEN

"Saya pergi kerja (kempen), nanti balik kerja, semua sudah habis. Rumah kerja pun sudah banyak. Oh! mana lagi jaga dia orang (tunjuk anak-anak)"

-Mrs. Eesha-

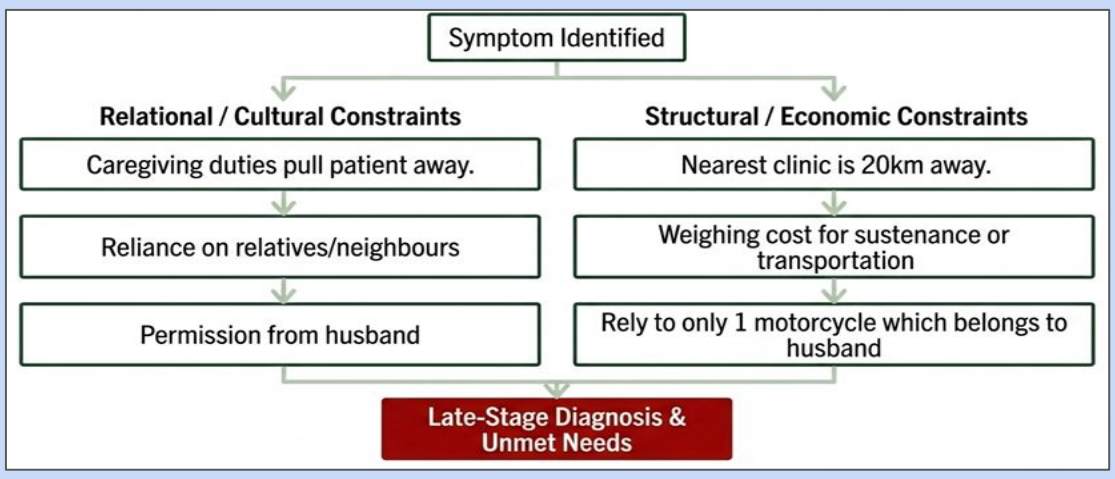


FIG.2: CONSTRAINTS & BARRIERS

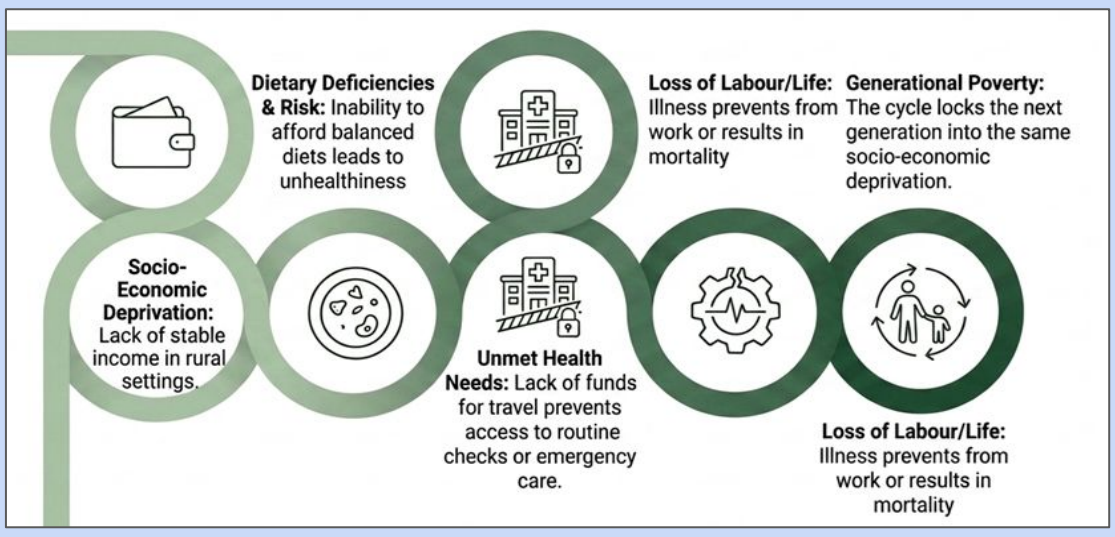


FIG. 3: VICIOUS CYCLE OF MULTIDIMENSIONAL POVERTY

CONCLUSION & RECOMMENDATION: This case demonstrates how unmet health needs of a rural woman is shaped by structural and relational constraints. Effective interventions must be community-based, gender sensitive and account for caregiving burdens and socioeconomic realities to make preventive health services responsive to women's lives.

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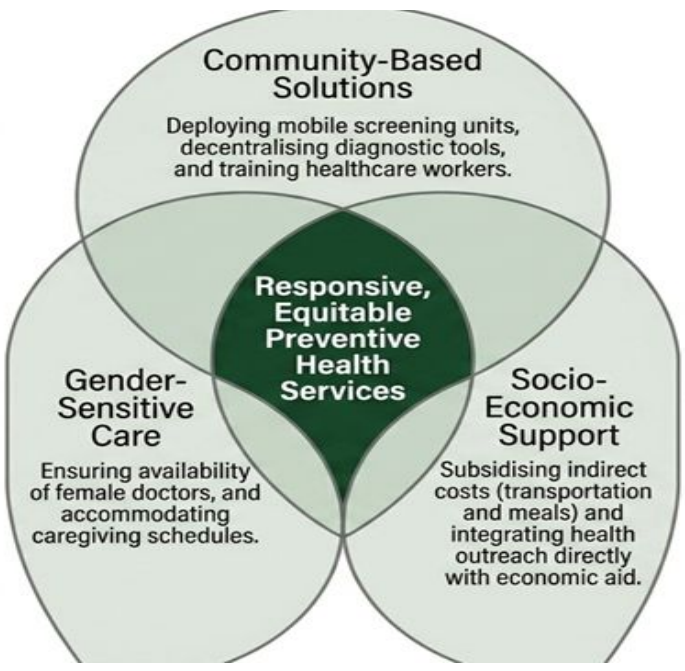


FIG 4: ARCHITECTING CHANGE-AN EXAMPLE OF AN INTEGRATED INTERVENTION

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