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No. 217, 2006

Zimmer, Zachary. "Poverty, wealth inequality, and health among older adults in rural Cambodia," *Policy Research Division Working Paper* no. 217. New York: Population Council. ([PDF](#))

Abstract

This paper examines the distribution of household wealth and tests whether associations exist between wealth inequality and health outcomes among older adults living in one of the world's poorest regions, rural Cambodia. The 2004 Survey of the Elderly in Cambodia, the first probability sample survey of the country's elderly population, is employed. Health is conceptualized as having multiple components and is operationalized using a disablement process. As such, associations are shown for four types of health indicators—symptomatic conditions, sensory impairments, physical functioning limitations, and disabilities related to activities of daily living. Wealth inequality is determined using a Demographic and Health Survey index, which operationalizes wealth as the ownership of a variety of assets. Results confirm difficult economic conditions among most elderly in rural Cambodia. The lowest wealth quartile lives in households that own virtually nothing, while the next two quartiles are only slightly better off. Nevertheless, logistic regression that adjusts for age, sex, and several other covariates indicates heterogeneity in health exists across quartiles that otherwise appear qualitatively similar. Those in the bottom quartile of wealth report more health problems than those in the second and higher quartiles. An exception occurs using disability as a health outcome since those in the lowest and highest quartiles have similar probabilities of reporting limitations in activities of daily living. It is difficult to determine the factors behind the relationship between wealth and well-being, particularly given the cross-sectional nature of the data, although the final section speculates on causal directions. This study suggests there is some validity to generalizing the relationship between wealth inequality and health to extremely poor populations and that a very small difference in wealth makes a relatively large difference in regard to the association with health among those living in impoverished surroundings.



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