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THE GULF BETWEEN RHETORIC & REALITY

*An examination of the gap between development theory
and development practice in the care of Cambodian orphans.*

A thesis presented in partial fulfilment of the requirements for the degree of
Masters of Philosophy in Development Studies
at Massey University, Palmerston North Campus

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2005

ABSTRACT

Like many other Developing World countries, Cambodia is in the midst of an orphan crisis. At least 77,000 children have lost their parents to AIDS and many thousands more have been orphaned by civil war, landmines and other tragedies. These orphans face an uncertain future. Traditionally in Cambodia, most of these children have been cared for within the community in which they lived with their parents. Current development theory strongly promotes such community-based care for orphans and argues that Non-Government Organisations (NGOs) should use their resources to support and strengthen communities in that task instead of placing children in institutions such as orphanages. However, for every community-based orphan care program set up by NGOs in Cambodia, six orphanages are established. The development rhetoric on care for orphans is not matched by the development practice reality in Cambodia. There is a gap between theory and practice in the care of Cambodian orphans, a disconnection between what development theorists promote and what development practitioners implement.

This research project examines the gap between development theory and practice in the care of Cambodian orphans. Results of the study will enhance understanding of the possible reasons for this disparity and suggest ways to close the gap and bring greater congruence between development theory and practice in this field.

The study initially looked at the literature on care for orphans and established general principles as advanced by the development texts. Secondly, the study provided an overview of current practice in Cambodia in the care of orphans. Finally, an examination was made of the gap between theory and practice in Cambodia; in order to understand this gap, primary research has been conducted with development practitioners to establish possible reasons for it.

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CHAPTER 1: INTRODUCTION

Research Question

Save the Children recently framed the need for research in this way: “In view of the lack of up-to-date research on institutional care, fostering and other forms of childcare in developing contexts, Save the Children calls for increased genuine enquiry into this complex theme... We need to achieve a more substantial empirical and knowledge base, including finding answers to such questions as: Why do some countries have many institutions while others have very few?” (2004: p4-6).

Cambodian orphans have traditionally been cared for within communities. Increasingly, however, Non-Government Organisations have been establishing residential care facilities to care for these children. To what extent is this development practice in line with development theory?

This thesis demonstrates that there is actually a significant gap between development theory and practice in the care of Cambodian orphans. Dozens of studies across multiple sectors have convincingly established that orphaned children are better cared for in a family and community environment than in an institutional or residential setting such as an orphanage (Foster, 2004; Save the Children, 2004; UNAIDS/UNICEF, 2004b; WHO, 2004). However, development practitioners in Cambodia continue to set up residential care facilities such as orphanages at a ratio of six for every one community-based care project. Thus, there is a gap, or disconnect between what researchers maintain is the best way to care for orphans and the actual interventions being undertaken.

I suggest that the difference between development theory and development practice in Cambodia exists for several reasons. Firstly, there is a general lack of preparatory research carried out by development practitioners, a lack of community development experience and understanding, coupled with isolation from other practitioners.

Secondly, the psychosocial needs of the children tend to be disregarded, resulting in an overemphasis on the physical and educational needs of the orphan. This leads to a greater emphasis being placed on physical comfort and wellbeing than on maintaining family and community ties.

This research contributes to a greater understanding of how the gap between rhetoric and reality, the disconnection between development theory and practice in the care of Cambodian orphans, can be narrowed.

The Context: Cambodia

Cambodia's demographic profile suggests that the country is at particular risk for orphans. Located between Laos, Thailand and Vietnam, Cambodia is in the middle of high volume cross-border traffic for business, tourism, drugs and sexual trafficking. The majority of Cambodians are Buddhist and more than 75% live in rural areas, surviving by subsistence



farming. With a population of 12 million and a per capita gross national product of just \$280, Cambodia is one of the poorest nations in the world today. Life expectancy is 51 years of age and infant mortality is one of the highest in the region with 115 deaths per 1000 live births (UNDP, 1999). Now, after more than 20 years of continuous conflict and violence including the murderous Khmer Rouge regime in the 1970s, more than half of Cambodia's population is under 18 years old, many of whom are living away from their families and communities to find work. This combination of poverty, war, social incohesion and lack of infrastructure has exposed Cambodia to a growing AIDS epidemic and as a result, numerous orphans.

Orphans in Cambodia

Cambodia's civil war and subsequent Khmer Rouge regime resulted in the deaths of around two million Cambodians and the orphaning of millions of children. However, the country is now relatively stable politically and HIV/AIDS has become the greatest threat to child development. According to Children on the Brink 2004, the high HIV/AIDS prevalence in the country has already resulted in over 77,000 children orphaned by AIDS (UNAIDS/UNICEF, 2004a: p25). An important and unique

characteristic of HIV/AIDS in regard to orphaning is that AIDS is more likely than other causes of death to create double orphans, i.e. children who have lost both parents (UNAIDS/UNICEF, 2004a: p12).

Since AIDS is the leading cause of death worldwide amongst people of childbearing aged 15 to 49, it is not surprising that children orphaned by AIDS make up the majority of double orphans in Cambodia today (UNAIDS/UNICEF, 2004a: p3).

The impact of the epidemic on Cambodian children and their families is both immediate and long term. My own personal observation during five years of working closely with hundreds of children affected by AIDS has provided considerable insight into the lives of these orphans. The majority of Cambodian children infected with HIV/AIDS by their mothers will not survive beyond their third or fourth birthday. Most of these children die from commonplace infections, and the quality of their short life is usually low. More often than not, one or both parents will die before the infected child, creating an especially difficult and stressful situation for the caregiver.

The majority of children affected by AIDS however, are uninfected by the virus. They will usually receive decreasing levels of care, support and protection as their parents become sicker. The parent's sickness invariably leads to a loss of income and the sale of assets as cash is redirected towards medical treatment. This undermines children's rights to education, health, survival and development, and protection from violence, exploitation, abuse and neglect. Girls especially, are often taken out of school to care for sick parents and younger siblings and may also be at increased risk of sexual exploitation.

Residential Care

Many of these Cambodian orphans end up residential care. Residential care, or institutional care, simply refers to any group living situation for children in which care is provided by staff, rather than traditional carers (Tolfree 1995: p6). The most common form of residential care is an orphanage¹ or children's home. In the literature review

¹ The terms "orphanage" and "children's home" are interchangeable. However, the term "orphanage" is avoided by many practitioners because of its Dickensian connotations.

section I will demonstrate that residential care is not favoured by development theorists and researchers.

Save the Children estimates that there may be as many as 8 million children living in residential care worldwide (2004: p1). The Cambodian Government and a significant number of non-Government organizations establish more institutions such as orphanages every year aimed at providing residential care for orphans in Cambodia. Orphanages have been widely seen by adults as the preferred option to care for orphans in Cambodia (Dybdal and Daigle, 2002a: p15). However, admission to government institutions is restricted and their capacity is limited in terms of the number of children they can absorb (FHI, 2002a). Currently, there are at least 25 institutions providing residential care for orphans in Phnom Penh alone with dozens more around the country, including 21 government orphanages (Dybdal and Daigle, 2002a: p15).

Residential care facilities in Cambodia do not cater solely for children who have lost one or both parents. The largest number of children living in residential care are there for reasons of poverty (Dybdal and Daigle, 2002a: p16). This suggests that despite popular belief, the most common reason for placement in an orphanage is not that a child has been orphaned, but rather that the parents or other relatives are too poor to care for the child.

There may be more complex reasons for the willingness of parents to place their children in residential care facilities such as orphanages. HOSEA Project² (2002: chart 3.1) and Dybdal and Daigle (2002a: p16) both identified an over-representation of boys in these institutions and suggested that this was because girls are perceived in Cambodian society as more useful in performing housework and therefore more likely to be accepted and cared for by parents or extended family. They also suggested that because residential care is perceived as beneficial, families might choose to send school aged boys into residential care in order to take advantage of the opportunities for education, medical services and accommodation. In support of this hypothesis, others in the Dybdal and Daigle study observed that once a new residential care centre opened in an area they would invariably experience great demand from poor local families who

² HOSEA Project is a research and training organisation established to provide support to orphanages and other NGOs working with orphans.

viewed the institution as a good opportunity for their children to receive basic accommodation, medical care and education (2002a: p16).

In this thesis I review numerous studies that show that children in residential care demonstrate a significantly increased level of social maladjustment, aggression, attention demanding behaviour, sleep disturbance, extremes of over-affection or repelling affection, social immaturity and tendency to depression. Attachment theory suggests that many of these difficulties result from the lack of availability of appropriate, nurturing, stable “mother substitutes” in residential care.

Other studies have also documented medical and psychological abnormalities arising from institutionalization such as physical and brain growth deficiencies, cognitive problems, speech and language delays, sensory integration difficulties, social and behavioural abnormalities, difficulties with inattention/hyperactivity, disturbances of attachment, and a syndrome that mimics autism.

From a more purely developmental perspective, residential care also lacks sustainability due to its relatively high costs compared to community-based care and is constrained by building size and staff numbers. Residential care takes away the responsibility for orphan care from the community thereby reducing the amount of community participation and ownership and sending a message that poor communities are not capable of caring for orphans. Children are separated from their families and communities and raised in situations that do not prepare them for life as an adult. Finally, children are more likely to lose any inheritance of land or property if they are not present to protect these assets from unscrupulous neighbours or relatives.

The alternative promoted by the development literature is community-based care that covers kinship care by related persons, teenager-headed households and foster care.

Community-based Care

Apart from residential care, going to live in an orphanage or children’s home, the options for an orphaned child in Cambodia are limited. There is no ideal solution to the problem of orphanhood, only better or worse alternatives. Community-based care, in contrast to residential care, refers to any type of care for orphans by those who are not

the biological parents but are able to provide individual care and nurture in the context of a family and community. Community-based care interventions include foster care and kinship care (care by relatives). In the next chapter, I will show that according to development theorists and researchers, community-based care interventions are preferable to residential care for orphans for a wide range of psychosocial, medical and developmental reasons.

In Cambodia, communities have been devastated by decades of war and societal breakdown and to date have absorbed thousands of orphans into the extended family and informal community systems. Yet there is much evidence that families are struggling under the burden, reducing their capacity to provide and care for orphaned children. A study conducted by the Cambodian government and Family Health International (FHI) found that around 5 percent of families nationwide have taken in children who are not their own. In one district of Koh Kong province, as many as 22 percent of local families were found to be caring for children who were not their own, with only six percent of these receiving any outside support from NGOs (FHI, 2002a).

A common criticism of this traditional solution is that these children may be treated differently than the biological children of the foster parents and may be forced to work to earn income for the family (FHI, 2002a). What is clear is that when poor families take in orphans, all children in the household suffer to some extent since household spending is redistributed among a larger number of children.

In particular, households headed by elderly people (HelpAge, 2003: p1) and women struggle. Already living at the edge of poverty, they must stretch their insufficient resources even further to care for orphaned relatives. Child-headed and teen-headed households also battle to survive, dependent on each other and particularly on older siblings.

Study Design

The design and methodology of this research was informed by the literature review of relevant academic writing and research from Cambodia, neighbouring countries and the rest of the world. This literature review follows in Chapter 2. The qualitative methodology adopted reflects a greater concern with the relationships between

meanings than correlating variables (Stiles 1993: p593-618). This qualitative approach was chosen in order to identify key themes that may not have been elicited by a rigid quantitative methodology.

Field Work

Additionally, I drew on five years of experience working with nearly 1000 Cambodian orphans and an in depth knowledge of Cambodian language and culture in framing the study. A number of other expatriate and Cambodian stakeholders with knowledge of the context were consulted in the initial stages of design.

After reviewing the theory, an in depth analysis of the current situation in the care of Cambodian orphans was carried out by document review and site visits. This phase included visits to a number of institutions in order to familiarize myself further with current practice in the care of Cambodian orphans. The study was conducted in the urban and peri-urban areas of Phnom Penh, the capital city of Cambodia where the majority of NGOs in Cambodia are based.

Finally, I personally conducted ten in depth, semi-structured interviews with expatriate and Cambodian development practitioners involved in providing institutional and community-based care for Cambodian orphans. The semi-structured interviews were usually in the form of guided conversations where broad questions were asked relating to the topic of interest and the conversation was allowed to flow naturally. The interviews had all the typical attributes of semi-structured interviews in that they were informal, relaxed discussions around the topic being studied. The interviewer took detailed notes. Questions were prepared in advance but supplementary questions were asked as necessary. On a small number of occasions, the interviews were conducted via email due to some of the interviewees being out of the city or out of the country. These exchanges usually required several emails back and forth in order to query and follow up on threads.

The aim of these interviews was primarily to establish reasons for the gap between the development theory and their own approach to care for orphans and secondly to explore possible ways to close this gap in future.

Sample size

Only eight community-based projects are currently being implemented in Cambodia. Four of these projects were surveyed, providing the comparison group. The case group was made up of six residential care projects. Thus, ten in depth semi structured interviews with development practitioners were conducted. Most were with founder-directors of the projects concerned. This smaller number of participants was necessary to do justice to the intensive and richly descriptive nature of the research (McLeod 1994: p78).

Ethics and Confidentiality Issues

Great difficulty was encountered in gaining ethical approval from Massey University to interview the orphans themselves. Ethical approval was finally granted by Massey University to interview only the directors and founders of NGOs and the original plan to interview the orphans themselves had to be abandoned.

Limitations

The study has several limitations and/or biases that require noting:

- My location in Cambodia limited access to key literature and face to face advice from supervisors.
- Lack of funding meant that the four Cambodian interviewers hired as research assistants were inexperienced and previously untrained. However, I made every effort to provide training to them in neutral interview techniques and supervise their interviews.
- I founded and act as an advisor to a community-based program for orphans in Cambodia. However, every attempt was made to be objective and weigh up all the evidence on both sides.

Thesis Structure

Having given a broad overview of the context and research question, in the next part of this thesis I will provide an in-depth review of the relevant literature. This will establish the case against residential care for orphans by examining several decades of

multidisciplinary research comparing children raised in residential care to children raised in families and communities.

The alternative, community-based care will also be critically examined and finally I will demonstrate that development theorists clearly promote community-based care as the best approach to caring for orphans.

Chapter 3 will examine a variety of secondary sources to outline the current situation facing orphaned children and describe the diversity of development interventions targeted at them, both community-based and residential care in Cambodia. A case study in community-based care will demonstrate that the development theory described in the literature review is realistic and able to be effectively applied in the Cambodian context. A description of the residential care approaches commonly used by NGOs in Cambodia will establish that there is a broad disparity between theory and practice since residential care is still the option preferred by most practitioners.

Chapter 4 will describe the results of the primary research component of this thesis, which is an attempt to examine the attitudes and practices of development practitioners working in this field with a view to establishing some of the reasons for the gap between development theory and practice in Cambodia.

Chapter 5 will draw on the primary and secondary sources in chapters 2 to 4 to offer conclusions about why there is a disparity between development theory and practice in this field. Finally, recommendations will be made as to some steps that could be taken to close the gap.