Final Paper

CHANGING SOCIAL NORMS
ON ALTERNATIVE CARE FOR CHILDREN IN CAMBODIA

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1. INTRODUCTION AND PROBLEM STATEMENT

Cambodia has an estimated 553,000 single and double orphans, accounting for 8.8% of all children, and many more children who are highly vulnerable and may temporarily be in need of alternative care. Traditionally, the social norm in Cambodia prescribed that orphaned and abandoned children who can no longer be cared for by their biological parents, are placed in the care of the extended family (kinship) or larger community. Pagoda-based care for boys is one such traditional form of community-based care provided for orphaned and destitute boys, with pagodas providing food, shelter, and education. When faced with an orphaned or vulnerable child, expectations are that extended family or the community provide care and protection for the child.

Professor Christina Bicchieri\(^1\) distinguishes between normative expectations and empirical expectations as determinants for observance of social norms. Empirical expectations guide what you think others will do, while normative expectations guide what you think other people think you should do. Expectations are activated by a script, a bundle of social norms for a certain situation. In Cambodian society, normative and empirical expectations that derive from the norm that children who are in need of alternative care need to be cared for by extended family or the community, are strong and deeply rooted in society.

With the majority of orphans and vulnerable children (OVC) in need of alternative care living with extended family, individuals expect and experience that the majority of families and community members conform to the norm, and believe others expect them to do so, too. Social sanctions in the form of social pressure and disapproval, and rewards in the form of approval and sense of solidarity keep the norm in place. In other words, empirical and normative expectations around the social norm on family and community based care for orphans and vulnerable children are in harmony, and prescribe a practise that, until recently, perpetuated without critical thought as to their origin or function.

While institutional or residential care has existed for over 50 years in Cambodia—the State operates one orphanage in 21 of the 24 provinces—, the country is currently witnessing a proliferation of orphanages, mostly run by overseas NGOs. Statistics provided by the Ministry of Social Affairs, Veterans and Youth Rehabilitation indicate that numbers have increased in the last three years by 47% from 153 institutional care facilities in 2005 to 225 in 2008. The number of children in residential care in the country has increased sharply by 65% (9,469) between 2005 and 2008. Although this number is relatively small, the rapid increase is remarkable. Especially striking is the fact that over 50% of children placed in orphanages are not orphans but children who have parents, due to family migration, chronic illness of a care-giver, divorce or abuse, may be in need of temporary alternative care. These are the very same children who, in Cambodian society, have always sought and found refuge in extended family and community settings.

Sixty years of global research indicates that non-institutional care is recognized as providing children with a range of benefits compared to other forms of residential care\(^2\), and demonstrates the adverse

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impacts of residential care on the physical, cognitive and emotional development of children. This body of research has shown that residential care can result in clinical personality disorders, growth and speech delays, and an impaired ability to re-enter society later in life. Residential care has also been shown to place children at risk of physical and sexual abuse rather than preventing it. The rapid increase in residential care facilities threatens to erode these existing systems and norms, and places children at risk.

This development contrasts sharply with the national policy of the government that residential care should be a last resort for separated children, stated in both the 2006 Policy on Alternative Care for Children (PACC)\(^3\) and the Minimum Standards of Alternative Care for Children (MSACC). While the Government of Cambodia at central level is moving towards a position that supports family-based care, and views residential care increasingly as a last resort, at the level of local Government, village chiefs and commune officials are in favour of residential care and in some cases actively encourage placement into institutional care as a way to relieve the financial burden of a family. Directors of orphanages actively promote residential care for orphaned and vulnerable children, using techniques of bribery and persuasion of village and commune leaders, and changing values relating to what is best for a child. Parents are rewarded for this decision with the approval of local government, opinion leaders whose value on what is best for OVCs has shifted under the influence of promotion of residential care.

Research conducted in 2008 and 2010 found that poverty and lack of educational opportunities are the main incentives for parents to send their child into residential care. The largest age group of children in residential care is 6-12 years, representing children in their school-age years. This perception of better education is however misplaced, as most orphanages send children to the local primary school. Children interviewed however, overwhelmingly viewed residential care as negative, noting the lack of material and emotional provisions for children. Research demonstrates that adolescents and young people living in residential care are anxious about the future, not having acquired the life skills and community network needed to live outside the center.

Incentives are also at play on the side of the external agent. If we look closely at the nature and rationale of orphanages providing residential care in Cambodia, we can observe intended social norm change. Mission statements of residential care providers in Cambodia frequently call for installing “new moral and social values” in Cambodian society. Frequent strategies that are used, yet not openly discussed, are denying contact between parents and children in care, evangelization and active religious conversion.

Interestingly, research has found that when residential care providers are active in disseminating information about their services to local authorities, an increased number of children in this form of care can be observed\(^4\). Similarly, in locations where residential care is scarce, families expressed a strong desire to care for their children at home, stating that the best place for a child is the family home even if it is poor. There seems to be a close connection between the availability of residential care and

\(^3\) The Royal Government of Cambodia 2006 Policy on Alternative Care for Children clearly states that, in line with the UNCRC and in accordance with the Second Stockholm Declaration on Children and Residential Care: (1) Family and community care are the best options for children; and (2) institutional care should be a last resort and a temporary solution

active recruitment for placement, and the practise of placement of children into residential. In other words, the incentive is only sought when it is actively offered.

This begs the question why residential care facilities are increasingly seen as an alternative to parental, traditional community and extended family forms of care. How can we better understand why this is happening? How can we help communities understand and support social norms around alternative care that are best for the child and the family, and what supporting services and systems do we need to put in place to support communities? The following sections attempt to clarify the problem, applying the concepts learned, and discuss strategies that could be employed.

2. APPLICATION OF CONCEPTS

In order to understand the acceptance of society of residential care in Cambodia, it is important to recognize Cambodia's social history. The brutal regime of the Khmer Rouge from 1975-1979 "imposed new social norms accompanied by massive propaganda". Traditional social norms were assaulted by the Angka or The Organisation to which all citizens had to obey. "For example, parents no longer had authority over their children. Marriage, which had required parents' permission, now depended on the approval of the heads of the boys and girls groups in the community. Under the new regime, parents were to honor their children, whose spirit was held to be pure and unsullied by the corrupt past of the adults." Although five years is arguably too short a period to sustainably change social norms, the Khmer Rouge regime accelerated the re-definition of values on family unity, community solidarity and the relationships between parents and their children in Cambodian society, and started to break the ties that bind children, families and communities together. The regime made effective us of propaganda as a way to ensure everyone is exposed to the same information and changed their practises jointly. This was further reinforced by the use of harsh public sanctions visible to all.

In more recent years, Cambodia's urbanization and impact of climate change has set in motion a rural-city migration of female heads of households for employment, with children staying behind with family and community members, and increasingly in orphanages. These historic processes have created an enabling environment in which expectations around alternative care for children are shifting and norms change is made possible.

Market Norms Versus Social Norms

The erosion of the social norm of placement of children in extended family and community care for orphaned and vulnerable children in Cambodia is further eroded by the introduction of market norms, under the influence of orphanages, their directors and donors; agents external to the community. Orphanages create non-monetary as well as monetary incentives that impact on prevailing social norms and replace them with market norms that re-configure the concept of alternative care to one placing greater value on the physical and material needs of children to the detriment of emotional and psychological development needs. The introduction of market norms in Cambodian communities surrounded by orphanages are changing the way in which people in society relate to each other. Daniel Ariely discusses that social norms can disappear or be reconfigured by the introduction of market

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6 Ibid.
norms: "when a market norm collides with a social norm, the social norm goes away for a long time. [...] Once a social norm is trumped by a market norm, it will rarely return." norm. In Cambodia new market norms are introduced in certain communities, re-configuring the existing social norm and upsetting the equilibrium and values of solidarity and reciprocity in society.

**Incentives and the Divorce between Regulatory Frameworks**

Antanas Mockus argues that behaviour of human beings is influenced by a mix of regulatory norms (legal, moral and cultural) as well as personal motivations (interests, emotions, reasons). The equilibrium between these factors depends on the individual and, I believe, on the culture where the behaviour is set. For example, people will be more governed by moral norms and personal reasons in a calvinistic, individual society such as the Netherlands. In Cambodia, where the legal, justice and governance systems are weakened by corruption, impunity and lack of accountability, legal norms will have a lesser impact on behaviour of individuals. Cambodia is a collective society that places high value on social conformity and compassion, resulting in the fact that social and moral norms are the main drivers for individual action. While the country's legal and policy framework on child welfare is relatively strong, legal norms alone do not determine individual behaviour. With Mockus', we can say that there is disharmony or "divorce" between law and culture. There is cultural approval of illegalities and weak cultural support for legal obligations.

To a certain extent, the process of placement into residential care can be explained by the fundamental value of wanting the best for one’s child. By placing children in residential care, are communities and families not ensuring vulnerable children are educated, fed and clothed? In the absence of programs that support families to preserve their family and assume their child care role, this argument may go some way. I would argue, however, that it is too simple to assume that this fundamental value alone is the reason why placement into residential care is gaining so much ground. Children are not happy, parents are not happy, children are not receiving a better education, and in locations where institutional care is absent, kinship and community-based alternative care remain thriving and unquestioned. Market norms are introducing new external incentives or rewards for a practise that has always been based on non-monetary rewards of moral fulfillment, social approval, and the sanction of social rejection when not complying.

Professor Gerry Mackie discusses how social convention and game theories can apply to changing social norms. Although family and community-based care of OVC in Cambodian society is clearly a deep-rooted social norm, I believe game theory does not apply to this situation. Even though there is no desire for the individual to change the norm, no temptation for the individual to change his/her behaviour, the behaviour of the individual is not conditional to that of others. Therefore, I believe there is no coordination game at play around the script that determines alternative care for children in Cambodia. I also believe there is no social dilemma in the decision around alternative care for children. In theory, a situation of social dilemma would occur when a majority of individuals have a personal

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7 D. Ariely, Predictably Irrational, p.77.
8 Lecture by A. Mockus to Penn-UNICEF summer programme on Advancing Social Norms, 2010
preference to care for their children themselves, or keep them in an extended family or community setting, but experience social pressure by their leaders and community members to send children into residential care. However in this context, I believe there is no social pressure or temptation to not conform, as people in the respective communities where residential care is increasing, genuinely believe that what they do is best for their child.

Erte Xiao\textsuperscript{10} argues that incentives can hamper or facilitate social norms change. She differentiates between external incentives (punishments, rewards) and internal incentives (guilt, pride, shame). In Cambodia, market norms introduced by the external agent (orphanage, their Directors and donors) are creating new incentives, new motivators for communities and families, whether they are justified or not, that in certain societies are changing the scripts, the set of roles, values, beliefs that guide how people behave when a situation occurs in which a child needs alternative care in their community. New incentives are shifting the expectations people have in a community towards the expectations people have in a market.

In line with Mockus' theoretical framework, one could argue that the new developments have shaken up the mix of regulations and motivations for behaviour. New interests and reasons (perceived access to better education, in a context where education and monetary gratification are increasingly valued) or incentives have come into play, mixed with emotions and personal values (wanting the best for one's child), a lack of understanding of the development needs of a child and lack of participation of rights holders themselves.

3. CRITICAL EVALUATION OF CURRENT STRATEGIES

UNICEF in Cambodia is taking a holistic approach to promote community and family-based care for vulnerable children throughout the nation. An interlinked set of strategies are used or planned to be implemented in the next five years, that include research, systems building, advocacy and communications interventions aimed at social norms change, and strengthening of partnerships that support this approach. This combination of inter-linked strategies is expected to lead to change in social norms at different levels and build the local systems that are necessary to support the changing attitudes and practises.

\textit{Evidence Building}

Research conducted in 2008 and 2010 has generated evidence on societal attitudes towards different forms of alternative care, in particular kinship care and residential care. The 2010 report is currently augmented with additional quantitative research and a deepening of the analysis while, at the same time, senior MoSVY officials will be further engaged in the research process and briefed on its findings. The completed report with recommendations will be published and launched in the second half of 2010. Although research has captured the different attitudes of sub-groups in society, e.g. tourists, local Government and vulnerable families, it did not address the social norms or expectations that determined these attitudes. Research also did not include data on the external agents that, we now know, are key determinants for shifting social norms. Lastly, the research studied individual behaviour,

\textsuperscript{10} Lecture by E. Xiao to Penn-UNICEF summer programme on Advancing Social Norms, 2010
and did not take into consideration the relationships or social networks that determine social norms and behaviour in a society. I will discuss strategies on how to address the last point in chapter four.

**Building Systems to Support Social Change**

In Cambodia, the Ministry of Social Affairs is leading the development and testing of a draft Ministerial Regulation on alternative care, establishing procedures to apply the National Alternative Care Policy and putting in place a child welfare system that promotes family preservation and community family-based alternative care solutions for vulnerable children that risk being sent to orphanages. The Regulation puts in places clear accountabilities of social workers and of local Government in the identification, referral and follow-up of vulnerable children and their families, and is accompanied by child protection capacity building efforts. A stricter regulation of residential care and enforcement of minimum standards are two additional strategies that will be pursued.

The course has reinforced the notion that social change and systems building are linked and mutually reinforcing. Mockus argues that legal, moral and social norms in society are intertwined and that their coherence or harmony facilitates social change. Indeed, laws, policies and institutional capacity development cannot be operationalised without social norms that support and reinforce them. Similarly, social change cannot happen in a vacuum, it needs to be supported by systemic change in capacities and accountabilities of State institutions and professionals. Social norms change is most effective when harmonized with legal and moral norms.

**Advocacy and Communications Strategy**

On the basis of the research findings discussed above, UNICEF Cambodia plans to develop an advocacy and communications strategy intended to build knowledge of communities and families, advocate with decision makers on positive norms around alternative care and strengthen confidence and resilience that support positive social norms around alternative care. The course has provided useful tools to deepen the advocacy and communications strategy needed to operationalise systemic change and modify behaviours at the individual level. In chapter four I will outline how UNICEF Cambodia can apply some of the concepts discussed.

**Partnership Building for Social Change**

Research, advocacy, and policy development provide good opportunities to build partnerships with a range of NGOs working on child welfare, and rally them around changing social norms, building Government capacity and work in alignment with the Ministry’s policies and draft ministerial Regulation. Frequent partnership meetings are being held, in cooperation with MoSVY, and an increasing number of NGOs wish to provide their child welfare services in alignment with the draft Regulation, include Government officials in capacity building efforts they organise, and include sessions on the draft Ministerial Regulation in child protection trainings.

4. CHANGE IN PRACTISE

The course has provided very useful insights to modify strategies for addressing the promotion of family and community-based care in Cambodia. I will discuss below several new and adapted strategies that I recommend to UNICEF Cambodia.
Re-defining Values to Change Expectations

If we consider the fact that values and expectations around alternative care of children are changing under the influence of market norms that introduce new rewards, there is a need to re-categorize the underlying values on ensuring the well-being of a child. These fundamental values are upheld universally, and provide a good entry point to transform the public discourse. They can help creating positive scripts that re-categorize a situation; they can change attitudes around the behaviour that is expected when a community is faced with a child in need of alternative care.

Taking into consideration the importance of social networks and the way in which people relate and make decisions, it is important to build on those ties and include building of trust, as a key premise. This includes ensuring that trusted influencers of opinion in society are engaged in the dialogue. Secondly, it is key that this re-categorization of values is assisted with supportive broader human rights-based strategies that promote empowerment and resilience of parents and communities, and that provide psychosocial and material support to parents and extended families to assume the child care role. As mentioned above, it is important to place the traditional social norm in its contemporary human rights context that defines that the best interest of the child and child participation must prevail in every situation. This may mean that for some children residential care will, in fact, be in their best interest.

While re-categorizing existing values and using them to re-create the scripts around alternative care, it is important to build on the foundational values in Cambodian society and that can trigger engagement in the change process. Information provided should be coherent with the traditional belief system. To mention an example, the communication campaign to end FGC in Sudan: “Every Girl is Born Saleema” respects the foundational values of purity and virginity in society, but re-defines to a more positive connotation the value of the un-cut girl using these same foundational values. This is in line with the persuasion theory presented by Hugo Mercier\textsuperscript{11}, which argues that people want a coherent belief system. In a country like Cambodia where the moral value based of compassion, inspired by Buddhism, and communal conformity are important, the redefinition of practises around alternative care and behaviour change arguments that reinforce positive attitudes can effectively be built on these foundational values.

What this practically means for a change in programming is the design of future awareness raising workshops and community-based trainings around the promotion of family and community-based care. Rather than one-way advocacy, sessions, trainings and debates need to address the issue from the perspective of fundamental values and human rights principles. A closer attention on taking communities through processes of understanding the practises in question, how the decisions on child care are made, and the behaviours to which these lead. More attention should also be paid to the public validation of acceptance of changed values and norms after the social communication exercises have taken place. A culturally respectful way would be a public declaration by the commune chief, in the local pagoda in the presence of the head monk.

\textsuperscript{11} Lecture by H. Mercier, to Penn-UNICEF summer programme on Advancing Social Norms, 2010.
Holistic Approach to Social Change and Equity

Changing values and public opinion will not be sufficient. An enabling environment must be created in which people have the confidence, skills and support mechanisms available to them that reinforce the new values and help change the behaviour. In considering the theoretical framework discussed by Bicchieri and Xiao, new rewards or incentives must be put in place that recover the expectations or the intrinsic motivation of people to return to positive social norms, and that trigger changes in individual behaviour that allow parents to make their own choices. In a context where market norms prevail, exacerbated by an environment of poverty, monetary incentives can reinforce the shift in social norms that we seek to achieve. Praise and social approval are powerful non-monetary rewards or incentives that can be applied in the Cambodian context to support the social norm that is promoted.

Social norms change that favours family preservation and family and community based care for children can effectively be supported by social protection interventions targeted at vulnerable families, including social cash transfers, social insurance schemes and subsidies. They have great potential to support the empowerment and resilience of parents, and support them in their child care role. Placing social norms change on alternative care for children into a social protection context would also allow for a more inter-sectoral approach, that includes access to basic services and strengthening local governance and accountabilities to protect the rights of children. Addressing social norms change inter-sectorally and systematically grounded in a human rights based approach, will allow us to address more structurally inequity in communities.

Effectively Engaging Communities

Theories discussed stated that social norms do not change at the individual level, but at the level of groups in a certain population, their reference group. Individuals do not make decisions in a vacuum, but on the basis of information retrieved through the relationships they have with others. For social change to occur, local communities need to be actively engaged in acquiring the common knowledge that shifts values, expectations and ultimately practices. Common knowledge for social norms change is best internalised through social communication, including community-level dialogues. There is scope for UNICEF Cambodia to refine its advocacy and communications strategy, currently planned for certain target groups, and ensure engagement and empowerment of the community set in a broader human rights education context. Role plays, story telling, public debates and integration of messages in prayers lead by Buddhist monks respect local traditions and can be powerful tools to strengthen knowledge in Cambodian communities around the role of family, development needs of children, and child rights principles. Particularly important principles to convey are the best interest of the child and child participation. Lessons learned from Tostan’s work in Western Africa demonstrate the value in discussing expectations, reasons why parents and communities decide to place children in residential care, and how these decisions are made, rather than one-way advocacy that merely promotes the social norm we wish to achieve.

Mackie points to the need to establish a critical mass to bring about social change. In Cambodia, I believe that both in communities where norms are changing as in those where residential care is yet unknown, advocacy and communication strategies should concentrate on the positive values around the

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social norm on family and community based care for OVC. The Schelling Diagram\textsuperscript{13} depicts the process of leading a critical mass to diffuse information and lead a community to a certain breaking point, or 'tipping point' at which a community decides as a group to abandon the practise of considering residential care as a first resort, and favour family and community-based alternatives as first consideration instead. This agreement will most effectively change people's expectations and behaviour when validated by a public acknowledgement of the agreement.

**Analysing How the Underlying Social Networks Shape Attitudes**

But how to establish this critical mass, how do we decide who to target as core group that leads to the creation of a critical mass? Lessons learned from Tostan's community-led development programme and R. Muldoon's social network theory\textsuperscript{14} provide insights into the need to look at social networks in order to redefine norms. The decisions people make are based on their relationships with others, the social networks of relevant community members, family and others; their reference group. For social norm change to be effective, these social networks must be included in the educational process.

Network mapping can help determine the reference group, the wider group of people that are influencing values and decisions in a community. Knowledge building must in the first instance be concentrated on the social networks that are key for social change around alternative care in communities, e.g. all those around the child at risk of institutionalisation.

Applying the Social Networks theory presented by Muldoon, I propose to start the development of the advocacy and communications strategy with a network mapping that uncovers the relationships and social networks in a sample of communities across Cambodia in areas where residential care is scarce and where it is rife. Important networks to analyse are those around trust and respect, as well as decision making power relationships. Whose opinions are most respected around decisions of finding solutions for vulnerable families, whose decisions are followed? Where do vulnerable and at risk families turn to for help when the burden of child care becomes too much to bear? The importance attained to individuals, be this centrality or high degree\textsuperscript{15}, depends on the type of network one looks, influenced by the type of information you want to get across. For this case study, we will want to look at decision-makers on child protection and alternative care. Buddhist monks are a valuable entry point to strengthening moral norms on the role of family in the lives of children, and reinforce confidence and resilience of parents and communities to preserve families where feasible. People have trust in religious and village leaders. Village chiefs will also be important individuals to include, but as important are overseas donors and directors of orphanages, and even neighbours or the elderly women whom people turn to for advice. These latter groups were not previously considered as target groups in the communications strategy planned by UNICEF Cambodia.

Organised social communication and advocacy spreads the knowledge and information, beginning with the core group of key influencers, and expanding this group to influence larger groupings of people in communities until a critical mass is established that starts behaviour change in a community once it reaches the tipping point. At this point, expectations in society shift and social norms change is set in motion. This process of organised diffusion ensures the dissemination of information and knowledge to

\textsuperscript{13} UNICEF/Mackie, Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation, 2006.

\textsuperscript{14} Lecture by R. Muldoon to Penn-UNICEF summer programme on Advancing Social Norms, 2010

\textsuperscript{15} Centrality refers to the closeness of the individual or institution in the network to the hub of others. High density is based on how connected the individual/institution is to others, the leaders in networks.
ever widening networks of friends, family and community members, to a point in which particular norms and practises are either abandoned or accepted.

**Direct Advocacy with External Agents**
The course has provided a deeper understanding on the need to engage with local communities, but also to reach out to external agents that influence social norms change. For the Cambodian context, it is vital to advocate and communicate strategically with the donors and founders of residential care in donor countries, addressing misperceptions on residential care that exist in donor countries, and inform about the alternative support that can be provided in developing countries like Cambodia, e.g. community-based programs that support vulnerable families to preserve their families. A shift that I recommend, therefore, is to partner with UNICEF Headquarters and possibly the US National Committee to engage in dialogue with churches and evangelical religious leaders in the USA and their constituents, who fund and maintain the large majority of residential care providers in Cambodia. Advocacy with these stakeholders can effectively be founded on religious values and moral norms around the importance of family preservation and the right of all children to grow up in a family.

**Opportunities and Challenges**
UNICEF and the Royal Government of Cambodia will enter into a new five-year Country Programme Agreement in 2010, and the accompanying results framework features a new Intermediate Result on the promotion of family and community based practises that ensure the protection of children. This context provides an ideal environment for social norms change programming.

Another opportunity is the national Social Protection Strategy under development in Cambodia, in which social safety nets are proposed for vulnerable families, more specifically referring to social cash transfers, subsidies for basic services and social insurance. The Child Protection programme is engaging inter-sectorally to ensure family preservation is included as one of the goals of social protection interventions, but high level advocacy is needed to ensure this goal is adopted.

Among the challenges that I foresee is firstly the drop in donor funding that we are witnessing in Cambodia, putting pressure on the Country Office to deliver tangible results. Secondly, I foresee challenges in rallying our colleagues as well as our counterparts around social norms change. Again, Intermediate Results around prevention in the different programmes are opportunities that we can leverage. A clear conceptual framework adopted within UNICEF that guide work across programmes would greatly facilitate our advances in this field.