

# **Additional information**

**Report of a baseline survey  
Cambodia  
2001**

# Baseline survey

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## A. Background

The Project to Develop Education Opportunities to Meet the Specific Needs of Children with Disabilities in Cambodia began in 1999 and has a three-year implementation schedule. The objectives of the Project are:

- policy development
- awareness raising
- teacher training.

In the original project framework, the Project planned to operate two pilot projects, one in Phnom Penh and one in a rural location. The Phnom Penh pilot was started in March 2000 with a baseline survey. The baseline survey conducted in Svay Rieng marks the start of the rural pilot project.

## B. Pilot project location

The Project has chosen the K'Cheay school cluster, in Svay Teab district in Svay Rieng as the site for its rural pilot project.

Svay Rieng was chosen over other provinces because there are few NGOs supporting people with disabilities and, at least before the floods, the province was easily accessible from Phnom Penh.

The K'Cheay cluster was chosen because:

- the school principals were extremely supportive and interested in the aims of the project
- the cluster is currently receiving no support from NGOs
- the cluster is located away from the main road from Svay Rieng town and Bavet
- within the cluster there are four pre-schools
- nearby are three pagodas, a health centre and a lower secondary school
- the head of the cluster is also the village achar and thus has strong links with the community
- K'Cheay's village chief has a daughter who is disabled and attends the local lower secondary school.

The K'Cheay school cluster comprises nine primary schools located across three communes in Svay Teab district.

Table 1. K'Cheay school cluster

School	Commune
K'Cheay	Romeing Thakaol
Samaki*	Sangkhour
Po Toteung*	Svay Rumpear
Kor Sang Chrum	Sangkhour
Chunpuh Preuksaa	Sangkhour
Preah Tonle*	Sangkhour
Ong Svay*	Svay Rumpear
Keo Mom Nuon Mut	Romeing Thakaol
Poplea Aw Neak	Sangkhour

\* School with pre-school attached

### C. Survey methodology

The purpose of the survey was to gather **quantitative** information on:

1. the number of children with disabilities and types of disability in the villages that surround the schools in the K' Cheay Cluster
2. the number of children with disabilities attending schools in the cluster and **qualitative** information on the knowledge of disability and attitudes towards disability and education for children with disabilities among the people living and working in the communities around the school cluster.

The survey employed a mixture of individual semi-structured interviews and focus group discussions to gather the qualitative data. Structured interviews and form completion were used to collect the quantitative data.

In total, 98 people were interviewed individually or took part in focus group discussions. The nine school principals of the schools in the cluster completed a form on the number of children with disabilities and 30 village chiefs were interviewed to gather information on the number of children with disabilities living in their village.

Table 2. Interviews

<b>Individual interviews</b>	
<i>Target group</i>	<i>Number of interviews</i>
Parents of children with disabilities	10
Health workers	5
Village chiefs	3
Villagers (K'Cheay Cluster Area)	14
Villagers (Svay Rieng Town)	3
TOTAL	36

<b>Focus Group Discussions</b>		
<i>Target group</i>	<i>Number of focus group discussions</i>	<i>Total number of participants in focus group discussions</i>
School principals	1	9
Teachers	3	19
Children without disabilities	4	22
Monks	1	8
Village chiefs	1	3
TOTAL	10	61

Individual interviewees were chosen by random sampling. The nine principals of the schools in the cluster invited one or two teachers from each of their schools to take part in the focus group discussions. The children were randomly selected from the primary schools of K'Cheay, Preah Tonle, Ong Sway and Samaki. Monks from K'Cheay pagoda took part in the focus group discussion.

The survey was conducted over three days from January 24<sup>th</sup> -26<sup>th</sup> 2001.

#### **D. Survey team and training**

The survey team comprised 13 people. Four persons from the Project team in Phnom Penh took part along with nine local people drawn from the provincial education office, the provincial office of MoSALVY and staff at INGOS and LNGOS working in Svay Rieng.

The Project team provided the local members of the team with a two-day basic training in baseline survey basic principals and techniques (see annex for training details).

#### **E. Survey constraints**

The Survey attempted to provide as accurate a picture as possible of the knowledge and attitudes about disability of the people in the pilot area and to determine the number of children with disabilities in and out of school.

However the following factors may have influenced the results.

- The school principals of each school and the village chiefs of the 30 villages around the schools collected data on the number of children with disabilities in and out of school. They are not disability specialists so their categorisation of type of disability needs to be viewed with caution.

- The survey team was instructed not to reveal the purpose of the survey before conducting the interview but it is possible that some respondents expressed positive attitudes to disability that they perhaps privately do not fully endorse.
- The school principals were aware of the nature of the Project and it is possible that they exaggerated their support for children with disabilities and possibly the number of children with disabilities attending their schools. It is also possible that they communicated the nature of the project to the teachers who took part in the survey and the teachers in turn may have informed the children.

All surveys that attempt to analyse qualitative data are influenced by subjective attitudes, there is no reason to believe that the above factors have seriously affected the results.

## F. Survey results

### The number of children with disabilities in and out of school

The survey revealed that there are 158 children with disabilities living in the 30 villages around the nine schools in the cluster. Eighty-three of those children are attending school, (29 girls) a surprising rate of almost 50%.

*Table 3. Statistics of children with disabilities along K'Cheay cluster schools, Svay Teap, Svay Rieng Province*

N°	Schools	Attending school	Female	Not attend school	Commune
1	K'Chay	10	3	18	Romang Thkaol
2	Keomom Nguon Mut	7	2	5	Romang Thkaol
3	Ang Svay	11	7	5	Svay Rompear
4	Po Tantim	14	2	9	Svay Rompear
5	Samaki	7	3	5	Sang Khor
6	Prah Tonle	5	3	1	Sang Khor
7	Po Phlea Okneak	10	2	10	Sang Khor & Svay Chek
8	Krasang Chrum	11	4	9	Sang Khor
9	Chompo Preksa	8	3	13	Svay Teu
	<b>Sub-Total</b>	<b>83</b>	<b>29</b>	<b>75</b>	
	Total no children with disabilities =				<b>158</b>

### **I. Knowledge about disability**

All target groups defined disability using the common Khmer expression, "a loss of one or more sense". All target groups qualified this by giving examples of different types of disability. Teachers and principals had the best understanding of what disability meant defining it in terms of physical, sensory and mental / intellectual impairments which prevented an individual doing something in the same way as others. Children and perhaps alarmingly, health workers appeared to only define disability in terms of physical impairments. Monks and villagers concentrated more on physical impairments but both groups mentioned strange behaviour as a type of disability.

### **II. Causes of disability**

All target groups displayed a good understanding of the main causes of disability. No respondent thought that karma or sins from a past life were a cause of disability. Again teachers and principals had the best understanding of the causes of disability. The survey conducted three interviews with people from Svay Rieng town to act as a small control group. The sample was tiny but suggested that villagers in the rural pilot site had a better understanding of the causes of disability than their urban counterparts. Injections were cited by several respondents as being a cause of disability. One respondent said that injections given in the wrong place could cause disability; a health worker remarked that the wrong medicine could be a cause and nine people cited a lack of vaccinations as a cause. There would appear to be some confusion over the risks of injections and the value of vaccinations. Two school principals (all male) cited failed abortions as a cause of disability.

*Table 4. Causes of disability*

	Principals	Teachers	Children	Health workers
<b>Accidents</b>	2	12	6	4
<b>Mines</b>	5	6	12	
<b>Polio</b>	4	8		
<b>Other illnesses</b>	2	5		1
<b>Some people born disabled</b>	3	9	7	2
<b>Sins from past life</b>				
<b>Old age</b>		4		
<b>Poverty</b>	2	3	5	
<b>War</b>	6	5	3	4
<b>Others</b>				
- No vaccinations			1	1
- injections				
- failed abortions	2			
- malnutrition	2			

Monks	Village Chief	Villagers	Town people	Total
4	6	11	3	50
4	4	6		37
		2		14
	1	4	1	14
3	6	6	2	38
				0
		1		5
				10
4		1	2	25
		8		9
	1	1		3
				2
				2

### III. Prevention of disability

All the target groups understood the main causes of disability. The school principals and teachers had the highest level of understanding. Six principals commented that some kinds of disability could not be prevented revealing quite a sophisticated level of knowledge. The health workers showed the lowest level of understanding. Nearly all the respondents felt that they might become disabled in later life.

Table 5. Methods of disability prevention

Ways to prevent disability	Number of respondents
Immunisations	48
Avoid accidents	41
Never touch bombs or mines	21
Some disability cannot be prevented	6
Good care during pregnancy and birth	6
Good nutrition	6
Good sanitation	6

### IV. Attitudes towards disability in general

The most commonly cited response was pity amongst all the target groups. However the next highest response was a desire to help. On further questioning many respondents displayed a level of empathetic understanding remarking on how hard people with disabilities struggle and revealing a respect for their efforts. The Khmer word for pity is "anit" but it is probable that it has a wider meaning and use than its English translation. Therefore the fact that pity is the most widely held response to disability must not be taken in a necessarily negative light.

Table 6. *Emotions towards the disabled*

<b>When you see someone with a disability what emotion do you feel?</b>	
<b>Emotion</b>	<b>Number of Respondents</b>
Pity	76
Want to help	62
Want to protect them	29
Relieved I am not disabled	14
Want to encourage them	2

### **V. Education for children with disabilities**

All the respondents felt it was important for children with disabilities to go to school. Reasons given ranged from recognition that it was their fundamental human right ('They are human like us') to the importance of education in being able to find a job and lead an independent life. Several children stressed that education enabled a child to help their parents and contribute to the nation.

Teachers, school principals, monks and children with disabilities were asked what factors prevented children with disabilities from starting school and caused them to drop out early. Poverty was the most common cause of children with disabilities not attending school or dropping out followed by the fact that the school is often too far away and there is no transport. The third highest reason cited for lack of enrolment was that parents didn't feel it was important for their child with a disability to go to school. The third most commonly cited cause of dropping out early was that the teachers didn't know how to teach the child. This seems to suggest that more work needs to be done to improve the teaching skills of the teachers than in explaining the value of education to parents of children with disabilities. Five respondents remarked that the children with disabilities drop out of school because they are ashamed of their disability and another five cited teasing as a reason. Eight people felt that parents were ashamed of their children and so didn't send them to school and another six respondents felt that parents were afraid that their child would be teased. Teachers and principals also remarked on the poor roads and lack of support services as a reason why children with disabilities don't enrol.

The school principals and teachers all expressed their willingness to have children with disabilities in their classrooms in the focus group discussions. One teacher said that having a child with a disability in his class "made the non-disabled children study harder." Another teacher said that he felt that including children with disabilities in school could help to solve problems in society. They were comfortable in teaching children with physical disabilities but were concerned that they lacked the skills to teach children with severe disabilities or children who were blind or deaf. When asked "What help would you need to include children with disabilities in your class or school?" the following things were listed:

- access to assistive devices, wheelchairs, crutches, etc
- teaching aids

- training courses
- accessible school buildings
- additional teaching hours.

Ten teachers and three school principals said that they had some experience of teaching a child with disabilities. The disabilities the children had were quite diverse including deafness, brain damage, blind in one eye, speech impaired, cleft lip, polio and an amputee. When asked what things they did to help the child with disabilities to learn most responded that they treated them like all the other children but tried to encourage them and their parents. In general the teachers had not adopted any special teaching techniques to help these children. However one teacher said that he tried to help by giving the child extra practice at writing and another teacher said that he tried to explain things by giving lots of examples.

#### ***VI. Interviews with parents of children with disabilities***

Ten interviews with the parents of children with disabilities were conducted and the children themselves if they were present. Of the ten parents interviewed, two classed themselves as very poor, two as poor and the rest said their economic situation was medium.

All the parents said they would be willing to send their child to school but two of them thought that their child couldn't learn much because they were too disabled. Two of the children with disabilities were currently attending school.

The parents showed a limited understanding of the cause of their child's disability, which reflected their limited access to information about disability and support services. It would appear that "Polio" is synonymous with any physical disability, even types of disability caused by accidents. Only one parent had had any contact with an organisation working in disability and this had been one visit by CDPO. Two of the parents had heard about the Rehabilitation Centre run by Veteran's International in Prey Veng. One parent said she had heard there were organisations to help people with disabilities but she never paid attention to them. All the others said that they didn't know of any organisations or services to help them and their child. The parents' sources of information about disability largely came from radio broadcasts. One parent said she had received information from CDPO. All the parents said they knew about vaccinations.

Table 7. Children with Disabilities

Name of Child	Age	Sex	Type of Disability	Attends school	Parents want child to go to school	Child wants to go to school
Mom Rachana	11	F	Visual impairment	Yes	Yes	Yes
Soam Para	11	M	Brain damaged	No	Yes	Yes
Teap Chanty	6	F	Cerebral Palsy	No	Yes <sup>1</sup>	Yes
Chan Thoeun	8	F	Polio, right leg	No	Yes	Yes
Seng Pheakdey	2	F	Left eye blind	N/A	Yes	Yes
Mok Kanha	12	F	Cerebral Palsy	No	Yes <sup>2</sup>	-
Tith Sarun	11	F	Mental disability	No	Yes	Yes
Sam Savoan	10	F	Right arm polio <sup>3</sup>	No	Yes	Yes
In Chanda	13	M	Mental disability	No	Yes	Yes
Rath Chandra	12	M	One finger withered, emotional/ learning disability <sup>4</sup>	Yes	Yes	Yes

**NOTES:**

<sup>1</sup> Teap Chanty's mother felt she would like her daughter to go to school but thought it would be very difficult as she would have to go with her and she thought her daughter couldn't learn.

<sup>2</sup> Mok Kanha's mother felt her daughter could not learn because she has a poor memory but she would be willing to send her to school.

<sup>3</sup> Sam Savoan's mother gave the cause of her daughter's disability as "right arm polio, she fell down from a buffalo when she was a child".

<sup>4</sup> Rath Chandara's mother gave the following description of her son's disability. "He has polio in one finger after his finger was hit by glass and it became smaller. Another situation he fell from a pile of hay and was unconscious. He is easy to get angry. He cannot learn."

**VII. Sources of information**

Interviewees were asked where they got information from about disability and other messages such as about AIDS.

Table 8. Sources of information

Sources of information	No. of Respondents
Television	30
Radio	32
Billboards	4
Posters	21
Village Chief	8
School	8
Village meetings	23
Friends and neighbours	9
Newspapers and magazines	6
Leaflets	9
Calendars	9
Prayer	3

The most popular television station was TVK and the most popular newspaper was the Reaksmei Kampuchea.

## G. Conclusions

The survey, although small in scope, has revealed an interesting snapshot of the situation of children with disabilities and the attitudes and knowledge of a rural community regarding disability.

Most respondents had a fair understanding of what disability is and were aware that it is not confined to physical impairments. Health workers showed an alarming lack of knowledge. The health workers interviewed lived largely in Svay Rieng town and their lack of knowledge along with the three interviews conducted with townspeople suggest that knowledge of disability may be lower in urban populations. It is possible to speculate on the reasons for this. The DAC has discovered that no organisation conducting disability awareness activities are targeting urban populations, their efforts are almost solely directed at rural people.\* Health workers currently receive little or no training on disability issues. In rural areas community bonds are much stronger. It is likely that everyone in a village will personally know at least one person with a disability and that economic necessity may ensure that these people are included to some degree in the activities of the village, thus helping to counteract negative stereotypical attitudes. It was surprising that none of the respondents, including the Buddhist monks, mentioned karma or sins from a past life in connection with disability. The survey has revealed generally positive attitudes towards disability.

The importance of education was recognised by all respondents and teachers, principals and other children unanimously expressed their willingness to have children with disabilities in their classrooms and to help them. It is very encouraging that almost 50% of the children with disabilities are already

attending school. This statistic is all the more surprising because the school cluster is not receiving any financial or technical support from outside organisations. In addition, although Veterans International is working in Svay Rieng its activities are not largely focussed on the communes in Svay Teab district where the school cluster is located. Indeed none of the parents of children with disabilities had accessed any support services to help their child and most were not aware that any were available.

The parents of children with disabilities revealed a poor or confused understanding of the causes of their child's impairments. This is to be expected given the low level of understanding and knowledge of disability revealed at the local health centre and their lack of contact with organisations working in disability.

The disabilities of children currently attending school were not confined to physical impairments and included sensory and intellectual impairments. Given that the classification of the type of disability was done by the school principals, it will be necessary to assess each child. The teachers and principals stressed that although they were willing to have children with disabilities in their schools they also needed training and resources. Most of the teachers who had experience of teaching a child with a disability said that they taught the child in the same way as the others. It will be important to investigate what experience of inclusion the children are having. They may be physically present at school but are they benefiting from the education and are they really being included in the school's activities?

*\* DAC has been investigating awareness raising activities as part of its work to develop a national awareness raising strategy. All organisations working in disability were contacted about their awareness raising activities.*

## H. Recommendations

In the light of the survey's findings the following actions are recommended.

### *Children with disabilities attending school*

- ✓ Each child should be initially assessed by the Project team to establish if the original classification of the type of disability given by the principal is correct. The child should be referred to Veterans International or other appropriate organisations where the classification is difficult to make or where the child could benefit from treatment, assistive devices, etc.
- ✓ The Project team should investigate the experience of school the children with disabilities are having. This could be done by observation of lessons and discussions with the classroom teacher and the child themselves.
- ✓ The large number of children with disabilities already at school and the limited human resources of the project means that assessment of children

will have to be done on a school by school basis over an extended period of time.

#### *Children with disabilities not attending school*

- ✓ All the data collected on children with disabilities should be shared with Veterans International, the local branch of CDPO and with the UNICEF Seth Koma / CNSP Programme which will be starting operations soon. It is beyond the scope of the Project to attempt to help these children directly.

#### *Awareness raising*

- ✓ The Project's awareness raising activities should concentrate on specific messages for target groups and not on generalised messages on the rights of children to receive and education
- ✓ The Project team should provide basic disability awareness training for the health workers at the local health centre
- ✓ The Project should liaise with other organisations working with disability in Svay Rieng (VI and CDPO) and others (HI CABDIC) to gain materials about the causes and prevention of disability for use in more targeted awareness raising campaigns.

#### *Teacher training*

- ✓ Initially all the school principals and one teacher from each of the nine schools in the cluster should attend the National Workshop on Education for Children with Disabilities, which will be held in April.
- ✓ Training given to teachers in the first place should be focused on the teachers who are currently teaching children with disabilities and should address the specific needs and concerns of those teachers in helping the child.
- ✓ Training should be developed in response to the information gathered from observations and the assessments outlined above.
- ✓ All training materials that are developed should be shared with the UNICEF Education Programme in Svay Rieng.
- ✓ The Project should explore links with the UNICEF Education Programme.

#### *Overall*

- ✓ The Project should work closely with UNICEF and organisations working in disability in the implementation of the pilot project
- ✓ The Project should initially concentrate on providing support to the children with disabilities attending school and their teachers. If the schools are seen to be educating children with disabilities well then this will encourage more parents to send their child with a disability to school.

- ✓ The Project should recognise its limitations in terms of time and human resources and target its interventions carefully.