

The legacy of the Khmer Rouge period and its aftermath: The case of Cambodia's elderly

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Note: This is only an extended abstract. Please contact the authors for a copy of the completed paper.

Introduction

This paper will explore long-term impacts of conflict and violence in Cambodia on the lives of the current elderly population based on representative survey data especially designed for this purpose. The survey targets a probability sample of adults aged 60 and older across Cambodia and, as of August 2004, fieldwork is in the final stage of completion. Cambodia is an exceedingly appropriate setting for such an endeavor. Considerable excesses in mortality accompanied the civil war and violence that occurred during and after the Khmer Rouge period. This peaked in the middle to late 1970s when the Pol Pot regime was in control of the entire country. Most of today's elderly living in Cambodia were aged approximately 30 to 50 during this period and would have been married and well advanced in their childbearing. Publicly funded services are presently underdeveloped or non-existent, and older adults must rely on their family network for their material, physical, and emotional support. But, this is a cohort of individuals whose current support network may be influenced by earlier high rates of mortality, a result of the conflict and violence occurring a generation ago. We will investigate the extent to which older adults lost children and spouses before, during and in the aftermath of the Khmer Rouge period of the 1970s. To the best of our knowledge, this study represents the first research to date that examines these long-term influences on older adults not only in Cambodia but within any other population that has experienced prolonged periods of conflict and violence.

Background

There is a burgeoning of attention being paid by social scientists to the demographic influences of conflict and violence and to aging and the well-being of older adults in developing countries. To date, there has been virtually no linkage between the two. Yet, it is clear that there are both practical and theoretical benefits to be had by bringing together these areas of interest. Because of potential changes in health, work, marital status, and other potential life-course events, older adults are likely to be a group that is particularly vulnerable to the negative impacts of conflict and violence at the time it occurs. Longer-term impacts, however, may be exacerbated as survivors age and experience physical decline and, in many societies throughout the world, increased dependency on adult children and kin. As such, older adults constitute a key group of survivors for whom conflict and violence a generation ago has particularly adverse implications, and an important group to study in order to understand long-term effects of violence, an area of social-demographic research that has so far received little attention.

Deaths during periods of conflict typically are disproportionately weighted toward males, and this means that elderly survivors may be disproportionately female adding a potentially important gender dimension to explore, especially if gender is related to access to material resources or social support in old age. Moreover, the implications of the loss of a spouse and the loss of adult children may differ among older age men and women. In the case of women, adverse effects may be further exacerbated by the higher chances of losing a spouse and far more limited chances of remarriage than in the case of men.

Studies of the long-term impact of conflict and violence on older adults need to take place within populations that experienced the conflict a generation or more ago. Cambodia is one of these places and is an ideal setting for such research. The Khmer Rouge took power in all of Cambodia in April 1975 and remained until January 1979 when the Vietnamese invaded and took control of most of the country. This period was particularly violent, according to survivor accounts, but excess deaths began in the lead-up to the Khmer Rouge period, a result of civil war, and during its aftermath. Estimates of the number of excess deaths that occurred during the Khmer Rouge period and its immediate aftermath vary greatly from several hundreds of thousands to several millions (Heuveline 1998; Huguet 1991; Keirman 1996; Meng-Try 1981; Neupert and Prum 2003).

Cambodia was virtually shut-off from the rest of the world during the conflict, and it was not until 1993, when the United Nations sponsored elections, that the country began to open up to social and demographic data collection. A census was completed in 1998 and several socio-economic surveys have been conducted since 1995 (Huguet et al. 2000). What little research has been carried out verifies the traditional dependence that older adults have on family and especially adult children for support (Kato 2000; Zimmer and Kim 2001). It is also clear that the age and sex structure of the country has been greatly impacted upon by previous periods of excess mortality (Huguet et al. 2000). The combination of these factors may be particularly important for older adults. For instance, Zimmer and Kim (2001) reported that more than 10% of older adult households consist of elderly women living with their widowed daughters, a proportion that seems particularly high and may be a result of deaths to spouses and husbands of daughters that occurred a generation earlier. There is no research to date, however, that explores any of the potential effects.

Data and methods

The Cambodian Elderly Survey began data collection in April 2004 in Phnom Penh Province of Cambodia and is in the process of continuing in five additional provinces (Kampong Cham, Takeo, Battambang, Prey Veang, and Kandal). When completed, data will have been collected on a random representative sample of nearly 1,300 respondents residing in an area covering more than 50% of the population of the country. The survey asks specific questions about the deaths of children and spouses, the timing of the deaths with specific reference to the distinct periods of political upheaval, cause of these deaths (distinguishing between violence, disappearance and several other categories) and their impact on respondents. In addition, the survey has extensive questions dealing with living arrangements, health, and material and social support. In this particular study, which will be the first to be conducted from this data set, we will first present a descriptive analyses of these items to examines the extent of loss of children and spouses, their timing, and their cause in relation to the age, sex, and other demographic characteristics of the elderly respondent. We will then relate the experience of loss of children and spouses to current well-being and support of the respondent including their living arrangements.

Some preliminary results from Phnom Penh

Thus far, we have collected and entered 400 surveys that have been obtained from older adults living in Phnom Penh province, a region that includes metropolitan Phnom Penh and the surrounding rural area. Tables 1 and 2 are presented to provide an example of the type of data that we have available on deaths of children and are included here for illustrative purposes. We note that once the full survey is available, we will examine these data for evidence of underreporting of deaths. For example, it is possible that deaths of children at very young ages are less fully reported than deaths of older children.

Table 1 shows the percent of older adults that reported the death of a child for the total population, by three age groups, and for males and females. The first column of numbers shows the percent reporting a death of a child regardless of the age of the child at their time of death. In total, 64% of older adults have experienced the death of a child. The remaining four columns show the percent reporting the death of a child by the age of the child at time of death. For instance, the second column of numbers displays the percent reporting the death of a child aged 0 to 5 (which is 24.8% of the total sample).

There are several interesting finding here. First, the percent reporting a child's death is high. Second, many deaths occurred to children aged 6 and older and to children aged 16 and older. The chances of experiencing the death of a child 16 and older is greater than the chances of experiencing the death of a child in any other age group. This suggests that the very high mortality among

children of older adults is not a function of excessive infant mortality. Third, there are interesting age and sex differences in the probability of experiencing a child death. As one example, women are more likely to experience the death of a child 16 and older than are men. These results are of course very preliminary and only represent a portion of what will be the total sample. Nevertheless, we might speculate that women who experienced a violent death to a child may also be more at risk of having experienced the death of a spouse, which would mean that fewer males with deceased children survived to old age. It is also possible the results reflect gender differences in completeness of reporting child deaths, although we note that relatively little gender difference in reporting of deaths under age 6 suggest this is not the case.

In Table 2 we show cause and period of death of the children reported to have died. In total, the 400 respondents reported 554 children deaths yielding an average of more than one child death per respondent. The upper part of the table shows distribution of cause of death. Among all deaths, nearly half were reported caused by violence, and about the same percent by illness. But, when looking across the age of the child at time of death, it is clear that illness is more likely a cause of those dying young, and violence is more likely a cause of those dying at age 6 or older. This is consistent with expectation that deaths to younger aged children are often related to illnesses common with infant mortality, but deaths to older aged children are related to violence. The lower part of the table shows distribution of period of death. The cluster of deaths during the Pol Pot period, a mere four-year period in Cambodia's history, testifies to the violence associated with the Khmer Rouge regime. Among those dying between the ages of 6 and 15, fully four-fifths are reported as dying during this period.

Our further analysis will expand these tables to include data from other provinces and we will examine deaths of children across other dimensions. We will also examine the relationship between child deaths and current living arrangements and support. In the concluding section of the paper, we will discuss implications for the current cohort of older adults in Cambodia.

References

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Table 1: Percent of older adults reporting the death of a child, by age of their child at time of death, and the age and sex of the older adult

	Age of child at time of death				
	<u>Any age</u>	<u>0 to 5</u>	<u>6 to 15</u>	<u>16 +</u>	<u>6 +</u>
All older adults	64.0	24.8	21.3	37.0	49.3
Older adults aged 60 to 64	61.1	32.8	22.2	23.9	38.9
Older adults aged 65 to 69	64.4	23.0	27.6	34.5	52.9
Older adults aged 70 and older	67.7	15.0	15.8	56.4	60.9
Male older adults	61.3	28.5	15.3	28.5	40.9
Female older adults	65.4	22.8	24.3	41.4	53.6

Table 2: Distribution of cause and period of death of children of older adults by age of child at time of death

	Age of child at time of death				
	Any age (N=554)	0 to 5 (N=161)	6-15 (N=131)	16 + (N=262)	6 + (N=393)
Cause of death...					
- illness	44.8	73.9	35.9	31.3	32.8
- accident	6.7	4.3	7.6	7.6	7.6
- violence	46.4	17.4	55.0	59.9	58.3
- other	2.2	4.3	1.5	1.1	1.3
Total	100.0	100.0	100.0	100.0	100.0
Period of death...					
- Pre Pol Pot	13.7	34.4	9.9	3.1	5.3
- During Pol Pot	63.5	51.3	80.2	62.6	68.4
- Post Pol Pot	22.8	14.4	9.9	34.4	26.2
Total	100.0	100.0	100.0	100.0	100.0