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Issues Concerning Ageing Population in Kampot and Takeo Provinces, and the Implications of the Cambodia National Ageing Policy 2017-2030

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Issues Concerning Ageing Population in Kampot and Takeo, and the Implications of the Cambodia National Ageing Policy 2017-2030

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Abstract

This article assesses the issues concerning the ageing population in Takeo province and Kampot province, Cambodia, and the implications of the Cambodia National Ageing Policy (NAP) 2017-2030 in addressing those issues. By interviewing fifty randomly selected participants aged 60 and older, the findings revealed that the NAP 2017-2030 has not positively impacted the elderly population in Cambodia as it promised. The current generation of elderly Cambodians are Khmer Rouge conflict survivors and are financially insecure and rely on their adult children for financial support and caretaking. By closely examining the NAP 2017-2030 action plan, this study found many implications that led to slow progress and ineffectiveness. The paper concludes with a discussion on the significant issues concerning the ageing population in Cambodia today and the need for the Cambodian government to commit to implementing this ageing policy effectively.

Keywords: Cambodia, National Ageing Policy 2017-2030, ageing population, well-being, vulnerability

Cuestiones Relativas al Envejecimiento de la Población de Kampot y Takeo, e Implicaciones de la Política Nacional de Envejecimiento de Camboya 2017-2030

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Resumen

Este artículo examina las cuestiones relativas al envejecimiento de las personas de Camboya en la actualidad y las implicaciones de la Política Nacional de Envejecimiento de Camboya (PAN) 2017-2030. Cuarenta años después del fin del genocidio masivo en 1979, Camboya se está convirtiendo en una sociedad que envejece. Aunque existen algunos estudios sobre este envejecimiento de principios de la década de 2000, falta información sobre las condiciones socioeconómicas de las y los mayores en la actualidad. Para cubrir este vacío, se realizó un estudio de caso de tipo cualitativo en las provincias de Takeo y Kampot para comprender los problemas que enfrentan estas personas, con entrevistas estructuradas realizadas en 2020 con cincuenta adultos de al menos 60 años, de estas provincias. Este estudio evalúa cómo PAN ha beneficiado a los camboyanos mayores desde su implementación en 2017. Sobre la base de estudios previos sobre la tradición sociocultural de los arreglos de vida de las familias camboyanas, esta investigación documenta la evidencia que causa cambios para los adultos mayores en las zonas rurales de Camboya. Se concluye con un examen de las cuestiones importantes relativas al envejecimiento de la población en Camboya en la actualidad y las consecuencias del PAN para abordar esas cuestiones.

Palabras clave: Camboya, Política Nacional de envejecimiento 2017- 2030, población adulta, bienestar, vulnerabilidad

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Cambodia's older adults today, especially those over 60, are the Khmer Rouge conflict between 1975-1979 survivors. Many survivors lost their spouses, sons, or daughters to the conflict. In the aftermath of the conflict, many survivors grappled with social dislocation, continuing political conflict, pervasive poverty, land mine, and the HIV epidemic that took their toll during the succeeding years resulting in further losses of family members (Knodel & Zimmer, 2009 p. 3). These disruptions have undoubtedly impacted the core family support of older persons in Cambodia, a country among the poorest in Asia and where formal channels of assistance are minimal (Knodel et al., 2007; Zimmer et al., 2006). In Cambodia, the total proportion of the population aged 60 and older was 6.34% in 2008 (848,922), the lowest of any country in Southeast Asia (Mujahid, 2007). Nevertheless, Cambodia's ageing population is projected to increase up to 11.01% (2,024,171) by 2030 as life expectancy increased from 63 years to 68-72 years, while the total fertility rate declined to 3.1 per woman in 2008 and is expected to drop further, to approximately replacement level, by 2030 (National Institute of Statistics & Ministry of Planning, 2012, p. 2).

This shift to an older age structure has important implications for the country, the elderly, and their families, mainly because social and economic support would also increase for the ageing population. Fewer working-age persons support a larger number of elders. At the same time, more older men and women experience widowhood, some of the vulnerable areas for senior citizens in Cambodia (Ibid, p. 6). The specific vulnerability areas found among ageing in Cambodia include: (1) declining health status, (2) loss of ability to generate income, (3) increased likelihood of losing spouse, (4) increased dependency for both physical and financial support as well as shelter, (5) developing disability, and (6) increase of social isolation. Prompted by these common vulnerabilities and the gradual increase of the ageing demographic in Cambodia, the Cambodian government has eventually placed the senior population issue on their agenda, in part as a response to efforts by the United Nations, especially the UNFPA and HelpAge International (Knodel & Zimmer, 2009; Office of the Council of Ministers, 2007; UN-ESCAP, 2007). Owing to the UNFPA and HelpAge International's efforts and the Cambodian government's political interests, the NAP 2017-2030 was officially launched in 2017.

Although the NAP 2017-2030 was implemented in 2017, it has yet to leave an impact on Cambodian older adults as of late 2020, which was when

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this research was conducted. While there are implications that contribute to the cause of the slow progress and inefficacy of the NAP 2017-2030 implementation, the empirical findings from the case study in Takeo and Kampot provinces in Cambodia demonstrated the urgent need for assistance from the Cambodian government for the Cambodian older adults. The findings from this case study can also be used by scholars and practitioners to advocate for the Cambodian government to commit to implementing this policy effectively for the remaining years of the policy timeframe.

Previous Studies on the Cambodian Ageing Population

A few scholars have studied the living arrangement and socio-demographic conditions of older adults in Cambodia in the post-conflict period (Zimmer & Kim, 2001; Kato, 2002; Zimmer et al., 2006). The destruction of war on people's daily life and social-economic infrastructure were found to leave long-term effects on the survivors, which in turn may influence the prospects of their later lives (Pederson, 2002; Schwab et al., 1995, as cited in Zimmer et al., 2006). Due to the pervasive poverty caused by the violent conflict, intergenerational support networks are a critical resource for older adult Cambodians since very few receive a pension, have any lifetime savings, or receive health insurance or welfare benefits (Zimmer et al., 2006, p. 337). The few Cambodian older adults who receive a pension are retired civil servants such as public-school teachers and war veterans (OECD, 2017). As 80% of old-age Cambodians live in rural areas (UNFPA, 2013), farming is their only main source of income (Suy et al., 2018). However, natural disasters such as drought, floods, and the increasing cost of farming have compromised the ability of rural households to generate any income from their traditional farming method (Suy et al., 2018). This results in increasing poverty and vulnerability among elderly Cambodians.

Zimmer & Kim (2001) study found a predominance of elder Cambodians living with their adult children and a slight daughter preference. More senior people prefer to live with their daughters if they have one because, culturally, Cambodian women are perceived as family caretakers. The co-residency and dependency on children for financial and physical support among Cambodian older adults are also due to the Cambodian cultural tradition, as elsewhere in Asia, children are expected to pay back gratitude to

their parents by supporting and caring for them in their later lives (Borentr, 2004; Cornejo et al., 2013). Otherwise, society would judge them as ungrateful and disrespectful children. Thus, no matter how challenging their family's economic situation is, Cambodian young adults will take on the extra responsibility of caring for their old-age parents. The impacts of war and the cultural tradition forced Cambodian society to accept that caring for old-age people is solely the responsibility of their family not the government. Despite the cultural expectation and acceptance, Cambodian young adults often do not have the means to adequately support their ageing parents (Holzmann & Jorgensen, 1999). This result in many elderly Cambodians living in poverty and poor health conditions, and the traditional safety net for elderly Cambodians becoming more fragile.

The National Ageing Policy 2017-2030: Vision, Goals, & Priority Areas

The NAP 2017-2030 is a document with comprehensive plans divided into three phases of action plan. The first phase is set for three years, 2018-2020; the second phase is set for five years, 2021-2025; and the third phase is also set for five years, 2026-2030. As of November 2020, the first phase action plan 2018-2020 was developed to guide the coordination and collaboration of key stakeholders, including development partners and non-profit organizations, and to incorporate programs, sub-programs, projects, and currently implemented activities by the concerned ministries and agencies. The second phase, 2021-2025, and the third phase, 2026-2030, action plans are still to be developed following each phase's conclusion and a review process.

The NAP 2017-2030 described the Cambodian government's commitment to a vision that "continues to enhance and improve the quality of life of older persons in Cambodia with emphasis on ensuring equal rights and opportunities" – and planned to take into account two primary goals and nine priority areas. The first goal is "to ensure that older persons are enabled to fully participate with freedom and dignity for as long as they wish to in the family, community, economic, social, religious and political activities." The second goal is "to ensure that younger Cambodians are better equipped with knowledge that enables them to lead a more productive, healthy, active and

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dignified life in old age” (UNFPA, 2017, p. 19). To achieve the two goals, the NAP 2017-2030 focused on nine priority areas:

- *Ensuring financial security* by enabling older persons to remain in productive employment for as long as they are willing and able to do so and expanding coverage of comprehensive social protection and social welfare schemes.
- *Health and Well-Being* by promoting healthy ageing and expanding preventive health care; establishing a responsive health system that is accessible and ensures quality curative health services; meeting older persons’ requirements of long-term care; and addressing the availability of adequate and trained health personnel.
- *Living Arrangements* by promoting ageing in place and providing appropriate living arrangements for the elderly without family support.
- *Enabling the Environment* by enabling older persons to live independently if they can and wish to do so and facilitating the mobility of older persons.
- *Older People’s Associations (OPAs) and Active Ageing* through supporting the establishment of Older People’s Associations across the country and enhancing the role of OPAs.
- *Intergenerational Relations* by expanding opportunities for the participation of older persons in public life; fostering a positive attitude towards ageing and older persons; and strengthening intergenerational linkages.
- *Elder Abuse and Violence* by curtailing and preventing incidents of elder abuse and protecting older persons from falling victim to violence and crime.
- *Emergency Situations* by ensuring rehabilitation efforts giving due attention to older persons and sensitizing older persons on how to react.
- *Preparing the Younger Population* by providing an environment in which younger people can better prepare for ageing and motivating them to prepare themselves for healthy and active ageing.

While there are specific goals and priority areas set in stone, the big question is how the Cambodian government translates them into actions to impact the target population.

Why is the Ageing Population in Kampot and Takeo Provinces?

Since there has been no updated report on population ageing and well-being of older persons in the last ten years (2010-2020), this case study aims to build a profile of elderly Cambodian's socioeconomic status in 2020 using a purposive sample size of fifty old age adults selected – aged 60 and older from two Cambodian provinces, Takeo, and Kampot. The two sites were chosen to conduct the study on the ageing population for the following reasons: 1) old age population in these two provinces does not have any functional support mechanism from NGOs such as HelpAge Cambodia organization or Older People Association like other old age concentrated provinces such as Battambang, Siem Reap, or Kampong Cham; 2) Takeo and Kampot are amongst the top ten provinces with a higher proportion of the ageing population aged 61+ in Cambodia; 3) feasibility of the project including access to local contacts and research funding resources. Drawing on empirical evidence from the study and data in the official reports, this paper discusses the implications of the NAP 2017-2030 on elderly Cambodians and how the policy would benefit them if the Cambodian government prioritized the policy.

With 80% of the Cambodian population living in rural areas (Knodel & Zimmer, 2009, p. 4) – it is more sensible to conduct this research study in rural provincial settings. This way, it provides researchers the confidence to interpret socio-economic variation and differences among households impacted by labor migration among young adults and health and economic issues in their respective communities. Results from this study provide empirical evidence to draw analysis on the livelihoods of the elderly Cambodian and their needs. An in-depth understanding of the current socio-economic status of elderly Cambodians in rural areas can provide valuable input to the second and third-phase action plans of the NAP 2017-2030.

Research Findings

Living Arrangement of Elderly Cambodians Today

While independent living is often considered to be a sign of good health and material standing in developed western countries, in rural Cambodia, it is co-

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residence with others, particularly family members such as adult children or grandchildren – is thought to be an indicator of well-being mainly because there is no universal social security system in Cambodia (Zimmer & Khim, 2013, p. 14). Moreover, older people in Cambodia did not have the opportunity to save money throughout their working lives, mainly because of their illiteracy (caused by the war), and unskilled labor did not generate enough income to save. This generation of Cambodian genocide survivors moved into a state of material vulnerability. To survive in later life, their children or other family members become their only source of safety net. This multi-generation co-residence and support also became an unspoken tradition that older Cambodians expect to live up to as they age.

Meanwhile, Zimmer and Khim's (2013) report on Ageing and Migration in Cambodia suggested that high rates of rural to urban migration are moving many children of older adults out of the rural areas into cities (p. 14). This urban migration trend occurring in Cambodia is common in many developing countries. There are underlying and, at times, anecdotal notions among some academics, policymakers, and other interested observers that rural areas in developing nations and increased urban migration can leave older adults 'left behind' to be responsible for themselves – and this loss of support can have harmful effects on the ageing population (Coles, 2001; Hendricks & Yoon, 2006; Nguyen et al., 2006; United Nations, 2002; Van Der Geest et al., 2004, as cited in Zimmer & Khim, 2013). With this as a background, this section examines the living situation of old age and old age households in rural Cambodia using ethnographic questions to understand their family background, living arrangement, religious and cultural practice, economic status, health, and wellness.

Family Support Structure

From this study, 62% of the total sample (both older men and women) reported losing their spouse; only 38% still have their spouse living together. Among those who lost their spouses – only 6% said they are living alone, while the rest, 56% of those without their spouse, said they are living with either their adult children or grandchildren. Those who live with their children and grandchildren reported they are happy living with their children and do not feel lonely. However, many think they are a burden for their children and

grandchildren to provide financial and physical support because their children are not economically well off.

The study shows that 35% (22/31 elderly) of those who live with their children or grandchildren described their children's occupations as farmers, construction workers, garment factory workers, and other labor jobs – all of which are low-wage or inconsistent income types of jobs. To put it in perspective, a garment factory worker in Cambodia's minimum wage is only USD 170 monthly as of January 2018 (ILO, 2018). At the same time, a construction worker makes only USD 7 per day on average, which results in between USD 150 to USD 200 per month (Realestate News Editorial, 2018). Approximately 80% of the rice farmers in Cambodia still practice traditional farming. They only grow rice once a year during the rainy season, often enough or barely enough to feed their own family (Nesbitt, 2011). This seasonal rice farming practice is caused by at least two main factors: small farmland and a lack of workforce to work on the farm. According to Voluntary Service Overseas (VSO) 2016 research, unless a farm is at least five hectares large, it is nearly impossible for Cambodian farmers to generate profitable income from growing rice alone (Aleem, 2018).

I have nine children; all are alive. Some are farmers, some work at the garment factory, and some are construction workers (Code: 045TK).
(...)

I have seven children; all are alive. All of them are farmers (Code: 028KP).

As reported by the respondents above, Cambodian rural households tend to have more children because they believe the more children they have, the better source of support they will receive when they age. Using this statistical survey report as evidence, it is arguable that many young and middle-aged adults in Cambodia with elderly parents or grandparents face a monumental family responsibility – caring for their children and their elders with the minimal income they earn.

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Rural Areas Out-Migration

The unavoidable consequence of socio-economic development and globalization occurring throughout the developing world has substantially impacted many aspects of social life (Zimmer & Knodel, 2013). In a developing country like Cambodia, where labor migration has become a persistent and accelerating reality (Chan, 2008) – many older people are being left behind to fend for themselves in rural areas due to the outmigration of their adult children (Fitzgerald et al., 2007; Murshid, 2007). In fact, 58% of the elderly participants in the sample study reported having children and grandchildren moved to live or work in Phnom Penh (the capital city of Cambodia). In comparison, 8% reported having children and grandchildren who migrated to Thailand and South Korea for employment purposes. Only 34% of the research participants said they do not have children or grandchildren who migrated to urban areas or foreign countries for economic opportunities.

Four of my five children have moved to live in the city for work and business opportunities (Code: 02KP).

My daughter migrated to Thailand to find jobs (Code: 034TK).

Three of my children moved to the city to work at the garment factory (Code: 046TK).

Based on the above report, a more significant number (58% > 34%) of elderly Cambodians in rural areas now started to experience the changing force of the traditional family support structure that they used to or are expected to depend on as they age. Assertions by elderly who reported having children moved to the city were merely due to rural villages' lack of economic opportunities to generate enough income to make a living and support their families.

Social Conditions

In rural Cambodia, the nuclear family is commonly found because, culturally, in Cambodian society, transcending kinship is vital to strengthen interpersonal and intrafamily ties and provide mutual support. Hence, in rural settings,

Khmer neighbors who are often kin to one another – are considered external family members because they are either distant relatives or close friends that can be counted on as a source of mutual support (Ross, 1987). Today, this kind of community living arrangement is still strongly upheld in Cambodian society, particularly in rural villages. The assertion by Ross regarding Cambodian society in rural areas can be shown by the case of participants in this study. All the elderly participants, 100%, reported having a good relationship with their neighbors and enjoying spending time with one another.

I like my neighbors. They are helpful and supportive of each other when in need of help or any emergency. For example, when I get sick, my neighbor comes to help me, bring me food, or even help take me to the hospital or call a doctor to check on me at home (Code: 016KP).

All of my neighbors are my relatives. We always help each other when we have a family affair, like a wedding celebration - my neighbors always come to help us prepare for our family event. We never have any arguments (Code: 043TK).

These findings reflect the importance of kinship in Cambodia's rural community. An old Khmer proverb says – “having good neighbors is like having a good fence around your house,” quoted from my grandfather. In one way or another, kinship among neighbors in rural Cambodia can also be considered an informal social support network for ageing people, especially with many younger adults moving away from their villages.

Religious and Cultural Practice

The Cambodian population is culturally homogeneous concerning ethnic and religious composition. Buddhism lived in the heart of the Khmer people for centuries – traced back to the 13th century during King Jayavarman VII's reign. Although Buddhism suffered from real persecution under the Khmer Rouge regime in the 1970s, Buddhism has been reconstructed since the 1990s (Koike, 2002). Today, approximately 90% of the population identifies as ethnic Khmer, and 95% profess Theravada Buddhism as their religion (Knodel & Zimmer, 2009, p. 4). This study sample also reflected Knodel and

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Zimmer's claim. All of the elderly who participated in this study practice Buddhism rigorously. At least 36% said they go to the pagoda regularly, either every other day or on every Buddhist day, which is once every two weeks – and another 30% said they go to the pagoda once or twice a month or during celebrations such as Khmer New Year or Pchum Ben Day (Ancestral Day). Meanwhile, another 34% reported they only go to the pagoda occasionally because they have health issues or have the duty to care for their sick spouse, old-age parents, or grandchildren.

I go to the pagoda every Buddhist day, four times a month (Code: 011KP).

I used to go to the pagoda often, but now I cannot go anymore because I have been ill (Code: 042TK).

I can only go to the pagoda once in a while since I am busy taking care of my grandchildren (Code: 034TK).

Despite the health issue and domestic care responsibility that some of them are coping with in their later lives, all the participants reported that the environment at the pagoda makes them feel at ease and peaceful, the dharma, meditation, and participation in charity activities at the pagoda have helped to improve their psychological health. Common among these elderly participants were Buddhist teaching on practicing a good way of living life; the four perceptions: compassion, justice, truth, and kindness – are the primary source of support for their psychological health.

Going to the pagoda makes me feel at ease, not stressful, as I get to meditate and participate in charity work to contribute to the betterment of society (Code: 029KP).

The pagoda provides me space to educate my mind to be at peace, not greedy, and be kind to one another (Code: 036TK).

This study on religious practice among elderly Cambodians showed that the Buddhist pagoda is an important institution providing a socio-cultural safety net for older adults to seek social and mental health support. The pagodas play

a vital role in providing temporary shelters, food, and charity to vulnerable groups such as the elderly (Vathana, 2013). The pagoda also provides a space for older adults to practice meditation and learn to educate themselves with Buddhist teachings guided by the Buddhist monks. However, the pagoda is a religious and non-profit institution that relies on charitable donations from private individuals. Thus, it's evident that the support for the elderly is only temporary and inadequate. Additionally, there is no formal counseling support service at the pagodas. The Buddhist monks are not professionally trained counselors or psychiatrists; they can only preach Buddhist teachings to people. Therefore, a formal mental health support service for older adults in Cambodia remains to be addressed.

The Socio-Economic Profile of Elderly Cambodians Today

Based on the empirical findings, the traditional safety net in Cambodia – from family to community living arrangements and religious practices – is still strongly upheld among older Cambodians in rural settings. Meanwhile, old age poverty in Cambodia today is a serious issue among all the others that require immediate attention from the government. From the sample study, old age poverty is triggered by common problems such as past violence conflict, the lack of education, income insecurity, lack of access to subsidized healthcare services, lack of adequate housing, and out-migration from rural to urban areas among younger adults. This section demonstrates the socioeconomic hardships faced by the elderly in rural Cambodia today.

Literacy and Employment

A report study by Zimmer and Knodel (2009) revealed that over three-fourths (3/4) of elderly Cambodian women aged 60 and older received no formal schooling compared to only slightly more than one-fourth (1/4) of men – and overall, only 3% of older Cambodian women had received secondary education or beyond compared to 18% of men (p. 9). As a result of the lack of education, older women in Cambodia are far less likely to have been formally employed – therefore, they never have formal employment with consistent income for savings or a retirement pension to help secure their livelihood in later life. Nevertheless, a common factor contributed to illiteracy

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among today's older adults in Cambodia – the disastrous Khmer Rouge conflict in the 1970s that demolished the country's education system to ground zero. At least 46% of participants aged between 60 to 70 in this research study reported that violent conflict was the main cause of their illiteracy. They never received formal education because they grew up during the Khmer Rouge period between 1975-1979.

I am illiterate. I never went to school because I grew up during the Pol Pot regime (Khmer Rouge). I never have a formal job (Code: 02KP).

I have never attended school since I was younger during the Pol Pot regime. I don't know how to read or write. I have been a farmer all my life (Code: 045TK).

However, 54% of participants aged 70 and older said they had received formal education between primary and secondary school because they grew up during the *Sangkum Reastr Niyum* (People's Socialist Community) – a time when King Sihanouk was the ruler, 1955 – 1970. And among those who received some formal education, 30% said they had had a formal job as a village chief, clerk at the commune office, teacher, or military.

I attended school until grade 5 in primary school before Pol Pot. I was selected to work as a village chief from 1979-1987 (Code: 022KP).

I attended school until grade 10 in secondary school before Pol Pot took over the country. But then I enlisted in the army for five years, then became a teacher from 1980 until I retired in 2011 (Code: 032KP).

Results from this report on literacy resonated with what Zimmer and Knodel reported in 2009 on the education gap among older adults in Cambodia. This result also leads the researcher to investigate how the Cambodian elderly generate income to manage their livelihood.

Income and Poverty

As of 2018, the Asian Development Bank (ADB) reported that only 12.9% of the Cambodian population lives below the national poverty line, which is

US\$1.90 purchasing power parity (PPP) a day ([Asia Development Bank, 2020](#)). Meanwhile, this latest poverty rate endorsed by the Cambodian government is only calculated based on the Human Development Index (HDI) standard ratio – not the Multidimensional Poverty Index (MPI) ratio¹. With only the HDI figured, arguably, the low poverty rate recognized by the government does not reflect the poverty issues found among the Cambodian elderly in this study. From the sample study, 76% of the participants reported they had no income and that their adult children or grandchildren provided them with financial support.

My children help me with all financial needs, food, healthcare costs, and other basic needs. I don't have other income (Code: 013KP).

My children provide me with financial support and food. I don't have any income (Code: 037TK).

Whereas 24% of the Cambodian elderly participants said, they still have some income from retirement pension, working informal jobs such as construction, selling crops or livestock such as chicken or cows. Meanwhile, the income they earn from selling livestock or day labor is too inconsistent and is insufficient to pay for their basic needs, such as food or medical expenses. They still need supplemental financial support from their adult children and grandchildren.

I make income from selling crops I grow around my house and chickens I raise. But my children also provide me some financial assistance (Code: 08KP).

My husband has a teacher retirement pension. But not enough for both of us. My children still have to help us financially to cover our basic living costs (Code: 043TK).

Among the 76% who reported that their children or grandchildren provided financial support, only 21% of them have consistent financial support from their children and grandchildren. The other 55% only occasionally received financial assistance from their children because their children also have their

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own families to care for. They do not earn enough income to provide much financial support to their elderly parents.

Besides the children I live with, my other children occasionally give me financial support, such as during New Year or Pchum Ben Day (Ancestral Day). Other than this, not so much because they also have their family to care for (Code: 010KP).

My children can only provide me financial assistance occasionally and not so much. They are poor (Code: 024KP).

Overall, this report shows that a great majority of the old-age population in Cambodia, especially in rural areas – rely heavily on their children’s financial assistance, which is not a consistent source of income. Based on this sample study, most elderly Cambodians are no longer active in economic activities once they reach 60. Whether rich or poor, adult children are obligated to provide financial support to their parents in any way they can. As a result of dependency on children’s financial assistance and being economically inactive, 95% of the participants in this study live below the HDI national poverty line.

Health and Wellness

Health issues are prevalent among the elderly population anywhere. However, in a developing country like Cambodia, where poverty is particularly pervasive in rural areas (Knodel et al., 2005) – the health and well-being situation of the elderly can be much worse. Little research exists on health determinants among older adults living in economically deprived regions despite describing a large part of the world (Zimmer, 2008, p. 68). Suppose the link between economic inequality and health is universal, as is sometimes suggested (National Research Council, 2001). In that case, the health status of older Cambodians is generally poor, even in comparison to those living in neighboring countries (Zimmer, 2006). The Ministry of Planning (2003) also revealed that the rural environment is economically depressed, and health care resources are underdeveloped and underfunded.

As evidence, 88% of the participants in the sample study reported having health issues, while only 12% said they were healthy. The most common

health issues reported were – arthritis, hypertension, diabetes, inflammatory bowel disease, heart disease, and visual and hearing impairment. Additionally, 40% of the participants, especially those with health problems – said they often feel depressed and lonely mainly due to financial insecurity, sickness, or the loss of their spouse. Nonetheless, when asked how often they see healthcare professionals since they are older, 80% of the participants said they see healthcare professionals once or twice a year at the community health center, public hospital, or private clinic to do health check-ups or to get treatment.

I am diagnosed with hypertension. I had a stroke once, and now half of my body has become paralyzed. I can only afford to go to a community health center to have a nurse or a physician check my blood pressure level. Since I have this health issue, I often feel depressed and lonely (Code: 07KP).

I have arthritis and hypertension. My husband also has hypertension and had a stroke – now incapacitated. I do health check-ups once in a while at a public hospital but sometimes in a private clinic. I often feel depressed and lonely because my husband and I are sick while all my children have moved to live in the city (Code: 043TK).

Two contrary pieces of evidence found in this study respond to the previous research by Zimmer (2006) and a report by the Ministry of Planning (2003). Firstly, the health status of old-age Cambodians remained generally poor, with 88% reporting severe health issues that required medical care. Secondly, 80% of participants reported having access to health care resources such as community health centers, district hospitals, and private clinics – although not of the best quality. The second evidence demonstrates that rural Cambodia's healthcare resources have improved significantly over the last decade. However, there is still a lot to be done to ensure access to healthcare services for elderly Cambodians.

Access to Policy Information and Needs

After learning about their socio-economic challenges, including literacy and employment, income security, and health and wellness – the participants were

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also asked if they knew about the NAP 2017-2030 and what challenges or issues they faced. They will need help the most from the government. Understanding the participants' ability to access information and their dire need would help the researcher compile empirical evidence that can be used as a resource to complement the NAP 2017-2030's second phase action plan drafted by the Ministry of Socia Affairs, Veterans, & Youth Rehabilitation (MoSVY)'s Technical Working Group (TWG).

Although the NAP 2017-2030 was launched in 2017, the policy was not widely disseminated to rural areas where most left-behind elderly life. According to HelpAge Cambodia Communication and Outreach staff, Bunret Von – the NAP 2017-2030 training workshops are only conducted at the provincial level, where only local authorities such as the district mayor, commune chief, and village chief are invited to attend. These local authorities are expected to disseminate information about NAP 2017-2030 to people in their respective communes and village. Von also added that there is no follow-up or monitoring mechanism to track this policy dissemination process. As a reflection, 46% of the elderly who participated in this study said they had never heard about the NAP 2017-2030, while 54% of others reported having heard about the policy from their village chief or on TV but not in detail about the actions entailed in the policy plan.

I learned about this NAP policy from the TV recently. I wish to know more about what policy entails (Code: 022TK).

I never heard about this NAP policy until you mentioned it. I want to know how this policy will benefit me (Code: 045TK).

Meanwhile, when the enumerator briefed them about the NAP 2017-2030 policy goals and a comprehensive action plan – 98% of the participants showed excitement and wanted to learn more about the policy and understand how it would impact them. When asked what they would need help the most from the government through this policy action, 60% wanted the government to provide financial assistance, and 26% wanted the government to provide support with a qualified health care service. In comparison, 12% needed help with housing, and 2% needed help with access to clean water.

I wish the government would help a poor older person like me with cash assistance so I can use it to buy food (Code: 07KP).

I think the government should help old and frail elderly like myself wish cash assistance. I am 84 years old – I'm too old to find a job or do business to make income (Code: 09KP).

I would appreciate it if the government supported me with cash assistance and healthcare. I don't want to be a burden for my children since they have their own family to support too (Code: 013KP).

What is not surprising from this study is that 98% of the elderly participants needed support from the government with the most basic needs that fall within the principle of human rights, such as cash to buy food, and access to free quality health care, housing, and clean water. Some of these basic needs professed by the elderly participants, especially financial needs and healthcare – fall within the priority goals of the NAP 2017-2030. However, the bigger question is – how does the Cambodian government plan to accomplish these priority goals to meet the needs of the elderly population? This question will be discussed in the following section.

Discussion

While this study does not intend to represent the entire situation of the ageing population in Cambodia, the findings provide empirical evidence that can be used to demonstrate the current situation of the Cambodian elderly in rural areas today and to justify why Cambodia need an ageing policy. There are at least three significant issues concerning the elderly found in this empirical study that is most noticeable and could be argued as the internal factors that influenced the Cambodian government's decision to establish the NAP 2017-2030 policy. First, 76% of participants reported having no consistent income and relying on their adult children to provide financial support, which can be considered a reason for the Cambodian government to prioritize establishing financial security under social protection and welfare schemes (UNFPA, 2017, p. 11 & 19). Second, 88% of the elderly reported having health issues, and 98% reported going to the pagoda to seek support for their mental well-being because there is no counseling service available in the rural area for

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them to resort– which can be the reason for the Cambodian government to work on subsidizing and expanding access to quality healthcare service to the population in the rural area, especially older adults such as arranging counseling service and establishing surveillance system to monitor vulnerable older people (UNFPA, 2017, p. 20). Third, the 58% of elderly who reported their adult children migrated to an urban area, and other countries for economic opportunities is one of the factors for the Cambodian government to consider establishing reliable support network resources for the elderly such as OPA or community centers (UNFPA, 2017, p. 23).

Furthermore, the socio-economic circumstances reported by the elderly in this study, in contrast, testified that the NAP 2017-2030 has yet to produce any impacts on elderly Cambodians in rural areas despite the completion of the policy's first phase action plan (2018-2020). The main implication of this contrast is that the first phase action plan of the policy was purely technical. For example, MoSVY, as the leading institution coordinating with other key institutions and stakeholders to review the NAP 2017-2030 comprehensive action plan, planning activities, and gathering resources. I was surprised to learn from one of the MoSVY TWG meetings that the NAP 2017-2030 was designed without evidence-based research on issues concerning the ageing population, nor was there a budget allocated to the responsible institution to implement this policy. The unorganized setup of the NAP 2017-2030 resulted in no impact on the ageing population. As the data in this study shows, 98% of the elderly who participated in this study did not receive any assistance from the government through the NAP 2017-2030. They urgently need support on basic needs such as food, shelter, and health care. In addition to not receiving any support yet, only 54% of the elderly in this study said they had heard about the NAP 2017-2030, while 46% had never heard about the NAP 2017-2030.

On top of the technical implications, the NAP 2017-2030 implementing plan was disrupted by the COVID-19 pandemic, which resulted in the Cambodian government re-assessing the country's economic situation and re-allocating the national budget for other urgent needs impacted by this global health crisis. While the number of COVID-19 infection cases and mortality rates in Cambodia were low compared to countries in the region – the economic impact of COVID-19 in Cambodia is no exception. In 2020 alone, Cambodia lost revenue in the tourism sector alone of around USD 3

billion; more than 410 factories were suspended, affecting more than 240,000 workers. In response to this crisis, the Cambodian government launched various support programs for different sectors and poor and vulnerable families by regulating tax exemption, subsidizing USD 70 monthly to garment workers, USD 40 to hotel workers, and providing low-interest rate loans to banks and Micro Finance Institutes (MFIs) (JICA, 2021). The COVID-19 crisis requires the Cambodian government to reconsider some of its planned expenditures to save money to divert funds to address its current priorities of combating the spread of COVID-19 and counteracting the negative socio-economic impact on Cambodia (Long, 2021). According to the Cambodian Ministry of Economy and Finance (MEF), some ministries and institutions are required to reduce their national budget expenditure by at least 50% (Ibid). Cambodian Institution for Democracy President Pa Chamroeun is concerned that the reduction of expenditures by these ministries will affect the quality of life and affordability and services they provide to the people (Ibid).

All these staggering issues concerning the Cambodian elderly in rural areas and the implications of the NAP 2017-2030, in other words, respond to one of Michel Foucault's claims on neoliberalism – 'a set of political strategies that constitute a specific, and eminently governable, form of subjectivity' (Foucault, 2008 as cited in Lorenzini, 2018). The Cambodian state has a stake in controlling what constitutes elderly care. Thus, setting quantifiable notions of what a prime example of an elderly Cambodian subject is to provide state support to maintain the economic and socio-cultural aspects of ageing in Cambodia.

Conclusion

This research study provides significant evidence of the current socio-economic situation of elderly Cambodians in rural areas. The study results show that the traditional family support structure has only begun to shift slightly as there are still fewer numbers of elderly who live alone. Outmigration among young adults has not yet imposed many challenges on the elderly population since a majority, 70% of the study sample, still reside with their children or grandchildren. However, as more and more young people move to urban metropolises due to economic circumstances, it is predicted to trigger the transformation of the traditional family support

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structure in the near future. In this case, a strong community support system in rural areas can be considered an essential resource for older adults to rely on for emotional and social support.

On the other hand, the socio-economic situation is not in good shape for older adults in Cambodia. Based on the findings, 95% of Cambodian elderly aged 60 and older are no longer economically active and have no secure income besides their children and grandchildren's partial financial assistance, which is often inconsistent due to their minimal income. Health-wise, 88% of them reported having health issues that required a consistent and quality health care service that is affordable or subsidized heavily by the government. While healthcare infrastructure in rural areas may have improved over the last decade, with 25 provincial hospitals, 68 district hospitals, and 1,248 health centers set up in nearly every commune across the country (Jacobs et al., 2019) – healthcare professionals and medical equipment remained inadequate to provide an affordable and quality care service to the population. The Cambodian government has not yet made healthcare services accessible to the elderly at public hospitals free of charge. They still have to pay fees to be admitted to the hospital for treatment. According to Jacobs et al. (2019), costs per out-patient treatment varied from USD 27.61 to USD 55.87 at the lowest level hospital, such as district hospitals – this amount may seem little compared to healthcare costs in some developed countries. Still, the amount is unaffordable for the Cambodian elderly since they do not have savings, consistent income, or social security pensions. This can be shown by the higher percentage of the study participants, 60% need cash assistance, and 26% want free health care services from the government. In short, this study shows that poverty among elderly Cambodians persists whether or not they have support from their adult children. To conclude, despite the urgent need for assistance, the Cambodian government has not yet been able to make the NAP 2017-2030 a priority in their national budget plan. Thus, there is still a long way to go for the NAP 2017-2030 to leave any positive impact on the Cambodian elderly.

Notes

¹ Both HDI and MPI are the metrics that use three broad dimensions: *health*, *education*, and *standard of living* to calculate the national growth and development progress of a country. The

difference is HDI uses indicators at the aggregate level. In contrast, MPI uses micro data and all detail indicators to calculate from the same kind of survey to calculate the result

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