



**Policy Brief:**  
**The Elderly and Aging Issues in Cambodia**  
**Part One**

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**Introduction**

Cambodia considers a person over 60 years old to be an elderly or aging person, as defined in the *National Ageing Policy 2017-2030* (RGC<sup>2</sup>, 2017). The elderly have played an essential role in Cambodian society, serving as the storytellers of Cambodia’s oral history (Soma, 2012), as leaders, and as role models. Young people deeply respect the elderly, as they are continuously taught to do so since a young age (Mony, 2004). Children are also taught to take care of their elderly parents (Soma, 2012). This cultural should-do obligation is also mentioned in article 47<sup>3</sup> of the constitution. Given this Cambodian sociocultural context, it appears that the Cambodian elderly are set up to enjoy a high quality of life in their advanced age.

Yet there is evidence that Cambodian elderly face difficulties in terms of economic and health conditions as well as their dependency on the family. Today’s elderly are still impacted by the long-term repercussions of the Khmer Rouge regime, which attempted to eradicate institutions such as family, community, and religion, which function as support systems for the elderly (CRDB & CDC<sup>4</sup>, nd). The war had many long-term repercussions on the elderly, particularly the loss of their children and support networks (Zimmer et al., 2006). Moreover, they, throughout their lives, have

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<sup>1</sup> This paper has been edited by Future Forum’s in-house editorial team.

<sup>2</sup> Royal Government of Cambodia

<sup>3</sup> “Parents shall have the duty to take care of and educate their children to become good citizens. Children shall have the duty to take good care of their elderly mother and father according to Khmer traditions.”

<sup>4</sup> Cambodia Rehabilitation Development Board and Council for the Development of Cambodia

experienced civil war, political violence, evacuation, and poverty (HelpAge, 2017). They have also struggled to adapt to the market economy and other societal (CRDB & CDC, nd).

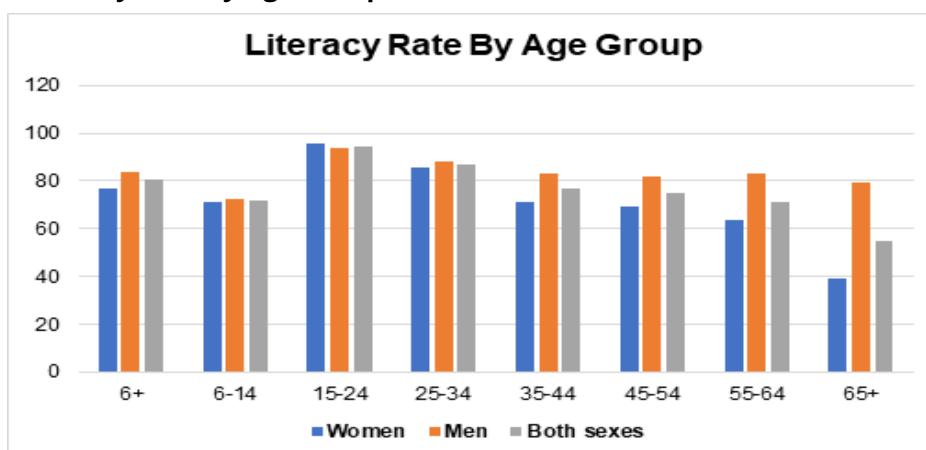
Civil society and the government have often failed to adequately address the issues older people face (CRDB & CDC, nd). For instance, despite the growing rate of disability among aging people, the discussions on disability often refer to people of the younger group (HelpAge, 2017). The elderly are susceptible to health problems, social isolation, low education levels, and other challenges to social well being (Zimmer & Natta, 2015). This policy brief briefly examines the current state of the elderly in Cambodia concerning their education, economic conditions, and healthcare. It also examines how changing demographics and a significant number of elderly Cambodians add urgency to the issues they face.

## Education Levels Among the Elderly

“Literacy is the basis for lifelong learning that contributes to poverty reduction, democratization, and sustainable development. Literacy is critical for improving quality of life by allowing literate citizens to seek alternative solutions for enhancing health and nutrition, empowering citizens to proactively participate in community development, and inspiring citizens to value gender equality for the attainment of overall family happiness,” wrote Hang Choun Narong<sup>5</sup> and Anne Lemaistre<sup>6</sup>.

However, the aging population in Cambodia has low levels of literacy. According to the Cambodia Socio-Economic Survey 2017, only 55.1 percent of people over 65 are literate, and most of those are men. Less than 40 percent of the women elderly are literate (see figure 1, below).

**Figure 1: Literacy Rate by Age Group**



Source: CSES<sup>7</sup> 2017

<sup>5</sup> Minister of Education, Youth, and Sport

<sup>6</sup> Country Representative for Unesco in Cambodia

<sup>7</sup> Cambodia Socio-Economic Survey

High illiteracy is a particular aspect of vulnerability for the Cambodian elderly (GSPD,<sup>8</sup> 2016). Indeed, it is one of the main factors hindering their full participation in the economy (RGC, 2017). The low literacy rate of elderly women is probably due to historic cultural barriers, for instance, a majority of girls in the past were not encouraged to attend school for fear they would be able to write letters to their boyfriend once they became literate (Chan & Chheang, 2008). Poor parents would prioritize their son's education over their daughter's (Gillispie, 2018) - as in the Khmer proverb, "Men are gold and women are cloth." (Chan & Chheang, 2008). Both Khmer women and men were trained to respect their social roles within society (Chey, 2008), and girls were expected to contribute to household income or marry early (Room to Read, 2019).

Moreover, the Khmer Rouge eradicated the entire country's education system and killed or caused the flight of an estimated 75-80 percent of the teachers and higher education students (TLC<sup>9</sup>, nd.). By 1978, almost all teachers, writers, and scientists in the country were killed (Room to Read, 2019). The Khmer Rouge claimed that "Rice fields were books, and hoes were pencils" (Ledgerwood, 2003).

## **Health Conditions**

As older people age, they become more vulnerable. Their health is fragile, and they face an increased risk of noncommunicable diseases (RGC, 2017, GSPD, 2016), such as high blood pressure, joint pain, heart diseases, diabetes, dementia, cardiopathy, and cancer (Jacobs, 2016), and the risk of morbidity (RGC, 2017). Moreover, a considerable proportion of them have disabilities (Jacobs, 2016), and feel they are not needed or are a burden to others (Soma, 2012). The causes of their disabilities stem not only from their poor health but also are the result of violence during the Khmer Rouge Regime and civil war. Disability undermines their subsequent economic and social opportunities. Sometimes, they are unable to even go outside to involve themselves with the community and broader society (PPCIL<sup>10</sup>, 2019). Equally important, their mental health is also impacted by their experiences of violence and suffering during the brutal civil war lasting three decades (Mony, 2004).

The elderly are still suffering from the legacy of the Khmer Rouge Regime and the conflicts; they were psychologically affected, for instance: depression, anxiety disorder, and post-traumatic stress disorder (PTSD) said Dr. Ka Sunbaunat, a psychiatry professor (Sopheada, 2011).

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<sup>8</sup> General Secretariat of Population and Development

<sup>9</sup> This Life Cambodia

<sup>10</sup> Phnom Penh Center for Independent Living

Another key point is how gender impacts health. Elderly Cambodian women suffer more from physical function problems and have reported worse self-assessed health than Cambodian men (Knodel & Zimmer, 2009). However, there is no gender difference as regards the risk of illnesses (Rodgers, 2009). Elderly Cambodian men and women are involved in risky behaviors such as smoking, drinking, and chewing betel nut (Knodel & Zimmer, 2009). Despite increasing public health facilities, they still prefer private healthcare (Jacobs, 2016), and many of them still depend on traditional healers and herbal medicine for treatment for various forms of illness. Modern medicine is easy to obtain, but its cost continues to act as a barrier to access (Mony, 2004, HelpAge International, 2015).

In 2014, the elderly in Cambodia spent 50 percent more on healthcare than younger people (Jacobs, 2016). Some elderly people decided it was better to use their limited resources on food, water and other necessities, rather than on expensive healthcare services (CRDB & CDC, nd.). Hence, there is a critical association between wealth and health problems, especially in rural areas – the poor have more health problems than the rich (Zimmer et al., 2006). Elderly women are more likely to have a disability, but they spend less on health care than men. However, from 2004 to 2014, both genders accessed health care services considerably more often than before (Jacobs, 2016).

## **Economic Conditions**

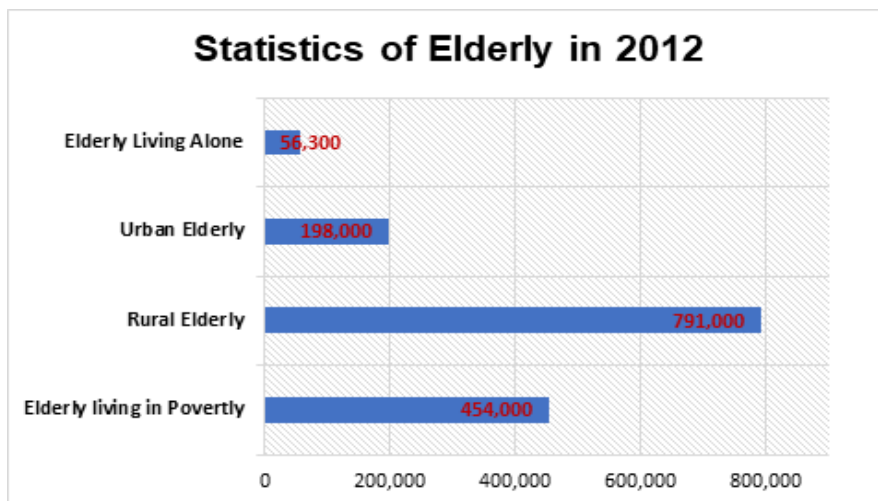
Older Cambodians have low income security, according Global Agewatch Index 2015 (HelpAge International, 2014 as cited in GSDP, 2016), thus far, only civil servants and soldiers had pension benefits (Carmichael, 2014, HelpAge International, 2015) with the condition of at least 20 years in service or disability during the service (HelpAge International, 2015). According to the Royal Government, there were about 120,000 retirees having pension benefits (HelpAge International, 2015), but more than 80 percent of the aging population did not qualify (Carmichael, 2014). A large majority of the elderly were materially and financially supported by their children (Knodel & Zimmer, 2009) or their younger relatives (RGC, 2017). However, some elderly, especially homeless women, have to assist monks in Buddhist ceremonies with the expectation of attendee's donations in order to cover their expenses on food and medicine (Carmichael, 2014).

Jacobs found that elderly Cambodians spending on healthcare increased by twofold from 2004 to 2014 and rural households with aging parents faced financial hardship due to health expenses and subsequent indebtedness – two and a half times more than households without aging parents. And although nearly one in ten households with elderly had access card to free healthcare at public facilities, they did not seem to enjoy the benefit since the costs of the service still actually incurred (2016).

Given their capacity for self-care is reduced, not many elderly can live independently in their community. Customarily, they reside with at least one of their children (GSDP, 2016). The joint family system is the norm (RGC, 2017).

When getting older, the chance of losing spousal support is high (RGC, 2017). Based on the data from CIPS 2013, the incidence of marital disruption for people over 60 increases by age – 27 percent for those aged 60-69, 35.8 percent for those aged 70-79, and 48.1 percent for those 80 and above (GSDP, 2016). Even when married, women are unlikely to name their spouse as a caregiver (Knodel & Zimmer, 2009). Moreover, many middle-aged people who are supposed to take care of the current generation of elderly were killed during the Khmer Rouge regime, and thus their surviving parents are living alone in their later life (CRDB & CDC, nd.). Older people who live alone (see figure 2) are more likely to have a lower quality of life, and poorer mental and physical health, compared with those living with relatives (Jacobs et al., 2016).

**Figure 2: Statistics of Elderly in 2012**



Source: HelpAge, 2017

## The Elderly in the Context of Cambodia’s Rapid Development

While Cambodia is an agricultural country, it has transformed very quickly, with rapid urbanization and a concomitant decline in the fertility rate (Carmichael, 2014). Because of poverty, many younger generations in rural areas are forced to leave their elderly parents to find work in cities (CRDC & CDC, nd., Carmichael, 2014) and foreign countries such as Thailand and Vietnam (CRDC & CDC, nd.). This outmigration of younger Cambodians increasingly removes the elderly from their traditional safety net (RGC, 2017). According to Moeun Tola, the director of the Center for Labor Protection and Human Rights, more than two million Cambodians work abroad (Vicheika, 2018) and this number is expected to rise further.

Those elderly Cambodians who remain in the villages have little day-to-day support (Carmichael, 2014). Some migrant workers regularly send remittances back to their parents; however, others have simply left, at times even leaving their elderly parents to care for their grandchildren (CRDC & CDC, nd., GSPD, 2016, RGC, 2017).

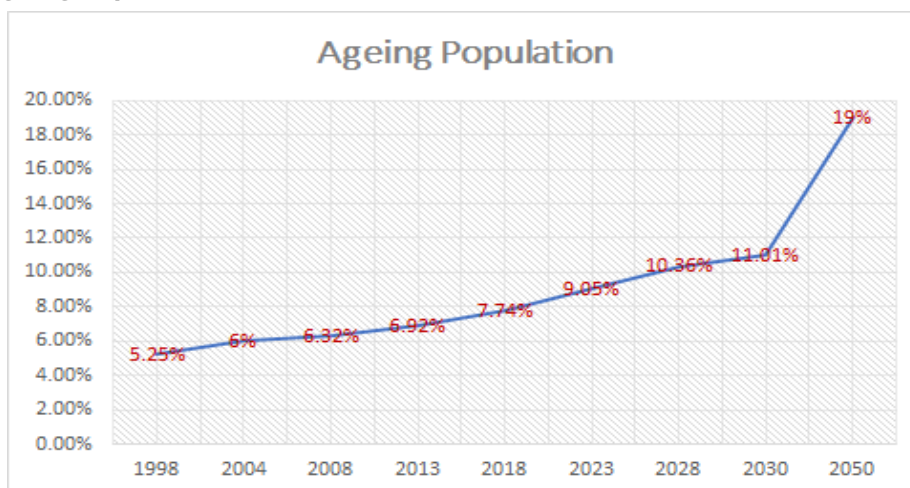
## Demographic Change: A Growing Elderly Population

Compared to other ASEAN countries, the proportion of elderly in Cambodia is low (GDSP, 2016) due to the impacts of the mass massacre during the Khmer Rouge regime and the later decline in fertility rate (RGC, 2017).

However, the population structure is changing (GSPD, 2016). After the baby boom in the 1980s, the fertility rate began to drop in 2000, from 4.0 in 2000 to 2.7 in 2014.<sup>11</sup> Coupled with the increase in life expectancy, the proportion of the country’s aging population increased dramatically (MoP<sup>12</sup> 2012, GDSP, 2016, HelpAge, 2017). This will continue in the future; while the total population is projected to increase by 18.2 percent from 2015 to 2030, the aging population will increase by 80.1 percent in the same period (RGC, 2017).

The elderly accounted for 5.2 percent of Cambodia’s population in 1998 and 7.2 percent in 2015 (RGC, 2017). It is projected that the number of elderly Cambodians will double from 1.1 million in 2015 to two million in 2030 (MoP, 2012). By 2050, it is projected that there will be five million Cambodians who make up 19 percent of the total population (HelpAge Cambodia, 2019). (See figure 3)

**Figure 3: Ageing Population**



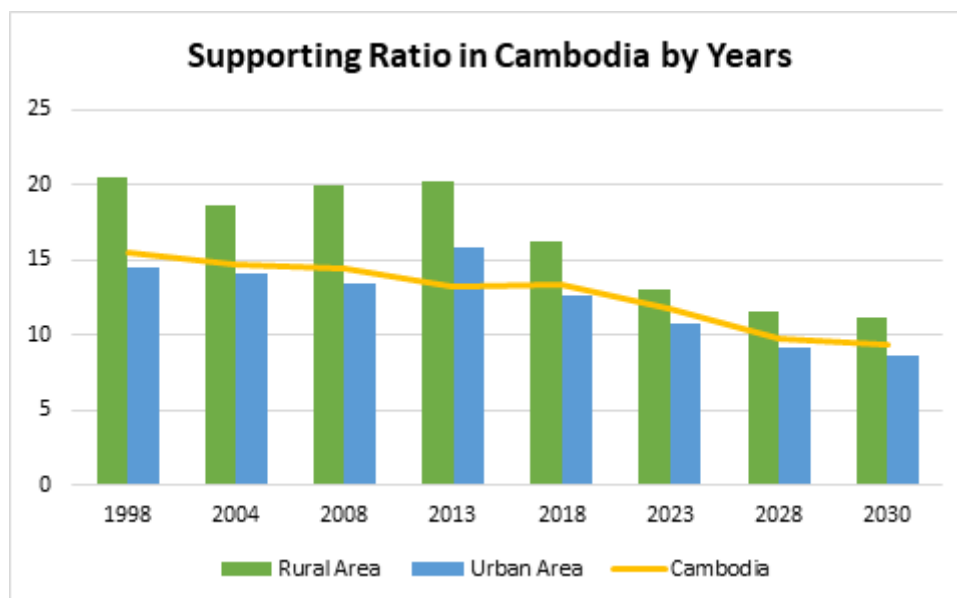
Source: MoP, 2013; RGC, 2017 & HelpAge Cambodia, 2019

<sup>11</sup> Cambodia Health and Demographic Survey

<sup>12</sup> Ministry of Planning

Meanwhile, the potential support ratio of the working-age population to the elderly declined from year to year (MoP, 2016). Figure 4 below shows how the support ratio will decrease.

**Figure 4: Supporting Ratio**



Source: CIPS<sup>13</sup>, 2013 as cited in RGC, 2017

## Conclusion

All things considered, despite the respect that they receive in Khmer society, the Cambodian elderly are a vulnerable population faced with considerable challenges. Compared to younger Cambodians, their lower literacy rates negatively impact their well-being. More notably, they have more health problems and need more healthcare than younger people; however, many of them, especially in rural areas, still prefer private treatment, for instance, traditional healers and herbal medicine rather than public health service due to their limited affordability. On top of health problems, they also struggle with poverty due to the impact of socioeconomic changes.

Proportionally, Cambodia has fewer elderly people than other countries in the region, but many of the challenges they face are yet to be successfully addressed. Effective policies, infrastructure, and timely actions are needed.

The current aging strategies and policies in Cambodia, along with the key recommendations to address the aged-related issues will be examined in detail in the second part of the policy brief.

<sup>13</sup> Cambodia Inter-Censal Population Survey

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