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## **An Overview of the Social Protection Policy on Well-being of the Elderly in Cambodia**

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## **Abstract**

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The elderly people in Cambodia are confronting multiple sources of vulnerability; these include living with poorness, health functional disabilities, health issues, social isolation, and limited opportunities to get involved. The government of Cambodia is concerning about the welfare of the elderly, as expressed in the National Development Strategy where government pledges its commitment to promoting the welfare of the elderly by protecting and ensuring that the elderly people are provided with basic needs. On the other hand, social protection in Cambodia has been largely neglected or addressed with inadequate tools and insufficient funds, which leads Cambodia to vulnerability. The principal purpose of this review is to produce a summary of overall social protection system and government associated with the elderly in Cambodia.

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**Keywords:** Social Protection Policy, Elderly People, Well-being, Vulnerability and Poverty, Government Intervention

# Una Visión General de la Política de Protección Social sobre el Bienestar de las Personas Mayores en Camboya

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## Resumen

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Los ancianos en Camboya se enfrentan a múltiples fuentes de vulnerabilidad como vivir en la pobreza, discapacidades funcionales de salud, problemas de salud, aislamiento social y oportunidades limitadas para involucrarse. El gobierno de Camboya está preocupado por el bienestar de las personas mayores, como se expresa en la Estrategia Nacional de Desarrollo, donde el gobierno se compromete a promover el bienestar de las personas mayores protegiendo y asegurando que estas reciban las necesidades básicas. Por otro lado, la protección social en Camboya se ha descuidado en gran medida o se ha abordado con herramientas inadecuadas y fondos insuficientes, lo que lleva a Camboya a la vulnerabilidad. El principal objetivo de esta revisión es producir un resumen del sistema general de protección social y el gobierno asociado con las personas mayores en Camboya.

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**Palabras clave:** Política de Protección Social, Personas Mayores, Bienestar, Vulnerabilidad y Pobreza, Intervención del Gobierno



The interest of social protection has lengthened outstandingly. It is a fundamental policy issue in humanitarian and development debates at present (Devereux & Sabates-Wheeler, 2007). Nonetheless, discussions have sometimes been misinformed by conceptualizations that extend insufficient observation to context-specific sectors; do not amply speculate the sequence of involvement, and are too instrument-centered (Gentilini, 2009). Social protection refers to the government's action which aims at ensuring the vulnerable people obtain apropos and efficient public support to ensure their financial safety and to protect their well-being (Bloom, Jimenez, & Rosenberg, 2011). Social protection is a primary device in forwarding extensive improvement and, endurable and socially just improvement; furthermore, Social protection is emanated as a deep prearrangement of projection tools to aid people, households and communities to well control the hazard, shock and uttermost poorness (Sothorn, 2011; Vannarith, 2014). Despite the fact that Cambodia has impressive records of sustained growth and poverty reduction in Southeast Asia, but the rate of poverty in this country continues to be high. The high cost of treatment and illness and injury is critical factors in forcing households into poverty (Holzmann & Jorgensen, 1999).

The vulnerability of the Cambodian elderly stems from the fact that they are regularly considered as the breadwinner despite their age. This can be partially described by the characteristics of poor and vulnerable households i.e. many small children, lack of adult children, high dependency rate<sup>1</sup>, and migration of adults (Sothorn, 2011). Unmistakably, the elderly population aged 65<sup>+</sup> was 4.3% or around 576,014 people that are very high and notably concerned while a number of elderly people are growing very fast. Furthermore, the female was in charge of households was 25.6% out of 2,841,897 households in total whereas the percentage of disabled persons in the total population account for 1.4 %; another burden, there are also 118,152 people are unemployed; among these, there are 58,337 people live in urban areas and another 59,815 people live in rural area (NIS, 2008). The population of elderly people is growing very fast in Cambodia. In 2015, the population aged 60<sup>+</sup> was estimated at 1.3 million presenting 8.3% of the total population; it is forecasted that by 2050, the number of elderly will almost reach about 5 million, representing 21% of the total Cambodian population

(Jacobs, de Groot, & Fernandes, 2016; Jane, Amy, Scarlett, & Karen, 2015; NIS, 2012). The elderly women continue to be at a disadvantage in their well-being. The elderly people in Cambodia inhabit in the high condition of poverty, hardship, and fear of the future (RGC, 2004).

Social protection and security net are necessary tools in poverty alleviation, advancing comprehensive growth, and constriction enhancement in the developing world (Vannarith, 2014). Traditional social safety exists in the forms of sharing mutual assistance, and extends families and neighbor networks; however, this form cannot be a substitute for sufficient social welfare of the government-provided safety net. The existing security net interventions in Cambodia face numerous challenges interrelated with implementation, institutional and financing issue (Ravi, 2014). Social protection programs in Cambodia are really narrow in the coverage of existing for the poor and vulnerable (Vathana, 2010). In Cambodia, social protection was largely neglected or addressed with inadequate tools and insufficient funds, which leads Cambodia to vulnerability. In Cambodia, the elderly people are in one of the groups that are the most vulnerable to poverty, and there are no security nets to protect them all forms of harm. The Royal Government of Cambodia (RGC) is concerned about the well-being of the elderly, as expressed in the National Development Strategy where government pledges its commitment to contribute the elderly's well-being by protecting and securing that older people are offered with the basic needs. Despite the fact that Cambodia has successfully fought against poverty and the poverty rates dropped sharply from 47% in 1993 to 20.5% in 2011, but there are still about 2.8 million people are poor and 90% of them live in the countryside (Rovny, 2014). Most poor families are those that are run by widows, illiterate adults, and grandparent who have no sources of income. Therefore, the Cambodian elderly people are one of the groups that are most vulnerable to poverty; as they grow older, their vulnerability increases. They could be at broadened risk of social economy, and health challenges, these include such as widowhood, lower productivity, and a fragile health status. Cambodian elderly people additionally deal with the challenges of a rapidly changing society. Employment driven urban migration in the younger generation leaves a rising number of elderly people outside the traditional safety net of being cared for by their children, with many having to care for

their left behind grandchildren (MOH, 2016). According to Cambodian culture, children have responsibilities to take care of their parents when they get old; nevertheless, the elderly people of nowadays are the most underprivileged group in society (Borentr, 2004).

In this paper, the objective is to produce a summary of the general social protection system and government policy associated with the well-being of the elderly in Cambodia. This paper additionally aims to supply literature relevant that debate the definition and significance of social protection and provide the context of the definition of old age generally conception and in Cambodia. Furthermore, the other objective of this review paper is, to start with, a short review of the elderly's living situation in Cambodia that intends to explain their issues.

### **Who are Older Persons in the Context of Cambodia?**

The most developed countries have accepted the chronological age of 65 years as a definition of elderly or older person, but like many westernized concepts, this does not adapt well to the situation in Africa. While this definition is a bit arbitrary, it is many times associated with the age at which one can begin to social assistance. There is no United Nations standard to numerical criterion so far, but UN agreed cutoff is 60<sup>+</sup> years to designate the older persons (ILO, 2012a). In the Cambodian context, though there are no specific and updated studies on older persons, in general, older persons are regarded each other as the elderly when they look old or when they are physically and psychically impaired (ILO, 2012b). However, Cambodian Statutory Law on Civil Servant, Article 54 says that every civil servant will be retired in the age of 55 years<sup>2</sup>; but if there is a separate statutory instrument, they can be delayed up to 60 years. Somehow, General Population Census in 2008 classified the people aged 15-64 years as the economically productive age and only people aged 60 and over were just regarded as the elderly or older persons (John, Souvan, Zachary, & Sina, 2005; NIS, 2008, 2011). Concerning this fact, the older persons in the context of Cambodia refer to those who are 60 years old and over.

### **What is Social Protection?**

Social protection is generally comprehended through a range of public agenda which offered life-assurance and transfers in cash or in kind. Sometimes the term "social security" is used interchangeably with "social protection"<sup>3</sup> (Ravi, 2014). Social protection is no longer a new concept. Basically, it catches how people in societies help each other in times of trouble, though societies are represented by people from state taxpayers, group of nations. Throughout the hundreds of years – from the industrial revolution to the time of globalization – social protection has been a focal principle of nations' social contract as economies turn out to be more formalized, interconnected and market-oriented (Gentilini & Omamo, 2011). More recently, the concept has been drawn closer to a wide scope of perspectives, extending from a macroeconomic stabilizer to compassionate reactions; from risk management to advance social justice. General structures that rise indicate different targets – spanning over assistance, insurance, and social transformation – that meet more extensive conventional level-headed discussions about, among others, public policies, development strategies and aid effectiveness (Gentilini & Omamo, 2011).

Social protection is normally apprehended as 'all public and private initiatory that supply financial gain or feeding transfers to the pitiable persons, safeguard the vulnerable contrary to subsistence hazard and improve the social station and rights of the marginalized group; with the general purpose of decreasing the economic and social danger of poor, vulnerable and marginalized groups' (Devereux & Sabates-Wheeler, 2007). Social protection is usually provided by the state; it is theoretically conceived as part of the 'state-citizen' contract, in which states and citizens have rights and requirement to each other. Social Protection is defined as a basic right of the human being as stated in the Universal Declaration of Human Right on December 10, 1948<sup>4</sup>. It means that a respect for human rights is to offer social protection to the people. Depending on Asian Development Bank (ADB), defines that social protection is composed of policies and programs intended to decrease poverty and vulnerability by contributing effective labor markets, decreasing vulnerable persons to hazards, increasing their capacity to safeguard themselves against risk and

suspension of earnings. Social protection is worried about securing and helping the individuals who are vulnerable and poor, for example, older people, people living with disabilities, children, women, and the unemployed (Niño-Zarazúa, Barrientos, Hickey, & Hulme, 2012).

There are five main areas of social protection: Labor market policies and programs, social insurance, social assistance and welfare service programs, micro and area-based schemes, and child protection<sup>5</sup> (Miyazawa, 2009). Whereas the World Bank also gives the definition of social protection as public interventions oriented to human capital and social risk management to help social unit, individuals, and communities better control risk; and offer support to people who live in poverty line (Robert, Lynne, & Emil, 2003).

### **What is the Significance of Social Protection?**

Social protection policies provide declaring avenues for operationalizing the Paris Declaration on Aid Effectiveness in ways that lead pro-poor growth and country-led national and regional development strategies (OECD, 2005). Multiple stakeholders including government, donors and civil society organizations play vital complementary roles in delivering social protection to reach the poorest individuals. Social protection is able people to solve more in effect with risk and vulnerability. It is able to help in social consistency in a manner that reinforces the contract between national people and the government, and support social inclusion, integrating and larger accountability (OECD, 2009). In the current economic climate, it is increasingly recognized that social protection can offer a powerful tool for governments and donors to reinforce their responses to emerging global challenges and aggregate shocks, including recent food, fuel, and economic crises. Social protection not only assists poor and vulnerable groups to deal better but also ease of advance to alleviate or limit their effect on livelihoods. HIV/AIDS and climate change are the other threats. Most developing countries with HIV/AIDS are eroding accustomed social protection mechanisms while expending care afflict, motivating governments to employ and expand social protection responses that strengthen traditional networks. Climate change broadens livelihood hazards, especially in agriculture, and jeopardizes health safety through



transforming disease patterns. Progressively governments and donors are enhancing on these risks and trends by expanding cash transfers that can refresh livelihoods and food security while protection improvement results (OECD, 2009).

Social protection has chronic present a local matter of wealthy nations, which have implemented intellectual institutional prearrangements in order to defend against their people in shock and provide assistance to the destitute. Social protection has nevertheless been mostly disregarded, or copied only with inapplicable tools, in the majority of low-income countries, where the focus has been placed instead upon the importance of economic growth. Several sectors can be seen to clear up the raised involvement in social protection within improvement discussions in current years (Norton, Conway, & Foster, 2001). Social protection benefits both the poor and the non-poor as they are all exposed to risks that are hard to cope with alone, such as crop failures, illnesses, accidents, disability or death of the breadwinner, or simply getting old and not able to work. At the macro level, when natural disasters such as the drought strike, many people slip into poverty or sink deeper into it (ULARN, 2003). The role of social protection is to contribute to people get out of poverty and cope better with the risk. ULARN (2003) adopted from ADB which provides the benefits of social protection as follows:

- Social protection assists countries to become more competitive by ensuring human capital development and increasing productivity. Investments in social protection reduce risks for the whole population covered, and not only for the poor. Without social protection, in countries, people invariably concern about the well-being of family members and turn obligated to cover harmful and lifecycle events such as bad crops, disability, and natural disasters. Social protection can reduce the incidence of those risks, and allow people to fully concentrate on their livelihood and economic activities, even taking new entrepreneurial risks, and becoming more productive. Productivity per worker is highest in countries investing more in social protection.
- Social protection prevents poverty reduces criminality hence contributing to social and economic stability. People should not need

to sell their assets to be paid for health costs. People who lose their capacity to work can be made available to basic resources. Families who lose their breadwinner should come out support. Without social protection, all these would fall into poverty.

Social protection is moving up on the development agenda. It is now progressively interpreted that supporting people, households, and communities in coping with diverse risks is required for deepened poverty reduction and sustained economic and human development (Robert et al., 2003). The probability of experiencing poverty broadens in later life in developing countries. Increasing population aging in developing countries will thus have the significant deduction for poverty levels and poverty alleviation strategies.

### **The Situation of the Elderly in Cambodia**

The world is moved to an aging population. The rise of the elderly will be associated with an increased need for health, care, retirement and living supports, and will demand different intergenerational relations (UNFPA, 2012). In Cambodia, old age population is a primary emergent demographic phenomenon, justifying a hard multi-sectorial policy and program response to cope with more significant implications for the elderly in particular and society at large. In the history of Cambodia, especially before 1975, Cambodians considered elderly people as the main resource on all aspects of Cambodian life, including experience, skills, abilities, and general knowledge. The elderly people in Cambodia are being struggled with poverty. The elderly people in Cambodia request to support and provide medicine, house, clothe and educate their dependents, but have progressed to few resources (Borent, 2004).

Impacts of HIV/AIDS on elderly people have led to significant changes in the responsibilities and elderly's needs. Furthermore, the workload of elderly people has substantially increased in many HIV/AIDS-affected households (HAI, 2004). Remarkably, Cambodian elderly people often have limited productive assets or resources and limited approaching to finance, health and other support services (HAI, 2001). Due to the high cost of healthcare service and low income of Cambodian people which is only 1.25\$

per day (Robert et al., 2003; Rovny, 2014), most of the Cambodian elderly people sell their productive assets, particularly agricultural land, to expand on the treatment fee at the hospital. Consequently, many older people in HIV/AIDS-affected households also suffer from poor physical and mental health and are commonly discriminated against by other community members (HAI, 2001; Ranganathan & Lagarde, 2012). It is certainly true that most of the elderly people live in the rural areas where farming is the main source of income. Natural disasters such as drought, flood, and the increasing cost of farming inputs have compromised the ability of rural households to become only self-sufficient in food production. The combination with prevailing economic conditions makes hunger and poverty as a characteristic of the rural population. Recently, the Cambodian elderly people are not just traditionally neglected but also nationally careless with inadequate tools and insufficient funds.

The elderly people in Cambodia are confronting multiple sources of vulnerability; these include living with poorness, health functional disabilities, health issues, social isolation, and limited opportunities to be involved. Therefore, elderly people need care and support. In the previous survey reports that two-thirds of Cambodian elderly people rated their own health as poor or very poor and they have incomplete access to appropriate and regular health care (Zimmer, 2006). The majority of elderly women among women aged 80+ obtained the inadequate education and knowledge skills to share in society; the literacy rate was only 9%<sup>6</sup>. As a result, Cambodian elderly women mostly did not receive proper administrative registrations for land or other assets and tend to be dependent on their children, particularly their sons, to provide assistance in aging life (NIS, 2012). Migration often was increased the household's finances by younger people (Zimmer & Knodel, 2013); however, it may also leave older people with less social interaction.

### **Overview on Social Protection in Cambodia**

The federal government promotes investment in social protection as a contribution to long-term poverty-reduction goals and a short-term emergency and shock-response measure to address the consequences of

crises. The poverty and vulnerability of many Cambodians have been exacerbated since 2007 by food-price inflation and the global financial and economic crisis. Social protection is allocated to poverty reduction, human development, and inclusive growth that contribute to the achievement of the poverty target, which the economic crisis has further distended. Social protection in Cambodia needs to expand the policy coverage and action plan to incorporate wider social, economic, and political reforms to address the structural issues of vulnerabilities, promote social justice and social democracy and integrate social protection policy as part of its long-term welfare state development strategy; moreover, social protection program and policy often have no clear responsibility and accountability, and lack of sustainability and impact (Vannarith, 2014). Social security nets system is implanted as traditional and informal in Cambodia. Families are the immediate support to their members including protection, survival, and healthy advancement of children. Community, expanded family, and Buddhism pagodas also play a primary role to provide temporary shelters, food, and charity to vulnerable groups (Vathana, 2013). Moreover, Cambodia has enhanced its own modern security net system which high ranking officials, business persons, well-off households, and communities offer support to the requirement through informal distribution, kinship, and community implementation (Mearssamnang, 2014).

Political parties and the Cambodian Red Cross offer humanitarian assistance to the victim of natural disasters, low-income households, and high-risk groups (Mearssamnang, 2014). The RGC acknowledges that it is an execution to protect people against the danger and save them from poverty in order to promote human capital development and large opportunity (RGC, 2011). This strategy is really effective where Cambodia has the human development index lower than neighbor countries (UNDP, 2011), 80% of the people live in rural area, children (0-14) share 33.7%, and the elderly (65+) represents for 4.3% (NIS, 2008). In addition, social protection policy should assist the victims from all source of danger because the Cambodian geography is located at the high risk of natural disasters. It was estimated that roughly 10% of the total location face two or more hazards per year, and 31.3% of the people live in locations where they confront two or more risk (Vanda, 2010). Rice around 70% of production

was damaged by flood, and 20% damaged by drought. Besides that the typhoon Ketsana killed 43 people in 2009, 67 people injured seriously, roughly 48,787 households affected directly (6210 of them were evacuated), about 180,000 persons or about 1.4% of the population affect directly or indirectly. Most of the schools in flooding areas were disrupted. Rice crops were destroyed partly 67,355 ha, and 49,136 had been completely destroyed. There are set at three main ministries are responsible for social protection policy including the Ministry of Women's Affairs, the Ministry of Labor and Vocational Training, Veterans and Youth Rehabilitation, and the Ministry of Social Affairs (Vathana, 2013). The RGC has increased fund constantly that expanded from 3.17% of GDP in 2006 to 3.9% in 2010 on working in social protection (Mideros, Gassmann, & Mohnen, 2016; Sothorn, 2011). In 2010, this council also created the Social Protection Coordination unit to employ the social protection policy and to assist relevant ministries and stakeholders including NGOs and helpers from national to local government. The RGC improved two projections social protection strategies. First, the social health protection master plan approved by the Council of Administrative Reform and it is implemented by the Ministry of Health in order to implement a universal social health protection system to deliver service for the whole population. Second, the National Social Protection Strategy developed by the Council of Agriculture Development to provide the social protection floor to the poor and vulnerable groups to reach education, welfare, feeding, minimum wage to promote working-age population and households as well as particularly vulnerable groups (NIS, 2010). Furthermore, the policy in social protection enhances public welfare and nutrition importantly. During a ten year period from 2000 to 2010 immunization has increased 58%, and 73.6% of children under one-year-old was required to be fully vaccinated.

The RGC has delivered social protection programs over the past 20 years including scholarship, food distribution, social wealth fare services, community-based hospitalization and welfare assets fund. However, it highly depends on the external support and the existing social safety net system is not reliable because of poor coordination among relevant ministries (RGC, 2011). It helps the immediate crisis rather than developing a long-term development strategy. The budget is limited which leads to the poor are not properly targeted. The monitoring, evaluation and feedback

system is not functioning (Vathana, 2013). Moreover, there are three main problems in the implementation of the program in local government. First, there is not any clear instruction in the national budget to support public work although the government channels budget for all 1, 621 communes. Second, it was inadequate planning to be integrated into other programs. Third, national governments lack a monitoring system to monitor the social safety net programs (Mearssamnang, 2014).

### **Government Intervention Related to the Elderly**

The National Policy for the elderly was established in 2003 as a direct response to the Madrid Plan. It brings out the obligation of the RGC to aid the elderly people through social health and economic sectors. This policy also brings out the need for research on the social health and economic issues that affect older people (Borentr, 2004). The RGC has offered the elderly with assistance and insistence. In Cambodia, there is no state pension provision for the elderly, except for retired civil servant and war veterans (OECD, 2017). These arrangements were established in 2008 and 2010 respectively to formalize social insurance coverage for state employees<sup>7</sup>. The NSSF-C covers current and retired civil servants while the NFV provides social security benefits and entitlements to military veterans and current armed forces personnel. Both schemes provide benefits in the event of retirement, death or disability to workers or their dependants (OECD, 2017). Depending on the retirement or invalidity criteria, the civil servants will obtain cash pension payment from the RGC for themselves as well as their wives and children. For private workers, they retire in age at 55; and they also have right to receive the old age pension and invalidity benefit depending on the Social Security Law. This law has currently been adopted; however, this scheme has not yet been implemented. For the instant, this above pension, a figure of regulation, and infrastructure have been successively compiled and composed in order to promote consciousness of helping the elderly people. The National Policy for the elderly creates the provision for technical training of welfare staff on the care of elderly people. It also creates the provision to improve inclusive mental health-care services for the elderly people (UNPF & HAI, 2011).

The MOH coordinates health care services for the elderly people and has delivered a National Policy on Health Care for Elderly and Disabled People since 1999. The focus of the provision is on preventing diseases in elderly people which lead to disability later in life (Hero, Monorum, Narith, & Sosamrach, 2014). The National Committee has released Directive Circular No 15 KCC on 22nd September 2000 on improving activities to serve elderly people at community and provides support to create Association for the elderly people in the community in order to encourage old age resources movement to assist each other when they meet difficult circumstance. Presently, there are 140 associations that focus on retired civil servants, associations of invalid civil servants and associations of elderly people in Cambodia. Among these, some of them have gotten financial and technical support from NGOs and from HelpAge International (Hero et al., 2014). The Cambodian National Committee is collaborating with the HelpAge International to promote national policies and program for the assistance of the elderly people. The target of this policy is to ensure that elderly people are fulfilled progress to opportunities that contribute to and share in the benefits of the development of their nation, this policy was developed and put into implement in late 2003 to support the elderly with corporate other partners. Depending on the policy, the RGC shall care for the elderly's well-being and take timely action to its problems and need according to defined priorities. The RGC shall also assign a responsibility to provide social assistance to the elderly people that should be corporate by the civil society, communities, and families. In addition, the RGC shall establish a scheme whereby elderly people, with requisite skills and experience, can work as consultants or employees on a contractual basis in the private or public sector.

The technical inter-ministerial working group of the Secretariat of the National Committee to prepare International Day for the Elderly has cooperated with HelpAge International to develop national policies and program for helping elderly people. Thanks to this effort and cooperation, the policy for the elderly was developed and put into practice in late 2003. The objective of this policy is to ensure that elderly people are provided access to opportunities that contribute to and share in the benefits of the development of their nation. The support and attention given to elderly

people and their participation in social benefits should be considered beneficial to both the society and the elderly themselves (Borentz, 2004). Depending on the policy, the RGC shall care for the well-being of the elderly population and take appropriate and timely action to respond to its problems and need according to defined priorities. The RGC shall also support the elderly people and the burden of the support should be distributed among the civil society, communities, families and the elderly themselves. The policy defines clearly the responsibilities of the RGC in providing such support in the fields of social, health as well as economic sectors. The RGC shall also establish a scheme whereby elderly people, with requisite skills and experience, can function as consultants or employees on a contractual basis in the private or public sector.

Finally, the policy strains the requirement to conduct research on social health and economic issues that effect on the elderly. Even though policy developed, structures for coordination and development set up and measures successively taken, the actual needs of the elderly people, in particular, those of poor families have not yet satisfactorily been fulfilled (Borentz, 2004; Hero et al., 2014). The MOSVY should continue to reinforce the existing elderly associations, enhance the creation of new ones and forward implement the policy which recently developed by cooperating with relevant institutions, civil society, international organizations, and NGOs especially the HelpAge International.

### **Challenges and Need of Social Protection for the Elderly**

Traditionally, filial care had contributed enormously to Cambodian social welfare, largely made by women, providing care for the elderly at no cost to the public purse but often at considerable cost to themselves (Hennessy, 1995). It is the huge burden of children to respond to healthcare cost for elderly where the main source of income is from farming, but approximately 59% of households (Robert et al., 2003). It is fact that the poverty rate is still very high, 20.5 % in 2011 by World Bank (Dai, Zhou, Mei, Wu, & Mao, 2011), in Cambodia and one-third of people living on less than one dollar a day (Holzmann & Jorgensen, 1999). Therefore, despite the fact that children have the right to take good care of their elderly according to Khmer



traditions, but this right is inherently passive in nature because it is easier said than done when children do not have the means, they could not take good care of their elderly (Holzmann & Jorgensen, 1999). Reversely, the expectation that parents will be looked after by their adult children as they become old; instead, older people, primarily women, are confronted with the risky venture of feeding for adult children, dealing with their eventual death, and possibly taking charge of grandchildren (Cornejo, Tentori, & Favela, 2013; HAI, 2001). Additionally, elderly people have experienced in reducing income generating opportunities due to time spent on their additional workloads and family responsibilities; therefore, inevitably elderly people have faced financial burdens, which often lead to the sale of assets (Chang, Li, Hsiao, Cheng, & Lin, 2004; Dai et al., 2011).

According to a study by HelpAge International found that the primary needs of elderly are money and food (Davey, Savla, Sundström, H. Zarit, & Malmberg, 2007; HAI, 2001); even in such situation, there is insufficient program to transfer cash and aged care services to these vulnerable elderly so far (O'Loughlin & Gillespie, 2012; Miyazawa, 2009; SERMRC, 2011). It is considered to have been a troublesome shoulder for those elderly who have no retirement pension and social assistance while their income generating is reducing due to family workloads and aging (Herd, Schoeni, & House, 2008). The elderly who live in a situation have been found in their health conditions facing physically and emotionally unfavorable. Despite the fact that the elderly have to be overcome, land disputes and forced eviction in Cambodia are additional burdens that have not only forced elderly into poverty but also it has left them in a worse situation. For a while, some elderly people have already been shouldered impacts of HIV/AIDS on their family.

### **Concluding Remark**

The implementation of social protection policy in Cambodia can be improved if relevant ministries could enhance facilitation in order to create general targets and antecedences. Moreover, the government just has to strengthen the institutional structure, employ qualified human resource, develop its own vision and action plan, and apply technologies to support

social protection programs for the elderly. In order to perform effective policies, the elderly should be considered as a heterogeneous group reflecting both personal characteristics and the varying contexts in whatever they inhabit. Policies for the elderly should take an inclusive and interactional approach. Policy considerations suggest that the elderly can be changed from draining resources to the build-up of human social, economic and environmental capital. Collaboration between the various stakeholders involved in assisting the elderly is necessary in order to better improve their situation. Considering the fact that the informal sector plays a crucial role in assisting the elderly, these institutions can be empowered to ameliorate their services.

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### **Notes**

<sup>1</sup>. The dependency ratio was 82 with young dependency ratio of 75.4, older dependency ratio of 5.1 and parent support ratio of 56 (RGC 2007).

<sup>2</sup>. Cambodian Statutory Law on Civil Servant was adopted on October 21, 1994, art 54

<sup>3</sup>. For a definition of “social security” from the perspective of the International Labor Organization, the World Social Protection Report 2014/15, [http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms\\_24521.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_24521.pdf)

<sup>4</sup>. The Universal Declaration of Human Rights states: “everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family...and to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control”.

<sup>5</sup>. Retrieved from website at [www.adb.org](http://www.adb.org)

<sup>6</sup>. Adapted from “Ageing population in Cambodia”, retrieved from website at <https://ageingasia.org/ageing-population-cambodia/>

<sup>7</sup> The NSSF-C and NFV were established in accordance with the law on the Common Statute of Civil Servants (1994), Sub-Decree No. 59 (1997) and Sub-Decree No. 14 (2008). The law on (Old-age) Pensions and Invalidity Pensions for Soldiers of the Armed Forces, law on War veterans, National Disability law and the Insurance law all align with provisions under the NSSF-C and the NFV (ILO, 2012).

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