

Chapter 5

Cambodian Caregivers: Human Resource Development and the Option to Work Abroad

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Chapter 5

Cambodian Caregivers: Human Resource Development and the Option to Work Abroad

Naomi Hatsukano

Cambodia is one of the youngest countries in the ASEAN region but, like other Asian countries, will eventually age. Healthcare workers will be increasingly important. Cambodia has no official system for training professional caregivers for the elderly; family members are the main caregivers. Training caregivers is not in response to demand in the country but in the international market, especially Japan. In other countries, nurses or nursing students are often candidates to work in Japan as caregivers. In Cambodia, however, nursing is considered a domestic profession and the option to work abroad is not popular amongst nurses. Japanese institutes in Phnom Penh are conducting trial-and-error efforts to train caregivers to work abroad. Caregivers with work experience in Japan may support Cambodia's caregiving system in the future.

1. Introduction

Ageing Asian countries have a large and growing demand for healthcare workers. Training will be of increasing importance not only for nurses but also for various health workers, including caregivers for the elderly.

This chapter discusses, first, the situation of Cambodian caregivers, then gives an overview of Cambodia's ageing society to predict demand for caregivers. Second, the chapter discusses the option to work abroad; only candidates qualified to work in Japan are given pre-departure training. Third, the chapter discusses caregiver training in Cambodia and its challenges. This chapter is based on a literature review and interviews, in December 2019 and January 2020, with people working in Japanese organisations that provide pre-departure training to Cambodian

candidates. As Japan started to accept Cambodian caregivers only in late 2018, the number of Cambodian caregivers working in Japan is still small. But with more sending organisations starting to operate in 2018 and 2019, an overview of the situation in its early stage is possible despite limited information available.

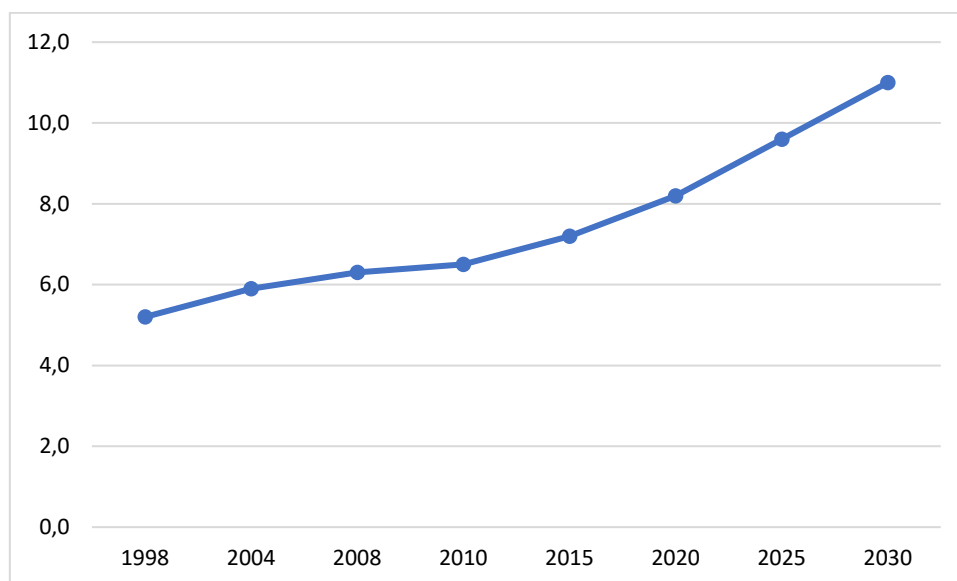
2. Caregivers in Cambodia

2.1. Ageing Society and Caregiving in Cambodia

Although Cambodia is one of the youngest countries in the Association of Southeast Asian Nations (ASEAN) region, it is starting to prepare for the unavoidable ageing of its society. In 2003, the government issued a policy to ensure that the elderly are provided access to opportunities that contribute to national development and to a share in its benefits, and that the elderly live with the same dignity as the young. In August 2017, the National Ageing Policy 2017–2030: To Further Improve Well-Being of Older Persons of Cambodian People was issued (Royal Government of Cambodia (RGC, 2017) to analyse the wider impact of the ageing population and the implications for younger family members in terms of support and care for older persons.

Demographic changes were observed from census data (RGC, 2017). The population under age 15 years old shrank, from 43% in 1998 to 29% in 2003. The population aged 60 years and above grew, from 5% in 1998 to 8% in 2003, and is estimated to be 11% in 2030. The main reason is that average life expectancy has increased because of improvements in food, public health, and other areas. Life expectancy was 54 years for males and 58 years for females in 1998, but increased to 67 years for males and 71 years for females in 2013. Increasing access to quality reproductive services has caused a significant and consistent decline in the fertility rate, which was 5.7 in 1990, 4.1 in 2000, and 2.2 in 2000, and is projected to be 2.1 in 2030. Population projections from 2013 put the growth rate of the over-60 population as much higher than that of other generations, and the proportion of older persons in the total population is increasing (Figure 5.1).

Figure 5.1. Proportion of Older Persons in Total Population in Cambodia (1998–2030)



Source: National Ageing Policy 2017–2030.

The 2017 policy raised these issues: (i) financial security; (ii) health and well-being; (iii) living arrangements; (iv) an enabling environment for older persons' active participation in family, community, social, economic and political activities with freedom and dignity; (v) older people's associations and active ageing; (vi) intergenerational relations; (vii) elder abuse, neglect, and violence; (viii) emergency situations; and (ix) preparing the younger population for ageing. The policy stated that although family members are the main source of caregivers, outsiders would take a more important role in the near future.

2.2. Who Takes Care of the Elderly in Cambodia?

Article 47 of the Constitution states: 'Parents have the obligation to care for and educate their children and children have the duties to care for their older parents according to Cambodian tradition'. Cambodia had no public nursing homes as of the end of 2019. Although some private hospitals in Phnom Penh are starting to accept elderly persons who need special care, this high-quality service comes at a higher price that often only wealthy families can afford. Young family members take on the most important role in caring for their parents. The potential support ratio (population aged 15–64 to population aged 65 and above) declined from 1993 to 2015 from 15.5

to 13.4 and is projected to decline further to 9.3 in 2030 (Table 5.1). The decline is starker in rural areas because of the outmigration of young people to urban areas. Hiring professional caregivers or others to take care of elderly parents will become more realistic.

As of 2020, Cambodia had no association or council for professional caregivers. Most of those who care for the elderly are family members or community health volunteers and not professional caregivers with officially recognised training and licences.

Table 5.1. Rural and Urban Potential Support Ratio in Cambodia (1998–2030)

	Cambodia	Urban	Rural
1998	15.5	20.5	14.5
2004	14.7	18.6	14.1
2008	14.5	20	13.5
2010	13.3	20.3	15.9
2015	13.4	16.2	12.6
2020	11.7	13	10.7
2025	9.8	11.5	9.2
2030	9.3	11.1	8.6

Source: National Ageing Policy 2017–2030.

Training of caregivers in Cambodia started from international migration-oriented institutions responding to international demand for caregivers. In 2018, the first elderly-care centre to train candidates who would work in Japan as caregivers was opened by a Japanese company (David, 2018; Kuntheare, 2018). The government, in cooperation with a Japanese company, is planning to open an elderly-care facility for Cambodians. Caregivers with experience in Japan will be able to support their own elderly when they return.¹ However, the programme has just started and it was not possible to evaluate it as of the beginning of 2020. Trained and experienced caregivers might choose different career paths after returning if no facilities can utilise their experience.

¹ Author's interview with the manager of the school, January 2020.

3. Option to Work Abroad for Healthcare Workers in Cambodia

3.1 Overview of Migrant Workers from Cambodia

Working abroad is a relatively new option for Cambodians. During the civil war and the following years until the early 1990s, Cambodians used to migrate to other countries as refugees. In the 1990s, more people started finding jobs in Thailand, even if the working environment was sometimes dangerous or hard. In the 2010s, more than 1 million Cambodians were working abroad as unskilled labourers. Migrant domestic workers take on significant roles in elderly care in some countries. This section will introduce the general situation of migrant workers from Cambodia.

The most popular destination for Cambodian migrant workers is Thailand because it borders Cambodia and they can travel at a lower cost. They often work in agriculture, manufacturing, and construction. Although some Cambodian domestic workers may be involved caregiving in Thailand, they are outnumbered by women from Lao People's Democratic Republic and Myanmar (Ampika, et al., 2019).

Malaysia and Singapore are two other destination options in ASEAN but they are not as popular as Thailand. Cambodian domestic and factory workers used to work in Malaysia in the early 2000s. However, because of human trafficking and human rights problems, domestic workers have been prohibited from going there since 2011.² Cambodians generally do not like to work as domestic workers abroad, and some believe that caregiving and domestic work are similar. Migration to Singapore focuses only on domestic work, although Singapore has limited the number of Cambodian workers to 400 (Tan, 2014).³

The Republic of Korea is a more popular destination for young Cambodian workers because its employment permission system allows them to work as general workers, not as trainees, and to receive at least the same minimum wage as Korean workers. Based on the agreement between the governments of the Republic of Korea and Cambodia, workers are being sent to work in

² Cambodia and Malaysia signed a memorandum of understanding to restart sending domestic workers to Malaysia. However, as of January 2020, Cambodia had not yet done so.

³ Author's interview with a staff member of the Association for Cambodia Recruitment Agencies in January 2020, confirming that sending domestic workers to Singapore had not expanded since the first pilot project in 2013–2014.

agriculture, fishery, construction, and manufacturing.⁴ The service sector, including domestic work and care work, was not open to Cambodian workers as of January 2020 (Kim, 2020).

Japan has been a destination for workers from other Asian countries since 2007. Until the early 2010s, Japan accepted only a few hundred people under the technical intern trainee system. Since the late 2010s, however, Japan has started to accept more Cambodians, including caregivers.

3.2 Nurse Migration from Cambodia

Skilled workers in Cambodia do not usually migrate. And unlike Filipino or Indian nurses, Cambodian care workers such as nurses do not prefer to work abroad. Most nurses prefer to work only in Cambodia because much of their education and professional examination is conducted in the Cambodian language. Even though some courses are taught in English, proficiency in a foreign language is not necessary for them to finish their education. Some people may study English because it can help them earn better salaries. Or allow them to work in international hospitals or with foreign doctors or nurses in Cambodia⁵ to cover the domestic hospitals' lower capacity, support the medical sector's development, or explore business opportunities in medical tourism.

It is rare to find Cambodian nurses working abroad. Some work in hospitals in Thailand that accept Cambodian patients⁶ since many Cambodians seek medical treatment there. However, nurses have not used the Mutual Recognition Agreement (MRA) scheme to migrate. A few who studied nursing in Thailand on scholarship have registered as nurses and work in hospitals under the same conditions as Thai nurses. Otherwise, they usually work as assistant nurses, translators, or support staff for Thai nurses or doctors. Registered nurses in Thailand need to pass the exam in the Thai language (Aungsruch and Hatsukano, 2018). Some Cambodian nurses are in Western countries but usually for

⁴ As of 2019, Cambodia had sent 54,000 workers to the Republic of Korea (Kimmarita, 2019).

⁵ Foreign doctors and nurses can work only with their original country's license if they submit the necessary documents to the Medical Council of Cambodia or Cambodian Council of Nurses.

⁶ Not only Thailand but also Viet Nam, Singapore, and other Asian countries accept Cambodian patients in medical tourism. Therefore, Cambodian nurses could possibly be working in those countries, not as nurses but as general staff members.

training or clinical experience for a limited period, or are residents of those countries with Cambodian citizenship but educated there.

4. Migration of Caregivers to Japan: Technical Intern Trainees and Specified Skilled Workers

4.1 Background of Cambodian Workers and Trainees in Japan

Because of the labour shortage in Japan, it has gradually opened its doors to foreign workers and trainees, including Cambodians. The Ministry of Health, Labour and Welfare of Japan and the Ministry of Labour and Vocational Training of Cambodia signed the first memorandum of understanding (MoU) in 2003, and Japan started to accept technical intern trainees (*ginou jisshusei*) from Cambodia in 2007. In 2017, an MoU on technical intern trainees was signed, and in 2019, another MoU on specified skilled workers (*tokutei-ginou*).

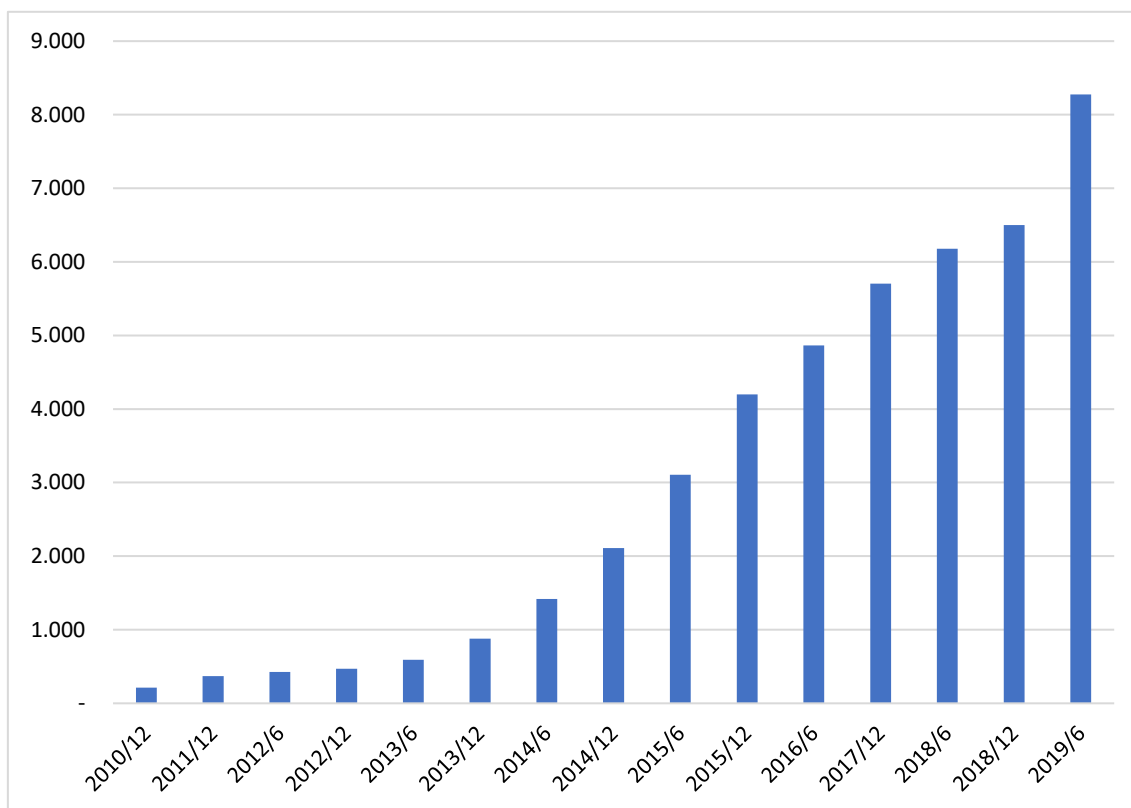
In the first 5 years after 2007, only a few hundred trainees went to Japan. The number increased gradually in the early 2010s. In 2014, the number jumped to more than 1,000, and to 10,000 in 2019 (Figure 5.2).

Most Cambodian trainees were found in agriculture (26.5% in 2018) or construction (23.0%). Garment factories (19.4%) and food-processing factories (12.5%) were popular amongst Cambodian trainees (Organization for Technical Intern Training, 2018). As for the specified skilled workers, 94 Cambodians had passed the exam to obtain the status as of the end of 2019. Amongst them, 74 were working in agriculture (Immigration Service Agency of Japan, 2019).

All sending organisations that conduct pre-departure training and other procedures for Cambodian trainees and workers must be registered with the Ministry of Labour and Vocational Training of Cambodia. In 2012, 10 organisations were registered with the ministry to send trainees to Japan although, by October 2012, only three organisations were able to do so (Hatsukano, 2014). As of June 2020, 94 organisations had registered with the ministry to send trainees and workers to Japan as newer organisations registered after the 2017 MoU.⁷

⁷ From the Organization for Technical Intern Training as of 26 June 2020. The author's interviews with relevant organisations in January 2020 found that 114 were registered as of the end of 2019. However, the number declined after the interviews.

Figure 5.2. Number of Technical Intern Trainees from Cambodia (2010–2019)



Source: [Ministry of Justice, Japan](#) (accessed 22 February 2020).

3.2 Caregiver Candidates to Japan

This section discusses sending Cambodian caregivers to Japan, based on official statistics and interviews with Japanese and Cambodian managers working with Japanese organisations and six organisations or schools in Phnom Penh. The six organisations or schools include two schools focusing on training caregivers, two organisations that have started sending caregivers to Japan, one sending organisation interested in starting to send caregivers, and one sending organisation not interested in sending caregivers.

Japan has in recent years started to accept Cambodian technical intern trainees and specified skilled workers in the caregiving sector. Although technical intern trainees and specified skilled workers are not nationally certified caregivers (*kaigo fukushi-shi*), they work at nursing homes to support certified caregivers. Technical intern trainees will work for 3 to 5 years and specified skilled workers will work for another 5 years maximum. Once they pass the national exam for

certified caregivers, they can work in Japan for as long as they wish.

As of the end of 2018, 99 Cambodian technical intern trainees were in Japan (Organization for Technical Intern Training, 2018). According to the Japanese managers, before Cambodian technical intern trainees are sent to nursing homes as caregivers, they must study for 10–12 months, usually from 8 AM to 5 PM, Monday to Saturday. They do physical exercises and clean classrooms as is done in schools in Japan, and study the language and skills necessary to work in nursing homes. The language level and skills required for care work are much higher than those for agriculture and other sectors because care workers must communicate with the elderly and other professional healthcare workers. N3 level (or equivalent) of Japanese language proficiency is preferred and N4 (or equivalent) is required.⁸ Any background in Japanese language or nursing or medical education is advantageous for caregivers since such people are few in Cambodia.

In early 2018, a Japanese sending organisation collaborated with the faculties of nursing of local private universities to find better candidates for nursing homes in Japan.⁹ Because of their basic medical knowledge, the nursing students are easier to train as caregiver candidates than those without basic Japanese language or medical knowledge.

In inviting caregiver candidates from Indonesia, the Philippines, and Viet Nam to Japan, the economic partnership agreement (EPA) scheme requires 3–4 years education in nursing, a government license for caregivers in their countries, amongst others. N3-level proficiency in Japanese language is required from candidates from Viet Nam, and N4 level from Indonesia and the Philippines. Unlike EPA caregivers, technical intern trainees do not have to submit or possess such requirements, except basic caregiving and Japanese language skills or knowledge sufficient to communicate with professional staff and the elderly in nursing homes. Demand from Japan for such candidates is greater than the number of candidates from Cambodia. Nurses can be good candidates but not many Cambodian nurses wish to work as care workers or caregivers in foreign countries. The nursing education system in Cambodia is designed to be consistent with

⁸ N1 is a level of the Japanese-language exam. N1 and N2 measure the level of understanding of the Japanese language used in a broad range of scenes in everyday life. N4 and N5 measure the level of understanding of basic Japanese mainly learned in class. N3 is the bridging level between N1 and N2 and between N4 and N5 (Japan Foundation and Japan Educational Exchanges and Services, unknown) (accessed 10 March 2023).

⁹ Since the organization was not active as of the beginning of 2020, it was not included in the six the author visited and the author failed to confirm the state of their collaboration with the faculty of nursing in Cambodia.

the other ASEAN countries in achieving MRA (Law et al., 2019; Koy, 2016; Ly, 2018). However, Cambodian nurses are not much interested in working abroad. Besides, the country has no official system to train professional caregivers. Therefore, most candidates who wish to work as caregivers in Japan must start their pre-departure training without basic knowledge of nursing or other relevant skills.

In 2018, Japanese private companies established schools or institutes to provide technical training for Cambodians who wished to work or train in caregiving in nursing homes in Japan (section 1.2). The schools have special facilities copied from nursing homes in Japan, including slopes, handrails, toilets, showers, and other facilities. They have invited special lecturers from Japan to teach skills. Some schools have developed special Japanese-language textbooks to teach technical words to care workers.

The schools, institutes, and sending organisations recruit candidates from all over the country, usually through friends of former candidates or family networks, and house them in dormitories. Recently, more organisations have put up Facebook pages to disseminate recruitment information.

An optimistic Japanese school manager shared this view:

Most candidates are from various provinces, with high school level or even lower educational backgrounds, although some are graduates of universities (not of nursing). As not many people have opportunities to go to school, an individual's ability and personality are more important than just their educational background. If the schools provide better training, they can improve the candidates' abilities.

However, not all Japanese sending organisations are as positive. Said a manager of a smaller training organisation:

If candidates have Japanese-language proficiency to some extent before joining the pre-departure training, it can help them adjust and learn more effectively. It is easier for large sending countries, such as Viet Nam or Myanmar, to train candidates. Providing pre-departure training for caregivers in Cambodia is not very cost-effective.

In the specified skilled workers field, exams had been held four times in Cambodia by the end of December 2019 (Table 5.2). The ratio of successful applicants was significantly lower than that

of other countries. Some school managers have stated that information about the exams is not disseminated thoroughly enough to the concerned people or organisations. Cambodia started to send trainees in 2007 but has accelerated the process only recently. Therefore, their experience is still limited. Other countries, such as Indonesia and the Philippines, are sending more nursing and caregiving trainees and candidates through EPAs. Cambodia will need more time to learn how to train candidates to pass the exams.

Table 5.2. Number of Passers of Examinations for Japanese-language Proficiency of Specified Skilled Workers in Caregiving

Cambodia					The Philippines				
		Applicants	Successful	Rate			Applicants	Successful	Rate
2019/9	Skill	91	6	7%	2019/9	Skill	241	104	43%
	Japanese	94	24	26%		Japanese	235	102	43%
2019/10	Skill	114	4	4%	2019/10	Skill	53	42	79%
	Japanese	110	6	6%		Japanese	47	38	81%
2019/11	Skill	15	3	20%	2019/11	Skill	570	374	66%
	Japanese	12	8	67%		Japanese	557	336	60%
2019/12	Skill	35	3	9%	2019/12	Skill	253	177	70%
	Japanese	27	2	7%		Japanese	243	159	65%
Nepal					Indonesia				
		Applicants	Successful	Rate			Applicants	Successful	Rate
2019/9	Skill	-	-	-	2019/9	Skill	-	-	-
	Japanese	-	-	-		Japanese	-	-	-
2019/10	Skill	15	0	0%	2019/10	Skill	46	17	37%
	Japanese	12	1	8%		Japanese	46	27	59%
2019/11	Skill	52	14	27%	2019/11	Skill	74	34	46%
	Japanese	54	13	24%		Japanese	72	38	53%
2019/12	Skill	33	7	21%	2019/12	Skill	120	49	41%
	Japanese	37	7	19%		Japanese	107	52	49%
Mongolia									
		Applicants	Successful	Rate			Applicants	Successful	Rate
2019/9	Skill	-	-	-		Skill	-	-	-
	Japanese	-	-	-		Japanese	-	-	-
2019/10	Skill	-	-	-		Skill	-	-	-
	Japanese	-	-	-		Japanese	-	-	-
2019/11	Skill	74	49	66%		Skill	-	-	-
	Japanese	70	51	73%		Japanese	-	-	-
2019/12	Skill	58	25	43%		Skill	-	-	-
	Japanese	60	19	32%		Japanese	-	-	-

Source: Ministry of Health, Labour and Wealth, Japan.

Conclusion

Although Cambodia is one of the youngest countries in the ASEAN region, ageing of its society is unavoidable. As of 2020, most of those who cared for the elderly were family members or community health volunteers and not professional caregivers with officially recognised training and licences.

Japan has been accepting more caregivers from Asian countries since 2018, including Cambodia. As professional caregiving is relatively new in Cambodia, the number of trainees and workers in this field is still limited. Although some schools started to train caregivers in Cambodia in 2018, more effective training is necessary to meet demand from the Japan side. Although some schools seem to be successful and some seem to face difficulty, more time is needed before human resource development can be fully evaluated.

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