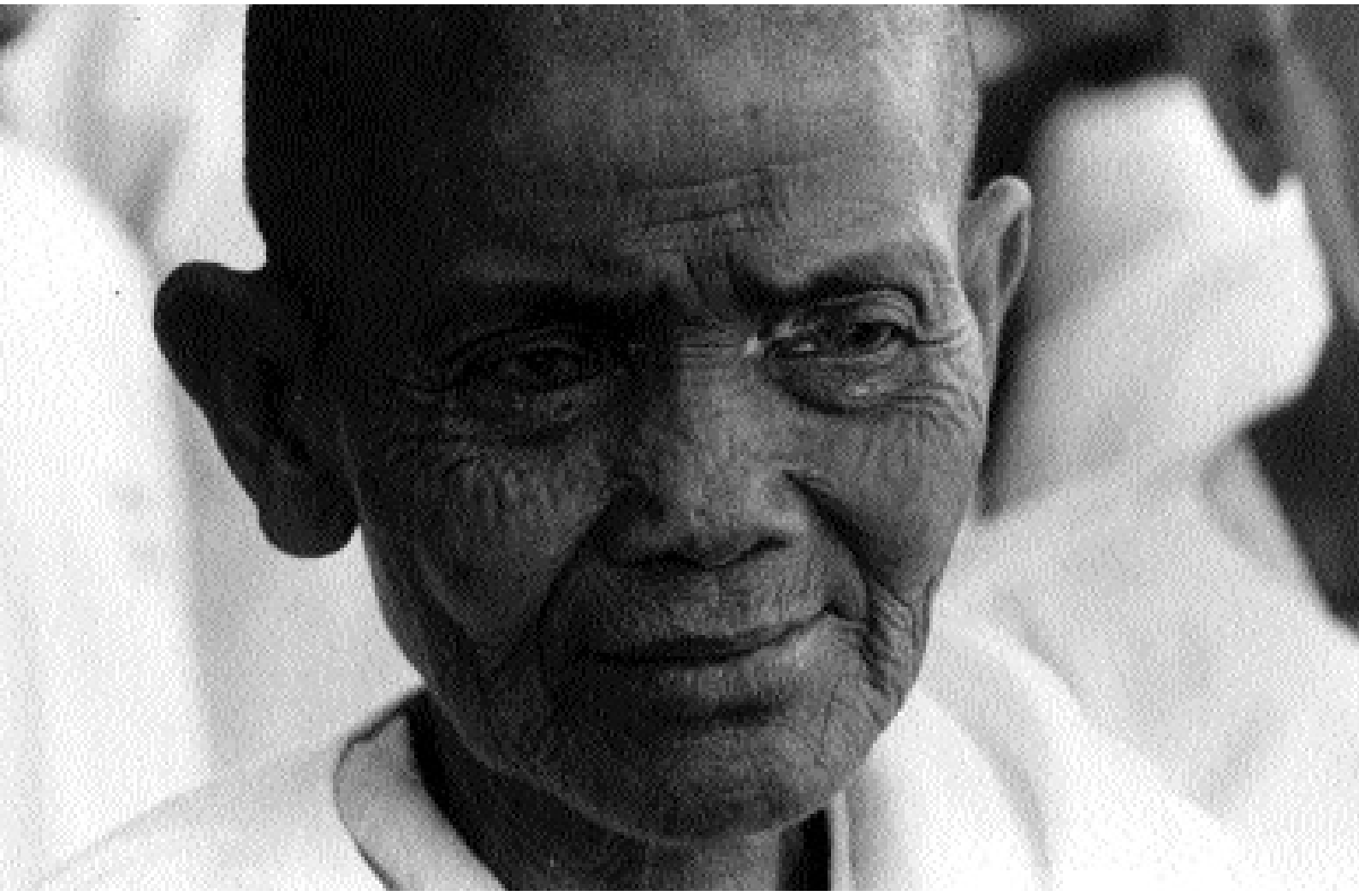
The Impact of HIV/AIDS on Older People in Cambodia



HelpAge International

Leading global action on ageing

CONTENTS

1 Executive Summary

HelpAge International has been working in Cambodia since 1992 in Battambang, Banteay Meanchey and Siem Reap provinces. HAI priorities are to combat the poverty, exclusion and discrimination that older men and women face, and to encourage their inclusion and recognition as partners in the development process. HAI acknowledges that HIV/AIDS has a significant, but often under reported, impact on older people. It undertakes work that directly supports older people affected and infected by HIV/AIDS and advocates for their inclusion in strategies addressing the epidemic.

Cambodia confronts an AIDS epidemic that has the potential to negate the economic and human development gains made since the 1991 Paris Peace Agreement. In 2001, it was estimated that 2.8 percent of the adult population (15-49 years) was infected with HIV, amongst the highest rates in Asia. Thousands of people have already died of the disease and a potential 200,000 people will develop AIDS within the next five to ten years. (RGC, Ministry of Planning, 2001.)

The current Cambodian context of widespread poverty, low human development achievements, a relatively young population, poor governance and a weak public sector provides a favourable environment for the HIV/AIDS epidemic. The epidemic has lead to a disproportionately high death rate among young and middle-aged adults, with a signifigant percentage of children left in the care of grandparents. The scale of the crisis thus contributes to these socio-economic factors by reducing the capacity of family, community and government support structures to deal with them.

At present there is limited understanding about the impact of HIV/AIDS on older people in Cambodia. To address this, HAI Cambodia undertook a small-scale indicative study in 15 rural villages in Battambang Province to obtain information on the roles of older people in HIV/AIDS affected households and to identify potential interventions to meet their financial, psychosocial and other support needs.

The case studies and interviews presented in this report demonstrate that the HIV/AIDS epidemic has led to significant changes in the responsibilities and needs of older people. In particular, the workload of older people has substantially increased, as in many HIV/AIDS affected households, older people have assumed the role of primary carer for sick relatives and/or orphaned children. This is often coupled with additional responsibilities for income generation and domestic duties.

This study demonstrates that older people in HIV/AIDS affected households are vulnerable to extreme poverty, and at times, destitution. They often have few productive assets or resources and limited access to financial, health and other support services. Recent reviews conducted in Cambodia demonstrate that older people make up a significant proportion of the poorest elements of society (Leahy, 2002). This claim is supported by research and experience of HAI and its partners worldwide. Many older people in HIV affected households also suffer from poor physical and mental health, and are commonly subjected to discrimination from other community members. The bottom line is that the extensive problems of older people become chronic due to the effects of HIV/AIDS.

Further underlying their role as carers of people living with HIV/AIDS (PLWHA) and orphaned and vulnerable children (OVC), grandmothers and grandfathers who accept this role have a a deep sense of responsibility to keep the family together, even if it is at a high personal cost to themselves. At a time when physical and mental ability is often waning, the need to start again as would a young mother or father is the ultimate sacrifice of these older carers.

A co-ordinated response in Cambodia is required to address the needs of older people in HIV/AIDS affected households. This study identifies possible local response interventions to address the needs of older people impacted by HIV/AIDS based on

the experience of HAI and other organisations and programmes. These responses acknowledge the strengths and roles of different development actors and stakeholders responding to the HIV/AIDS epidemic and the needs of older people in Cambodia.

The key findings of this study include:

- There is a basic awareness of HIV/AIDS amongst older people in general, but not enough relevant and specific information for older carers of PLWHA
- Older people have had little direct exposure to HIV/AIDS education, especially in relation to the care and treatment of PLWHA
- Older carers have additional financial burdens, which often lead to the sale of assets, and at times, destitution
- The priority needs identified by older carers are money and food
- Older carers experience reduced income generating opportunities due to time spent on their additional workloads, and in relation to the natural process of ageing
- Older carers face exclusion and discrimination, which often results in isolation, and leaves carers without adequate and reactive community support networks
- Older carers experience extreme emotional and physical distress due to the burden of caring for PLWHA and OVCs
- There is a serious lack of practical and emotional support for older carers of PLWHA and OVCs, and older carers have mostly been excluded from the benefits offered by community based HIV/AIDS care and prevention projects
- Older people have the potential to contribute to increased understanding and awareness of HIV/AIDS amongst the wider community, but are not considered a resource in the fight against AIDS
- The inclusion of older people into existing HIV/AIDS care and prevention programmes is essential to prevent families affected by HIV/AIDS from falling into extreme poverty
- Community based interventions are essential for addressing the needs of older carers

Overview of the situation of older people in Cambodia

Older people (ages 55 years and above) comprise 6 percent of the 11.4 million total population of Cambodia. Older people are a vulnerable and marginalized sector of society, the majority of which are poor, have no access to basic social services, and who live with deteriorating physical conditions. Their traditional status and recognition, whilst still remarkably strong in rural areas, have been weakened due to the systematic destruction of the three institutions that had defined their role in society during the Khmer Rouge – family, community and religion. The introduction of 'modern' influences, although to be expected, is a more subtle threat to the traditional status of older people.

A situation analysis of older people living in Cambodia conducted by HAI in 1998[1] found that older people work to support themselves and their families for as long as they are able to, with children primarily daughters, being the main source of income for parents who can no longer work. Older people also make a very valuable contribution to the household in terms of income, childcare, housework, crafts and home gardening. Both young and old see older people as responsible for guiding the young people in the village to live moral and productive lives.

The principal problems identified as threatening the livelihood and dignity of older people in Cambodia, include:

[1] 'The Situation of Older People in Cambodia' HelpAge International, May 1998

i) Poverty

Declining physical strength means declining income and, more often than not, a declining quality of life. Although children and relatives will often try to provide support, many are too poor themselves to be able to give adequate support to their parents. This issue is exacerbated further as parents divide whatever land they own amongst their children, often leaving themselves with insufficient land to meet their own needs. Despite their attempts to avoid poverty, many older people will face discrimination in accessing formal employment, training or credit opportunities.

Susceptibility to poverty is heightened for older people who are childless, or who have 'lost' their children either due to war or civil conflict, or more recently, from HIV/AIDS and rural-urban migration. It is for these key reasons, amongst others, that older people are considered amongst the poorest in Cambodia today.

ii) Lack of competent and affordable healthcare

As part of the natural ageing process, older people are likely to experience a wider, and more continuous range of physical and mental ailments. After poverty, illness and the cost of health care is the biggest problem facing older people in Cambodia. With 11 percent of the average household income spent on health care[2], it is no surprise that poor older people are often choosing between their own lives and the livelihoods of their families. To prevent becoming a 'burden', many of the ailments associated with ageing simply go untreated. Furthermore, basic aids for age-related sight, eating and hearing conditions are not available, or else are too expensive for the average rural family. Instead, older people rely heavily on traditional healers, with varying degrees of success or satisfaction.

With no pension scheme or effective safety net programme to support vulnerable older people, Cambodia continues to rely on the tradition of individual and community assistance to older people who have no other means of support.

Older People and HIV/AIDS

HIV/AIDS is changing family and community structures in Cambodia. In a reversal of roles, older people have become the primary care givers for their sick adult children, as well as OVCs. The unusually high number of deaths among young adults, and the burden of sickness places heavy demands on the formal and informal coping mechanisms of affected societies. Increasing numbers of older women and men are struggling to absorb the multiple impacts of HIV/AIDS on their families, households and communities.

Yet, despite their growing responsibilities as a result of HIV/AIDS, older people are typically excluded from most HIV/AIDS programmes, with HIV/AIDS statistics focused on the 15-45 years of age group. Prevention and awareness activities are almost exclusively targeted at young people, and rarely reach out to older age groups, either as carers or as a possible 'at risk' group. As a result, older people seldom have access to information about HIV/AIDS, which compromises their ability to protect themselves and those in their care[3].

HelpAge International and HIV/AIDS

HelpAge International is a Global Network of Not-for-Profit Organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

HAI has been working in Cambodia since 1992, focusing initially on the provision of emergency relief and assistance for older returnees and their families living in the North-western provinces. Within the past five years, HAI has shifted its attention towards longer-term development interventions, including community development, advocacy, health (including eye care and HIV/AIDS), livelihoods and training. HAI implements all activities through a series of Older People's Associations located in

[2] Cambodia National Poverty Reduction Strategy 2003 - 2005

[3] Forgotten Families: Older people as carers of orphans and vulnerable children', HelpAge International HIV/AIDS Alliance, September 2003

[4] OPAs are a unique model through which older people in the poorest, most marginalized areas are able to take control of their lives, look after the most vulnerable, and build themselves sustainable livelihoods with strong support systems within their own communities.

Battambang and Banteay Meanchey provinces[4].

One of HAI's strategic objectives is to undertake work directly supporting older people affected and infected by HIV/AIDS, and to advocate for the inclusion of older people in strategies responding to the pandemic. There are increasing concerns over the adequacy of responses relating to treatment, awareness and education and support for people with AIDS and caregivers. Activities to support older people affected by HIV/AIDS have included regional workshops in Delhi and Nairobi, a livelihoods security project in Uganda, training events and awareness raising projects in Africa and Asia, a series of consultations funded by UNAIDS identifying the needs of older people affected by HIV/AIDS in Asia, and a WHO funded project in Zambia, Tanzania and Ethiopia addressing the impact of HIV/AIDS on older people caring for PLWHA.

A landmark project supported by HAI in San Patong district of Chiang Mai Province in Thailand, provided income generation opportunities for older people caring for PLWHA or whose adult children had already died, helped to establish and strengthen older people's support groups, and raised awareness and knowledge on HIV/AIDS among older people.

During 2003, HAI Cambodia implemented a pilot HIV/AIDS project in 15 villages in Battambang province. Within this project, HAI selected and trained 50 older volunteers to provide practical and emotional support to older people caring for PLWHA. HAI also raised awareness of HIV/AIDS amongst older people through the development and distribution of education materials specifically targeting older men and women.

Purpose of the Study

HAI has conducted several qualitative pieces of research on the impact of HIV/AIDS on older people, and has extensive experience of working with older people in HIV/AIDS affected communities in Thailand and Eastern and Southern Africa. Most recently, HAI has worked with the International HIV/AIDS Alliance to produce the 'Forgotten Families' report, which highlights the role of older people as carers of orphans and vulnerable children.

HAI Cambodia sought to understand further the role of older people as carers of PLWHA and orphans / vulnerable children in its own target areas. The stimulus for this lay partly in HAI's own experience of working with such families and its need to formulate its own strategy, as well as a perceived increase in interest in addressing the needs of carers of OVCs and PLWHA.

Whilst much research has been conducted on HIV/AIDS in Cambodia, some of which has focused in part on older people as carers[5], most research has focused primarily on PLWHA, high-risk groups or OVCs. In recognition of the important roles that older people have taken on due to HIV/AIDS, HAI Cambodia felt that it needed to raise awareness, amongst both the development and government communities, of how HIV/AIDS specifically affects older people, and in turn, why older men and women should be included in community based HIV/AIDS prevention and care strategies.

HAI undertook an informal qualitative study, the information from which forms the basis of this discussion paper. The results of this study are not conclusive or exhaustive, but serve primarily to provide directions both for future research, as well as in the development of community based HIV/AIDS intervention strategies for older people affected by HIV/AIDS. This study was implemented as one component of a pilot HIV/AIDS project implemented by HAI Cambodia.

[5] For example 'Beyond the Mountains of Rhetoric - HIV/AIDS and rural livelihoods in Cambodia' Mary Dunbar 2001

Objectives

The primary objectives of the study were to gather information on:

- The experiences of older women and men in relation to their role as carers of

PLWHA and orphaned / vulnerable children.

- The support needs of older women and men in fulfilling their role as carers.
- The support that is currently available, and not available, for older carers of PLWHA.
- What options exist for the provision of appropriate support to older carers.
- Identifying key actors to be involved in provision of support (pagodas, NGOs, community institutions such as Older People's Associations).
- Whether the support needs of older carers could be integrated within existing HIV/AIDS care projects, and the problems / advantages associated with this.

Data Collection

Data was collected over a two-month period, during which time two researchers conducted the survey within 15 villages in Battambang province. A variety of research techniques were applied to collect information:

- 9 in-depth interviews with older people affected by HIV/AIDS.
- 5 case studies of older people and their families affected by HIV/AIDS.
- 4 focus group discussions with older people affected by HIV/AIDS.
- 4 participatory leaning assessments with older people affected by HIV/AIDS, including livelihood analysis and ranking and scoring.
- 6 in depth interviews with family members infected/affected by HIV/AIDS.
- 3 focus group discussions with older people not affected by HIV/AIDS.
- 3 focus group discussions with OPA members.
- 20 structured interviews with older people not affected by HIV/AIDS.
- Key informant interviews with OPA members, community leaders, government and NGO staff.

Limitations of the study

The principal limitation of this study was that it was designed to provide only indicative information. Thus, the data was not expected to be either conclusive or exhaustive. It is expected that future research and investigations will provide more conclusive findings about the impact of HIV/AIDS on older people as carers of PLWHA and OVCs, building on the work already conducted by HAI Cambodia.

The information collected is based on the perceptions of older people affected and non-affected by HIV/AIDS, their families, and other stakeholders living in the project target areas. As an exploratory piece of work, it was difficult to eliminate bias either from the target group or researchers (who were living with the target group for an extended period of time). Efforts were made through supervision and data review to ensure that data was kept as reliable and objective as possible.

SECTION 1

Current levels of understanding and awareness of HIV/AIDS amongst older people

According to the RCG, Ministry of Planning (2001), Cambodia is characterised by a good level of awareness of the HIV/AIDS epidemic. This study reflects these findings, as the majority of older people interviewed had some awareness of HIV/AIDS: 54 of the 60 focus group respondents had some knowledge of the spread and prevention of the virus.

In the focus group discussions with older people, many of the respondents associated

HIV/AIDS with unsafe sexual practices, citing sex without a condom, before marriage or with sex workers as the most common means of transmission. Many of the older people interviewed could also describe common symptoms of AIDS and clearly identified the high-risk groups within the community. They were also aware that, at present, there is no cure for HIV, though a healthy lifestyle and adequate food may increase the life expectancy of an infected person.

There were differences in the levels of understanding of HIV/ADS between focus group members. These variations were mainly due to location however, rather than personal experiences with infected persons. There was no evident difference in understanding between older people affected and not affected by the virus. This suggests that older carers of HIV+ relatives in rural Cambodia may have little access to formal and pertinent information about the disease, in particular, knowledge relating to how to care for and support those infected and affected by it.

The majority of older people interviewed verified that they received most of their information about HIV/AIDS from television, radio or neighbours, especially young adults in the community. Only 4 of the 60 respondents said that they received targeted training from external organisations. This indicates that the information required by older people, either as carers or as possible at risk groups may not yet be accessible, appropriate or available. It is possible that as a result, older people in rural Cambodia are ill or misinformed about HIV/AIDS, as awareness programmes are almost exclusively targeted at young people and other high-risk groups.

One very important question that needs to be raised at this point, is that if older carers have little exposure to HIV/AIDS education, does this result in poor quality and level of care for PLWHA? The needs of older people in relation to meeting the medical and emotional needs of PLWHA, as well as other issues such as infection control, nutrition, hygiene and medical treatment were not fully explored within this survey, but the linkage would appear logical – carers, younger and older require appropriate education and awareness in order to care effectively for PLWHA.

It will clearly be necessary to explore these issues further, both in terms of what information about HIV/AIDS is required by older people and older carers, and in what form this education and awareness should be delivered. In particular, it would be interesting to understand the information needs of older carers of PLWHA, in relation to the risks of infections from caring for a PLWHA, adequate hygiene and nutrition, and of educating younger children left in their care about the dangers of HIV/AIDS.

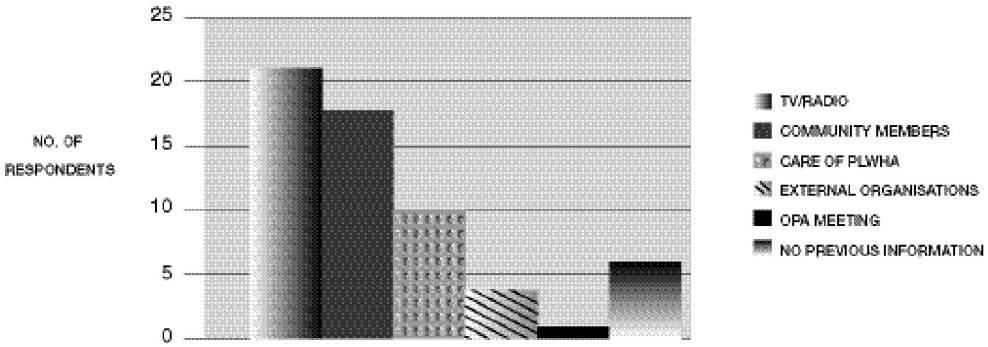


Figure I. Most common sources of information about HIV/AIDS

Section 2

The experiences of older women and men as carers of people living with HIV/AIDS or orphaned/ vulnerable children.

Increased workload of older carers

The case studies and interviews presented in this report illustrate the effect of HIV/AIDS on the lives of older people in affected households. One of the most critical impacts is their increased workload. In HIV/AIDS affected households many older people are responsible for not only providing for themselves, but also for ill relatives and orphaned grandchildren. A number of the older people interviewed in this study identified additional duties and reduced support from family, due to AIDS-related illness and eventual death of relatives, as the chief burdens placed on them. These included caring for ill family members and/or orphans, increased domestic duties as well as earning an income.

As one interviewee in Maung Russey district observed: “[my neighbour] has more responsibility because she cares for her sick daughter. She now does much more work in the house, such as giving her daughter a bath, making food for her, massaging her when she is in pain and giving her medicine.”

Although traditional reverence and respect for older people in Cambodia society has somewhat declined, older people still expect some degree of emotional, physical and financial support from their families when they enter old age. Old age is traditionally seen as a time to be honoured in the community, to generate positive Khama at the local Wat, and to act as mentors and educators for the young. An old Khmer proverb reflects this – s“the old bamboo protects the young as it grows.”

In HIV/AIDS affected households however, these family support systems are no longer present due to the illness and eventual death of their adult children, leaving older people to manage alone. As one widow in Ek Phnom district explained, “I expected that when I got old and cannot work that my son and daughter-in-law would take care of me. Now I have to work hard and save money for when I get sick [from age-related illnesses].”

These additional responsibilities and reduced family support coincide at a time when the natural ageing process reduces both physical ability and income generating opportunities, and older people cannot acquire the resources that younger, more active adults have access to. Many of the older people interviewed in this study identified material and financial security as one of their greatest concerns.

The gender of caring

Findings of this study indicate that a significant proportion of the burden in HIV/AIDS affected household will fall on older people, even if there are younger, more active adult family members present. As one woman in Maung Russey district explained, “older people [in HIV/AIDS affected households] are more affected than younger people. This is because older people work directly with the sick person. Young people never or rarely take care of the patient.”

Division of labour in older-headed households usually follows traditional gender lines. Women tend to perform additional domestic duties, care for sick family members and raise orphaned children, whilst men assume the primary responsibility of finding income for the family.

The civil conflict in the last quarter of the twentieth century has resulted in a significant number of Cambodian households that are headed by women. This, coupled with women’s comparatively longer life expectancy and earlier age at marriage, has meant

that older women are commonly the sole carers in HIV/AIDS affected households. Whilst older men are encouraged to marry again, it is still regarded as taboo for older widows to seek another husband. A number of female carers interviewed in this study were widows, whilst there were few examples of male only headed households. The findings of this study indicate that older women living alone are especially vulnerable to the emotional and physical stress of caring for sick or dying relatives and orphaned children.

Keeping families together

Older people tend to have strong feelings of responsibility and motivation to ensure the emotional and physical well being of their family. As one woman in Prey Touch Commune demonstrated: “some people asked to take my [four orphaned] grandchildren to live with them but I refused. I love my grandchildren very much. I don’t want my grandchildren to go away even if I am very poor. I will work very hard to take care of them until I die.” Both love and a sense of duty mean that older people will often take all possible measures to ensure that the family structure is maintained. Many of the older carers interviewed in this study accepted their additional responsibilities to maintain family members well-being, often to the detriment of their own emotional, physical and mental health.

Grandma Tha stated they she has little choice. If she does not care for her grandchildren, they will be separated. “I used to ask them to go and live with their uncles and aunts but they did not want to go – they wanted to live with me”.

There are of course exceptions, with some older men and women who are unwilling to care for PLWHA or grandchildren. In one case study, a grandmother refuses to care for her daughter-in-law and four grandchildren because she is angry at blame for the transmission of HIV being attributed to her son, who is now living apart from his wife and children. It is unclear whether the grandmother will take care of the grandchildren once her daughter in law has died. For now, the eldest child, at 13 years old, is the principal carer of their HIV+ mother, and is also responsible for earning income and finding food for all the family, including the grandmother.

As this and other examples demonstrate, young children living in older person headed households are also under a lot of pressure to earn income, find food as well as care for sick parents or siblings. Older carers who suffer regularly from ill health and other ailments that limit their capacity to feed their dependants, have no option but to rely on young children to supplement the little that they are trying to provide.

Several young children included within this study are also suspected of being HIV+, although none had been tested. Reasons for this included simply not knowing what to do, as well as the realization and acceptance that it would do little to change their circumstances if the child were to be tested positive.

Grandma Leng lives in a small house with her 15-year-old orphaned grandchild Tom. Tom's mother has already died of AIDS, and she does not know the whereabouts of her father. Tom stopped attending school at 5th grade to help her sick grandmother collect leaves from the Kor tree to sell in Battambang town. Grandma Leng and Tom are living on one meal a day, but without meat, fish or vegetables – the researchers observed them eating only salt with tamarind.

Dwindling resources

HIV/AIDS is placing increased pressure on the limited financial and material resources of older carers, thereby reducing their ability to adequately provide for themselves and other household members. Many of the older people interviewed discussed difficulties in providing food, money and appropriate health care for their family members. Most

identified the increased financial responsibilities of caring for sick relatives and/or orphaned children as the fundamental cause of their financial difficulties. Increased household expenditure was primarily due to health care expenses (hospital or traditional), and additional food for dying relatives. As one woman in Ek Phnom district described; “older people lose money because they have to spend so much on the patient.” Costs incurred for their grandchildren’s education was also cited by some of the respondents.

Coinciding with these additional financial responsibilities, older-headed households affected by HIV/AIDS commonly had decreased income-generating opportunities. Many of the older carers interviewed were engaged in small-scale income generating activities, such as farming or food processing. However, they cited additional responsibilities for caring for sick relatives and/or orphaned children for their reduced earning capacity. As one OPA member in Ek Phnom district explained, “HIV/AIDS makes families lose their [source of] income. This is because they are busy taking care of the sick relative and they do not have enough time to work outside to get money. However they have more expense on things such as extra rice for the children and medicine.”

Older carers’ income earning capacity is further limited due to their own ailing health and decreased employment opportunities. This decline in employment opportunities is due to age-related disadvantages, as well as age and gender discrimination in employment. Most of the study participants had little schooling, leaving them with few skills and an inability to participate in the workforce.

Discrimination and exclusion

Discrimination by others was also identified by some older people as a reason for their reduced income-earning capacity. As one OPA member in Ek Phnom district discussed; “older people cannot earn more money because of discrimination from others. For example, when one older person [with a sick relative] made cakes for sale, the other people in the village didn’t buy them because they were afraid of being infected of HIV/AIDS.”

A number of older people interviewed also reported that they were routinely excluded from obtaining credit, because of age and gender related discrimination, lack of assets to offer as security, or fear of getting into debt. High interest rates and inflexible repayments were also cited as a reason for not accessing credit from local providers. Lenders frequently believe that older people, especially those in HIV/AIDS affected households, are a too high a risk to provide credit. As one OPA member explained “I wanted to borrow 3000 riels from the OPA to buy treatment for my grandchild when he got sick but they refused me.” In times of dire financial need, a number of the older carers interviewed borrowed money from neighbours and close friends.

Tha is an 86-year-old widow living in a small thatched hut in Prek Lounng Commune, Battambang Province. In 2000, her youngest daughter and son-in-law both died of AIDS, leaving behind their six children, aged between 9 and 25. Tha is now solely responsible for raising her three youngest grandchildren. She has few income earning opportunities, no farmland, and only a couple of cows. Tha explained that the only support that she needs is donations, either in the form of food or money. At one time there was an organisation in the village that used to provide her rice on a credit basis. Now however Tha is afraid that she will be refused credit in the future because she will be unable to repay the loan and has not assets to offer as security. She believes that it will be a sin if she is unable to repay a loan before she dies and does no want to leave her grandchildren in debt.

The increased financial burden incurred caring for sick relatives and/or orphans, plus reduced income-generating opportunities has meant that a number of older people

have been forced to sell their land, property, cattle and other productive assets. As one older man interviewed in Ek Phnom district explained; “my family was poor but my living was better than it is today. Before my child got sick I had a house thatched with palm leaves, one bicycle and a hectare of rice land. Then when he got AIDS I got poorer and poorer. I now have no land, no farm left, only my house because we had to sell everything to treat my child.” Almost 50 percent of older people affected by HIV/AIDS interviewed had sold their agricultural land to support themselves and other household members.

Land issues are of critical significance in Cambodia, with over 80 percent of the population engaged in farming (WFP/FAO, 1999). Apart from agriculture, there is a limited range of alternative activities. Older people who have been forced to sell their arable land have few livelihood options other than to sell their labour to other farmers, collect non-timber forest products, for both sale and home consumption, or prepare food to sell locally.

Mol, a 62-year-old widow living in Prey Touch Commune, is the sole carer of three children aged between 7 and 14 years of age. Two of these children were orphaned when Mol’s niece died of AIDS in 2000. The youngest was left in Mol’s care when her daughter died suddenly of an unspecified disease. As Mol described, “after my niece got sick I had to work hard every day to provide for my family. I sometimes go to work for other people to transplant rice to make money. Other times I make cakes to sell. I do this because I don’t have enough food or money for the family, I have no choice.” Mol says that her life is now very difficult and she often becomes tired, weak and depressed but she has no option but to take care of the children.

Stress and illness

Many of the older carers interviewed already had limited access to formal health care services, mostly due to high transport or medical costs. Ailing health and poor physical abilities due to the natural ageing process also means that it is difficult for older people to travel long distances to access adequate heath services. These older carers therefore tended to consult traditional healers, as they provided more accessible and more familiar health care options.

It is evident from this study that, alongside the natural ageing process, the increased stress on older people living in HIV affected households has lead to the detriment of their own physical and mental health. The health of older people interviewed was commonly poor, and stated as being the result of increased responsibility for caring and providing for ill relatives and/or orphans. It was evident that many of the study participants often neglected their own health needs, forgoing food and medicines for other household members. As one woman Moung Roussey district observed “[looking after an AIDS patient] makes old people get thinner and sick. They often suffer from illnesses such as dizziness and fainting. The is because these older people do not eat enough and have no time to rest because they have to care for their sick relative.” The majority of older people interviewed suffered from poor physical health, weakness, anxiety, depression and sleeplessness.

Some older people interviewed also suffered stress because they were unable to save their children from the traumatic effects of the disease. These older carers were under extreme pressure, suffering from grief, anxiety and other psychological stresses due the severe illness and eventual death of family members. As one participant in Ek Phnom district explained; “[AIDS causes] misery for older people because they love their children so when their children get sick they have to look after them.”

Bun is a 74-year-old widower from Somrong Khnong Commune. He was the sole carer for his daughter and son-in law after they were diagnosed with HIV, until their

eventual death in 1998. As he explained “I suffered because when the medicine for my children ran out I had no money to buy them more. I had no money to buy them the food that they needed. Bun suffered from sleeplessness, poor health and weight loss due to the distress he felt for his daughter and son-in-law. “I pitied them and worried about them.
I could not sleep well because I often heard my children groan and cry when they were in pain. I could not eat much because I had to save food for my children.”

Findings of this study suggest that older carers not only suffer extreme emotional distress due to the severe illness and eventual death of family members, but also from the additional emotional support they have to provide to their sick relatives and orphaned children. As one HIV infected woman explained “I want my mother to sleep with me because when she does she feels warm and I never dream of my husband.” She believed that because her mother is a religious woman she can protect her from evil spirits. Many of the study participants identified that older women carers are primarily responsible for providing this emotional support to other family members, leaving them especially vulnerable to sleeplessness, anxiety and distress.

Shame and isolation

Older people commonly experienced additional stress and anxiety due to the stigma of having a relative with HIV/AIDS. Many of the older people interviewed described the feeling of shame and isolation from the rest of the community. There were a number of cases in this study of social exclusion and discrimination against people with relatives living with HIV/AIDS. Some of the older people interviewed found that social and emotional support from neighbours and community leaders was no longer offered once their relatives were diagnosed with the disease. As one OPA member in Ek Phnom district observed, “a woman [whose child has AIDS] does not have a good relationship with her neighbours. This is because some people don’t understand about HIV/AIDS and they discriminate against her. Sometimes when she makes cakes for sale, the neighbours do not buy them. Neighbours never go to visit her because they are afraid they might be infected by the disease.”

It is evident that misplaced fear among other community members is a powerful motive for discrimination, even though there was a basic understanding about HIV transmission and prevention among study participants. There was also a common perception among many of the older people interviewed that HIV/AIDS infection is due to ‘immoral’ and ‘sinful’ behaviour. As one woman in Prey Touch Commune explained; “since my son died of AIDS I have felt very embarrassed and depressed. I used to be a famous old lady in the village that everyone loved and respected. When my son became ill I lost my honour and now cannot meet other people in the village. The villagers look down on me because I could not prevent my son from having sex with a sex worker, which is how he caught HIV.”

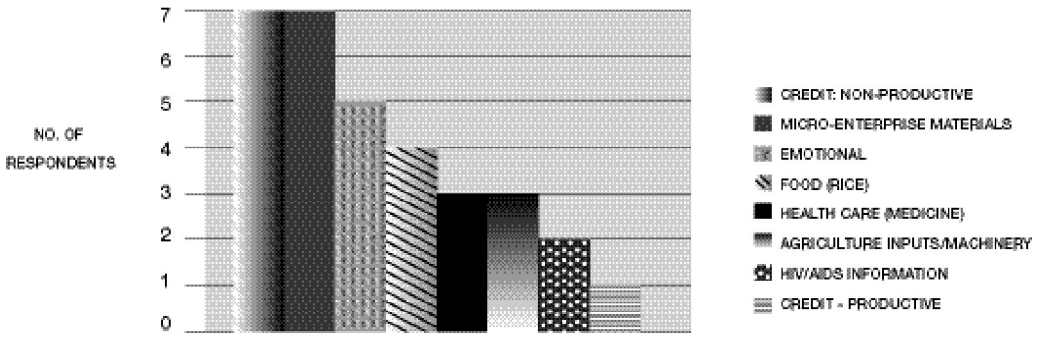
Older carers are also likely to experience social exclusion from community and religious activities because of their lack of finances and increased workload caring for ill relatives and orphaned children. As one widow caring for four orphaned grandchildren explained; “I would like to go to the pagoda like older people do, but I have to look after my grandchildren.”

This study demonstrates that the people living in HIV/AIDS affected households usually have few opportunities to discuss their fears, anxieties and experiences with others outside the family. As a consequence it may mean that older carers do not receive adequate support, either from within or outside the community. As one older carer in Ek Phnom district explained “I never got anything from anyone because I didn’t let others know that my son was HIV positive.”

Along with the stigma and social exclusion there was evidence of extreme pressure on relationships among family members in HIV/AIDS affected households. A number of older people interviewed described dealing with the anger, guilt and frustration of relatives dying of AIDS. As one woman in Ek Phnom district explained “sometimes when I did not give my son enough food he screamed and shouted at me, other times he threw the bowl at me.” In some instances, the sale of productive assets and depletion financial resources also resulted in resentment of the AIDS sufferer from healthy family members. One woman in Ek Phnom observed “AIDS causes other children to feel jealous because parents provide everything for patient such as emotional support and money. Some older people have sold their land for the patient’s treatment”.

As a result of the HIV/AIDS epidemic, older people’s roles and responsibilities in the household have substantially increased. In many HIV/AIDS affected households older people are now responsible for caring for ill family members and/or orphans, domestic duties as well as income generation. With limited productive resources and inadequate access to financial, health, education, and other support services, these older people and their families are vulnerable to extreme poverty, discrimination and psychological stress.

Older people affected by HIV/AIDS are losing future income generating opportunities due to the death of productive family members, increased workload caring for dying



relatives and/or orphans, and the sale of land and other productive assets. This is a key contributory factor in why increasing numbers of older headed households are falling into extreme poverty and, at times, destitution.

SECTION 3

The support that is currently available for older carers in HIV/AIDS affected households.

Figure II. Support needs of older carers in HIV/AIDS affected households.

As this study demonstrates, the most immediate need of older carers in HIV/AIDS affected household is direct income and material support. Most of the older carers in the study identified credit or donations as a priority need to purchase basic food, pay medical expenses or to send orphaned grandchildren to school. Older women often identified immediate practical support as their highest priority, such as food, medicine and loans for non-income generating purposes. Conversely, men tended to request support for productive activities, including agricultural inputs and credit for income-earning activities. Many older male and female carers commented that they also required emotional support, especially from community members and village leaders

Services that are currently available for older carers

A brief review of NGO and government services in the target villages was conducted during this study, to highlight the type of services or support available to older people, either directly or indirectly, through OVCs or PLWHA. It should be noted that these findings are not conclusive, and have been generalized for the purpose of this discussion.

In general, older carers in the target areas received very little direct support. Carers were more likely to have received support mostly as a result of caring for an OVC or PLWHA, but even this support has been minimal. Direct assistance such as donations of money or rice from either government or NGO sources, was rarely mentioned in discussions with the target group, or else they have not been regularly provided to them. Most monetary assistance came through OPAs or neighbours and extended family members.

The provision of home care for PLWHA has also had minimal stated impact on older carers. Informal discussions with home care team members and NGO staff highlighted that whilst home care visits are intended to benefit all members of HIV/AIDS affected families, such visits are often very brief, and attention is not specifically paid to older carers. Indeed, these staff were often unable to state what support is being provided to older carers.

Informal emotional support is most likely to come from other older people. There is currently no support structure, formal or informal, to aid older carers in the physical aspects of their caring duties, including heavy lifting, and carers were unaware of any IEC materials that could help them care for PLWHA. Interviews with NGO staff indicated that whilst many recognise the hardships faced by older carers, they often feel unable to assist them due to a lack of resources and time.

The provision of indirect support is more common for older carers, yet this remains erratic and not based specifically on the situation of the carer. This occurs for example with orphaned children who are sponsored to attend school, or through food supplements for young children. Home care activities may also provide help for referrals and basic medication, but only for PLWHA. All these activities ease the pressure on older carers, but do little to empower the carer to address his or her own needs, or facilitates their own ability to care more effectively and sustainably for the PLWHA or OVC.

It seems evident from this study that older people in rural Cambodia have limited access to the support provided by agencies and organisations working with HIV/AIDS. More than half of the study participants had never received any financial, material or counselling support from government, development agencies or community based organisations[6].

Roeun is a 65-year-old who has been a widow since her husband died during the Pol Pot regime. When Roeun's son died of AIDS in 1995, his wife abandoned her four children to marry another man. Roeun took on the responsibility of raising the children, as she explained "if I didn't take care of my grandchildren they would have no future." Roeun has never received financial or material support from an NGO or other agency. She does however need money to be able send her grandchildren to school. If she was really lucky she would also like a couple of cows to keep for her grandchildren's inheritance.

OPAs have been providing some support to carers in an HIV/AIDS affected household, although to date this has been limited to individual members providing small financial or material donations. Some members are also helping older carers emotionally by giving them the opportunity to discuss their anxieties and experiences. Beyond this however, OPAs have not demonstrated an interest in providing more

[6] No older carer stated that they had received assistance for income generation activities, although it is recognized that whilst older carers may state that they urgently need and want to conduct income generating activities, many simply do not have the time to do so, and would likely reject an opportunity, especially if it had strict repayment requirements.

sustainable opportunities to older carers. There is also evidence, that some OPAs might even be denying older carers access to loans from their informal OPA credit funds, regardless of their status as members. As one OPA member in Ek Phnom confided “I used to be able to borrow money from the OPA, but now I can’t because I am poorer. The OPA only gives loans to rich people, not to poor people.”

Many of the older people interviewed had limited access to formal health care services. This is because hospitals are based in urban areas, and older carers cannot afford either the transport fees or medical costs. Furthermore, physical constraints related to ageing mean that many older people themselves are unable to travel long distances, thus prohibiting them from escorting sick relatives to receive vital hospital based services. Older carers stated that they tended to consult traditional healers, as they provided more accessible and more familiar health care options.

SECTION 4

The option to integrate the support needs of carers within existing HIV/AIDS care projects.

The experiences of the people who participated in this study provide a foundation to develop appropriate options to integrate the needs of older carers within existing HIV/AIDS programmes in Cambodia. The potential interventions discussed are based on local needs, and where possible, should complement existing programmes.

The findings of this study demonstrate that older carers in HIV/AIDS affected households experience great financial, physical and emotional pressure. It is evident that they require substantial support, in terms of financial and material assistance, emotional support, as well as access to appropriate information.

To date, there has been limited research in Cambodia on the impact of HIV/AIDS on older people, which has led to a lack of understanding of the situation of older carers among government institutions, development agencies and service providers. As a result, older people are being marginalized in interventions that address HIV/AIDS, with prevention, information and care services not meeting the needs of older carers. This is likely to negatively affect all members of a HIV/AIDS affected family – a good carer needs good support.

Interventions at the community level are critical in addressing the support needs of older carers in HIV/AIDS affected households. This involves empowering and mobilising communities to respond at the local level, and to access services provided by government, international agencies and NGOs. To achieve this requires a shift in strategy for HIV/AIDS prevention, care and education in Cambodia, to fully embrace the role of carers, young and old.

Local response interventions require effective collaboration between government, international agencies and non-governmental organisations. Community based organisations, such as OPAs, are also vital as they have many strengths and comparative advantages for addressing issues at the grassroots level. These include a better awareness of community needs, the capacity to mobilise local members, and an ability to work in areas that governments and development agencies may find difficult to access. Pagodas and other Buddhist institutions can also play an important role in HIV/AIDS prevention, education and care, as there remains a high level of respect and admiration for monks among Cambodian people. Buddhist leaders also tend to have a strong sense of mission and can be highly motivated to respond to the needs of their communities. Both the NAA and NCHADS also have important roles to play in developing national policies and strategies that encourage and support local response initiatives.

Provision of home-based care targeting all family members

There are many international institutions and NGOs working in Cambodia that provide care and support for families affected by HIV/AIDS. There are several hospices in

Phnom Penh that offer palliative care to terminal stage AIDS patients. However, home-based care is essential in provincial areas. Home-based care is a promising approach to providing effective support for the majority of HIV/AIDS affected households. Teams have already been shown to be effective in providing basic treatment, emotional support and financial support to HIV infected persons and their families (International HIV/AIDS Alliance 2000.)

There is significant potential to mobilise community-based organisations to initiate and coordinate home-based care at the grassroots level. Home visiting services provided by community volunteers are proving useful in providing effective, respectful support to individuals suffering from AIDS and their families in rural areas, but more adequate amounts of time needs to be allocated for talking to, supporting and addressing the immediate needs of carers, especially older carers.

Increasing the provision, and quality of home-based care provided by community-based organisations to ensure that older carers benefit, requires effective collaboration and support from government and development agencies. Different government departments may need to collaborate, for example extending the work of social workers employed by the Ministry of Social Affairs to meet with carers of PLWHA and OVCs.

Home care that is useful for both PLWHA and carer will also need to take into account the visible lack of materials used by older carers to protect both themselves and those they are caring for, including gloves, bleach and even soap.

Collaborating with traditional healers

The World Health Organisation has supported the involvement of traditional healers in AIDS programmes since the early 1990s. It will be important to involve traditional healers in Cambodia to address the medical needs of both older carers and their families. On a practical level, the collaboration between the formal and traditional health sectors could be valuable, and should be encouraged, especially at the community level.

Much work is required to ensure that the treatment provided by traditional healers is safe, and that harmful practices are discouraged. With the majority of older carers continuing to rely on traditional practices, this offers an immediate way of helping to reduce the financial burden of medical costs falling on the shoulders of older carers.

Initiating inter-generational activities

Although older carers have assumed much responsibility in the care of PLWHA and OVCs, age related physical constraints mean that some caring activities can become extremely difficult, such as heavy lifting or washing clothes. Caring for PLWHA and their families needs to be seen as a community issue, for both young and old. Currently, much of the burden for supporting older carers is carried by other older people.

It is essential that younger children and other adults are encouraged to assist older carers to care for their grandchildren or sick relatives. This could be in the form of home visits, carrying out simple chores for older carers, babysitting grandchildren or a sick relative for an hour or two so that the carer can sleep, wash clothes, or even chat for a while. This approach has been highly effective in other countries in alleviating feelings of isolation and loneliness, and in helping to reduce the high levels of stress and exhaustion facing older carers[7].

Providing financial support and services

Another high priority area is to secure the basic needs of older carers, and to enable HIV/AIDS affected households to avoid financial distress, and the consequent sale of

[7] A home care model developed by HelpAge Korea, and currently being piloted in several ASEAN countries, uses volunteer home helpers of different ages to conduct simple physical and emotional support activities for older people in need. A pilot project based on this model, but not limited to older carers, will be implemented in Cambodia 2004.

assets. Several HIV/AIDS agencies working in Cambodia do provide small amounts of cash to ensure that the family has adequate amounts of food to eat on a regular basis. These agencies recognise that whilst it is essential to raise awareness and prevent infections, it is equally important to meet the practical daily needs of families living with HIV/AIDS.

Other possible interventions may include the provision of direct income grants, credit or interest-free loans. There are a number of micro-finance institutions and credit providers already working in Cambodia; however as their loan products tend to be inflexible they may not be appropriate for, or accessible to, vulnerable households. This study demonstrates that older people are routinely excluded from obtaining credit, because of age and gender related discrimination, lack of assets to offer as security or fear of getting into debt.

One option to meet the specific needs of older carers in HIV/AIDS affected households is to establish contributory credit schemes, in a Grameen Bank-like format, and managed by OPAs or other community based organisations. It is important that such schemes meet the special needs of older carers by providing low interest rates and flexible repayments. Group guarantees and peer pledges, rather than individual collateral, are also preferable as many older people in HIV/AIDS affected households have few assets to offer as security. Guidelines can be established to encourage applicants to use loans for productive purposes, such as starting up micro-enterprises or for agricultural activities. To be most effective such loans should be provided in conjunction with appropriate training and small business management advice.

An alternative role for development agencies and community-based organisations, such as OPAs, is to advocate for older people's financial rights and needs. Appropriate modifications to savings and loan products may result from increasing awareness among lenders about barriers, issues older people face when accessing credit and other financial services. Another option is to collaborate with existing village banks to develop credit products specifically targeted at poorer older people. Village banks will require limited technical and financial support to achieve this, as many in Cambodia are still in an embryonic phase.

Micro-finance institutions and credit schemes must recognise the risks associated with providing loans to poorer older people in rural areas. This is especially relevant for credit given for agricultural enterprises, which are susceptible to seasonal weather variations and fluctuations in market prices. Older people are also extremely vulnerable to external livelihood crises – as this study demonstrates, and may default on loans to purchase basic necessities such as food and medical supplies.

Other strategies include compulsory savings or pension schemes and community social-assistance funds, all of which can be managed by community based organisations, such as Older People Associations. These include direct financial assistance by providing small, regular amounts of cash to pay for daily items such as food, schooling, medical costs and social occasions. Individual savings that can be accessed in times of crises may also prove invaluable to HIV/AIDS affected households.

Creating income generating opportunities

For older people, earning an income can bring about financial security and a chance to improve their own, and their families', living conditions. In HIV/AIDS affected households, increased income-generating opportunities for older people are vital in sustaining the physical and emotional well-being of those in their care. Without sufficient sources of income, HIV/AIDS affected households have the all too evident potential to slide into extreme poverty, and at times destitution.

[8] Alex Bush 'Earning a way out of poverty', Ageways Issue 62, May 2003

It is important to be realistic about the impact of income generating activities on older people's livelihoods. Few small-scale micro-enterprises carried out by older people can be expected, on their own, to provide enough income to meet a person's entire needs[8]. Older carers in HIV/AIDS affected households commonly require additional monetary assistance to ensure that their financial needs are met.

Income generating activities may be initiated to reduce long-term poverty, or to reduce HIV/AIDS affected households' susceptibility to external livelihood shocks. However, comprehensive investigations need to be carried out before promoting income-generating activities to older people. The failure of such activities is often due to lack of accessible markets for products, inhibitive outlays of capital, or incompatibility with the social or ecological environment. The most important factor to consider is that older carers have limited time, especially if they are caring for sick relatives or OVCs. Income generating activities must therefore generate enough income in relation to the time committed to undertake them. Another consideration when designing income-generating activities is their impact on the physical health and well being of older people. Careful consideration should also be given to whether such activities should be open to all members of an affected family, including young children. The assistance of young children in older headed households may be essential to the well being of the family, but most likely at the expense of attending school.

Establishing and strengthening interest groups can go a long way to increase the collective benefits of micro-enterprises and other income generating activities. Such groups can enhance older people's capacity to access markets and technical support, such as extension services and training. Interest groups may increase older people's collective buying power, thus reducing their initial outlay of capital. The sharing of equipment and other assets also reduces the financial risks of initiating new micro-enterprises.

Provision of appropriate and relevant information

This study indicates that people are being excluded from current HIV/AIDS awareness raising campaigns, targeted at affected communities. Information required by older people, either as carers or as a possible at-risk group is not yet accessible, appropriate or available in rural Cambodia.

Whilst there is obvious evidence that prevention campaigns targeting high-risk groups within Cambodia are working, HIV/AIDS continues to seep into the general population, away from the typically high-risk areas. Whilst older people are not considered a high-risk group for the transmission of HIV, increasing numbers of older carers could be putting themselves at risk on a daily basis by caring for PLWHA without adequate knowledge and information to protect themselves[9]. Secondly, as mentioned previously, to ensure that PLWHA and OVCs receive the best care and support as possible, it is essential that older carers are directly targeted for home care education and awareness.

The exclusion of older people, carers in particular, from relevant information, also ensures that a large number of influential voices are not able to participate fully in activities that affect their own communities and families. Government departments and development agencies need to consult older people in the design and dissemination of appropriate information materials, and ensure that older people in rural areas are adequately informed about the transmission and prevention of HIV/AIDS, as well as the care of PLWHA.

Providing counselling and emotional support

Although the provision of good quality counselling remains limited in Cambodia, services such as these are urgently required to assist older carers to deal with the

[9] Whilst there remains no conclusive evidence or statistics, either in this study or elsewhere, that categorically proves this point, it can be assumed that the logic of using of protective barriers such as gloves and eye glasses within the medical sector to prevent transmission could also be applied for uniformed carers who come into daily contact with the bodily fluids of PLWHA. However, unlike trained medical staff, uninformed carers may often provide care without realizing they may be putting themselves at risk (sharing needles, razors for example). This issue also encompasses secondary infections such as TB, which can transmitted unaware family members. Further research is urgently required to assess if, how and the degree to which carers of PLWHA are being infected or putting themselves at risk of HIV/AIDS related diseases.

distress, guilt and anxiety of watching their own children suffering, and eventually dying, from AIDS. Older carers also require support to deal with the stress associated with their additional financial and emotional responsibilities within their HIV/AIDS affected households.

Due to the scale of the epidemic and the weak public sector, emotional support services may be most effective if provided by volunteers from community based organisations. To expand emotional support for people in HIV/AIDS affected households, government institutions, international development agencies and non-governmental organisations will need to be actively involved by providing training and financial assistance to volunteers.

Older people tend to be more comfortable discussing their fears and anxieties with their peers, and commonly seek support from others of similar age and experiences. Home-based emotional support services, offered by older community members such as those from OPAs, have the potential to be exceedingly effective. Mobilising existing members of OPAs and similar community based organisations can go a long way to meet the emotional and psychological needs of older carers.

Strengthening social networks and addressing social exclusion

Family members remain the most important source of financial and emotional support for older people in Cambodia. In HIV/AIDS affected households however, these family support systems are no longer present, due to the illness and eventual death of their children, often leaving older people to manage alone. Consequently, family support is often at its weakest, at a time when older carers are suffering extreme emotional, physical and financial distress.

The strengthening of informal and formal social networks is essential for older carers of HIV infected relatives and orphaned children. Community meetings, where older carers can discuss their anxieties, experiences and problems with their peers, can strengthen social networks as well as provide invaluable emotional support. Such meetings can go a long way to reduce the feelings of social exclusion and isolation that older carers in HIV/AIDS affected households commonly experience.

Improving local awareness and addressing discrimination

It is evident from this study that misplaced fear among other community members is a powerful motive for discrimination in rural Cambodian communities. Older carers are in need of substantial support to address the stigma, discrimination and resulting social exclusion of having an HIV infected relative.

Community meetings, facilitated by discussion by local authorities, religious leaders or CBO members can go a long way to improve local awareness and address discrimination. Respect and understanding for PLWHA and their families can be improved by including them in these community meetings, where they can discuss their anxieties, experiences and problems. Great care must be taken when initiating and facilitating these meetings to ensure that the voices of those most affected are heard and that all people are treated with respect, dignity and understanding. Older carers themselves may feel the need to talk openly about their own feeling and fears. It is essential to include community-based organisations, such as OPAs, in responses to local discrimination and fear.

Promoting older people as mentors and educators

In Cambodian society older people traditionally play important roles in their communities, as leaders, educators and mentors. Many older people have a sense of responsibility and motivation to respond to the challenges they face from the HIV/AIDS epidemic, and are dedicated to protecting their families and the wider community. Older people's potential role and contributions to address the HIV/AIDS epidemic

however is often unsupported in Cambodia. Greater emphasis needs to be placed on increasing older people's roles and responsibilities as mentors and educators about HIV/AIDS, both to their peers and community members in general.

Both government institutions and development agencies must recognise that older people are respected as mentors and moral guides within their families and communities. Enabling older people need to have a clear understanding about the prevention and transmission of HIV/AIDS could help to modify harmful traditional practices and beliefs. To harness this opportunity effectively however, development agencies need to provide older people with appropriate information and training on HIV/AIDS. It is also essential to maintain a careful balance between utilising older people as a resource, and ensuring that their own needs are being met.

Advocacy

The lack of understanding of the impact of HIV/AIDS on older people has meant that they are routinely excluded from policies guiding interventions to address the epidemic.

Non-governmental and community based organisations play a vital role in advocating for the needs and rights of older carers in HIV/AIDS affected households. Locally based organisations have the potential to mobilise the support of local authorities, community and religious leaders to ensure that the voices of those affected are heard. They can facilitate the participation of people affected by HIV/AIDS to ensure that their needs and concerns are addressed in community decision-making processes, such as the annual Commune Council Plans. Commune Councils are an elected body whose function is to identify the needs of their community members and to represent the commune to government, non-government and international agencies in the planning and management of development activities. Locally based organisations are also more aware of local issues and able to represent and advocate for vulnerable people in the development of national policy and strategies.

Policies need to address the particular vulnerabilities to long-term poverty in old age that results from life-long in health and nutrition, limited labour force participation and discrimination in poverty and inheritance.

SECTION 5

Implications for Action

Many of the issues raised within this discussion paper are linked to general issues and constraints facing older people all over the world. HIV/AIDS compounds and heightens the serious problems already facing older people in Cambodia.

Issues that HelpAge International, partner agencies and donors supporting work in Cambodia should consider include:

- Provision of regular direct and 'targeted' assistance to older carers
- Development of an appropriate HIV/AIDS strategy for both older carers and older people, including the exploration of older people's role as peer educators and mentors.
- Development of appropriate, age friendly, IEC materials.
- Further research for i) assessing the level of risk to carers in HIV transmission / secondary infections within their role as primary carers of PLWHA, and ii) the longer term impact on society for the generation of children being raised by their grandparents, assessing the needs of carers to do this, and how these needs can be addressed using intergenerational approaches.

- Targeted inclusion of older carers within current and future OPA activities – enable older carers to benefit from HAI activities such as income generation and savings/credit groups
- Assessment of appropriate and sustainable income generation possibilities for older carers and their families affected by HIV/AIDS
- Development and implementation of OPA action plans – linkages with wider community – community funds, transport
- Development of volunteer care systems – home help initiatives for older carers
- Increased linkages between OPAs and other NGO / government services
- Advocacy amongst NGOs and government staff for inclusion of older carers and older people within HIV/AIDS care and prevention strategies
- Exploration of access to equity funds for health centre / hospital funds – extended outreach services for older carers
- Facilitation of inter-generational activities – facing the future by bridging the gaps between young and old
- Increased co-operation and networking between HAI and other agencies and government departments working with PLWHA and OVCs

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Acronyms and Abbreviations

AIDS	Acquired immune deficiency syndrome
CBO	Community based organisation
HAI	HelpAge International
HIV	Human immunodeficiency virus
FAO	Food and Agriculture Organisation of the United Nations
IEC	Information, Education and Communication
MoH	Cambodian Ministry of Health
NAA	National AIDS Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and STD
NGO	Non-governmental organisation
OPA	Older People's Association
OVC	Orphaned or vulnerable child
PLWHA	Person living with HIV/AIDS
RGC	Royal Government of Cambodia
WFP	World Food Programme
WHO	World Health Organization

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