Australia Awards

RESEARCH TITLE:

Research on Socioeconomic Incentives for Unpaid Care Work at Household Level in Cambodia: Needs, Challenges and Opportunities

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IMPLEMENTATION PERIOD:
June 2025-February 2026

In-depth interview with a female caregiver in Baphnom district, Prey Veng province

Psychological counsellor provided on-site psychological support for caregiver (participant) after in-depth interview

Research team meeting for data collection planning

Consultative workshop with stakeholders in Phnom Penh

RESEARCH QUESTIONS

How do unpaid carers at the household level in Cambodia experience and respond to the socioeconomic incentives and policy measures intended to support them, and what do their lived experiences reveal about existing needs, challenges, and opportunities for improvement?

RESEARCH METHODOLOGY

o The study adopts an exploratory research approach and feminist social research approach.

o Data Collection

- Geographical area: Phnom Penh and Prey Veng Province (Baphnom District)
- Sampling approach: Purposive sampling
- The study uses qualitative methods

In-depth interview with care givers

Key Informant Interview

Policy Analysis

o Data Analysis Method

- Thematic Analysis
- Narrative Analysis
- Policy Analysis

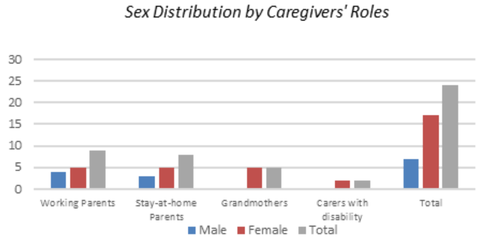
Research Data

Sample Overview

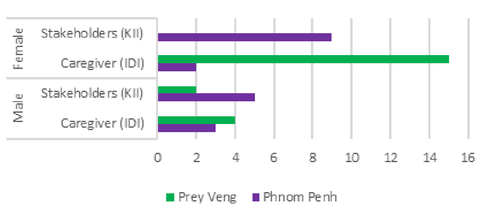
- 40 total participants (14 males)
- 24 caregivers (07 males)
- Caregivers age range: 20-68 Years old
- 05 households hold ID Poor status
- 09 key informants interviews with 16 participants (07 males) from 09 institutions.

SIGNIFICANT OF THE STUDY

Unpaid-care works at household level, while playing crucial roles for social reproduction, is often overlooked. This work, disproportionately performed by women and girls, is fulfilled at the cost of caregivers' health, economic and social well-being. The current research study bears significance to explore the socioeconomic incentive for caregivers reflecting on their needs, challenges and opportunities for further incentives.



The graph illustrates the distribution of male and female caregivers as Working Parents, stay-at-home parents, grandmothers, and carers with disabilities. It highlights the total number of caregivers by sex, providing valuable insights into the demographiccs of caregiver roles for research data analysis.



The horizontal bar chart displays the count of research participants categoried by sex (Female, Male), role (Stakeholders, Caregivers and geographical location (Prev Veng and Phnom Penh). The visualisation illustrates the demographic composition of the study's sample along side with the roles and sex distribution

RESEARCH KEY FINDINGS

- **Financial and Social Protection:** Current cash transfer programs target household poverty rather than caregiving, leaving individual carers at risk of forgone income and debt, with their specific needs largely overlooked.
- **Health and Social Services:** Caregivers frequently delay their own medical care, and local services for elderly and disability care, while affordable mental health or respite support are scarce.
- **Education and Training:** Carers face dual burdens when attending training or vocational programs, training as rigid schedules and the need to manage children limit their participation and mobility.
- **Recognition and Psychological Support:** Despite constitutional acknowledgment of housework, caregiving is socially devalued as a voluntary or traditional duty, contributing to emotional strain and burnout.
- **Employment and Work-Life Balance:** Rigid work models and limited flexible options push carers, predominantly women, out of the workforce. Labor laws, such as unspecified paternity leave, reinforce traditional gender norms.
- **Cultural Expectations and Gender Norms:** Cultural and gender norms further influence caregiving practices, with religious values and filial piety creating moral expectations that discourage seeking external support. Socially assigned roles for women and men shape the expectation around unpaid care work with which men assisting in care are praised, whereas women's labor is often taken for granted.

KEY RECOMMENDATIONS

- **Financial and Social Protection:** Alleviate economic pressures on caregivers through targeted cash transfers, microfinance initiatives for home-based enterprises, and the formal integration of caregiving into national social security systems, and adopt a care-based circular economy.
- **Health and Social Services:** Expand access to essential services by increasing local/mobile health clinics, establishing community-based mental health and respite care programs, and heavily investing in affordable, widespread childcare and eldercare services.
- **Education and Training:** Empower caregivers through flexible, community-based vocational and dual-purpose training programs that accommodate their schedules, provide childcare during sessions, and utilise technology for better outreach.
- **Recognition and Psychological Support:** Establish policy frameworks that officially recognise unpaid care as legitimate, valuable labor, while fostering supportive community environments through peer support groups and inclusive engagement spaces.
- **Employment and Work-Life Balance:** Institutionalise flexible work arrangements and family-friendly workplace policies, supported by structured return-to-work initiatives and financial incentives for employers who adopt care-friendly practices.
- **Cultural Expectations and Gender Norms:** Challenge rigid traditional gender roles through nationwide public awareness campaigns, community dialogues, and targeted programs that encourage men to actively share caregiving responsibilities and address gender-based violence.