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LEADERSHIP

The care economy in Vietnam, the Philippines & Indonesia

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This landscape study was produced by the Global Institute for Women's Leadership (GIWL) in partnership with Investing in Women (IW). IW is a multi-country Australian Government initiative in Southeast Asia that seeks to accelerate women's economic empowerment through increased and equitable opportunities in the private sector, contributing to inclusive, sustainable economic recovery and growth in targeted countries.

IW has partnered with GIWL as the primary research partner for its current phase of the program. GIWL provides IW with skills and expertise to develop globally recognised research, thought leadership and provides expert inputs into IW's strategic direction and evidence-based approach.

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Executive summary

In May-June 2023, the Global Institute for Women's Leadership (GIWL) at the Australian National University (ANU) was tasked with undertaking a landscape study into the care economy, comprising an extensive review of the academic and grey literature, policy and practices in the region.

This initial landscape study provides a comprehensive overview of the care economy in Vietnam, the Philippines and Indonesia.

It focuses on...

1. **Defining the care economy** in each of the countries assessed.
2. **Identifying the key focus areas** and research findings from existing research
3. **Understanding forums where care is discussed** (and how it is discussed), including who is doing what work in the region
4. **Identifying research, policy, and practice gaps.**

Key findings to emerge from research include...

- **Definitions of care and care systems remain under-developed**, limiting the ability of countries to set policy and share common learnings.
- **Baseline mapping of care interventions and opportunities remains a key gap**, including assessing effectiveness and experiences in the care economy.
- **Interventions that target structural and organisational impact provide the best opportunities for systemic gains** – although

they can require longer timelines and a more comprehensive, evidence-led approach.

- **Embedding intersectionality and a sensitivity for cultural and religious norms, and understanding of historical precedents, is critical.** Culture and history have shaped the evolution of formal and informal care, leaving women with a disproportionate burden of care. Norms and attitudes such as filial piety, gender roles, and the division of labour may be effective policy intervention points -but research, policy and practice must lead intersectionally and be sensitive to context.
- **The disproportionate burden of care experienced by women in the three focus countries limits their ability to participate in the workforce,** reinforcing the link between the status of the care economy and women's status more broadly as a viable area for IW's work.
- While care in the three focus countries is becoming increasingly economically valued through the professionalisation and formalisation of the care industry, **care workers face low pay and poor working conditions, and this has a flow-on effect to how informal carers are treated.**
- Besides localised and disparate solutions, there are four main actors involved in the provision of care and development of related research, policies and interventions: **government, non-government organisations (NGOs), international organisations, and the private sector.**
 - » Although governments have made some efforts to support the care economy, their role remains relatively small due to economic underdevelopment and cultural norms surrounding care provision by families and communities.
 - » NGOs and international organisations are heavily involved in the funding and

implementation of care initiatives, yet greater coordination and collaboration is needed within and between countries to address the gaps in the current care economies across the three focus countries.

- » The private sector, as a key employer across the region, is a critical actor both in care economy entrepreneurship as well as non-care economy compliance with policy/law/regulation supporting carers. Yet they are a key gap in the literature.

Several key research, policy and practice gaps in the care economy emerged in the literature, creating opportunities for IWISER to drive change.

Key gaps identified mostly surround **shifting social norms, working with organisations to establish standards, encouraging government policy change and supporting individuals** and are detailed in full in Part 4.

About GIWL

The Global Institute for Women's Leadership (GIWL) at the ANU is honoured to partner with Abt Associates as the research partner to the Investing in Women: Women in Sustainable Economic Recovery (IW) program from 2023-2028.

Founded and Chaired by former Prime Minister Julia Gillard, GIWL seeks to generate the evidence base for gender equality across a range of domains. GIWL at the ANU has a focus on Australia and the Asia Pacific region.

We pride ourselves on research that a) “fixes systems”, not women, b) incorporates intersectionality in all we do, and c) translates into policy and practical impact.

The GIWL team providing direct support to IWISER includes Chief Investigator Dr Elise Stephenson

(Deputy Director, GIWL) with the support of Professor Michelle Ryan (Director, GIWL), Dr Gosia Mikolajczak, Dr. Betty Barkha and Morgan Weaving, plus a full and diverse team of researchers across our institute and the ANU more broadly.

Find out more about GIWL at www.giwl.anu.edu.au.

A note on methodology

Our review has focused on the core case studies of **Vietnam, the Philippines and Indonesia**. We have also drawn on literature from the Southeast Asian region and the global literature to analyse for gaps/ opportunities and trends.

Our review analyses the research available on the care economy, in addition to drawing on government policies, reports and statements, and international organisations, think tank, and civil society reports and publications.

While this review is intended to map key gaps and opportunities, the review has been limited to English-language literature or translations (where available). Further, it has been limited to the research available at the time of writing.

1

Defining the care economy



1 Defining the care economy in the target countries

In the literature, definitions of the care economy vary, however largely relate to two bodies of work: a) **paid care work (in fields such as nursing, education, disability care, elder care, formal childcare, etc.)** and b) **unpaid care work (largely undertaken in domestic situations, outside the formal economy).**

While both paid and unpaid care work are gendered, much paid care work is characterised by minimal formal qualifications and a reliance on migration or migrant work, with formal care facilities that are available of varying quality and limited quantity.

Much unpaid care work is influenced and underpinned by cultural, social and gender norms, is generally family-oriented and localised, and whilst generational change is occurring, this is largely characterised as slow, incomplete and sporadic across the region.

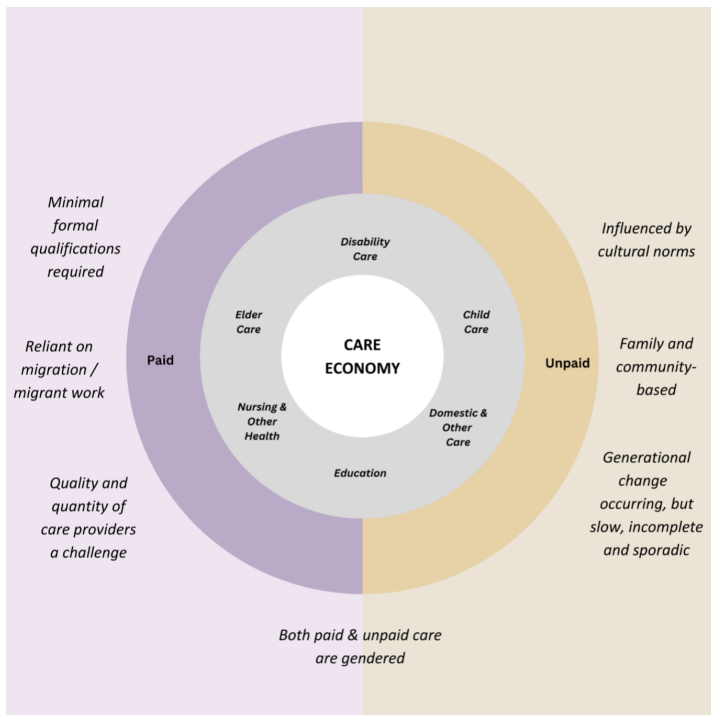
Substantial literature exists on the paid care economy and the many ways it reinforces gender inequalities, including: the over-representation of women generally in nursing and frontline care roles; under-representation of women in more senior roles and specialised medical positions; and devaluation of feminised, female-dominated care industries (childcare, education, nursing, and aged care, for instance).

Research on the unpaid care economy highlights similar gendered trends, including that the majority of unpaid care and domestic labour is undertaken by women, and that the need and expectation to undertake unpaid care and domestic labour inhibits women's full participation in the paid economy. **These trends are influenced by broader gender stereotypes and norms which suggest that**

caregiving is unskilled and naturally occurring to women, and therefore less valuable than other types of social and economic contributions.

Ultimately, gendered patterns in the care economy are dictated externally at a systems level but reinforced internally through the feminisation and female-dominated nature of the workforce, contributing to the devaluation and under recognition of care in both formal and informal settings.

A graphic visualisation of our definition of the care economy as applies to the case countries is demonstrated in **Figure 1: The Care Economy**.



For the purposes of this landscape study, we have sought an understanding of the gendered nature of both the paid and unpaid care economy. This is because the devaluation of care work generally

impacts wider gender equality, changing gender norms, and supporting women's greater economic empowerment. However, recognising the unpaid and domestic care burden disproportionately faced by women, this paper pays particular attention to unpaid and informal care as a key inhibitor of women's wider economic empowerment.



Gender stereotypes and norms [suggest] that caregiving is unskilled and naturally occurring to women, and therefore less valuable than other types of social and economic contributions”

The International Labour Organisation (ILO) defines the care economy as “diverse paid and unpaid work activities that provide direct and unpaid care for people needing support. This includes children, people with disabilities, and those who are elderly or sick. Provision of care includes self-care to support people to function capably, comfortably, and safely” (ILO, 2021, p. 3 in Asia Foundation, 2023).

In seeking localised definitions of the care economy, United Nations (UN) Women broadly uses the terminology of “unpaid care and domestic work” (see: UN Women's Progress of the World's Women 2015-2016 and UN Women's Policy Brief No. 5 on Redistributing unpaid care and sustaining quality care service).

In the Vietnamese context, this combined definition of unpaid care and domestic work has been supported by UN Women and the Australian Department of Foreign Affairs and Trade (DFAT) in their discussion paper *Unpaid Care and Domestic Work: Issues and Suggestions for Viet Nam* to describe such work as “work that is done in the home by family members for maintenance and well-being of family without pay,” noting it is “vital for both people's well-being and the functioning of the market-oriented economy” (2016, p. 6, 3).

Few explicit definitions of the care economy exist in the literature, programs and policy analysed in the Philippines and Indonesia. However, in its Comprehensive Framework on Care Economy, The Association of Southeast Asian Nations (ASEAN) expands the scope of the care economy beyond paid

and unpaid care work to include inter-related areas such as reskilling and upskilling employability in crucial care economy sectors, encouraging social entrepreneurship for the benefit of vulnerable groups, and transitioning to smart cities and homes. This broader focus recognises the links between investing in the care economy and building inclusive, resilient, and sustainable communities.

Through combining this with developing a strong foundation of childcare, aged care, disability care, and other types of traditional care work, ASEAN consequently seeks to enhance quality of life across the region by providing better access to quality care (ASEAN, 2021, p. 2). Of note in these localised definitions is the absence of explicit references to disability care, involving caring for those with physical and intellectual impairments, and other forms of care such as respite care and personal care. Whilst understandings of care in advanced care systems typically extend to these groups (Addati et al., 2018), it is unclear from the literature available whether this is the case in Vietnam, the Philippines and Indonesia.

Childcare is not explicitly defined by the three focus countries, perhaps as it is perceived to be a relatively uncontested term. Around the world, childcare is often referred to as ensuring children are in a safe environment and the provision of services including “healthcare and nutrition, water and sanitation, stimulation and responsive care and opportunities for early learning” (Bassett, Lombardi and Raghavan, 2022). Care of children can be formal (e.g., kindergarten or early learning centres) or informal (e.g., grandparents, friends, neighbours).

A commonality between aged care, childcare, and other types of care is their straddling of informal and formal spaces, with care in the three focus countries traditionally being provided in family and community settings (Hoang et al., 2012; Asia Foundation, 2023). By contrast, specific definitions of aged care are

offered in the three focus countries. Unlike childcare, aged care is a less commonly used concept due to the multiple layers of care which could be considered part of this system (Asian Development Bank, 2020). Meanwhile, Southeast Asian countries themselves are lacking in their own definitions of long-term care, posing an obstacle for policy reform (Tejativaddhana et al., 2022).

Working towards a comprehensive definition of aged care in Asia, the Asian Development Bank (2020) suggests that the following features are common to long-term care systems in the region: commitment to aging in place, the role of family, community, and older people themselves in caring for others, and a wide variety of nonfamily caregivers. Also of note is the aged care system's heavy reliance on paid domestic workers, who provide the most significant proportion of formal aged care work in the three focus countries.

Accurate definitions of aged care in Vietnam, the Philippines and Indonesia should reflect these contextual observations. The Asian Development Bank (2020) proposes that aged care can be broadly understood as “the support provided, and the activities undertaken by, informal caregivers (including family, friends, or neighbours) or by public, private, or voluntary sector providers to ensure that an older person can optimise their functional ability and maintain the highest possible quality of life”. Yeung and Thang (2018) describe specific activities involved in aged care, emphasising the role of support services like personal care, health care, social services, and rehabilitative care.

Overall, the literature reinforces that whilst there is some universality and unspoken understandings of some types of care, the provision of care and conceptualisation of a care economy are influenced by context. Indeed, whilst definitions of aged care are culturally specific and diverse, childcare is generally more straightforward and universal.

2

Key research trends



2 Key research trends

Care needs in Vietnam, the Philippines and Indonesia are rising and becoming more complex due to ageing and growing populations (e.g., Komazawa and Saito, 2021; Hayashi, 2019; ESCAP, 2022). Meanwhile, access to care and quality of care remain constrained by economic underdevelopment, weak governance, and cultural norms which place family at the centre of care in Southeast Asia (Devasahayam, 2009; Chan, 2020; Andrina and Kusumandari, 2022).

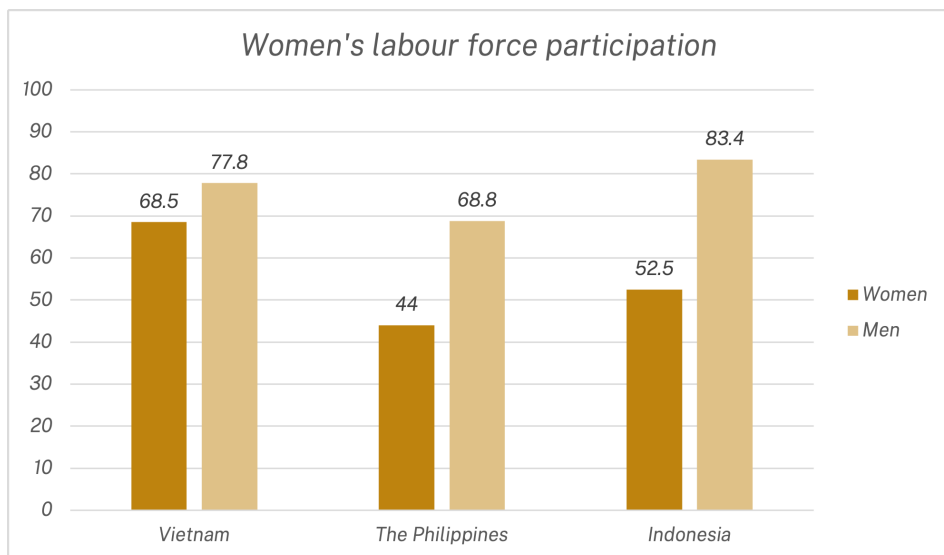
With this context and definition of care in mind, the literature review revealed several key research trends regarding the status of the care economy in Vietnam, the Philippines and Indonesia. These include the **effect of the care economy on women's labour force participation, cultural and historical influences on the gendered division of care, the increasing demand for care services, migration and the status of women in the formal care economy, generational shifts in attitudes towards gendered expectations of care work, and use of policy interventions.**

Each of these findings are expanded on in the section below and summarised in **Table 1** on the next page.

Table 1: The care economy and women's labour force participation

| Topic | Some of the key trends explored |
|--|--|
| Effect of the care economy on women's labour force participation | <ul style="list-style-type: none"> • Unpaid domestic duties impact women's ability to perform in the paid economy • Covid-19 placed an additional burden of care on women • Even when employed in the formal economy, women experience a 'double burden' of work in the home and in the paid economy |
| Cultural & historical influences on the gendered division of care | <ul style="list-style-type: none"> • Filial piety and entrenched social expectations mean that women take on the burden of unpaid care work • Care regimes are largely informal and family or communally based • The association of care work with voluntary work contributes to its devaluation |
| Increasing demand for care services | <ul style="list-style-type: none"> • Whilst labour force shifts are occurring (more women entering the workforce, and more male-dominated roles) and generational shifts are occurring, men are not necessarily taking on more care duties • This contributes to increasing care service demands (both in quality and quantity) |
| Migration and the status of women in the formal care economy | <ul style="list-style-type: none"> • The devaluing of women's work generally in society has implications for care workers in terms of pay, respect, recognition, security and safety • Migration patterns within the region are gendered and risk replicating gender inequalities • Richer families may be able to outsource some care responsibilities but this is largely possible by relying on the labour of other (often poorer) women, exacerbating gender and class challenges |
| Generational shifts in attitudes towards gendered expectations of care work | <ul style="list-style-type: none"> • Changes in how care is perceived (and who should be/is doing the work) are occurring across generations • However organic progress cannot be assumed nor guaranteed • Changes are sporadic, with most norms changes occurring in Vietnam and the Philippines • Even so, generational shifts do present an opportunity, given the large population of youth that comprises the case countries |
| Policy interventions | <ul style="list-style-type: none"> • Research on the effectiveness (evaluation) of policy or program interventions has significant limitations in terms of methodology and rigour • A range of measures have been adopted across the case countries (and globally) yet assessment of their impact / evaluation of program success remains a gap • Care in the context of class, sexuality, ethnicity, religion, rural / urban divides remain gaps |

Graph 1: Women's Labour Force Participation



Data sourced from the ILO 2021-2022. Note gender binary data only was available at time of writing, although we recognise that other gender identities may not be captured by this data.

Disparity in labour force participation rates between men and women due to the need to perform domestic care duties emerged as a key trend across the three focus countries.

In Indonesia, female labour force participation rates were 52.5 percent in 2022 (ILO, 2022), a number that is relatively low for the region and has remained constant for the past two decades. This leaves a gap of around 30 percent between men and women, one of the highest in the region (Ibid.). A World Bank study found that roughly 40 percent of women initially working in paid employment in Indonesia are no longer working after marriage and childbirth, with the **lack of affordable, quality childcare services identified as a major barrier** (O'Donnell, 2023).

The labour participation rate for women is...

53%
in Indonesia

44%
in the Philippines

69%
in Vietnam

There's a gendered gap in labour participation of...

30%
in Indonesia

25%
in the Philippines

9%
in Vietnam

A similar disparity is evident in the Philippines, where labour force participation was 44 percent for women and 68.8 percent for men in 2021 (ILO, 2021). Vietnam has the strongest labour force participation rates at 68.5 percent for women compared to 77.8 percent for men (ILO, 2022).

However, in all three focus countries, **social expectations that women should take on care work remains pervasive** and presents a significant barrier to women's formal employment and consequent economic empowerment. The Covid-19 pandemic placed more burden on women to undertake unpaid care work, hindering their capacity to participate in paid employment (ESCAP, 2022).

Even where women are in formal employment, women comprise 70 percent of the paid global healthcare workforce, which faced significant strain during the pandemic (UN Women, 2020). Women consequently took on greater paid and unpaid work throughout the pandemic, deepening gender inequalities. Entrenched social and cultural expectations around care duties therefore inhibit women's labour force participation and consequent economic empowerment.

Cultural and historical determinants of the gendered division of care in Vietnam, the Philippines and Indonesia

In broad terms, Southeast Asian cultures have traditionally treated genders relatively equally, although colonisation, shifting socio-cultural trends, and globalisation have diminished women's status in these countries. Academics argue that factors such as strong family networks, maternal and paternal lines of kinship, women's prominent role in indigenous rituals, and their dominance in local markets have historically allowed Southeast Asian women to maintain a high status relative to other women in the region (Devasahayam, 2009).



The influence of colonialism... can be linked to shifts in gender relations in the region, contributing to the subjugation of women and the perpetuation of enduring stereotypes”

Devasahayam (2021) paraphrases Wazir (2009) in describing how “the premise of unequal power generating gender hierarchies found in Western societies may not necessarily be relevant to Southeast Asia” (p. 3). As such, **the influence of colonialism and the spread of Confucianism, Daoism, Buddhism, Islam, and Christianity can be linked to shifts in gender relations in the region, contributing to the subjugation of women and the perpetuation of enduring stereotypes surrounding women’s primary roles as wives and mothers** (Andaya, n.d.; Devasahayam, 2009). This, alongside competing cultural norms and practices such as **filial piety, family-based care models and dowry transfers or “bride prices”** have increased the pressure and burden felt by women to act as primary caregivers for children and the elderly in the three focus countries.

While some of these traditions did not initiate as gender unequal practices, the influence of colonising and global cultures, demographic trends and migration patterns have made them evolve in such a way that the burden of care has shifted predominantly to women.

An exception to the above observation is Indonesia, which has a history of gender norms privileging men. This originates from kodrat, an ideology that positions women as child-bearers and the parent primarily responsible for family caring duties (Setyonaluri et al, 2021). Men are largely perceived as incapable of doing household chores and caring for children until they reach adulthood. By contrast, girls begin to take on domestic duties from a young age.

This reinforces the gendered division of care work and has resulted in the internalisation of patriarchal values among Indonesian women in modern society. **Women are heavily influenced by their parents and upbringing, and religion. In Islamic culture, mothers are considered the “first school” for their children, so often resign from formal employment to educate**

and care for young children (Ibid.). Moreover, Horowitz and Fetterolf's (2020) study of perspectives on egalitarian marriage in 34 countries revealed that only 49 percent of respondents in Indonesia thought a marriage where both the husband and wife have paid jobs and share domestic and care duties is preferred.

In comparison, 46 percent of respondents believed it was better for the husband to be the breadwinner while the wife assumes domestic and caring duties. To put this into perspective, the median across the 34 countries included in the study was 72 percent in favour of an equal division of household labour (Horowitz and Fetterolf, 2020).

Roshita, Schubert and Whittaker's (2012) study reveals similar gendered expectations in Indonesia, with women feeling obliged to take on childcare responsibilities where formal childcare services were unavailable or inadequate. Not a single respondent in this study suggested increasing the father's role in childcare and domestic tasks to ease the burden on women and allow them to engage in formal employment, illustrating the entrenchment of gender stereotypes surrounding divisions of labour in Indonesia.

Overall, care regimes in Southeast Asia are family oriented and still heavily informalised (Hoang et al., 2012; Asia Foundation, 2023). There is a **strong cultural aversion to care being provided from non-family-members** (ILO, 2018; Fiedler, 2020), with some associating the decision to outsource care with feelings of shame and negative self-esteem (Do-Le et al., 2002; Chan 2020). Furthermore, aged care systems are designed around the norm of filial piety – young care for old (Yeung and Thang, 2018).

Child-rearing is found to be one of the greatest barriers to women's labour force participation in what has been coined the "motherhood penalty" (ILO, 2023). Work to raise children and maintain their health, wellbeing and education is largely unpaid and



Not a single respondent in this study suggested increasing the father's role in childcare and domestic tasks to ease the burden on women and allow them to engage in formal employment”

Globally, the average time spent on unpaid care & domestic work every day is...

—
4.1 hours
for women

—
1.7 hours
for men

—
And compared to men, women spend...

—
2x more time
caring for the elderly

disproportionately carried out by women, a gendered divide which was exacerbated during Covid-19 when formal and informal childcare arrangements were disrupted (UN Women, 2020).

Family and community in cultural norms surrounding care is to the economic and social detriment of women. Data from 2020 revealed that globally, women spend an average of 4.1 hours per day on unpaid care and domestic work compared to only 1.7 hours for men (UN Women, 2020, p. 3). Information about time spent caring for the elderly is less well documented, as this group has not been disaggregated from broader questions surrounding care in time-use surveys from the region (ESCAP, 2021). Yet, an initial study suggests that women spend twice the amount of time on average than men caring for the elderly (ActionAid, 2017).

Attitudes towards gendered care work are shifting dramatically in the Philippines, and as explored in Part 3, a suite of legislative frameworks have been developed to support parents in accessing childcare services and flexible working arrangements (ESCAP, 2022).

The Philippines is considered one of the most gender-equal countries in the world (Abrigo and Francisco-Abrigo, 2019), ranking 19th overall in the 2022 Global Gender Gap Index and second in the Asia-Pacific region, behind New Zealand (World Economic Forum, 2022). However, gendered societal norms are still prevalent. Unpaid domestic work is not well documented, making it difficult to assess the disparity between men and women performing care duties. Women's relatively low labour force participation rate suggests that the substantial burden of unpaid care work may be a factor restricting women's participation in paid employment (ESCAP, 2022). The Covid-19 pandemic disproportionately increased the expectation on women to carry out unpaid care work in the Philippines (UN Women, 2020).

97% of women and 94% of men surveyed in Vietnam agreed that childcare is inherently a woman's duty

Similarly, gendered expectations contribute to the division of care work in Vietnam. In 2016, 90 percent of Vietnamese mothers identified domestic duties (including caring for children and elderly relatives) as the main reason for not working in formal employment (Dang, Hiraga and Nguyen, 2019). As is the case in Indonesia, women in Vietnam have internalised the perception that they are responsible for care giving. This is demonstrated by a study conducted by the Institute for Social Development Studies (ISDS), in which 97 percent of women and 94 percent of men agreed that childcare was inherently a woman's duty (ISDS, 2015). The same study found that twelve out of the fourteen domestic tasks included in the survey were carried out by women, including cooking and caring for senior or ill family members. Even in situations where they are the primary breadwinner, women are still expected to uphold gender norms. This systematic expectation has presented a major barrier for particularly women entrepreneurs in Vietnam, with mothers-in-law the staunchest upholders of gender norms, closely followed by women entrepreneurs themselves who feel it is their duty to carry out domestic care work (Mani-Kandt, 2022).

Finally, **social and community volunteering expectations have influenced norms that women play a prominent role in efforts to support the elderly and other vulnerable groups.** For instance, in Indonesia, the New Order regime encouraged women to take up unpaid social and caring duties in society through institutions like Dharma Wanita and the Family Welfare Movement (Do-Le et al., 2002).

Meanwhile, community and family-based care models in Vietnam continue to emphasise the role of volunteers, trained and untrained, in providing healthcare and personal care to the elderly (Komazawa and Saito, 2021). **The association of care work with volunteering in these countries perpetuates the idea that caring has little economic**



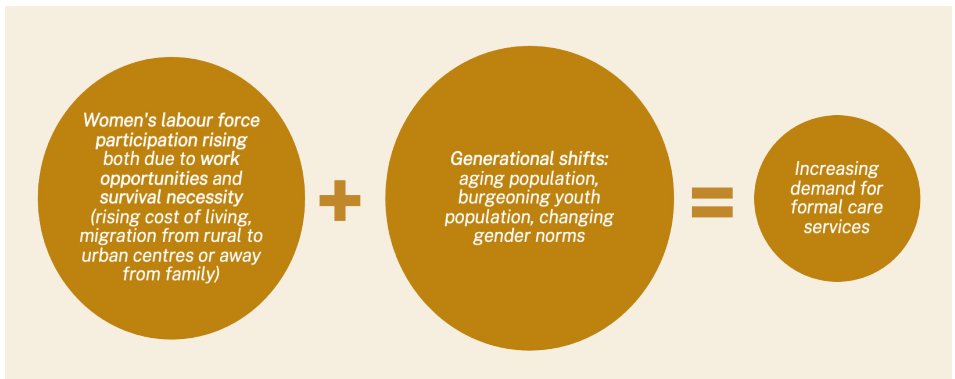
The association of care work with volunteering in these countries perpetuates the idea that caring has little economic value”

value, which has broader implications for women’s economic empowerment and social status (Do-Le et al., 2002). This expectation limits the ability of volunteers, typically women, to participate in the workforce. It is predicted that women living in rural areas are particularly likely to be affected by this due to a lack of institutionalised welfare and caregiving services in these regions (Hayashi, 2009).

A reliance on volunteers also poses issues for the quality of care, as volunteers lack the skills and training necessary to deal with the increasingly complex health needs of ageing populations (Komazawa and Saito, 2021). Altogether, the central role of volunteering in the aged care systems of Vietnam, the Philippines and Indonesia can be linked to poor outcomes for women and the elderly.

The increasing demand for formal care services

Figure 2: Increasing demand for formal care services



Although it is becoming more accepted for women to enter the labour force and generational shifts in attitudes are occurring, men are not necessarily taking on more domestic care duties. **This is contributing to demand for childcare services in Vietnam, the Philippines and Indonesia, which is only**



Despite rising demand, childcare services are largely insufficient and inadequate regarding both quantity and quality”

likely to increase as more women in Southeast Asia seek to enter the workforce, either by choice or out of necessity due to economic circumstances.

Rising costs of living are significantly impacting low-income families as both parents must often now work, frequently leaving children in inadequate care (Asia Foundation, 2023). In Vietnam, other factors driving the rising demand for formal childcare services include an aging population, with women increasingly bearing the double burden of caring for both children and elderly relatives. The need to migrate to cities to secure industrial and professional jobs is contributing to urbanisation. However, families usually leave behind grandparents and extended family, reducing access to the informal childcare support networks that proximity to relatives provides (International Finance Corporation, 2020).

In industrialised areas populated by working parents, the need for childcare services is particularly strong. Despite rising demand, childcare services are largely insufficient and inadequate regarding both quantity and quality (Ibid.). For example, preschool facilities in industrial areas of Ho Chi Minh are satisfying only two percent of demand (Ibid.). Factors including cost, proximity and quality influence a parent’s decision of whether to put their child into paid daycare services (Lupikawaty and Bemby, 2017; Asia Foundation, 2023). Moreover, legal frameworks and paid workforce supply are insufficient in the care sector, particularly concerning elder and disability care, which is not as highly prioritised by governments as childcare (Asia Foundation, 2023).

Despite these gaps, studies suggest demand for formal care services is strong in Vietnam. Limited research on this has been conducted in the Philippines and Indonesia, leaving a gap for future inquiry. Nonetheless, across the region an increasing number of women are entering the labour market, putting pressure on demand for

childcare, elderly care, improved care policies and services, as well as necessitating a shift in gender norms around the equal provision of care (ASEAN, 2021). Greater prioritisation of policies that make childcare available, affordable and of decent quality is therefore needed, alongside cultural and social norms-change interventions.

In addition to known gaps in childcare, an increasing outflow of migrant care workers is contributing to demand for aged care whilst reducing the supply of formal and informal care workers. Although limited research was found on the demand for formal aged care work in the three focus countries – with concepts of a “home for the aged” relatively uncommon (ERIA, 2019) – this is likely to change in the coming years.

In the
Philippines...

80%
of elderly
people approve
of residential
aged care
homes, but

75%
didn't want
to live there
themselves

The family is expected to feature less centrally as the main care provider for elderly people due to changes in social and cultural norms impacting traditional Vietnamese, Filipino and Indonesian family structures (Ibid.). This has been reflected in shifting attitudes towards aged care homes: in the Philippines, around eight in 10 elderly people approve of the idea of residential aged care homes, particularly for those who have no family to take care of them (Ibid.). That said, three out of four respondents did not want to live in these aged care homes themselves, demonstrating that whilst acceptance of the concept is rising, people would still prefer to age in place. Likewise, Vietnamese elderly people still have a negative view towards aged care homes (Chau, 2020), although contemporary shifts in filial piety and social services are anticipated to change this. Amongst Indonesians, the decreasing lack of availability of family members to provide care are leading some to re-think the role of non-family carers (Sari et al., 2016).

Altogether, the gendered implication of a greater demand for formal care services suggests more employment opportunities for women, given



The growing demand for care should be considered as an opportunity to set gender-responsive policy”

that they comprise the majority of the aged care workforce. This should be taken in concert with efforts to increase gender equality in care work – if care work continues to be devalued, greater workforce opportunities for women in aged care will not lead to more gender equal outcomes generally. The growing demand for care should be considered as an opportunity to set gender-responsive policy, ensuring the dual goals of meeting the needs of a) a rapidly ageing and growing population and b) promoting gender equality can be met.

Migration, the care economy and women’s economic status

Transnational labour migration is increasingly common in Asia, transforming caregiving arrangements for left-behind children and elderly people. The irony is that much of this transnational labour migration is of women entering the paid care economy in other countries.

Vietnam, the Philippines and Indonesia are major sources of migrant workers for host countries including Japan, Taiwan and Singapore (Graham, Jordan and Yeoh, 2015), as well as Canada and the United Arab Emirates. In the Philippines, the profession developed in the 1990s when Canada and other aging countries began to actively accept Filipino care workers (Ohno, 2012). Indonesia’s care migration program started in 1996, forming their first official partnership with the United Arab Emirates. Vietnam has also oriented its development strategy around exporting labour, despite criticism from the ILO that this exploits the most vulnerable (Komazawa and Saito, 2021).

Domestic and household work, which often involves caregiving responsibilities, cooking, cleaning and even limited educational roles, is the dominant profession for migrant women worldwide and in Asia (UN Women, 2012). It is estimated that tens of



It is estimated that tens of millions of children are being left behind by migrant parents, often for several years”

millions of children are being left behind by migrant parents, often for several years (Hoang, Yeoh and Wattie, 2012). Additionally, the exodus of skilled and better-educated aged care and domestic workers to wealthier economies may leave the elderly without carers, weakening aged care systems and transforming care arrangements in sending countries (Hayashi, 2009; Do-Le et al., 2002).

In the 21st century, all genders are migrating for work opportunities, yet the consequences for left-behind children and elderly people differ significantly depending on who migrates. Hoang et al. (2015) find that when fathers migrate, mothers usually continue to perform care duties for children, even if they are working themselves. However, when mothers migrate, fathers often seek external help from extended family members or friends, usually female, to take on childcaring duties.

Moreover, even in situations where the father takes on care duties while the mother is away, this change is not always sustained upon the mother’s return, especially in the Philippines (Hoang et al., 2015). Women’s economic empowerment can also be constrained when, as stay-behind carers, mothers become dependent on their migrant partner’s income for financial security (Graham, Jordan and Yeoh, 2015).

Whilst the literature regarding the gendered implications for the migration of aged care workers is less developed, it has been argued that the increasing outflow of skilled carers alongside increasing domestic demands for elderly care may heighten the burden of care placed on left-behind families and communities (Peng, 2017; Hayashi, 2009). Furthermore, the norm of filial piety is threatened by the migration of predominantly female aged care and domestic workers, which will continue to transform caregiving arrangements for the elderly in the future (Do-Le et al., 2002). **Transnational labour migration therefore disrupts the care**



Transnational labour migration therefore disrupts the care economy... driving 'care deficits' that ultimately increase the burden of care on left-behind women. "

economy in countries like Vietnam, the Philippines and Indonesia, which are exporting the same women that they rely upon to meet their own domestic care needs. This in turn is driving "care deficits" that ultimately increase the burden of care on left-behind women.

The conditions of care workers migrating to Japan, Singapore, and other super-aging populations, the majority of which are women (UN Women, 2012), have been well analysed and documented in the literature. From 2008 to 2011, 1,360 Indonesian and Filipino care worker candidates entered Japan under a care migration scheme, and the program has since been extended to include Vietnam (Ohno, 2012).

Japan has been criticised as a particularly harsh market for care workers due to the high linguistic and educational standards they must reach to become formally qualified and the low pay they receive compared to Japanese care staff (Ibid.). Migrant care staff who reach Japanese qualification standards are only guaranteed to receive the equivalent pay as Japanese care staff working without a licence, contributing to the devaluation of migrant women's work.

The Japanese aged care system has attempted to shift some of the costs of sponsoring candidates by imposing full-time work schedules and limited learning or "upward mobility" opportunities onto carers once they receive qualification (Ibid). The strategy of export-led growth using migration as a key economic input has only increased the demand for migrant care workers in other countries, where they can be used as cheap domestic labour (Huang et al., 2012). Many migrant care workers end up being classified as "domestic" care workers due to high barriers to qualification, meaning that they are often expected to fulfil household duties (cleaning, cooking, etc.) in addition to other forms of caregiving, whilst still being paid less than their non-migrant counterparts (UN Women, 2012; Huang et al., 2012).

Whilst the need to meet the global “care deficit” grows, pay and working conditions remain relatively stagnant. This indicates that the devaluing of care work undertaken by migrants may be working against the traditional logic of economics, which would suggest that greater demand would increase the wages of workers in the industry (Huang et al., 2012).

Vietnamese, Filipino and Indonesian women report being motivated to migrate for better work, more sustainable livelihoods, and to support themselves and their families (UN Women, 2012; Ohno, 2012). However, these expectations are often not fully realised, as migrants experience downward occupational mobility, are assigned to less-preferred tasks, and receive lower rates of pay compared to workers from the receiving country (e.g., Huang et al., 2012). Furthermore, the significant amount of undocumented female migrants means that many are working without labour rights (UN Women, 2012).

In Indonesia, migration bears increasingly negative connotations as many nurses report being exploited and treated as “servants” of the doctor they work with due to limited training opportunities available to immigrants (Ohno, 2012). As such, meeting the region’s “care deficit” with migrant female workers further contributes to the enduring devaluation of care work as a profession, as the formal care system increasingly becomes associated with underpaid and exploited young female migrants (Browne and Braun, 2008: 16 in Huang et al., 2012).

In the short-term, migrant women may earn a better wage than they would at home, but in the long-term, such migration patterns limit the ability of the formal care sector to be taken seriously as a skilled profession. The trends witnessed suggests that individual women may – in circumstances – benefit, yet fundamental systems of inequality remain largely unchallenged. Further, key social protections are often absent, exposing women care workers to



Migrant women may earn a better wage than they would at home, but in the long-term, such migration patterns limit the ability of the formal care sector to be taken seriously as a skilled profession.”

critical vulnerabilities. Thus, overarching gendered patterns in the care economy endure. The literature reinforces that research and policy work on the care economy – or migration – across the region requires a fundamentally gender-sensitive and norms-transformative approach to policy.

Professionalisation and regulation of the paid formal care economy

Building off the trends witnessed in migration patterns, **the professionalisation (or lack thereof) of the care economy across the case countries emerged as a recurring theme in the literature.**

The concept of care work as a profession is relatively new to Vietnam, the Philippines and Indonesia. Due to cultural norms surrounding the centrality of family and community to systems of care as well as economic underdevelopment, these three countries are still in the process of developing formal and institutionalised care systems for children and the elderly. Ohno (2012) writes that until the 1980s, the occupational category of “caregiver” was not familiar among Filipinos since care for the elderly was reserved for the family.

In Vietnam, caring for the elderly or sick has not traditionally been seen as an occupation, and in the past, only poor or low-status people would accept such work (Komazawa and Saito, 2021). Indonesian women and communities have long been at the forefront of elder care (Pratono and Maharani, 2018) and many Indonesians are still hesitant to use nursing homes, especially if there are family members to provide care (Do-Le et al., 2002). As such, the role and demand for care workers has largely been defined by external forces, namely people migrating to other countries to meet the global “care deficit”. Whilst Vietnamese, Filipino and Indonesian care workers could be considered the backbone of many national care systems in



Whilst Vietnamese, Filipino and Indonesian care workers could be considered the backbone of many national care systems in the world, in their own countries, their value and contributions have only recently been recognised as having economic value”

the world, in their own countries, their value and contributions have only recently been recognised as having economic value through the transformation of care into a paid, professional industry.

Reflecting the fact that care has only recently been professionalised, **aged and childcare qualifications and training in the three focus countries are lagging whilst paid care work remains undervalued, and other forms of care, like disability care, very poorly understood in the literature.**

In Vietnam, there are no approved qualifications for caregivers (Asian Development Bank, 2022) and only 956 health workers are trained in geriatrics across the country, which represents a significant shortfall. Consequently, most elderly care services continue to be provided by family members or volunteers lacking in formal care qualifications and training (Komazawa and Saito, 2021).

The reliance on under-qualified family networks for the provision of care is at odds with the increasingly complex health needs of the ageing populations in these three countries, leading to insufficient health outcomes for the elderly (Ibid.).

Vietnam's government is working to address a lack of training by expanding the Elderly Home Care volunteers program from four to twelve provinces to provide better education to informal carers (Royal Commission, 2020).

The dependence on unpaid labour limits the ability of such a program to set strong standards and regulations whilst adding to the administrative burden of volunteers and volunteer coordinators. Meanwhile, Indonesia's training programs for informal carers are very limited (Royal Commission, 2020) and the country generally has limited demand and supply of formally trained carers due to only having 142 nursing homes (ASEAN, 2000; Ohno, 2012).



The reliance on under-qualified family networks for the provision of care is at odds with the increasingly complex health needs of the ageing populations in these three countries”

Whilst the number of nursing schools has grown in the last 10 years, the quality of education has diminished (Komazawa and Saito, 2021). However, the Indonesian government is currently in the process of developing five levels of certified caregiver training focused on care workers (Asian Development Bank, 2022). Finally, whilst the Philippines has secured an international reputation for providing trained nurses to the global market, the quality of their training has also been called into question, with a jump in higher educational institutions offering nursing programs (Ohno, 2012). It is unclear what kind of training care workers aside from nurses receive in both Indonesia and the Philippines.

Due to a lack of formally trained care workers, paid domestic workers play a very important role in caring in Vietnam, the Philippines and Indonesia. They are the most significant proportion of the aged care workforce in these three countries, eclipsing those working in health and social work (Hayashi, 2019). In the three focus countries, it is common for housemaids and other types of domestic workers to be in charge of the long-term care of the elderly living at home (Hayashi, 2019; Huang et al., 2012). Additionally, domestic workers are cheap, provide around the clock assistance, and can be tasked with household duties such as cooking and cleaning (Yeoh and Huang, 2010).

In most Southeast Asian countries, aged care work has not traditionally been seen as a profession, but rather a familial obligation (Chan, 2020). As such, there is a lack of qualifications and training available in the aged care industry, further driving a reliance on domestic workers as a primary source of eldercare (Asian Development Bank, 2022; Ohno, 2012).

Vietnamese, Filipino and Indonesian migrant care workers often end up in the domestic household care sector due to lower administrative, linguistic, and educational barriers (Komazawa and Saito,



In most Southeast Asian countries, aged care work has not traditionally been seen as a profession, but rather a familial obligation”



Across the region, paid care workers, many of whom are women, are undervalued, underpaid, and have few employment benefits”

2021). Additionally, unlike in many Western countries, there appears to be a missing role for trained aged care workers that are not formally qualified medical practitioners, such as nurses and doctors. Altogether, the combination of entrenched cultural norms and lack of quantity (or quality) of professional qualifications and employment structure within the formal care economy lead domestic care workers to take on significant amounts of paid care work in Vietnam, the Philippines and Indonesia.

The literature reveals that as well as **disproportionately bearing the burden of informal care work**, women in Southeast Asia are **over-represented in the formal care sector**. **Across the region, paid care workers, many of whom are women, are undervalued, underpaid, and have few employment benefits** (Asia Foundation, 2023). Similar to what is seen in the formal aged care sector, childcare workers often lack qualifications and access to training opportunities, as revealed by UNICEF’s (2019) study of investment in childcare in Vietnam.

Even where government policies aimed at improving working conditions and quality of childcare exist, as is evident in the Philippines (ESCAP, 2022), these policies and legislation are only weakly enforced (Asia Foundation, 2023). Moreover, data on paid childcare workers is insufficient to inform effective, inclusive care policies and programs that adequately address issues such as access, costs, and quality (Ibid.).

Across the literature, significant attention is given to the effect of unpaid domestic care burdens on women’s ability to participate in the labour force, but not to research on who is working in the formal care sector. As discussed later, demand for formal childcare services is increasing across Vietnam, the Philippines and Indonesia, yet formal services are inadequate to meet this demand (International Finance Corporation, 2020). The literature therefore

suggests that greater training, resources, data, and an emphasis in policies and society on the value of formal care work are needed in all three focus countries.

Generational shifts in attitudes towards gender norms and labour force participation

Despite significant cultural barriers, a shift in generational attitudes around care work is evident in the literature. **Studies in each focus country have revealed a trend towards more equal divisions of labour between genders, challenging deeply entrenched gender norms.**

The ISDS 2015 study of social determinants of gender inequality in Vietnam found that although traditional gender roles and stereotypes are still prominent across all levels of society, younger age groups are increasingly leaning towards more gender equal division of domestic labour (ISDS, 2015). This is demonstrated by the finding that 36.7 percent of 26- to 50-year-olds interviewed in a CARE study in Vietnam agreed that women should be the primary caregiver in the family. By comparison, this number was 76.6 percent for those aged over 51 (Mani-Kandt, 2022).

A similar generational shift is occurring in the Philippines. In 2022, 57 percent of the current generation (couples and parents with children at home) are sharing childcare duties equally compared to 30 percent of the previous generation. This figure is expected to change more dramatically in the future, with 92 percent of future generation women (defined in this study as millennials who do not yet have partners or children) and 82 percent of future generation men in the Philippines reporting that they would be inclined to share childcare duties equally (ESCAP, 2022, p. 9).

In Vietnam **37%** of 26-50-year-olds said women should be the family's primary caregiver compared to **77%** of those over 51

In Indonesia,
the % of young
adult men doing
domestic work
was...

55%
in 2019

68%
in 2020

Attitudes towards the gendered division of unpaid labour are not shifting as much in Indonesia as they are in Vietnam or the Philippines. There is evidence that men are increasingly undertaking domestic care duties in Indonesia, with 55 percent of young adult men doing domestic work in 2019. This figure rose to 68.4 percent in 2020 (Setyonaluri et al, 2021). Nonetheless, traditional gender roles remain pervasive among the younger generations. The ideal woman is considered to be one who can care for children, her husband and the house, regardless of whether she is employed in the formal sector (Ibid.). Meanwhile, the ideal man is seen as the breadwinner. When women do work, it is expected that this is for financial reasons and out of necessity to support the family (Ibid.).

At a global level, a study of 34 countries (including Indonesia and the Philippines) on attitudes towards egalitarian marriage found that people below 30 were more inclined than those over 50 to agree that an egalitarian marriage is a more satisfying way of life (Horowitz and Fetterolf, 2020). Attitudes towards the gendered division of unpaid labour in Vietnam, the Philippines and Indonesia are therefore shifting as younger generations enter the workforce and start their own families. However, further efforts are still needed to transform cultural norms so that future generations experience more equal divisions of unpaid care work, particularly in Indonesia where the gender divide is more strongly engrained.

The literature highlights gaps in understand what potential impact these changing generational shifts may have, particularly given Southeast Asia remains to have one of the largest youth populations in the world. **Generational norms shifts could have a substantive impact on the future care trends in the case countries – however the scope and depth of this impact, particularly with/without intervention, has not been effectively measured.**

An intersectional approach to care

Vietnam, the Philippines and Indonesia still have significant swathes of their population living in rural and remote areas. In such places, access to institutionalised care systems is limited due to practical and cultural reasons. **This geographic intersectional aspect of the care economy creates a further challenge in improving access to care services**, as noted by ESCAP (2022) in its study of the care economy in the Philippines.

In Vietnam, about two-thirds of the elderly were living in rural areas as of 2015 (Komazawa and Saito, 2021), suggesting that the burden of care placed upon rural women may be significantly larger than elsewhere in the country. Access to childcare facilities is limited in Vietnam, with only 26 percent of rural villages having early childcare centres and 35 percent of rural children attending childcare, while this figure was 44 percent for urban children in 2016 (Dang, Hiraga and Nguyen, 2019).

In Indonesia, disadvantaged, remote, border, island, and less-desirable areas do not utilise the healthcare workforce as much as cities, leading to a high concentration of care staff in metropolitan areas and a shortage elsewhere (Ministry of Health Republic Indonesia, 2017). Early childhood education in urban and rural areas of Indonesia has received more attention in the past decade, however reliance on community-level implementation means there are major disparities in the distribution of childcare centres across the country.

Rural areas have less access to facilities and training centres for educators, reflecting regional inequalities (Octarra and Hendriati, 2017). Additionally, Charmes (2019) notes that women doing unpaid work are more prevalent in rural areas than urban areas. Despite this, gaps remain in understanding urban/rural care needs and the effect of localised norms and interventions across the case countries.

Class is also implicated in care work. Poorer women with fewer socio-economic resources have less options to navigate care. Families rich enough can outsource their care work to others (often, poorer women). Patterns of inequality are reproduced through this mechanism. Many formal care options available to families (day care or kindergarten for instance) are largely inaccessible to those without socio-economic resources to support their use. This contributes to a classed crisis of care, although significant research gaps exist in understanding the depth and nature of this issue.

Many more intersectional gaps exist for research and policy development, including in understanding experiences and circumstances of LGBTIQ+ carers, as well as differences across ethnic and religious communities. Whilst care work is not specifically mentioned in this study, the ILO found that migration in Southeast Asia provides migrant workers of diverse sexual orientations, gender identities and expression (SOGIE) a higher quality of life, whilst noting that they still experience discrimination at multiple levels (ILO, 2022). **Current policy and research on care does not always mainstream intersectionality (understanding the interplay of gender, race, class, and so on) in Southeast Asia, although this is a critical priority.**



More investment in care could create over 10 million jobs in Indonesia” representing an opportunity to implement gender responsive policy at a time where the formal care system remains relatively underdeveloped”

Understanding policy approaches and interventions

In the literature, gaps remain in understanding “what works” when it comes to care that does not continue to perpetuate gender inequalities across different contexts and interventions. This is a substantial and needed opportunity for investment – particularly in mapping disparate, disconnected, and localised interventions.

According to the ILO (2022), more investment in care could create over 10 million jobs in Indonesia,

representing an opportunity to implement gender responsive policy at a time where the formal care system remains relatively underdeveloped (Tejativaddhana et al., 2022). Given that ageing populations are projected to rise in the case countries, governments will have to expand and strengthen their long-term care approaches beyond the realm of the family (Abalo et al., 2018; Hayashi, 2019).

Whilst the case countries' governments have enshrined family as the basis of their aged care systems, they are also taking steps to provide financial and wellbeing support for those who may not have families and communities to take care of them (Nerine and Lauranti, n.d.; Asian Development Bank, 2022). This indicates that the timing is right to have greater influence on care regimes in the region – particularly once it is established what interventions may have the highest chance of success in context.

Whilst the data is limited, many countries, including the three focus countries, have seen some success from using social policy to target gender norms. For instance, Oxfam Philippines has taken steps to recognise and encourage men to step up and respond to the call for equality in doing unpaid care work with their respective partner through the #FlexYourHouseHusband social media challenge. In the digital age, it is increasingly easy to affect change through such channels and reach a large proportion of the population.

Outside of the three focus countries, targeted interventions with young people have been successful. For instance, in India, the International Center for Research on Women developed the Gender Equity Movement in Schools program for teenagers. Students who participated showed changes in attitudes towards gender roles, increased support for a higher marriage age for girls, and for greater involvement of men in household work, as well as increased opposition to both gender

discrimination and the use of violence (ActionAid, 2017).

Also in India, a study by Grossbard (2017) looked at material incentives surrounding the provision of eldercare. It examined the role of dowry transfers and bride prices (a practice which still occurs in some marriages across the case countries) to find that decreasing the dowry reduces daughter's/daughter-in-law's feelings of care obligations towards their in-laws. This implies that women may be freed from some of their caregiving responsibilities where this custom is minimised or removed.

Oxfam's Women's Economic Empowerment and Care (WE-Care) program sought to support women and girls to have more choice and agency over their time use, finding that after two years the project had both reduced women's time spent on care and promoted recognition of unpaid care in policies at local level (Oxfam, 2020). In Australia, a trial of the four-day work week evaluated by think tank Per Capita (2023) found that the trial increased the amount of time spent caring for children for two thirds of men, whilst 15 percent of women reported they were able to spend less time caring for children, even as they enjoyed reduced work hours. The trial further found that men reported spending 66 percent more time caring for children than before the trial.

Canada has enshrined reducing gender inequalities in care work through international aid, focusing on projects that focus on the "five Rs": "recognizing the value of unpaid and poorly paid care work; reducing drudgery and hours spent on unpaid care work; redistributing responsibility for care work more equitably, both within the household and outside it; ensuring unpaid and paid care workers are represented and have a voice, and; responding to the rights and needs of unpaid and paid care workers" (Government of Canada, 2023). This is based off an evidence base that focuses on the need for

recognition, reduction, and redistribution of unpaid care work (Elson, 2017).

New infrastructure (by way of formal childcare offered, for instance) and time- and labour-saving technologies go part way to addressing the care gender gap. Policies (and enforcement of policies) surrounding caring responsibilities is also crucial, with exposure to best practices through formal (e.g., legislation) and informal channels (e.g., conversations, role models, the media) important. Critical data is missing on the use or potential impact of subsidies (Dang et al 2022).

That said, in much research on interventions targeting gender norms and gendered behaviour, the quality of research can sometimes be poor due to sampling errors and poor survey techniques (Guthridge et al., 2022). Many interventions (policy and program) across the region remain un- or under-evaluated, particularly by a third-party, and particularly in peer-reviewed publications. Whilst gender norm interventions demonstrate some promise, they must carefully consider the contexts of Vietnam, the Philippines and Indonesia as well as leading literature on best practice. Interventions often lack a Theory of Change (ToC), which can further impact the ability to evaluate a program's success or failure.

Studies on how a ToC empowers the successful implementation of gender equality policies are prevalent in the literature (see: Mayne & Johnson, 2015, Rog, 2012). A ToC “facilitates the development of a shared understanding of how and why a program creates change; serves as a conceptual framework for monitoring and evaluating whether a program works; serves as a powerful communication framework to explain a program to stakeholders (and); enables constructive feedback on program design and implementation processes” (Goyal et al., 2010, p. 7).

A lack of a ToC can pose a challenge for program evaluation as it is difficult to assess progress without clearly defined goals and a program logic that is evidence-based and targeted. Whilst further research is needed, the literature is clear that embedding evaluation, and incorporating contextually specific interventions that consider cultural and religious practices, is critical.



3 Who is doing what?



3 Who is doing what in the care economy?



Care policies and programs are often spread across different government agencies, which operate in silos and therefore lack a coordinated approach to improving the care economy and satisfying demand for care services”

Besides communal and family systems already mentioned, four main actors are involved in the provision of care and/or development of relevant policies and interventions in Vietnam, the Philippines and Indonesia: government, non-government organisations (NGOs), international organisations, and the private sector. National governments in the three focus countries facilitate some state-run aspects of care, particularly childcare facilities as well as any mandated leave provisions or financial incentives. However, their role remains relatively small due to economic underdevelopment and cultural norms surrounding care provision, which has long been provided informally by families and communities.

Care policies and programs are often spread across different government agencies, which operate in silos and therefore lack a coordinated approach to improving the care economy and satisfying demand for care services (Asia Foundation, 2023). Despite these challenges, the Covid-19 pandemic highlighted the importance of a strong care economy for economic and social progress and wellbeing, putting care at the centre of public policy (ASEAN, 2021).

The links between the formal/informal care economy and development have also seen NGOs and international organisations heavily involved in the funding and implementation of care initiatives. For instance, in the Philippines, 29 of 33 aged care homes are run by NGOs or private social welfare organisations (Department of Social Welfare, 2019), and more than 400 social organisations dealing with the elderly have been registered in Indonesia (Do-Le et al., 2002). Finally, the private sector has also stepped up to some extent to meet the rising

challenges surrounding care across the region, and business more generally also plays a role in meeting regulations/policies/laws that could support more equitable caring arrangements.

The following section outlines key initiatives in Vietnam, the Philippines and Indonesia in the care economy, with a summary provided in **Table 2**.

Table 2: Who is doing what in the care economy

| Actor | Key roles |
|--|---|
| Government | <ul style="list-style-type: none"> • Laws, policy and regulations • Enforcement • Messaging around care economy • Limited research (e.g. time use surveys etc.) • Provision of some state-run care • Some quality assurance • Funding |
| Non-government organisations (NGOs) | <ul style="list-style-type: none"> • Trialling and/or running on-ground interventions • Limited monitoring and evaluation • Policy influence • Funding |
| International organisations (IOs) | <ul style="list-style-type: none"> • Benchmarking • Setting the policy/research agenda • Trialling on-ground interventions • Limited monitoring and evaluation • Limited research (e.g. time use surveys etc.) • Policy influence • Funding |
| Private sector | <ul style="list-style-type: none"> • Provision of private sector care • Meeting care-related regulations and/or legal/policy/ workplace obligations • Lobbying government • Trialling policies and interventions • Monitoring and evaluation, where witnessed, more likely to be internal (not public) |

3.1 Government

This section discusses government policies and interventions regarding care work in the case countries.

Vietnam

In Vietnam only **20%** of children were enrolled in pre-primary education in 2020

Early childhood education, an integral part of the care economy, is centrally controlled by the government in Vietnam. The Education Law and Law on Child Protection and Care stipulate government policies on early childhood education, and expenditure on education was 15.4 percent of total government spending in 2022 (World Bank, 2022). The Australian Government's total expenditure on education was 14.4 percent in 2020 by comparison (Ibid.).

Despite prioritising childcare to boost the care economy, there are significant gaps between areas and regions in Vietnam regarding equitable access to education services, health care, and social assistance for children (UNICEF, 2019). On average, only 22.7 percent of Vietnamese children were enrolled in pre-primary education facilities in 2020 (International Finance Corporation, 2020). However, research by the International Finance Corporation (2020) suggests it is a lack of services rather than unwillingness of parents driving this low enrolment rate. This has significant ramifications for the care economy as it prevents parents, usually mothers, from entering the formal labour force. Consequently, women assume responsibility for childcaring, reinforcing historical gender norms.

Despite its efforts and commitments to increase the proportion of children under three in preschool to 35 percent by 2025 (Ibid.), the Vietnamese Government is not meeting the rising demand for care services, particularly in areas of urbanisation. This hinders the development of the care economy.



This system heavily utilises informal carers, primarily women, to provide the majority of primary care for elderly people. There are no home care or informal care supports and family carers do not receive benefits”

Vietnam has a limited state-run aged care system. The Law on the Elderly (Law No. 39/2009/QH12) saw a number of initiatives being implemented to support the elderly, including social patronage policies for older people from low-income families or without family members to support them, which include a monthly allowance, healthcare benefits and potentially access to elderly-caretaking establishments (ActionAid, 2017). However, this system heavily utilises informal carers, primarily women, to provide the majority of primary care for elderly people. There are no home care or informal care supports and family carers do not receive benefits, except for in special circumstances (Royal Commission, 2020).

The responsibility for quality assurance rests at a federal level with the Ministry of Labour, Invalids and Social Affairs. Responsibilities include prescribing professional standards for and training of care workers, although training is not yet mandated. The Ministry of Health and Ministry of Labour, Invalids and Social Affairs both also provide the programs with long-term care service elements. In Vietnam, NGOs and the private sector play a role in care delivery, but the fragmented nature of the national long-term care model and a lack of cross-service integration prevents effective coordination (Asian Development Bank, 2022).

The Philippines

The Filipino Government has introduced several legislative frameworks and policies in the past 30 years to support informal care work and promote women’s equal integration into society. The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) examines some of these laws in its country case study of unpaid care and domestic work in the Philippines (ESCAP, 2022).

The Women in Nation Building Act 1995 seeks to promote women's equal integration in society and includes a provision acknowledging unpaid care work and entitling women to a voluntary Home Development Fund allowance. The Solo Parents' Welfare Act 2000 created a program of services for single parents and their children to provide social protection, livelihood assistance, counselling and legal services. The Act was expanded in 2022 to increase benefits and broaden the definition of solo parents. Another relevant law is the Early Childhood Care and Development Act 2002 which protects the rights of children to survival, development and special protection, and supports parents as primary caregivers. This includes health, nutrition, early education and social services programs, ultimately promoting the growth and wellbeing of young children.



Whilst some older Filipinos are entitled to benefits and privileges... long-term care for the family still relies primarily on the family”

The 2009 ratification of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) through Republic Act No. 9710, also known as the Magna Carta of Women, is the most comprehensive piece of legislation in the Philippines targeted at gender equality. In relation to the care economy, the Magna Carta of Women specifies provisions around gender balance in government, paid leave benefits, non-discrimination in employment, and equal access to education and training. In addition, the Magna Carta allows for existing legislation, like the Family Code, to be reviewed through a gendered lens, and prioritises new policies and programs pertaining to women's care work. Nevertheless, the 1987 Philippine Constitution still states that “the family has the duty to care for its elderly members”, which, as discussed, has heavy gendered implications. Whilst some older Filipinos are entitled to benefits and privileges through the enactment of Republic Act No. (RA) 9994 or the Expanded Senior Citizens Act of 2010, long-term care for the family still relies primarily on the family (Abalos et al., 2018).

The Philippines has a Commission on Women which works to advance women's rights, and care policy responses implemented by the Filipino Government include care infrastructure (transport, schools, hospitals, health centres), social protections, services (e.g., every barangay/village must have a daycare, and workplace creches are prioritised to support women's employment), and employment-related care policies (e.g., 15 weeks maternity leave). Additionally, the government runs four aged-care facilities (Department of Social Welfare and Development, 2019).



“Entrenched cultural gender norms remain the greatest barrier to making the Filipino care economy more equal”

However, although the Philippines has extensive legislation and policies to support the care economy and promote gender equality, implementation of these frameworks is sometimes weak and monitoring and evaluation mechanisms are limited. Resource shortages and a lack of champions for gender equality within government further inhibit efforts to enhance the care economy, and entrenched cultural gender norms remain the greatest barrier to making the Filipino care economy more equal (ESCAP, 2022). Finally, limited investment in the aged care sector due to laws and norms which centralise the role of the family as caregivers indirectly restrict women's economic and social development.

Indonesia

Current research largely suggests that the Indonesian Government needs to do more to support childcare and the care economy in general (Andrina and Kusumandari, 2022; O'Donnell, 2023). Unlike Vietnam, early childhood education is decentralised in Indonesia, meaning local governments and communities have primary responsibility for providing education services (Octarra and Hendriati, 2017). This can result in widened social inequalities and unequal access to childcare services, which are critical for boosting the care economy.



Early childhood education is decentralised in Indonesia... This can result in widened social inequalities and unequal access to childcare services, which are critical for boosting the care economy”

Decentralisation is also an issue in aged care, with community health centres being the main providers of health care and long-term care for elderly people (Royal Commission, 2020). Minimum requirements for provision are often not met at these centres as service is heavily affected by local government, untrained volunteers, and local leadership. Existing initiatives are also limited in terms of funds and resources and tend to focus on the poor elderly with specific problems rather than the elderly population at large (Do-Le et al., 2002).

Despite these challenges, the Indonesian Government has made some efforts to improve access to childcare and aged care. For example, the Early Childhood Care and Education Programme (ECCE) was launched in 2016. Jointly run by the Indonesian Government and UNICEF with funding contributions from the New Zealand Government, the ECCE aims to reach 7,400 children from three to six years old by establishing 100 community-based early childhood centres in Kupang District. After this pilot phase, the Government aspires to implement the ECCE nationally, benefitting 16 million children. The scheme also provides parents with access to parenting programs about childcare, nutrition, and learning (Karana, 2016). Additionally, the National Program for Community Empowerment aims to improve access to childcare, health services, and education for low-income families.

Indonesia's National Social Security System has also expanded its coverage to include health services for older people, which aims to improve the access to healthcare for elderly population. (Nerine and Lauranti, n.d.) As with the Philippines and Vietnam, greater government support, coordination and resources are needed to enhance the care economy, particularly concerning the provision of quality childcare and aged care services to reduce the burden of unpaid care work that predominantly falls on women.

3.2 NGOs and International Organisations

Table 3 below expands on some of the work being done across NGOs and international organisations to develop the care economy in Vietnam, the Philippines and Indonesia.

Table 3: The role of NGOs and international organisations in the care economy across Vietnam, the Philippines and Indonesia

| Organisation | Key responsibilities & activities | Examples of initiatives |
|---|---|---|
| Nursing associations (Philippine Nurses Association, Indonesian National Nurses Association, Vietnam Nurse Association) | Promotion & professional development of nurses. | Making statements and recommendations about various care worker migration programs. For instance, in 2009, the Philippine Nurses Association stated in response to their EPA agreement with Japan that “the language skills required by the [EPA] are so high as to constitute an almost impenetrable barrier to our entry”. |
| The World Bank | Funding of initiatives and provision of technical assistance, including gender equality projects. | <p>In 2021, the World Bank signed an \$AU740,000 grant with the State Bank of Vietnam to support the implementation of a nationwide time-use survey that aims to help close data gaps in gender policymaking.</p> <p>In 2022, the World Bank hosted a webinar ‘Investing in Childcare: Encouraging Policies to Support Women’s Participation in the Labor Force’ as part of a Gender Engagement Plan to reduce the female labour force participation gap in Indonesia.</p> <p>In 2023, published a report titled ‘Economic Gains from Investing in Childcare: The Case of Indonesia’.</p> |
| CARE International | Humanitarian work with a strong focus on uplifting poor women and girls. | <p>In 2023, CARE and the Embassy of Canada hosted an event on achievements and lessons learnt of their project in tackling the burden of unpaid care and domestic work in minority ethnic households.</p> <p>In 2021, delivered the Project Advancing Women Economic Empowerment in Vietnam, undertaking a baseline time</p> |

Table 3 contd.

| Organisation | Key responsibilities & activities | Examples of initiatives |
|---|---|---|
| PLAN International | Creating a better living and working environment, economic security and solid position for girls and young women in modern society. | In Vietnam, ongoing early childhood care initiatives such as nutrition pilot programs for malnourished children in selected communes in Quang Binh and Quang Ngai province and the provision of village birth attendants in Ha Giang province. |
| Association of Southeast Asian Nations (ASEAN) | Setting frameworks and definitions regarding the care economy. Coordinating regional action and policy. | <p>In 2022, The ASEAN Secretariat organised the 18th Coordinating Conference on the ASEAN Socio-Cultural Community (18th SOC-COM) on 24 May under the theme 'Promoting and Implementing the Care Economy in ASEAN'.</p> <p>In 2021, they published 'Comprehensive framework on the care economy' and 'Addressing unpaid care work in ASEAN'. The Framework seeks to guide development of the care economy in response to complex crises and challenges, furthering sustainable development.</p> |
| International Labour Organisation | Advocating for investment in care as a driver of economic growth. Heavily involved in policy analysis and research. | <p>Profiled Indonesia in their 2022 report 'Care at Work: Investing in care leave and services for a more equal world of work'. The report estimated that greater investment in care could create more than 10 million jobs in the country.</p> <p>The ILO sets standards for working conditions (e.g., 14 weeks of maternity leave).</p> |
| HelpAge International | Delivering a global network of organisations working with and for older people. Providing technical assistance, policy analysis and research, and undertaking advocacy. | <p>Every two years, the HelpAge Network hosts an Asia Pacific regional conference on ageing with a view to developing consensus and promoting collaboration on key themes that reflect the emerging issues in the region.</p> <p>HelpAge has produced a gender equality toolkit in line with their 2030 Strategy to promote gender equality in their aged care networks.</p> |

Table 3 contd.

| Organisation | Key responsibilities & activities | Examples of initiatives |
|------------------------|---|--|
| The Asia Foundation | Working across the region to promote women's empowerment and gender equality amongst other goals. | <p>The Asia Foundation and a consortium of partners convened a high-level dialogue on the care economy on the eve of the 2022 G20 Leaders' Summit in Bali. The Bali Care Economy Dialogue took place from November 12-14 and included nearly 80 experts from the government, the private sector, and civil society to focus on effective policies and strategies for building resilient care systems.</p> <p>Released a report in 2023 titled 'Towards a Resilient Care Ecosystem in Asia and the Pacific', which examines the care economy in the Asia-Pacific region and incorporates insights from the Bali Dialogue.</p> |
| Oxfam | Humanitarian work, research and resources focused on alleviating global poverty. | <p>The Women's Economic Empowerment and Care (WE-Care) program has been working since 2013 to reignite progress on gender equality by addressing heavy and unequal unpaid care and domestic work. A primary focus was water infrastructure. In the Philippines, women reported spending two hours less on unpaid care because of this intervention.</p> <p>Oxfam Philippines has taken steps to recognize and encourage men to step up and respond to the call for equality in doing unpaid care work with their respective partner. The webinar "Usapang Gawaing Bahay sa Panahon ng Pandemya" ("Talks on Housework in the Times of a Pandemic") was launched alongside the #FlexYourHouseband Challenge.</p> |
| Asian Development Bank | Assisting members and partners by providing loans, technical assistance, grants, and equity investments to promote social and economic development. | <p>Conducted gender equality result evaluations for health projects it has funded in Vietnam.</p> <p>In 2022, produced a 'roadmap' to better long-term care in Indonesia and Vietnam acknowledging the role of women in aged care systems.</p> <p>In 2013, published a report on gender equality in the Philippines labour market in which it referenced unpaid domestic and care work burden as a major gender gap.</p> |

Table 3 contd.

| Organisation | Key responsibilities & activities | Examples of initiatives |
|---|--|---|
| Intergenerational Self-Help Club | Providing self-care and home care to the elderly in Vietnam. | 3,200 facilities across the country that provide annual health checks, home care, income generation, cultural activities, fundraising, self-help and, education and community support activities to the elderly. |
| Counting Women's Work | Estimates economic flows by age and sex to evaluate the size of women's formal and informal contributions to the economy. | Conducted a small-scale time use survey centered on urban Vietnam from 2014 to 2015. |
| ActionAid Vietnam | Research and advocacy on various issues, including unpaid care work and its impact on the economy | Since 2015, ActionAid Vietnam has been undertaking a long-term research and advocacy program focusing on unpaid care work and the impact that unequal distribution of unpaid care has on women, men, society, and the economy. This program has several components, including a time-diary survey, community behaviour-change initiatives, policy analysis and advocacy. |
| UN Women | Setting global standards for gender equality and working with governments and civil society to design laws, policies, programs and services that promote this. | In 2023, launched The Gender-Inclusive Care Entrepreneurship Ecosystem Program to help women turn the persistent and disproportionate responsibility for unpaid care work into business opportunities and pathways towards full economic participation. Women-led business and women-benefitting enterprises in the care economy are encouraged to apply and join a 10-month business acceleration program. |
| UNICEF | Promoting and advocating for the rights of children, as well as conducting research and producing reports on the state of the world's children. | In 2016, UNICEF and the Indonesian Government jointly launched the Early Childhood Care and Education Programme (ECCE). Supported financially by the New Zealand Government, the ECCE aims to increase access to early childhood centres across Indonesia and establish parenting programs about childcare, nutrition, and learning. UNICEF produces an annual report titled 'The State of the World's Children', which includes information about early childhood education and whether children are receiving adequate care. |

3.3 The private sector

To meet the market demand, the private sector is increasingly seizing opportunities within the care economy – whether through providing childcare, aged care, or other forms of domestic care (alongside existing well-developed medical and educational care).

Examples of private sector activity in the care economy includes: national or transnational services (e.g. linking people in need of care with carers – both through traditional domestic worker agencies and through app-based enterprises); provision of free-standing care facilities (aged care, child care, medical/nursing, educational); provision of employee care facilities (e.g. childcare services hosted by an employee’s employer), and; implementation of national/international policy (where it exists – e.g. leave policies, flex time, etc).

The Centre for Global Development highlights the importance of government, NGOs and the private sector working in partnership to tackling critical childcare shortages (O’Donnell & Mishra 2022). They also note that “[p]rivate investors will need to finance the creation and growth of childcare businesses, and employers will need to invest resources to support the childcare needs of their workers. Even in the face of constrained fiscal space, childcare is a cost effective investment, with potentially significant returns for labour force participation, tax revenue, and GDP” (Ibid., para 6).

The private sector also has a role to play in enabling effective quality-assurance, compliance with regulation, testing interventions, and evaluation of program/intervention effectiveness. This means that even those not involved in the care economy have a role to play in ensuring their workplace is carer-friendly and has adequate rights and protections. Substantial gaps remain in understanding the private



Substantial gaps remain in understanding the private sector’s role in the care economy, particularly in reducing the perpetuation of gendered inequalities”

sector's role in the care economy, particularly in reducing the perpetuation of gendered inequalities.

Gaps also exist in understanding the effectiveness of private sector policies and programs (leave policies/ practices for instance) and their impact on gender equality. Gaps remain in understanding enabling factors that would both grow the care industry and grow it in the right direction.



4 Key gaps



4 Key gaps

We identified several key research, policy and practice gaps in the care economy literature, creating opportunities for IWISER to drive change. These gaps were identified through comparison with best practice in other countries and regions, as well as advice from the literature. We have prioritised gaps at a systems/structural level or organisational level rather than individual level.

Key gaps identified mostly surround:

1. shifting social norms;
2. working with organisations to establish standards;
3. encouraging government policy change, and;
4. supporting individuals.

Shifting social norms

Whilst the literature has provided an understanding of the social norms which are contributing to the gendered nature of the care economy, questions remain surrounding the appropriate policy and practical responses. Attention could be directed to evaluating what interventions have been most impactful and cost-effective in shifting social norms surrounding caregiving.

Policies such as equal parental leave, the four-day work week and payments for informal carers have been successful at shifting domestic care workloads in other contexts, however, are largely untested in the Vietnamese, Filipino and Indonesian contexts. Meanwhile, as discussed earlier, harnessing social media and other widely accessible communication channels can help promote campaigns surrounding the redistribution of care (Setyonaluri et al, 2021; Mani-Kandt, 2022).

Whilst social norms surrounding care are shifting according to the literature, it may be useful to gain a deeper understanding of the underlying drivers of these changes. This will help policymakers assess opportunities to build on organic solutions to unequal care distribution. More broadly, questions remain across the literature surrounding how to change the perceived value of care to align with its substantial contribution to society and the economy.

Given what is known about the pay, educational opportunities and working conditions of many care workers in the formal care economies of the three focus countries, there appears to be significant scope to target policy at increasing the value of care as an occupation. Exploring the link between conditions in the formal and informal care sector would be another beneficial addition to the research, with many practical applications. Altogether, significant gaps exist in scholarly understandings of social norms and their appropriate policy responses.

Working with organisations to establish standards

As mapped in [Section 3](#), many actors are working to improve or target the care economy in Vietnam, the Philippines and Indonesia. However, there is a lack of coordination between and within countries on policy learnings, implementation, and the establishment of care standards (e.g., staffing ratios, minimum qualifications, leave allowances) for formal care services and those who work in the formal care economy (Asia Foundation, 2023). There needs to be a better understanding of what projects, programs, and interventions have worked to shift gender norms, particularly noting that some existing research in this area has methodological limitations impacting on evaluation rigour and accuracy.

Forums where cross-organisational or cross-national learning can happen seem to be sporadic at best,

“

Many actors are working to improve or target the care economy in Vietnam, the Philippines and Indonesia. However, there is a lack of coordination between and within countries”

for example, the Bali Care Economy Dialogue in November 2020 as part of the G20 Summit. Given that the three focus countries have unique but related cultural, social, and economic contexts, there may be significant unrealised advantages to be gained from collaborating more efficiently on issues regarding the care economy. This may also help to inform understandings about what incentives can be provided to encourage groups and individuals to implement pro-care initiatives, and what barriers they face in doing so.

The development of best practice guidelines, benchmarks and standards on policy and practice in the care economy tailored to Vietnam, the Philippines and Indonesia would be a useful contribution to the literature. This should include looking to the future to anticipate the needs and wants of the next generation of carers, as well as changes to supply and demand that may disrupt the care economy. To conduct this analysis, information gaps will need to be overcome, as limited data has been collected regarding the size and nature of the care economy in relation to aged care, disability care, and other forms of care aside from childcare (Charmes, 2019). As such, assisting the three focus countries to unify and optimise their care policy would be another valuable contribution to the literature.



The role of government in the Vietnamese, Filipino and Indonesian care economy remains critical but largely under-realised... Governments need to be encouraged to act”

Encouraging government policy change

The role of government in the Vietnamese, Filipino and Indonesian care economy remains critical but largely under-realised, despite there being strong economic and social welfare arguments for public investment in this area. Governments need to be encouraged to act, which could be supported through a clearer and more empirical presentation of policy options. Framing the findings from the other literature gaps outlined in this section in a way that is convincing to government is critical to achieving better care outcomes.



Additionally, gauging public attitudes towards these policies may further enhance the likelihood they will be picked up by political representatives. It is important to note that governments in the three focus countries have typically been limited in their power to implement policy due to relatively low levels of economic development. Funding and investment arrangements should be explored to ensure the long-term sustainability of any changes made regarding care policy. External actors will play a critical role in helping governments to coordinate and invest in the care economy.

Supporting individuals

Ultimately, the care economy is propped up by individuals, and interventions can be targeted at a micro-level to empower people in their day-to-day lives. Given women's large presence in care



An understanding [of] micro-level factors and more would... improve individual circumstances whilst crafting more effective, empowering, and individualised policy approaches”

worldwide and in the three focus countries, their quality of life and broader status is impacted by their interactions with the formal and informal care system. Greater understandings could be developed surrounding the impact of rising costs of living on low-income families and their ability to provide care.

Additionally, more research could be done into understanding relative demands for care services by geography and human demographic features. Intersectional analysis would be beneficial here, as each individual carer experiences the quality and quantity of care quite differently depending on several factors, many of which remain completely un- or under-examined in the literature. Finally, it would be useful to examine the legal framework within which carers’ rights are situated to understand how empowered individuals are through the law.

The literature suggests that domestic care workers provide significant amounts of care, yet little is understood about their protections and rights insofar as caregiving as concerned. Likewise, better understanding of how to improve or support migrant care workers when they move abroad is needed. An understanding of these micro-level factors and more would help understand – and hopefully improve – individual circumstances whilst crafting more effective, empowering, and individualised policy approaches.

Identified gaps mapped to potential research questions, policy or programs/projects

Noting that this list is not exhaustive, we have compiled a number of research priorities that emerged from the research, benchmarking regionally/globally, and our observations. These priorities are outlined in **Table 4**.

Table 4: Research, policy and programs/projects gaps in the care economy

Shifting social norms

Research gaps

1. What programs/ projects/ policy innovations have had the greatest impact on shifting gender norms around care (within and across-country evaluation)?
2. Whether and how social/ cultural norms around the division of labour are shifting (e.g. generational shifts). What is driving these changes, and can this be relied upon to continue to influence attitudes in the future?
3. What kinds of affordable and accessible childcare and aged options have the most chance of systemic success, given cultural contexts?
 - i.e. in some countries, employment-offered childcare might be suitable, in others, community crèches.
 - i.e. going beyond success in terms of “providing childcare” to also “changing norms”.
4. How to shift how the care economy is valued – tackling the feminised, devalued nature of the economy? Some have suggested that integrated long-term care models would be most appropriate for Southeast Asian context.

Policy gaps

1. Policy gaps that would encourage up-take of more unpaid/ domestic labour by men, for instance:
 - Equal parental and carers leave across genders and family types, including encouraging men to take leave.
 - Four Day Work Week (in Australia, a trial of the Four Day Work Week contributed to a 66 percent increase in men’s unpaid labour at home). Improving data collection to understand the size of the care economy’s contribution.
2. Improving data collection to understand the size of the care economy’s contribution.

Program/project gaps

1. Campaigns advocating for a gender equal distribution of domestic care work, including normalisation of men doing care work and women being employed in the formal sector. Social media platforms could be leveraged to
2. Formal training programs for informal carers and domestic carers.

Research gaps

1. What programs/projects/policies are working within organisations (evaluation)?
2. What encourages organisations to uptake policies? Why might organisations not offer support for carers?
3. Understanding organisations' motivations/barriers/ opportunities for uptake of different policy interventions.
4. What do the next generation of workers want –and expect –from organisations regarding their entitlements? (related to care)
5. How can organisations meet the demand gap for childcare (and meet challenges with the current inadequate, inaccessible supply of care options)?
6. Who is in charge of collecting data on the care economy and how comprehensive is this collection? How can data collection be improved to better assess needs and policy impact? How can it be collected in an intersectionally-inclusive way?

Policy gaps

1. Policy influence around evidence-based policies that impact on gender inequalities as relate to care:
 - flexible work
 - flexible work
 - recognition of aged/disability care
2. Advocating for data improvements:
 - A lack of disaggregation of different types of care in time-use surveys has been identified as a problem in data collection.
 - Very limited data exists on disability and other types of care.
 - Besides the urban/rural divide, intersectional factors like sexuality, ethnicity and religion are often not considered when looking at the care economy.

Program/project gaps

1. Cross-organisational opportunities to share policy and practice around care –including recognition of care beyond childcare.
2. Education/advocacy on care realities (the evidence and data) and options (what we can do about it) within organisations.
3. Develop examples of best practice for care giving services to the focus countries, or to set benchmarks and standards.
4. Support services for organisations to meet the demand for quality childcare.
5. Providing up-to-date and accessible time-use data:
 - National time-use surveys from the three focus countries haven't been conducted since the early 2000s.
 - Existing time-use surveys are not readily publicly available.

Encouraging government policy change

Research gaps

1. Mapping policy options to social and economic costs/benefits across the countries studied.
2. Understanding/ demonstrating community will/desire around care policies.
3. Understanding policy and legislation gaps, challenges to enforcement, coordination of policies, and implementation of policies across fragmented government portfolios.

Policy gaps

1. Policy influence around minimum standards for leave.
2. Stronger enforcement, monitoring and evaluation of existing policies and legislation regarding childcare provisions, flexible work, benefits, etc. (e.g., in the Philippines, care economy legislation is plentiful but only weakly enforced).
3. Development of coordinating mechanisms to create more cohesive, wholistic systems in the care economy.
4. Advocating for data improvements (see above section on working with organisations).

Supporting individuals

Research gaps

1. Understanding the impact of rising costs of living on low-income families (what are the circumstances and experiences of women and families under the necessity that both parents to work?)
2. Understanding demand: where more formal childcare services are needed (e.g., urban vs rural, industrial areas).
3. How to improve the quality and quantity of childcare.
4. What types of labour protections exist for migrant and non-migrant care workers? How do domestic workers rights compare?

Policy gaps

1. Improving the quality and quantity of childcare (minimum standards, regulation, enforcement).
2. Improving a range of policy options impacting on care (leave provisions, financial incentives and bonuses, etc.).

Program/project gaps

1. Provision of care-related programs aimed at diverse families (LGBTIQ+, disabled, etc.).
2. Training programs to turn domestic workers into qualified 'care workers'.

Further notes on gaps identified include:

- Whilst there was a range of literature on childcare and aged care across the target countries, there was a **significant gap in understanding disability and other types of care**. Our desktop scan revealed no solid data on this.
- There is a **lack of ‘middle’ professional options** between nurse and domestic care worker in care systems—workers are either highly qualified but professionalised/siloed into formal care workplaces e.g., hospitals and aged care homes, or lacking in training and upward mobility opportunities and relegated to domestic care work.
- **Failure to disaggregate care in time-use survey data and general discussion remains a significant gap**. Formal versus informal care and aged versus childcare are important distinctions that can help inform policy but are not well captured in the data.
- **More evidence is needed around norms like filial piety**. Whilst some information exists, further research is needed to understand how and why shifts in aged care burdens have shifted from being predominantly the responsibility of sons to daughters/daughters-in-law.
- More understanding is needed around: **What does it mean to be a domestic care worker? How much additional caregiving are they expected to take on? How much does their pay vary compared to other care workers?** Altogether, a better understanding of what it means to be a domestic care worker and how many of these workers are taking on care what kinds of care duties would help target policy to groups that need it most.
- **Understanding links between the lack of training/low professionalisation of care workers**

and devaluation of care in these countries. What implications would having minimum training or qualifications have on pay and perceptions of care work as an occupation? Could look to other countries to see the effect it has had.

- **Using data to form a business case for investment in care may prove an opportunity for the target countries, as development and economic growth both remain a top priority. However, whilst childcare has been studied extensively through this prism, other types of care remain relatively under-studied.**



Conclusion

This review has focused on:

1. Defining the care economy in each of the countries assessed.
2. Identifying the key focus areas and research findings from existing research
3. Understanding forums where care is discussed (and how it is discussed), including who is doing what work in the region.
4. Identifying research, policy, and practice gaps.

Research, policy and program gaps have highlighted the need for systems- and organisation-level interventions in particular, as well as a better understanding of 'what works' currently.

The literature has reinforced the importance of ensuring new interventions do not replicate existing inequalities. It is suggested that the gaps in the literature are mapped to priority areas identified in coordination with program partners and the funder and are in alignment with any existing program logics or theories of change, to prioritise projects.

References

- Abalos, J.B., Saito, Y., Cruz, G.T. and Booth, H., 2018. Who cares? Provision of care and assistance among older persons in the Philippines. *Journal of Aging and Health*, 30(10), pp.1536-1555.
- Abrigo, M.R.M. & Francisco-Abrigo, K., 2019. 'Counting Women's Work in the Philippines. PIDS Discussion Paper Series No. 2019-02', *Philippine Institute for Development Studies (PIDS)*, Quezon City, <https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps1902.pdf>
- Addati, L., Cattaneo, U., Esquivel, V. and Valarino, I., 2018. *Care work and care jobs for the future of decent work*. International Labour Organisation (ILO).
- ActionAid, 2017. Unpaid Care Work: Redistribution for Sustainable Development. rep. https://vietnam.actionaid.org/sites/vietnam/files/ucw3_0.pdf
- Andaya, B.W., (n.d.) 'Women in Southeast Asia, Asia Society', Available at: <https://asiasociety.org/education/women-south-east-asia> (Accessed: 19 June 2023).
- Anderson, S., 2007. The economics of dowry and brideprice. *Journal of economic perspectives*, 21(4), pp.151-174.
- Andrina, M. & Kusumandari, S.A., 2022. *The struggle for adequate childcare in Indonesia*, Asia & The Pacific Policy Society, viewed 19 June 2023, <https://www.policyforum.net/the-struggle-for-adequate-childcare-in-indonesia/>
- ASEAN, 2021. 'ASEAN Comprehensive Framework on the Care Economy', <https://asean.org/wp-content/uploads/2021/10/8.-Final-ASEAN-Comprehensive-Framework-on-Care-Economy-20-Oct-2021.pdf>
- Asia Foundation, 2023. 'Towards a Resilient Care Ecosystem in Asia and the Pacific', <https://asiafoundation.org/publication/toward-a-resilient-care-ecosystem-in-asia-and-the-pacific/>.
- Asian Development Bank, 2010. 'Community-Based Early Childhood Care and Development in Viet Nam', [Community-Based Early Childhood Care and Development in Viet Nam | Asian Development Bank \(adb.org\)](http://www.adb.org/publications/community-based-early-childhood-care-and-development-in-vietnam).
- Asian Development Bank, 2022. *The Road to Better Long-Term Care in Asia and the Pacific: Building Systems of Care and Support for Older Persons*.
- Bassett, L., Lombardi, J. & Raghavan, C., 2022. *Childcare: An overlooked response to emergencies*, UNICEF, viewed 19 June 2023, <https://www.unicef.org/blog/childcare-over>

[looked-response-emergencies#:~:text=The%20provi-sion%20of%20childcare%20is,learning%2C%20all%20of%20which%20are](#)

- Carranza, E., 2017. *The care economy: A powerful entry point for increasing female employment*, World Bank Blogs, viewed 19 June 2023, <https://blogs.worldbank.org/jobs/care-economy-powerful-entry-point-increasing-female-employment>
- Chan, A., 2020. 'Asian Countries Do Aged Care Differently. Here's What We Can Learn from Them'. The Conversation. 22 October 2020. <http://theconversation.com/asian-countries-do-aged-care-differently-heres-what-we-can-learn-from-them-148089>
- Charmes, J., 2019. *The Unpaid Care Work and the Labour Market. An analysis of time use data based on the latest World Compilation of Time-use Surveys*. International Labour Office–Geneva: ILO.
- Dang, H.H., Hiraga, M., Nguyen, C.V., 2022. *Childcare and Maternal Employment: Evidence from Vietnam. Policy research working paper 8856*. World Bank Group.
- Department of Social Welfare and Development., 2019. *Statistics of NGO/Private Social Welfare Development Agencies (SWDAs) Providing Programs and Services to Older Persons with Registration and Licensed to Operate and/or Accreditation issued by DSWD as of July 9, 2019 (Residential-Care)*. DSWD Central Office, Quezon City.
- Devasahayam, T.W., ed., 2009. *Gender trends in Southeast Asia: Women now, women in the future*, Institute of Southeast Asian Studies.
- Do-Le, K.D., Raharjo, Y., Graha-LIPI, W. and Subroto, F.J.G., 2002. *Community-based support for the elderly in Indonesia: the case of PUSAKA*. Southeast Asia's Population In A Changing Asian Context, (June), pp.10-14.
- Dyer, S., Valeri, M., Arora, N., Ross, T. and Winsall, M., 2020. *Review of international systems of long-term care of older people. Royal Commission into Aged Care Quality and Safety*. <https://agedcare.royalcommission.gov.au/sites/default/files/2020-09/Research%20Paper%202%20-%20Review%20of%20international%20systems%20for%20long-term%20care%20of...pdf>
- Elson, D., 2017. 'Recognize, Reduce, and Redistribute Unpaid Care Work: How to Close the Gender Gap', *New Labor Forum*, 26(2): 52-61.
- ESCAP, 2022. 'Valuing and Investing in Unpaid Care and Domestic Work: Country Case Study: Philippines', *United Nations Economic and Social Commission for Asia and the Pacific*, <https://www.unescap.org/kp/2022/valuing-and-investing->

[unpaid-care-and-domestic-work-country-case-study-philippines.](#)

ESCAP, 2021. Addressing unpaid care work in ASEAN. [Addressing Unpaid Care Work in ASEAN \(unescap.org\)](#)

Fieldler, A.J., 2020. *Women and the future of care work in Asia*, Friedrich Ebert Stiftung, viewed 19 June 2023, <https://asia.fes.de/news/women-and-the-future-of-care-work-in-asia>

Government of Canada, 2023. *Canada's feminist approach to addressing unpaid and paid care work through international assistance*, https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorites-priorites/fiap_care_work-paif_prestation_soins.aspx?lang=eng

Goyal, R., Pittman, A. and Workman, A., 2010. Measuring Change: Monitoring and Evaluating Leadership Programs. A Guide for Organizations, retrieved from https://learningpartnership.org/sites/default/files/resources/pdfs/Measuring%20Change_English_Textandcover.pdf

Graham, E., Jordan, L.P., Yeoh, B.S.A., 2014. 'Parental migration and the mental health of those who stay behind to care for children in South-East Asia', *Social Science & Medicine*, vol. 132, pp. 225-235, <http://dx.doi.org/10.1016/j.socscimed.2014.10.060>

Grossbard, S., 2017. Modelling eldercare by children and children-in-law: The role of marriage institutions. [Modeling Eldercare by Children and Children-in-Law: The Role of Marriage Institutions \(adb.org\)](#)

Guthridge, M., Kirkman, M., Penovic, T. and Giummarra, M.J., 2022. Promoting Gender Equality: A Systematic Review of Interventions. *Social Justice Research*, 35(3), pp.318-343. <https://link.springer.com/article/10.1007/s11211-022-00398-z>

Hayashi, R., 2019. Demand and supply for long-term Care for Older Persons in Asia. [Demand and Supply of Long-term Care \(eria.org\)](#)

Hoang, L.A., Theodora, L., Yeoh, B.S.A., Graham, E., 2015. 'Transnational migration, changing care arrangements and left-behind children's responses in South-east Asia', *Children's Geographies*, vol. 13, pp. 263-277, <https://doi.org/10.1080/14733285.2015.972653>

Hoang, L.A., Yeoh, B.S.A., Wattie, A.M., 2012. 'Transnational labour migration and the politics of care in the Southeast Asian family', *Geoforum*, vol. 43, pp. 733-740, <https://doi.org/10.1016/j.geoforum.2011.12.006>.

- Horowitz, J.M & Fetterolf, J., 2020. *Worldwide optimism about future of gender equality, even as many see advantages for men*, Pew Research Center, viewed 19 June 2023, <https://www.pewresearch.org/global/2020/04/30/worldwide-optimism-about-future-of-gender-equality-even-as-many-see-advantages-for-men/>
- Huang, S., Yeoh, B.S. and Toyota, M., 2012. Caring for the elderly: The embodied labor of migrant care workers in Singapore. *Global Networks*, 12(2), pp.195-215.
- ILO, 2023. 'Spotlight on Work Statistics no. 12', https://www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/publication/wcms_870519.pdf
- ILO, 2022. 'A very beautiful but heavy jacket: The experiences of migrant workers with diverse sexual orientation, gender identity and expression in South-East Asia', https://www.ilo.org/asia/publications/WCMS_854686/lang--en/index.htm
- Institute for Social Development Studies, 2015. 'Social Determinants of Gender Inequality in Vietnam', https://vietnam.embassy.gov.au/files/hnoi/ISDS_Report_Binh%20dang%20gioi_EN_PDF-2.pdf
- International Finance Corporation, 2020. 'Tackling childcare: the business case for employer-supported childcare in Vietnam', *World Bank Group*, Washington, DC, https://www.ifc.org/wps/wcm/connect/378a0839-d8d3-45e9-9ba8-20334d9e3cf7/Final_IFC_Childcare_Vietnam_Web.pdf?MOD=AJPERES&CVID=nkwOzPZ
- Karana, K.P., 2016. *Transforming the lives of Indonesian children with Early Childhood Education*, UNICEF, viewed 19 June 2023, <https://www.unicef.org/stories/transforming-lives-indonesian-children-early-childhood-education>
- Komazawa, O. and Saito, Y., 2021. Coping with rapid population ageing in Asia: Discussions on long-term care policy and cross-border circulation of care workers.
- Lupikawaty, M. & Bemby, B., 2017. 'The Demand for Different Types of Childcare by Working Mothers in Palembang, South Sumatera, Indonesia', *Journal of Business and Economics Review*, vol. 4, pp. 45-50, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3129967
- Mani-Kandt, R., 2022. *Glorifying multi-tasking by women entrepreneurs must stop*, CARE, viewed 19 June 2023, <https://www.care.org/news-and-stories/perspectives/glorifying-multi-tasking-by-women-entrepreneurs-must-stop/>
- Nerine, M., and Lauranti, N., n.d. 'Urging Indonesia to Lead Care Economy in ASEAN'. *The Jakarta Post*. Accessed 26 May 2023. <https://www.thejakartapost.com/opinion/2023/03/09/urging-indonesia-to-lead-care-economy-in-asean.html>.

- Nethercott, K., Nguyen, T. and Hunt, J., 2010. Gender Equality Results in ADB Projects: Viet Nam Country Report. Asian Development Bank.
- O'Donnell, A., 2023. *How investing in childcare drives economic growth for Indonesia*, World Bank Blogs, viewed 19 June 2023, <https://blogs.worldbank.org/eastasiapacific/how-investing-childcare-drives-economic-growth-indonesia>
- O'Donnell, M., & Mishra, S., 2022. *Global Childcare in 2022: Taking Stock & What's Next*, <https://www.cgdev.org/blog/global-childcare-2022-taking-stock-whats-next>
- Octarra, H.S., & Hendriati, A., 2017. "Old, borrowed, and renewed": A review of early childhood education policy in post-Reform Indonesia', *Policy Futures in Education*, vol. 16, pp. 80-91, <https://journals.sagepub.com/doi/full/10.1177/1478210317736207>
- Ohno, S., 2012. Southeast Asian nurses and caregiving workers transcending the national boundaries: An overview of Indonesian and Filipino workers in Japan and abroad. *Japanese Journal of Southeast Asian Studies*, 49(4), pp.541-569.
- Peng, I., 2017. Elderly care work and migration: East and Southeast Asian contexts. In Prepared for Expert Group Meeting on 'Care and Older Persons: Links to Decent Work, Migration and Gender'. United Nations Headquarters, New York (pp. 5-7). https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/11/Peng-UN-Expert-Group-Meeting_Dec-5-7-final-Paper_4Dec.pdf
- Per Capita, 2023. 'Sharing the Spoils: A Gender Lens Analysis of the Four Day Week Trial at Our Community', <file:///C:/Users/U1117593/Downloads/Sharing-the-spoils-gender-lens-analysis-four-day-week-trial-2.pdf>
- Pratono, A.H. & Maharani, A., 2018. Long-term care in Indonesia: The role of integrated service post for elderly. *Journal of Aging and Health*, 30(10), pp.1556-1573. <https://pubmed.ncbi.nlm.nih.gov/30160586/>
- Roshita, A., Schubert, E. & Whittaker, M., 2012. 'Child-care and feeding practices of urban middle class working and non-working Indonesian mothers: a qualitative study of the socio-economic and cultural environment', *Maternal and Child Nutrition*, vol. 8, pp. 299-314, doi: [10.1111/j.1740-8709.2011.00298.x](https://doi.org/10.1111/j.1740-8709.2011.00298.x)
- Setyonaluri, D., Nasution, G., Ayunisa, F., Kharistiyanti, A. & Sulistya, F., 2021. 'Social Norms and Women's Economic Participation in Indonesia', <https://investinginwomen.asia/wp-content/uploads/2021/08/Lembaga-Demografi-Faculty-of-Economics-and-Business-Universitas-Indonesia-Social-Norms-and-Womens-Economic-Participation.pdf>

- Tejativaddhana, P., Chuakhamfoo, N.N. & Hue Vo, M.T., 2022. 'A review of the long-term care policies under COVID-19 in Thailand's aging society: implications for ASEAN countries', *Public Administration and Policy*, vol. 25, no. 1, pp.37-49. <https://www.emerald.com/insight/content/doi/10.1108/PAP-02-2022-0013/full/html>
- UN Women, 2018. 'Promoting Women's Economic Empowerment: Recognising and Investing in the Care Economy', <https://www.unwomen.org/en/digital-library/publications/2018/5/issue-paper-recognizing-and-investing-in-the-care-economy>
- UN Women, 2020. 'Covid-19 and the care economy: Immediate action and structural transformation for a gender-responsive recovery' <https://www.unwomen.org/en/digital-library/publications/2020/06/policy-brief-covid-19-and-the-care-economy>
- UN Women, 2012. Factsheet: Domestic work and migration in Asia. <https://asiapacific.unwomen.org/en/digital-library/publications/2012/9/factsheet-domestic-work-and-migration-in-asia>
- UNICEF, 2019. 'Ensuring public investment in children in Viet Nam', <https://www.unicef.org/vietnam/media/5536/file/Ensuring%20public%20investment%20in%20children%20in%20Viet%20Nam.pdf>
- Wazir, K.W. ed., 2021. *Male and Female in Developing South-East Asia*, Routledge.
- Woo, J., 2019. 'The Myth of Filial Piety as a Pillar for Care of Older Adults among Chinese Populations', *Advances in Geriatric Medicine and Research*, 2(2): 1-8.
- World Economic Forum, 2022. 'Global Gender Gap Report', https://www3.weforum.org/docs/WEF_GGGR_2022.pdf.
- Yeung, W.J.J & Thang, L.L., 2018. 'Long-Term care for older adults in ASEAN plus three: the roles of family, community, and the state in addressing unmet eldercare needs' *Journal of aging and health*, vol. 30 no. 10, pp.1499-1515. <https://journals-sagepub-com.virtual.anu.edu.au/doi/full/10.1177/0898264318796345>
- Yi, C.C., 2013. Changing East Asian families: values and behaviors. *International Sociology*, 28(3), pp.253-256. <https://journals-sagepub-com.virtual.anu.edu.au/doi/10.1177/0268580913488397>



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