

## COUNTRY BRIEF

# Future Demand for Care in INDONESIA

February 2026



## ABOUT THE COUNTRY BRIEF

This country brief is derived from the report "*Future Demand for Care in Indonesia, the Philippines & Vietnam*" published in October 2025 through a collaborative effort among teams in Indonesia, the Philippines, and Vietnam, led by the Global Institute for Women's Leadership (GIWL) at the Australian National University. In Indonesia, the study was conducted by the SMERU Research Institute; in the Philippines, by the Philippine Institute for Development Studies (PIDS); and in Vietnam, by the Mekong Development Research Institute (MDRI).

The study was carried out in partnership with Investing in Women, an initiative of the Australian Government through the Department of Foreign Affairs and Trade. The views expressed in this publication are the authors' alone and are not necessarily the views of the Australian Government. The Australian Government neither endorses the views in this publication nor vouches for the accuracy or completeness of the information contained within the publication.

# Key Messages

## Demographic, social and economic shifts will put growing pressure on traditional family-based care.



Demographic shifts, such as longer life expectancy, increasing disability prevalence, declining fertility rates, and migration, as well as evolving care norms will outpace traditional family-based care.

Indonesia's population size, currently around 280 million, means by 2050, it will have the largest number of older adults, even compared to Vietnam, which is ageing more rapidly, and the Philippines.

As the proportion of older people increases, this, along with other demographic shifts, will create an urgent need to develop alternative sustainable care systems for older adults as well as children and people with disabilities.

## A gender lens reveals care's impact on women's economic equality.



Demand for formal care will accelerate over the next 25 years, presenting both challenges and opportunities for women's economic equality.

Indonesia is targeting 70% women's labour force participation, under its Golden Indonesia 2045 vision. This ambitious goal, combined with more women in Indonesia achieving higher levels of education, will increase the demand for paid care services, especially from the growing middle class.

## Rapidly rising care demand is prompting government and private sector action.



Investments in home- and community-based care can reduce reliance on informal care, which disproportionately falls on women, and expand their economic opportunities.

Indonesia is accelerating care economy transformation and reform through the Care Economy Roadmap and National Action Plan, 2025–2045.



The private sector plays a critical role in meeting care demands by providing direct care services and training for workforce professionalisation. It is well-placed to drive innovation, such as digital solutions for care services and training provision.

## Public and private investments can transform care systems in ways that promote gender equality.



In order to meet changing care demands, there needs to be coordinated legislative, policy and community efforts to shift gender norms and redistribute paid and unpaid care responsibilities for all genders.



Targeted workplace policies in Indonesia could support women's workforce participation and more equitable distribution of care, such as flexible work arrangements, and paid parental and carer's leave. Employer-supported childcare initiatives also assist, and such services are increasing in Indonesia.

# Introduction

Future demand for care in Indonesia is shaped by ongoing demographic shifts, the government's strong commitment to accelerate the transformation of its care economy, and high ambitions to increase women's labour force participation – all contributing to a stronger demand for paid and quality care.

Indonesia's **2025–2045 Roadmap and National Action Plan on the Care Economy** for a Transformative, Gender-Equal, and Just World of Work recognises the complex, cross-sectoral nature of care-related policies. It promotes care economy reform and transformation that will support women's entry into and retention in the workforce, which is critical to achieve the **country's goal of 70% women's labour force participation** under its Golden Indonesia 2045 vision. Shifts such as longer life expectancy, increasing disability prevalence, declining fertility rates, as well as evolving care norms **will put growing pressure on traditional family-based care**. Similar to other countries in the region, **urbanisation is steadily increasing** in Indonesia – another factor driving changes in care demand.

Understanding future care demand is crucial for guiding strategic investments in the care economy. In 2025, the Global Institute for Women's Leadership (GIWL), in partnership with Investing in Women (IW), an initiative of the Australian Government, published the report, *The Future Demand for Care in Indonesia, the Philippines, and Vietnam*.<sup>1</sup> The research emphasises how public and private sector investments can adopt a gender-transformative approach by:

- Addressing care needs effectively
- Promoting gender equality
- Avoiding reinforcement of existing gender inequalities

Drawing from the report, this country brief discusses how future demand for care is likely to shift over the next 25 years, with a focus on Indonesia.

## A gender lens reveals how care challenges and opportunities affect different genders.



Planning for future care demand through a gender lens supports women's economic equality.

- Globally, unpaid care work keeps approximately 708 million women out of the labour market.<sup>2</sup>
- On average, women perform two and a half times more unpaid care work than men.<sup>3</sup>



Increasing women's economic participation also delivers significant macroeconomic benefits.

- Raising women's labour force participation rate by just 5.9 percentage points could boost GDP by up to 8% in emerging and developing economies.<sup>4</sup>
- Closing care policy gaps and expanding care services could generate nearly 300 million jobs by 2035,<sup>5</sup> approximately 70 to 90% of these jobs would benefit women.<sup>6</sup>

<sup>1</sup> See *Future Demand for Care in Indonesia, the Philippines & Vietnam - Investing In Women*.

<sup>2</sup> ILO, Unpaid Care Work Prevents 708 Million Women from Participating in the Labour Market, October 29, 2024, <https://www.ilo.org/resource/news/unpaid-care-work-prevents-708-million-women-participating-labour-market>

<sup>3</sup> UN Women, Redistribute Unpaid Work, n.d., accessed August 18, 2025, <https://www.unwomen.org/en/news/in-focus/csw61/redistribute-unpaid-work>

<sup>4</sup> Antoinette M. Sayeh et al., "Countries That Close Gender Gaps See Substantial Growth Returns," IMF, September 27, 2023, <https://www.imf.org/en/Blogs/Articles/2023/09/27/countries-that-close-gender-gaps-see-substantial-growth-returns>

<sup>5</sup> International Labour Organization, Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work (International Labour Office, n.d.)

<sup>6</sup> UN Women, Investing in Free Universal Childcare in Sub-Saharan Africa: Côte D'Ivoire, Nigeria, Rwanda, Senegal and The United Republic of Tanzania: Estimating Spending Requirements, Gendered Employment Effects and Fiscal Revenue (United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), 2021)

# Research Design and Methodology

## Multi-country Research Consortium

GIWL led a research consortium with the SMERU Research Institute in Indonesia, Philippine Institute for Development Studies in the Philippines, and Mekong Development Research Institute in Vietnam.



Research questions were grouped into seven key themes:

1. Demographic, social, and economic **transitions**
2. **Views on care** and links to transitions
3. **Demand for care** and its links to transitions
4. **Expectations from institutions** on care support
5. **Institutional response** to demand for care support
6. Changing demand for care and **women's economic equality**
7. **Implications** for government and private sector

## Intersectional Gender Lens

The conceptual framework applied an **intersectional gender lens**, examining how factors like race, ethnicity, sexuality, and class intersect with gender and shape each other, rather than treating them as separate hierarchies.<sup>7</sup> The study used a mixed-methods approach, drawing on qualitative and quantitative data collected between October 2024 and August 2025 from 335 participants through interviews, focus groups, and validation workshops. Findings were triangulated with national and international statistics and policy documents.

## Framework to Address Unpaid and Paid Care

Drawing from the UN Women toolkit on paid and unpaid care and supplementary approaches,<sup>8</sup> the research focused on inequalities in care work through attention to **6Rs**:<sup>9</sup>

**Recognition** aims to make unpaid care work visible and valued as a significant contributor to the economy and society.

**Reduction** focuses on lessening the burden and time-consuming nature of unpaid care tasks, primarily shouldered by women.

**Redistribution** involves the equitable sharing of care responsibilities between women and men, between households and the state, and between public and private sectors.

**Reward** addresses paid care work, advocating for decent wages, fair working conditions, and social protection to reflect the sector's value.

**Representation** ensures that care workers have a voice in shaping their profession through, for example, formalisation, collective bargaining, and freedom of association.

**Resilience** is about building care systems that can adapt to and withstand major crises, such as pandemics or climate change.

<sup>7</sup> Patricia Hill Collins, "It's All In the Family: Intersections of Gender, Race, and Nation," *Hypatia* 13, no. 3 (1998): 62–82, <https://doi.org/10.1111/j.1527-2001.1998.tb01370.x>; Kimberle Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," *Stanford Law Review* 43, no. 6 (1991): 1241, <https://doi.org/10.2307/1229039>.

<sup>8</sup> UN Women, "A Toolkit on Paid and Unpaid Care Work: From 3rs to 5rs," 2022.

<sup>9</sup> Expanded from the International Labor Organization's *5R Framework for Decent Care Work* to include resilience.

# Key Demographic, Social & Economic Transitions

Several key trends consistently emerged across Indonesia, the Philippines and Vietnam, which reflect both structural shifts and evolving societal expectations around care responsibilities. Trends consistently point to changes in future demand for care around quantity, quality, and complexity.



By 2050,  
Indonesia is  
expected to have  
**49M**  
people aged  
65 and over.

By 2045, Indonesia  
is aiming for a  
**70%**  
women's  
labour force  
participation  
rate.



## CHANGING POPULATION STRUCTURE

The increasing proportion of older people in the population and higher rates of older people living alone who require support with daily activities increases demand for care.

Indonesia's sheer population size, currently around 280 million, means it will have the largest absolute number of older adults compared to the Philippines and Vietnam in 2050.

## INCREASING DISABILITY PREVALENCE

Disability incidence due to age-related functional decline, as well as higher rates of early diagnosis in children, is contributing to higher demand for care support. The need for flexible, needs-based services, assistive technologies, and a skilled care workforce that supports autonomy and social recognition will grow substantially.

## MIGRATION

Young people migrating from rural to urban areas for economic opportunity are disrupting traditional family-based care models. This demographic shift has contributed to a rising proportion of older people living alone.

Indonesia census data in 2010 showed that 1.7 million older people – representing 9.8% of the population of older people - were living alone, with older women more likely than men to do so.<sup>10</sup>

## GENDER NORMS AROUND CARE

Care remains largely the responsibility of women. Women bear a disproportionate share of unpaid care and make up the majority of low-paid, poorly protected domestic workers. Across all countries in the study, caregiving practices are strongly shaped by cultural norms and expectations.

As with other countries in the study, family-based care remains the arrangement preferred in Indonesia over institution-based care for older people, children or people with disability.

<sup>10</sup> Sri Moertiningsih Adioetomo and Ghazy Mujahid, Indonesia on the Threshold of Population Ageing, UNFPA Indonesia Monograph Series: No.1 (UNFPA Indonesia, 2014).

Women's Labour Force Participation Rate in Indonesia has risen by

**3%**

from 50% in 1990 to 53% in 2024.

This illustrates how women's economic equality remains unsupported when unpaid care work falls disproportionately on women.



However, younger generations show shifts in attitudes and behaviours towards more equal sharing of childcare and adult care responsibilities.<sup>11</sup>

## LABOUR MARKET TRENDS AND POLICIES

Rising rates of women's education and labour market demand is likely to drive greater need for paid care services, especially childcare, as women enter the labour force.

In Indonesia, women's labour market trajectories differ significantly based on their level of education. Those with post-secondary education tend to have stronger and more sustained attachment to the labour market, including during their childbearing years.<sup>12</sup> This suggests they are better positioned to access caregiving support and face higher opportunity costs if they exit the workforce due to their skills, earning potential, and greater access to professional opportunities.

Indonesia is aiming for a 70% women's labour force participation rate under its Golden Indonesia 2045 vision; this goal is expected to drive up demand for paid care services.

## GROWING MIDDLE CLASS

The substantial middle-class population has more disposable income, which increases their demand for and ability to afford high-quality paid care solutions.

Indonesia reported a 5% annual GDP growth rate in 2024;<sup>13</sup> one in five people in Indonesia are considered middle class - representing approximately 52 million Indonesians.<sup>14</sup><sup>15</sup>

## CLIMATE CHANGE

Climate-related disasters disrupt care infrastructure and disproportionately affect vulnerable groups, further straining care systems. Women, who already shoulder a disproportionate share of unpaid care work, face even greater responsibilities during and after such disasters. Further, climate shocks frequently force households to redirect spending toward immediate recovery needs, placing further strain on disposable income that might otherwise be used for care-related expenses.

## GOVERNMENT ASPIRATIONS FOR GROWTH

Government targets for economic growth will rely on supporting workers to meet their care responsibilities, increasing the need for institutional care solutions. Government aspirations, at present, have not adequately accounted for the care responsibilities and needs of care recipients and workers

<sup>11</sup> Companion study on Social Norms, Attitudes, and Practices (SNAP) by GIWL in partnership with IW, to be published in February 2026.

<sup>12</sup> Sarah Xue Dong and Nurina Merdikawati, "New Opportunities and Old Constraints: Gender Equality in the Post-Suharto Era from an Economic Perspective," in Gender Equality and Diversity in Indonesia (ISEAS-Yusof Ishak Institute Singapore, 2023), <https://doi.org/10.1355/9789815104561-013>

<sup>13</sup> Figures for annual GDP growth are from the World Bank, <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG>.

<sup>14</sup> World Bank, Aspiring Indonesia - Expanding the Middle Class

<sup>15</sup> World Bank (2019) defined the middle class in Indonesia as economically secure individuals, with a low risk of falling into poverty or vulnerability. This group is characterised by monthly consumption per capita of between 1.2 million and 6 million Rupiah per month (equivalent to US\$7.75–38 per person per day in 2016 PPP-adjusted terms).

Indonesia is poised to become one of the world's five largest economies by 2050.<sup>16</sup> Without dedicated planning, it risks failing to support its workforce to meet care responsibilities and being unable to provide the quality care that allows the population to reach their full potential. Indonesian children, for instance, are projected to reach only around half their productivity potential as adults.<sup>17</sup>

These shifts interact with and reinforce one another, often straining traditional family-based caregiving arrangements. Under the status quo, women's economic equality remains un- or under-supported, as unpaid care burdens continue to disproportionately fall on women.

## Views and Demands for Care and Their Links to Transition

Caregiving responsibilities continue to fall primarily on women, who are expected to take care of children, grandchildren, aging spouses, parents, in-laws, and persons with disability.

Cost of living concerns are necessitating dual incomes in households, leading to the redistribution of care responsibilities, such as increased involvement of men or outsourcing. This redistribution is largely driven by economic necessity, rather than a deliberate effort to support women's workforce participation.

Demand is increasing for a holistic care approach across all life stages – children, older people, people with disabilities.



**Children** — Expectations are shifting beyond basic access to early childhood services towards high-quality early education. Demand is not limited to high-income households.



**Older people** — Care needs are expanding beyond physical health to include mental health and social engagement.



**Persons with disability** — Care must support personal development, autonomy, and inclusion.

Research interviews revealed a strong desire among persons with disability to live independently and remain economically active, stressing that receiving care should be considered "normal and acceptable" while still preserving one's autonomy.

Without this normative and practical shift, **current practices risk further entrenching dependence, with the caregiving burden then falling disproportionately on families and especially on women.**



<sup>16</sup> Jan Hatzius et al., The Path to 2075 - The Positive Story of Global Aging (Goldman Sachs, 2025).

<sup>17</sup> World Bank, Human Capital Country Brief - Indonesia (World Bank, 2022).

# Institutional Response to Demand for Care Support

Across Indonesia, the Philippines and Vietnam, there is evidence of current and growing responses in the form of policy frameworks, employer-related care policies, service provision, care training provision, and the development of innovative services. Having an integrated roadmap or national framework for the care economy is essential to support the development of a sustainable, equitable and inclusive care ecosystem.



Indonesia stands out among the three countries studied as the only one with both a care economy roadmap and an accompanying action plan – the 2025–2045 Roadmap and National Action Plan on the Care Economy for a Transformative, Gender-Equal, and Just World of Work.

These are aligned with each phase of the national five-year Medium-Term Development Plans (RPJMN), as part of the broader Long-Term Development Plan (RPJPN 2025–2045) in support of Golden Indonesia 2045.

Governments are **establishing regulatory frameworks** to support the care economy. However, due to **limited public funding**, governments often struggle to scale care provision or the ecosystem—making private sector involvement critical.

The **private sector remains a key provider of care services**. Given the strong preference for home-based care, it plays a leading role in providing these services, mainly through digital platforms that connect families with trained caregivers.

In Indonesia, notable examples of these are Lovecare, Insan Medika, and MyNurse.

Provision of care training and certification is key to enhancing the care economy, and the private sector is the main provider of **caregiving training and education**.

Aside from direct provision, the private sector is also in the best position to **drive innovations in care systems**, such as through startups developing digital solutions (e.g. telehealth, app-based home care services).

## HOW STAKEHOLDERS ARE RESPONDING TO THE CHANGING CARE DEMANDS:

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### GOVERNMENT

- Policies to offer incentives for businesses to implement care programs (e.g. tax deductions, subsidies)
- Government provision of subsidies to increase the affordability of formal care
- Setting policies, programs, and standards to ensure quality of care

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### EMPLOYERS

- **Parental and carer's leave policies** can encourage sharing of caregiving, though uptake rates are unclear
- Employer-supported **flexible work arrangements** have potential to help workers balance work and care responsibilities
- Direct provision of **on-site facilities** or other supplementation for childcare

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### PRIVATE SECTOR PROVIDERS

- Strong preference for home-based care is driving growth in private-sector care worker services
- Start-ups are developing innovative services that expand the broader care ecosystem. **Examples include:**
  1. Services to help public and private sector organisations recruit people with disabilities and provide training to enhance their employability
  2. Apps to support older people's physical, mental, and emotional well-being

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### INTERNATIONAL ORGANISATIONS

- Providing technical assistance for policy frameworks and guidelines
- Funding research, and piloting or scaling innovative care solutions in collaboration with civil society and non-profit organisations

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### EXAMPLES OF HOW INDONESIA IS RESPONDING TO FUTURE DEMAND FOR CARE

#### *Developing a national care economy framework*

Effective collaboration among relevant government ministries and agencies requires a long-term, strategic framework with clearly defined objectives and responsibilities. Indonesia's 2025–2045 policy direction and priority programs for the care economy offer a model for designating lead and supporting ministries and agencies for each initiative. However, although each task under the framework is assigned to a specific lead ministry, there remains a need for one overarching entity to track progress across the board.

#### *Allocating limited fiscal resources strategically*

In 2020, Indonesia designated only 0.03% of its GDP to Early Childhood Education, with just 1% of that earmarked for childcare services, *Taman Penitipan Anak* (TPA). In contrast, OECD countries allocated an average of 0.7% of GDP to early childhood education in 2017, highlighting a substantial gap in investment.<sup>18</sup> In light of fiscal constraints, the Indonesian government places

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<sup>18</sup> Ministry of Women's Empowerment and Child Protection, *Peta Jalan dan Rencana Aksi Nasional Ekonomi Perawatan untuk Dunia Kerja yang Transformatif Setara dan Adil Gender* (Jakarta, 2024), 102.

substantial expectations on private and community-based actors to meet current and future care needs.

### *Recognising, valuing and investing in care professionalisation*

Formal recognition of care workers has been included as a policy priority in Indonesia's care economy roadmap and action plan, which identifies a wide range of care workers including childcare workers, older people care workers, community and village-based care workers, domestic workers, digital-based care workers, and migrant workers performing both care and domestic tasks. However, the long-pending Domestic Workers Bill, which would ensure fair treatment, decent working conditions, and legal recognition for one of the largest segments of the care workforce in the country, has yet to be passed.

## KEY ENABLERS AND BARRIERS

### ENABLERS

- The care economy has emerged as a **key policy priority** (e.g., ASEAN's Comprehensive Framework on the Care Economy 2021)
- Rapidly rising care demand is prompting action
- **Community-based care solutions** are growing with government support

### BARRIERS

- Cultural reliance on family-based caregiving limits formal care market development
- Challenges in cross-ministry coordination hinder effective care policymaking
- **Government budget constraints** limit care investment and policy prioritisation
- **Exporting of care workers overseas** diverts resources away from addressing domestic care needs
- **Comprehensive data** to map demand and supply of existing care services is lacking

In the private sector, employer-supported childcare initiatives are growing, though they remain limited and are either developed locally to meet employee needs or supported by international programs.

For instance, the Indonesia Business Coalition for Women's Empowerment, Investing in Women, and the Australia–Indonesia Partnership for Economic Development (Prospera) have jointly developed ***A Guide to Employer-Supported Childcare***. This guide assists employers with processes such as establishing or contracting out childcare services, offering indirect support such as allowances or subsidies, or providing flexible arrangements that enable parents to care for children when needed. It also outlines how to ensure facilities meet Indonesian legal standards. This work aligns with the newly enacted 2024 Mother and Child Welfare Law.



[Click here](#) or scan the code to download the Guide.

# Changing Demand for Care and Women's Economic Equality<sup>19</sup>

At the core of shifting care demands is the persistent unequal distribution of unpaid care work, which is reinforced by social, political, and legal structures that expect women to be primary carers. Rising demand for care may constrain women's labour force participation, particularly in formal employment, due to time poverty and unpaid care burdens. The strain on women is likely to intensify unless care systems are meaningfully transformed. As women become more highly educated, on average, than men, nations are failing to utilise this critical investment, to the detriment of women and the economy.

Investments in care infrastructure and services can alleviate the unpaid care burden and support women to enter the workforce. The **expansion of the paid care sector presents further employment opportunities for all genders**. It also enables more people to enter the workforce, primarily women. However, jobs must be created with fair wages, legal protections, and recognition of care as skilled work.

In Indonesia, domestic workers in particular shoulder the bulk of day-to-day care duties yet often operate outside of protective labour frameworks. Care workers frequently face low wages, job insecurity, and limited access to social protection.

National legislation and workplace policies (e.g. paid parental and carer leave, flexible work arrangements) can support redistribution of unpaid care responsibilities among all genders.

## FURTHER INTERSECTIONAL CONSIDERATIONS INFLUENCE THE IMPACT OF CHANGING CARE DEMANDS ON WOMEN'S ECONOMIC EQUALITY



**Low-income and rural women often face compounded barriers**—either because they cannot afford existing paid care services, or because they are the ones providing care solutions for higher-income households, often in low-paid, informal roles with limited legal and social protections.



**Migrant women often face greater challenges in accessing care support**, as they lack nearby informal family networks and may be unfamiliar with available (formal) paid care services or face barriers to accessing quality care services in their destination areas.

<sup>19</sup> Economic equality, as defined in IW's *Women's Economic Equality Framework* (July 2024), is the capacity for people of all genders to participate in, contribute to, and benefit from, the economy (paid and unpaid) in ways which recognise the value of their contributions, respect their dignity, and make it possible to negotiate a fairer distribution of the benefits of work.



Women with disabilities, or those caring for people with disabilities, face unique challenges in balancing caregiving with economic participation—due to relatively limited availability of quality disability care services and a prevailing approach that emphasises support over independence.

## Implications for Government, the Private Sector and Communities

Having a road map and action plan for the care economy, as in Indonesia, signals a strong government commitment that can encourage broader engagement from the private sector and other stakeholders. However, effective implementation and cross-collaboration is key.

Due to limited fiscal space, government must **leverage the private sector** in care provision. Private sector investment in the care sector can be stimulated by:

- Strengthening regulatory frameworks to facilitate private sector involvement to ensure service quality, affordability and equity
- Offering tax incentives, subsidising land acquisition, and simplifying licensing and permit requirements
- Providing clear guidelines for how to access available incentives, ensuring transparency, and reducing administrative barriers

### 12 KEY RECOMMENDATIONS

01	Develop and strengthen national care economy frameworks	02	Allocate limited fiscal resources strategically	03	Leverage the role of the private sector in care provision	04	Invest in care alternatives, including flexible, home-based, and community-based care
05	Develop and strengthen workforce policies relating to care	06	Recognise, value, and invest in care work professionalisation	07	Improve data collection, monitoring, and evaluation	08	Promote equitable care norms
09	Promote economic productivity growth that is responsive to care needs	10	Increase agency and equality-based approaches to care	11	Invest in further research on gender responsive care	12	Develop care contingency plans for unforeseen and high-impact events

# Conclusion

Over the next 25 years, Indonesia's demand for care is set to increase, shaped by a national care economy roadmap and ambitious goals to increase women's labour force participation. These policy commitments, alongside demographic shifts, will put pressure on traditional family-based care arrangements, creating stronger demand for paid, accessible, and high-quality care. Population ageing, rising disability prevalence, declining fertility, and internal migration are further accelerating this shift, increasing care needs across the life course, from childcare to elder and disability care.

As the government push for more women to enter and remain in the workforce under the Golden Indonesia 2045 vision, gender norms and power dynamics must be addressed to ensure equal distribution of care responsibilities.

Indonesia stands out among the three countries studied as the only one with an established care economy framework. While this is essential, limited public funding necessitates greater private sector involvement. Already, the private sector plays a central role as the main provider of care services, training, and innovation. For example, employer-supported childcare initiatives are growing, though they remain limited and are often supported by international programs.

Indonesia's care economy framework provides a strong foundation to transform care systems, though it is too soon to assess its success. Effective implementation, deeper public–private collaboration, and deliberate efforts to redistribute unpaid care and professionalise care work remain critical in realising an inclusive and sustainable care system.

Future demand for care in Indonesia, the Philippines & Vietnam

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