

Addressing Unpaid Care Work in ASEAN





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Addressing Unpaid Care Work in ASEAN

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Forewords



The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) turned to its strong partnership with the Association of Southeast Asian Nations (ASEAN) Committee on Women and the ASEAN Secretariat to prepare this analytical report to encourage gender-responsive policies when responding to the COVID-19 pandemic, especially within the care economy. The report examines the gendered political economy context as well as the gender-responsive and care-sensitive policy measures in ASEAN countries. While the report illustrates many good practices, concrete care policy actions that could accelerate and strengthen the actions needed to “build back equal” are also suggested.

The disproportionate distribution of unpaid care and domestic work is one of the root causes of the persistent inequalities. Before the COVID-19 pandemic, women and girls in the Asia–Pacific region already performed more than four times as much unpaid care and domestic work as men and boys. If there is a silver lining to the ongoing pandemic, it may be that the role of women and girls as front-line health care workers and as caregivers for home-schooling children as well as sick or elderly family members has come into the spotlight.

We have taken the first essential step on the journey towards greater equality by recognizing unpaid care and domestic work and its invaluable contribution to the functioning of our societies and economies. But we must work to further understand and better measure and enumerate unpaid care and domestic work to make these contributions clear and visible.

With this increasing recognition, it is now time to turn our attention to realize the twin-track policy solutions to reduce and redistribute unpaid care and domestic work. Investing in and building up care infrastructure - such as provisions for safe water and sanitation, cooking fuel, food procurement, transport and utility infrastructure - can reduce the time spent on these daily subsistence tasks. A mix of policies is needed to enable women and men to better reconcile the time requirements of the workplace with those of unpaid care work at home, including parental leave, care leave, care insurance schemes and flexible work arrangements.

I look forward to following the ASEAN countries on their accelerated journey towards the realization of gender equality and the empowerment of all women and girls. And I hope that this report will contribute to sustaining the momentum that has been inadvertently created by the COVID-19 pandemic to address and improve the conditions for women and girls at home and in the workplace.

A handwritten signature in black ink, appearing to read 'A. S. Alisjahbana'.

Armida Salsiah Alisjahbana

Under-Secretary-General of the United Nations
and Executive Secretary of ESCAP



I congratulate the ASEAN Committee on Women and ESCAP for valiantly undertaking the development of this pioneering report. At a time when the COVID-19 pandemic has convincingly revealed gender imbalances within and outside our homes, the publication of this report could not have come at a more opportune time.

The report amply describes the state of unpaid care work in the ASEAN region. Despite data challenges, it is able to piece together the multiple responsibilities shouldered by women and girls that continue to be unrecognized and unremunerated. More significantly, it invites our attention to those who face the greatest risk of being left behind, such as women and girls living in rural areas with limited or no access to care infrastructure.

The report also provides a framework that would facilitate our understanding of the nuances of care work and its intersections with other issues. In the report, we see the nexus between informality – where women are overly represented in the informal sector – and migration as both forces bear upon and are conversely shaped by the care responsibilities of women and girls.

The strength of this report lies with the concrete recommendations that decision-makers and various stakeholders can consider in developing and designing policies and programmes. By looking at care infrastructure, care-related social protection, care services and employment-related policies, the interlinked policy areas are unpacked and the concomitant policy actions are outlined. Such considerations may well inform and contribute to the articulation and reflection of care economy considerations in national development planning of ASEAN Member States in the near future.

Looking ahead, the report provides signposts on seizing the opportunity to fully recognize, reduce and redistribute care work. This will be critical as ASEAN moves towards the recovery stage from the pandemic. Add to this the pace by which societies in the ASEAN region are ageing, as well as the advances in technology and digital innovations. All of this necessitate a shift in cultural norms: to appreciate the provision of care as being a public good.

It is my hope that the readers of this report will find the data and analysis useful and that it may lead to concrete and collective actions that will lead to comprehensively addressing unpaid care work in the ASEAN region.

A handwritten signature in black ink, which appears to read 'Kung Phoak'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Kung Phoak
Deputy Secretary-General of ASEAN
for ASEAN Socio-Cultural Community

ASEAN is committed to achieving gender equality and the empowerment of all women and girls in the region. While the gendered division of work and disproportionate care responsibilities are nothing of novelty, addressing and tackling such matters at the policy level are considered pioneering in ASEAN. The gender gap in unpaid care and domestic work has greatly affected women's ability to engage in labour markets and has aggravated time poverty for women. Left unaddressed and invisible, the gender gap will lead to regression in our progress on advancing women's economic empowerment, of which the dominant narrative has focused primarily on paid and productive sectors.



At the First ASEAN Women's Leaders' Summit: Women's Role in Building a Cohesive, Dynamic, Sustainable and Inclusive ASEAN Community in a Post-COVID-19 World (in November 2020), the leaders strengthened ASEAN's commitment to enhancing women's participation in decision-making processes with a multistakeholder and cross-pillar approach. Such commitment translates to recognizing and redistributing unpaid care and domestic work, specifically in designing gender-responsive policies; improving women's access to opportunities and responding to emerging challenges; and building resilience by strengthening women's economic empowerment through digital and financial inclusion. These actions require investing in gender-responsive public and social infrastructure and ensuring that women are the architects as well as the beneficiaries of efforts to build back stronger and better.

On 3 December 2020, the ASEAN Committee on Women (ACW) and the United Nations Economic and Social Commission for Asia and the Pacific jointly convened the Web Forum on Enhancing Women's Economic Empowerment in ASEAN Countries. This partnership facilitated greater understanding of participatory gender-responsive approaches to measures that promote women's economic empowerment. It also established a platform for sharing lessons learned and good practices across ASEAN and the whole Asia-Pacific region. One of the recommendations arising from the web forum is to further investigate and unpack the care economy towards promoting greater gender equality and empowerment of all women and girls.

The Web Forum on Care Matters: Addressing Unpaid Care and Domestic Work in ASEAN Countries that took place on the sidelines of the 19th ACW meeting in December 2020, stimulated a discussion on how family care and social protection policies can contribute to the recognition, reduction, redistribution and representation of unpaid care and domestic work, thus consequently lead to a more gender-transformative labour market.

It is imperative that we address the root causes of the unequal distribution of caring responsibilities, among which is the entrenched gender norms and stereotypes that permeate our societies. The ACW Work Plan 2021–2025, under the thematic area of women's economic empowerment and future of work, recognizes the disproportionate burden of unpaid care and domestic work traditionally shouldered by women. The thematic area aims to ensure that women have equal opportunities in participating productively in the economy as employees, entrepreneurs and employers and through equal access to education, decent work, secure income, business opportunities and access to finance and social protection.

This report takes stock of the situation of unpaid care and domestic work performed by women in the ASEAN region. It examines the extent of socioeconomic, political, legislative and institutional conditions and promising policy measures that have been put in place by ASEAN Member States. The report also proposes recommendations to introduce a care-sensitive dimension into national and regional gender policies towards building back better and a more equal post-pandemic world.

As highlighted in the report, the presence of the necessary national and regional institutional mechanisms is promising and provides a ready framework that can be leveraged by governments. I hope that the recommendations presented will serve as a reference to support the ongoing effort within ASEAN to incorporate the care economy into national development planning, which necessitates a whole-of-government approach and regional cooperation. This is to ensure gender equality and empowerment of all women and girls towards realizing a caring, prosperous and sustainable ASEAN Community.

Kheng Samvada

Permanent Secretary of State, Ministry of Women's Affairs, Cambodia
Chair of the ASEAN Committee on Women

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The scoping of issues was guided by the outcomes of two consultations held with ACW representatives during the first half of 2021.

Cai Cai, Chief of Gender Equality and Social Inclusion Section with ESCAP, led the research team comprising Channe Lindstrøm Oguzhan, Social Affairs Officer with ESCAP, and Deepta Chopra, Research Fellow and Meenakshi Krishnan, Research Officer from IDS. The report was authored by Deepta Chopra and Meenakshi Krishnan.

The publication was peer reviewed by Joni Simpson, Senior Specialist on Gender, Equality and Non-Discrimination, ILO.

Karen Emmons edited the report, and Daniel Feary designed the publication.

Executive summary

The Association of Southeast Asian Nations (ASEAN) is a regional organization with 10 Member States that aims to foster collaboration and integration to enhance the development and sustainability of its land and people. Gender equality and the active and full participation of women in public life is an important agenda for ASEAN. Despite significant strides in several areas of social, political and economic cooperation and advancement, women's economic empowerment continues to be a challenge. Gender gaps in economic participation and opportunity continue to persist among ASEAN Member States. To give impetus to women's economic advancement and equal rights and to meet its commitment under the 2030 Agenda for Sustainable Development, ASEAN is committed to bringing attention to the care economy and women's unpaid care and domestic work.

Unpaid care and domestic work in this report pertains to the direct care of dependants – children, family members who are sick, older persons and persons with a disability – as well as indirect care tasks, such as cooking, cleaning, domestic work and the collection of fuelwood and water.

Leveraging this pivotal moment in the care discourse brought about by the ongoing COVID-19 pandemic, the research presented here illuminates the state of the unpaid care economy in the ASEAN region. Commissioned by the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), this research involved: (a) mapping the nature and extent of unpaid care work undertaken by women in countries of the ASEAN region; (b) examining the social, economic and political context as well as the institutional, legislative and policy environment in the ASEAN countries to identify levers of change for incorporating unpaid care and domestic work into policy and recovery planning efforts; and (c) drawing out recommendations and guidelines on social policy initiatives that ASEAN Member States could adopt to promote women's empowerment.

The result is an overview of the unpaid component of the care economy and the gendered political economy context in each ASEAN Member State. It assesses existing policy measures against a framework of four care-sensitive policy categories: care infrastructure, care-related social protection, care services and employment-related care policies. This builds upon the conceptual framework put forth in a regional overview report on the care economy under COVID-19 in Asia and the Pacific that ESCAP

also commissioned (ESCAP, 2021). Given the multi-scalar nature of care, the discussion also draws attention (in small measure) to the growing demand for paid care workers in sectors like health, personal and home care, education, early childcare and domestic work, both locally and internationally.

Using desk-based analysis and secondary data, the report first takes stock of the position of women among ASEAN Member States. It highlights the regional variations in gender development and gender inequality indices, more so among lower-middle-income countries. Although some countries have made strides in women's economic participation and representation in managerial and leadership positions, no country has managed to bridge the gender gap in these and other metrics, such as political representation. And even though some countries have high female labour participation, the majority of women workers across the region work in informal jobs. This means that economic gains made in participation in paid work are likely to be offset by working in precarious positions with low pay, inadequate working conditions and absence of social security protections. This situation is more worrying for women migrant workers engaged in care professions, specifically international domestic workers.

Unfortunately, there is an acute absence of comparable statistics to measure progress against target 4 on women's unpaid care and domestic work under Sustainable Development Goal (SDG) 5. Other than Cambodia and Thailand, ASEAN Member States do not have national sample survey data on women's and men's time use in a variety of direct and indirect care tasks, making it difficult to pinpoint the care deficits and the areas to target with care policies. Nevertheless, the overarching trend found all over the world of women spending more time than men doing unpaid care and domestic work remains true in ASEAN Member States. Also true is the heavier burden of care that acts as a barrier to women's economic participation. Another dimension of gender inequality impacting unpaid care and domestic work is the extent of urbanization and housing standards, which directly affect the access to care infrastructure and care services. The gendered effects of this unpaid care and domestic work are felt in terms of reduced labour force participation, especially of mothers with young children; income poverty; time poverty; intensification of care burdens during pandemics; natural disasters or conflicts; mental and physical depletion; and adverse consequences of climate change.

The gendered political economy analysis of ASEAN Member States shows the progress made and the gaps to be addressed under each care policy category. Economic growth in ASEAN has enabled the provision of infrastructure, such as safe water, sanitation, transportation and food, but rural populations have yet to receive access to **care infrastructure** to the same extent as urban populations.

Many ASEAN Member States have put in place social insurance and social assistance programmes, with women largely recipients of cash transfers and social welfare measures. However, there is a gap between the commitment to **social protection policies** at an overall level and the actual reach of programmes that recognize the care-differentiated needs of women. ASEAN Member States have much lower levels of public expenditure on social protection programmes than the Asia–Pacific regional average and the global average. Crises, climate change and conflict in specific countries further exacerbate this gap, making it difficult, yet even more imperative, to reach women with intersectional vulnerabilities.

Care services are found to be largely focused on women’s maternal and childcare roles through the provision of childcare in certain areas. Bearing in mind the demographic shift towards ageing that the region will experience in the coming decades, it is important for ASEAN Member States to foresee country-specific trends and plan to address old-age care and long-term care issues. These are areas that will intensify women’s care work in the near future. Shifting cultural norms around family size and composition as well as greater acceptance of institutional caring arrangements and paid care providers can allow for a redistribution of care services from households to the State and markets.

In terms of **employment-related policies**, there is significant progress in certain countries for coverage of basic benefits in formal sector occupations. However, women in many ASEAN Member States work largely in the informal sector, which is insufficiently covered by these employment policies. Given the extent of migration in the region, these policies also need to be far reaching to cover the needs of migrant women across borders. The provision of decent work for paid care workers as well as the shifting of caring from women to men via paternity leave and gender-equitable caregiver leave policies need to be expanded.

This report endeavours to support the ongoing effort within ASEAN countries to incorporate the care economy into national development planning. The recommendations encourage operationalizing the normative Triple-R Framework (Elson, 2008): *recognition, reduction and redistribution* of unpaid care and domestic work done by women. The recommendations follow a three-tier approach by (a) outlining core normative principles that must guide public philosophies and policy thinking; (b) specifying concrete policy actions under each of the four care-sensitive policy categories that ASEAN Member States can customize and adapt to their national context and priorities; and (c) identifying critical levers of change that mark the difference between good policy intentions and actual gender transformative change.

The **normative principles** outlined include recognizing care as foundational and as a public good and for the State to be the guarantor of rights for caregivers and care recipients, thereby necessitating a whole-of-government approach and regional cooperation. Given the criticality of the Triple-R approach in ensuring that policies are care responsive and gender differentiated, this report outlines **concrete policy actions** that ASEAN Member States can take across the four policy domains (care infrastructure, care-related social protection, care services and employment-related policies). The specific design and implementation details for each ASEAN Member State of course will vary depending on its gendered political economy, changing demographic context and sociopolitical trends. But policy actions should explicitly provide for quality care that is sufficient to meet the differentiated needs of caregivers and care providers, with universality and inclusiveness as the overarching criteria. Promising practices in care-sensitive policy measures from countries around the globe are featured to inspire governments across the region.

The discussion also highlights the most important **levers of change** for ensuring the uptake and implementation of concrete policy actions: the financing of care policies, access to reliable and comparable care and gender-disaggregated data in each ASEAN Member State, representation and voice of women and caregivers in policy processes, an enabling legal and regulatory policy environment and, most significantly, norm change in patriarchal attitudes.



Mother with her children in Cambodia. Photo © Roberto Farina

The 2030 Agenda is a guiding framework for United Nations members to end deprivation and existing inequalities and put a sustainable, good-quality of life within the reach of all people. Although women have a significant role across all the 17 SDGs, the unpaid care work of women can be specifically seen as having implications for SDG 5 (gender equality), SDG 8 (decent work and economic growth), SDG 10 (reducing inequalities), SDG 11 (sustainable cities and communities), SDG 4 (access to education for girls), SDG 3 (good health and well-being) and SDG 1 (no poverty). ASEAN has made a regional commitment to sustainable development and has put in place institutional mechanisms to implement and monitor the 2030 Agenda. This inspiring blueprint

serves as a road map for ASEAN Member States to identify areas for action and measure progress towards these goals. SDG 5.4, with its focus on the unpaid care work burden of women and encouraging shared responsibility, is a goal against which much work needs to be done. The mapping of the care economy in ASEAN accompanies an outline of the issues and challenges facing policymakers relative to ASEAN Member States adopting care-sensitive and gender-differentiated policies. The focus on both the core principles and the levers of change can help ASEAN Member States develop care policies that will take them to the end goal of gender equality and sustainable well-being of both caregivers and care recipients.

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Abbreviations

ACWC	ASEAN Commission on the Promotion and Protection of the Rights of Women and Children
ASCC	ASEAN Socio–Cultural Community
ASEAN	Association of Southeast Asian Nations
CEDAW	Convention on the Elimination of Violence Against Women
COVID-19	coronavirus disease 2019
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
GDP	Gross domestic product
ILO	International Labour Organization
MSME	micro, small and medium-sized enterprises
OECD	Organisation for Economic Co-operation and Development
SDG	Sustainable Development Goals
UNDP	United Nations Development Programme
WGSDGI	Working Group on Sustainable Development Goals Indicators
WHO	World Health Organization

The term ASEAN in this publication refers to the 10 ASEAN Member countries, namely Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Viet Nam.

All \$ currencies refer to United States dollars.



Chapter 1

Introduction

Woman washing dishes in Indonesia.
Photo © Mindy McAdams

Human survival, human development and human flourishing all are premised on the central role of care in human life – care for self and care for others. The current structure of societies and economies considers care and what is more broadly called “social reproduction”¹ as secondary to production and profits. This inversion of priorities has led to repercussions that are being felt deeply and widely through the ongoing COVID-19 crisis. The pandemic has exposed the extent to which it is the daily care service providers who are “essential” to our survival and well-being – making care foundational to the functioning of society.

The care economy is said to be the sum of all *paid* as well as *unpaid* care work (ILO, 2018), performed for the purpose of maintenance and renewal of human beings and the world. Investing in the care economy is increasingly recognized as an important component of promoting women’s empowerment and gender equality. This is because care work accounts for more than half of the total work time globally (Ilkharacan, 2018), and women perform more than two thirds of all unpaid care work, putting in 3.2 times more time than men (ILO, 2018). A skewed gendered division of labour creates limitations and barriers for women’s full and equal participation in the public sphere. Recognizing this essential fact, target 4 under Sustainable Development Goal (SDG) 5 on gender equality specifies: “Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.”²

The care economy is not only a gender equality concern but also a development policy issue, impacting poverty reduction, socioeconomic inequalities, decent jobs and inclusive growth (Ilkharacan, 2018). It is a cross-cutting theme with other SDGs, such as decent work (SDG 8), reducing inequalities (SDG 10), access to education for girls (SDG 4), good health and well-being (SDG 3) and no poverty (SDG 1).

Unpaid care and domestic work include both direct care tasks, such as care for children, older or sick persons or persons with disability. Indirect care tasks

are those necessary for daily sustenance of the family, such as cooking, cleaning and the collection of fuelwood and water, food provisioning and household maintenance. While feminist economists have long called attention to the absence of unpaid care and domestic work in calculations of national income or gross domestic product (GDP) (Antonopoulos, 2008; Razavi, 2007), there has been slow progress towards recognizing care as an “economic activity” (Razavi, 2016). Recognition of the role of the care economy and its reorganization are imperative to correcting gender imbalances in the public and private spheres. It is encouraging that attention to unpaid care work and its role in women’s economic empowerment is gaining ground on international agendas and among policy actors (Parvez Butt and Rost, 2018).

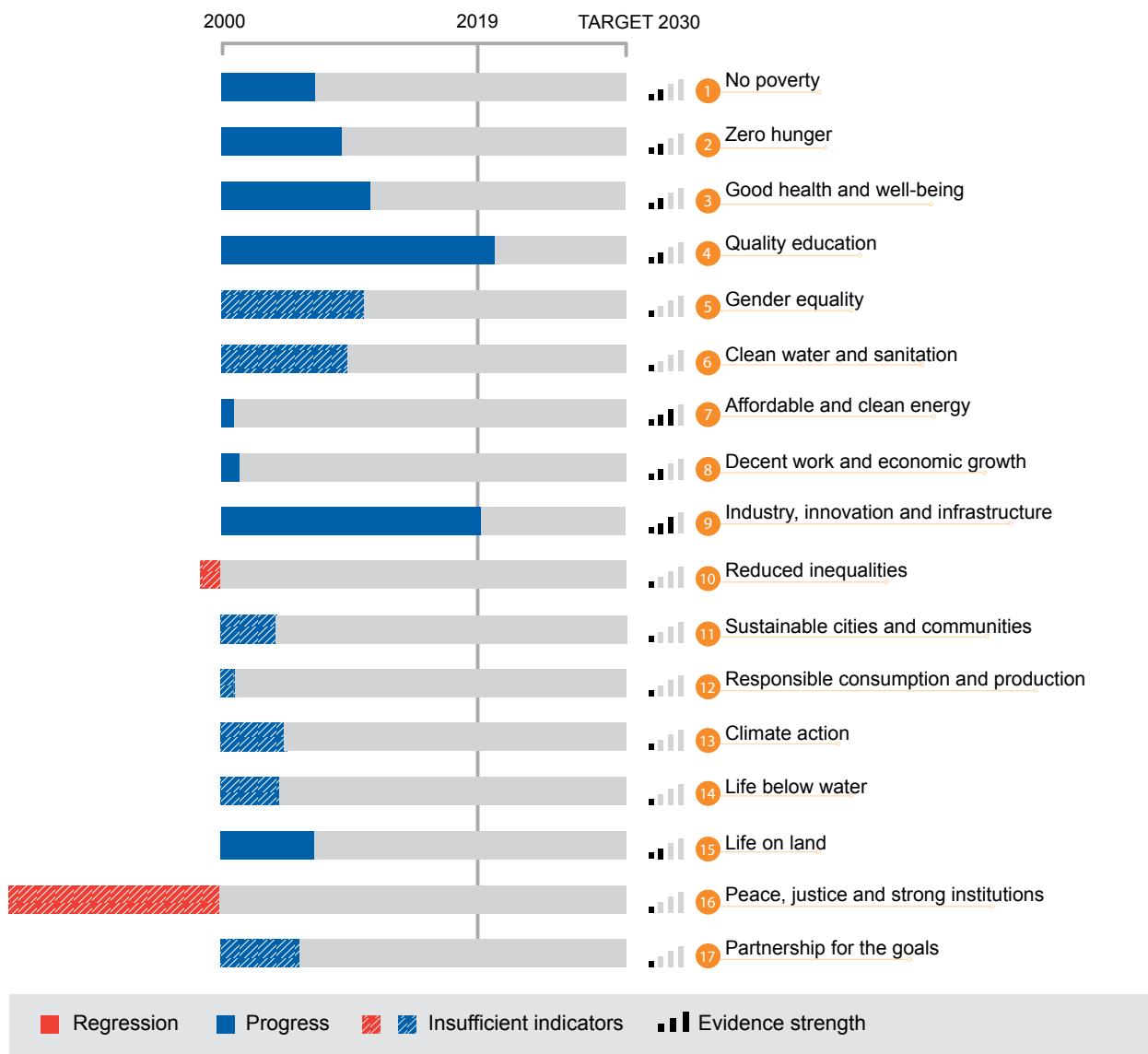
The study reflected in this report forms part of a three-phase research project that the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) initiated to assess the state of the unpaid care economy in the region in the face of the COVID-19 pandemic. As home to more than half of the world’s population, the Asia and the Pacific region is staring at an acute demand for caregiving activities, with women in the region performing four times more unpaid care and domestic work than men (ILO, 2018)). This exacerbates the tensions between paid work and unpaid care work for women in the region. With a changing employment landscape and evermore women entering the paid workforce, the demand for care services and infrastructure are intensifying (Hill and others, 2019). Within the Asia–Pacific member States of ESCAP, the Association for Southeast Asian Nations (ASEAN) emerges as a bloc of countries committed to enhancing the progress of women towards equality and full participation in the region’s economic growth. The discussion presented here takes stock of the situation of unpaid care and domestic work performed by women in the ASEAN region. It examines the extent of care-sensitive policy measures that have been put in place by ASEAN Member States³ and makes recommendations to encourage governments to seize the moment to make investments in the care economy. A focus on addressing women’s unpaid care and domestic work in ASEAN countries will allow the region to address

1 Social reproduction is more broadly understood to encompass: biological reproduction, unpaid production in the home, social provisioning or volunteer community work, reproduction of culture and ideology and the provision of sexual, emotional and affective services in familial and intimate relationships (Hoskyns and Rai, 2007, p. 300). Care work is largely used to refer to the physical, mental and emotional labour entailed in performing household work, reproductive work, domestic work, paid care activities and unpaid care activities.

2 See <https://www.undp.org/content/undp/en/home/sustainable-development-goals.html>.

3 ASEAN Member States: Brunei Darussalam, Cambodia, Indonesia, the Lao People’s Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam.

Figure 1. Pre-COVID-19 assessment of progress towards the SDGs by ASEAN Member States



Source: ASEAN Secretariat, 2020a, p. 24.

its gaps in promoting gender equality and also create more economically resilient and sustainable communities.

1.1 ASEAN and progress towards the SDGs

ASEAN was established with the aim of strengthening democracy, protecting human rights and fundamental freedoms; promoting peace, security and stability; working collectively towards socioeconomic and political development; and creating regional solidarity and sustainable development for all ASEAN people (ASEAN Secretariat, 2020c). Over the years, the ASEAN bloc has been successful in reducing poverty. It is one

of the fastest-growing economic regions around the world. At the same time, an assessment of progress towards the SDGs points towards the great deal of change that still needs to be made. Figure 1 notes the uneven progress, with significant gaps across many of the SDGs. The infographic points to the weak progress towards SDG 5 on gender equality as well as lack of evidence and sufficient data to form a basis for decision-making.

This data insufficiency remains a longstanding concern, as highlighted by the *ASEAN Progress Report on Women’s Rights and Gender Equality* (ASEAN Secretariat, 2016). The report noted that sex-disaggregated data on indicators of women’s economic rights “leave much to be desired” (p. 262). A more recent assessment of women’s progress

towards gender equality parameters published in the *ASEAN Gender Outlook* (Duerto-Valero, Kaul and Chanchai, 2021) has limited data regarding women's unpaid care work. Rapid assessment surveys by UN Women and other international organizations (Nguyen and others, 2020; UN Women, 2020d) in several countries of South-East Asia confirm the intensification of unpaid care and domestic work tasks, such as cooking, cleaning, water collection and care of children, for women under stay-at-home and lockdown conditions of the pandemic. However, the absence of baseline statistics on which to draw evidence-based conclusions and design policy interventions are an oversight that must be redressed. There is a strong case for commitment and action by ASEAN Member States to fulfil this lacuna by measuring the value and impact of unpaid care work in each respective context.

In addition to women's time use in unpaid care and domestic work compared with that of men, it is imperative to assess women's vulnerability due to other sociodemographic factors. The first ASEAN Women Leaders' Summit (in November 2020) emphasized the need for an intersectional lens to determine the most vulnerable and deprived populations among women (Duerto-Valero, Kaul and Chanchai, 2021). Select groups of women, such as those living in rural areas, in poor households, ethnic minority women, women with disabilities and migrant women, are more disadvantaged when it comes to SDG progress. Women at the intersection of these identity markers and social locations are considered to be the "most deprived". When two or more forms of discrimination overlap, the barriers women face increase. These groups of women are struggling across all dimensions of sustainable development. They are excluded from economic prosperity, social development, environmental opportunity and political decision-making (Duerto-Valero, Kaul and Chanchai, 2021). The *Asia-Pacific Declaration on Advancing Gender Equality and Women's Empowerment: Beijing+25 Review* (United Nations, 2020a) underscores the urgent need to address intersectional barriers that create "unequal access to and control of resources, opportunities, information and services, which undermine inclusive and sustainable development in the region" (p. 4). The analysis takes into account these intersecting inequalities, which exacerbate women's burdens with regard to the performance of unpaid care.

1.2 Purpose of the research

The COVID-19 pandemic has continued for more than a year now, claiming more than 4 million lives and infecting close to 200 million people worldwide.⁴ If there can be a silver lining in this dire situation, it is how the crisis has spotlighted care work and brought it frontstage in public and policy discourse. Leveraging this pivotal moment in the care discourse, the analysis presented here illuminates the state of the unpaid care economy in the ASEAN region. It also assesses the nature and extent of unpaid care and domestic work undertaken by women and the gendered nature of the political economy of care.

The main research objectives of this study were to:

- 1 Map the nature and extent of unpaid care work undertaken by women in countries of the ASEAN region.
- 2 Examine the social, economic and political context as well as the institutional, legislative and policy environment in countries of the ASEAN region and identify conditions that can support or hinder progress towards women's economic empowerment by acknowledging their unpaid care and domestic work.
- 3 Provide policy recommendations and guidelines on specific social policy initiatives that can be taken by ASEAN countries to promote women's empowerment, keeping in mind women's differential and specific needs due to their unpaid care work.

This study builds on the conceptual framework put forth in the regional overview report on Asia and the Pacific that ESCAP also commissioned (ESCAP, 2021). It examines the gendered political economy context across each ASEAN Member State and assesses existing policy measures against a framework of four care-sensitive policy categories (outlined in section 2.2). While highlighting examples of promising policy measures taken by ASEAN Member States, both pre-pandemic and as emergency responses to COVID-19, the report aims to operationalize the normative Triple-R Framework⁵ (Elson, 2008) – recognize, reduce and redistribute – through its policy recommendations. The Triple-R Framework has since been expanded to 4Rs to include representation of paid carers

⁴ Data as of 5 August 2021 from the [WHO Coronavirus \(COVID-19\) Dashboard](#) and the [WHO Coronavirus \(COVID-19\) Dashboard with Vaccination Data](#).

⁵ Even though this early framework was expanded to four Rs that include representation of paid carers (Oxfam, 2020) and then to five Rs that incorporate representation and rewards of decent work for paid caregivers (ILO, 2018), only the foundational Triple-R Framework is used for this report due to its emphasis on unpaid care and domestic work.

(Oxfam, 2020) and then to 5Rs, which incorporate both representation and reward with decent work for paid caregivers (ILO, 2018). Given the emphasis on unpaid care and domestic work in the discussion featured here, the foundational Triple-R Framework is used as a normative guideline to draw attention to the need to recognize and acknowledge the importance of unpaid care and domestic work, aiming to reduce the drudgery and mental and physical depletion caused by unpaid care and domestic work and finally redistributing unpaid care and domestic work to other stakeholders in society, apart from women.

Given the multi-scalar nature of care, the report also looks at, albeit in small measure, to the growing demand for paid care workers. This trend is seen in the expansion of in the health, personal and home care, education, early childcare and domestic work sectors, both locally and internationally. Literature from global care chains analysis and care trans-nationalization (Yeates, 2012) points to the increasing international demand for and migration of domestic workers, which underlines the early trend of what has been called the “international division of reproductive labour” (Parreñas, 2000). This body of work also expounds on the racialized and privilege-driven hierarchy among women within the domain of unpaid care and domestic work: Middle-class women in receiving nations pay for the services of migrant domestic migrant workers from poorer nations, who in turn hire even poorer women as counterparts within their own homes when they migrate to the West or Middle East. These women in turn rely on friends and family to fill the unpaid care and domestic work deficit that is created in their own homes when they go to work (Utari, 2017). Recognizing how these international migration patterns and flows of care influence the lives of those left behind could be useful for creating more informed and effective policies that tackle the issues created by intersectional inequalities in the provision of care.

1.3 Structure of the report

The report begins by laying out the methodological framework in Chapter 2. It outlines the main conceptual framework that was used for the analysis of care-sensitive policies in the ASEAN countries. This framework is elaborated in section 2.1, along with the four main care-sensitive policy categories under which the analysis and recommendations proceed. Section 2.2 outlines the gendered political economy analysis approach adopted for this study. It outlines the main data collection sources as well as analysis techniques used to map the findings against the gendered policy actors, institutions, interests and ideas. Chapter 3 first expands on the state of gender equality progress observed in the ASEAN region across multiple gender equality indices and measures (section 3.1). Then the chapter takes a deep dive into the state of unpaid care and domestic work and focuses on the time use of both men and women in unpaid care and domestic work (section 3.2). This discussion builds on both national statistical data as well as independent research studies by international organizations. Section 3.3 outlines the impact and implications of the lopsided burden of unpaid care and domestic work on women in terms of women’s health, well-being, mental and physical depletion, access to resources and economic empowerment.

Chapter 4 presents analysis of the gendered political economy context by noting the sociodemographic, cultural, political and economic context of ASEAN countries (sections 4.1 and 4.2). Then it maps out the gendered institutional context of national women’s machineries, policy actors, formal legislative acts and informal institutions in each ASEAN Member State (section 4.3). Following the entire context within which to understand unpaid care and domestic work, Chapter 5 turns to an assessment of care policy measures in place in different ASEAN Member States. The chapter is structured around each of the four care-sensitive policy categories. Chapter 6 sums up the overarching messages for governments of ASEAN (section 6.1) and offers recommendations to operationalize the care-sensitive policies along the Triple-R Framework (section 6.2). Chapter 7 concludes with a review of the main findings and takeaway messages from the study.



Chapter 2

Conceptual framework and methodology

Caring for children in the Philippines.
Photo © ILO/J. Aliling

This chapter outlines the analytical framework that underpins the study as well as the gendered political economy analysis approach. As noted in the previous chapter, unpaid care work is a component of the overall care economy. While paid care work encompasses paid employment in the care sectors (such as health, education, social care or domestic work), unpaid care and domestic work refer to the direct and indirect forms of care that are provided within the home to family members or within the community. This includes child care, care of older persons and care of persons who are sick, as well as shopping, cooking, cleaning, food procurement, etc. Voluntary community work is excluded from the analysis of unpaid care and domestic work due to the lack of adequate data.

It is important to discuss the boundaries of unpaid care and domestic work: Fuelwood and water collection are considered as production of goods for own final use and therefore typically included within the general production boundary (Charmes, 2019; ILO, 2018). However, they are included within the scope and definition of unpaid care and domestic work in this report because of their crucial role in accounting for women's disproportionate time use, especially in low-income and developing countries (Chopra and Zambelli, 2017).

Given the importance of water, fuelwood and food provisioning in the performance of other domestic tasks and care of dependants, a blurring of production and reproduction can be clearly observed. Feminist economists have long pointed to this false economy of bifurcating economic activities into production and reproduction, which potentially obscures the crucial contribution that the reproductive sphere makes to the sustenance of the market economy and threatens to devalue "invisible" caring labour as not productive. Table 1 captures the scope of unpaid care and domestic work in its direct and indirect forms.

Analysis of institutional actors that are implicated in the provision of care draws on the "care diamond" (Razavi, 2007), which includes the family, the State, the private sector and communities and non-government organizations as the four stakeholders or pillars around which care is distributed. If countries want to harness the economic contribution of women's productive labour as predicted under "full potential scenarios" similar to men's, then it follows that their reproductive labour should also be similar to men's levels (Ilkharacan, 2018). This rebalancing of unpaid care work between men and women is imperative for furthering women's fundamental human rights. To avoid the inevitable care deficit or care crisis that would be generated by women diverting all their labour from unpaid care work to paid care or paid work in general, the redistribution of care work from women to men and from women to the State, to markets and to communities becomes imperative. The Triple-R Framework enables a focus on: (a) recognition of unpaid care and domestic work; (b) reduction of the drudgery, monotony and depleting effects of this work as well as reduction in the amount of time spent on unpaid care and domestic work; and (c) redistribution of unpaid care and domestic work from women to other stakeholders of the care diamond. Thus, the discussion here proposes the Triple-R Framework to drive and bolster policymaking efforts aimed at unpaid care and domestic work while underscoring the importance of rewards and representation of care workers when framing the discourse on paid care workers.

2.1 Conceptual framework

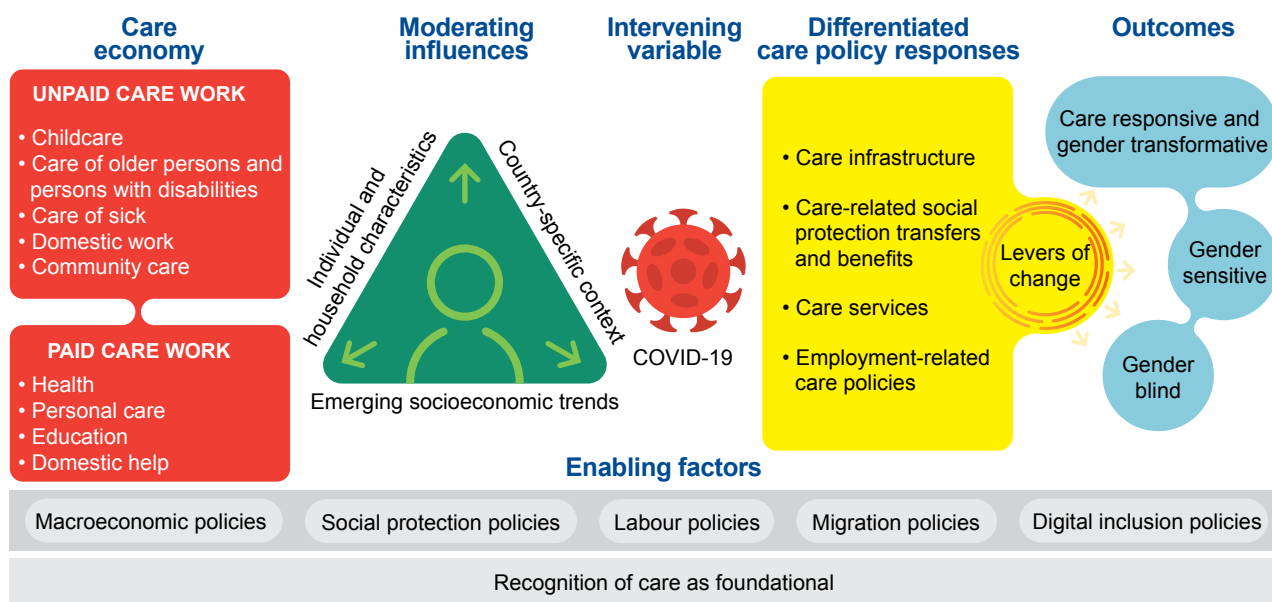
A country's response to addressing the care economy is premised on adequate attention to macroeconomic policies, political economy factors, emerging sociodemographic trends and cultural norms as well as women's own differentiated care needs along multiple axes of vulnerability and

Table 1. Inclusion and exclusion of unpaid care and domestic work

	DIRECT CARE WORK	INDIRECT CARE WORK
Unpaid care and domestic work	Care of dependants, such as children, older persons, sick persons, people with disabilities	Housework, cooking, cleaning, food provisioning, fuelwood and water collection
Paid care work*	Paid employment in health, education, personal or home care and social work	Paid employment in domestic work

Note: *It is important to recognize that boundaries between direct and indirect forms of paid care work within homes are often blurred in practice.

Figure 2. Care-sensitive and gender-differentiated framework for policy programming and implementation success



Source: Authors' own representation.

discrimination. The conceptual framework that underpins this study contains all these analytical factors and was first proposed as part of the overview of the Asia and the Pacific region research that ESCAP commissioned (ESCAP, 2021). Figure 2 is a graphical representation of the care-sensitive and gender-differentiated policy framework that can guide policy-thinking to ensure that all aspects of women’s unique and differentiated needs with regard to unpaid care and domestic work are taken into account. It also captures the importance of the particular country context as well as emerging sociodemographic trends and crisis response of any kind in the future (COVID-19 in this case but the framework would also hold for any other crisis scenario). Each element is elaborated in the following sections:

Care economy

As noted in the previous chapter, the care economy is the sum of all paid care and unpaid care work that is needed to sustain life in a society. Be it their overrepresentation as front-line health workers, personal caregivers, domestic workers or educators and childcare providers, women comprise the majority of the workforce in paid care professions (ILO, 2018). Similarly, unpaid care work tasks like cooking, cleaning, child care and care for older persons, persons who are sick or live with disabilities

are largely carried out by women within families. The overlaps and connections between women’s paid work and unpaid care work are important to bear in mind during policy formulation. The phenomenon of the “double day” or “second shift” (Hochschild and Machung, 2012) highlights that even if women are performing paid domestic and care work, they are also likely undertaking the majority of unpaid care and domestic work at home. In such a scenario, access to fuelwood, water, electricity and safe transportation supports women’s unpaid care and domestic work and enables their smoother access to market work and/or home-based enterprises. Similarly, migrant female domestic workers leave the care of their home and family in the hands of their mother or older daughter when they migrate for paid work, creating an intergenerational transfer of unpaid care work within their household (Chopra and others, 2020).

Moderating influences

“Moderating influences” refers to those factors that mediate the nature and extent of women’s participation in paid or unpaid care work activities. For example, women from low-income rural households have poor access to clean water and sanitation. Women living in urban slums might not be able to rely on family and kin networks to support their childcare needs when they step out to work. These women are then limited in their participation in

economic opportunities and require a differentiated policy response – physical infrastructure in the case of rural women and childcare provisions in the case of urban women.

Three moderating influences are promoted in this framework that mediate the way women's unpaid care and domestic work requires a differentiated policy response. First, is women's location on multiple axes of socioeconomic and demographic characteristics. Race, income class, caste, ethnicity, marital status, age and family roles as mothers, daughters, grandmothers and aunts, along with the size and structure of the household, migration status, rural or urban geographic location and work in the formal and informal economy are some of the variables that affect women's status and care needs. These intersecting identities create multiple inequalities in their access to opportunities, and they accentuate vulnerabilities.

Second, the national and even subnational political economy, legislative and institutional context of the country and the gendered ideas and discourses frame the policy agendas. Often, it is not just formal women's machineries and legislative reform that are necessary but also a shift in informal norms and ways of working.

Third, the broader socioeconomic level of development of the country and trends, such as ageing populations, youth bulge, climate change, changing family composition, conflict and wars, digitization and automation of work, etc., exacerbate and intensify care work burdens and drudgery. Analysis of the effects of these moderating influences in combination and as intersecting axes is necessary for a nuanced understanding of women's differentiated care needs so as to address women's concerns effectively.

Enabling factors

A necessary step in creating a policy climate conducive to a care economy focus is to recognize the centrality of care to human life and thereby make a conscious attempt to recognize care as foundational to society. This is what scholars of social reproduction theory call "shifting from profit-making to life-making" (Jaffe, 2020). In addition, national, subregional, regional and even global policies, conventions and international guidelines set the standards and direct the discourse around macroeconomic policies, social protections, labour, migration, digital inclusion and ecological

sustainability. A cross-sector and multipronged policy response is the necessary bedrock on which to build care-sensitive policies and programmes. These have a cross-cutting effect on both the market economy as well as the paid care and unpaid care economy.

Care-sensitive policy categories

Be it a pandemic, a war, climate change or ethnic conflict, governments must factor in the possibilities of such "black swan" events (Taleb, 2007) when designing and investing in care policies. Irrespective of the crisis, care policies need to respond to the needs of a diverse set of women living in rural and remote areas, young women and adolescent girls, women with disabilities, migrant and domestic workers, refugees and internally displaced women – with a differential focus, depending on their unique circumstances. An effective policy response must take an integrated view of paid and unpaid care work and comprehensively address women's distinct requirements and uphold decent work conditions for care workers. Box 1 details the four main categories of care-sensitive policy responses to comprehensively address all aspects of women's unpaid care and domestic work. These four categories were arrived at from years of feminist research on unpaid care and social reproductive work (Razavi, 2007; Daly, 2002; Jenson, 1997).

Box 1. Care-sensitive policy categories

- 1 Care infrastructure** – water, sanitation, energy, transport, food services, health care for the sick (HIV patients, COVID-19 patients), persons with disabilities and/or pregnant women.
- 2 Care-related social protection transfers and benefits** – cash transfers, cash-for-care, vouchers, tax benefits and non-contributory pension schemes.
- 3 Care services** – childcare, older person care, care for persons with disabilities or who are sick, through the State or markets.
- 4 Employment-related care policies** – leave policies, family-friendly working arrangements, flextime, career breaks, sabbaticals, severance pay, employer-funded or contributory social protection schemes like maternity benefits.

Levers of change

The best of intentions and policy design can fail to generate the desired results if implementation barriers and pitfalls are not detected and planned for. Among the factors that can multiply the impact of policy initiatives – financing of care policies, cultural and social norm change to shift the status quo on the gendered division of labour, evidence-based policymaking that can be targeted through the use of gender- and care-disaggregated data, inclusion of women and carers in decision-making and programme leadership and the legal and regulatory frameworks through ratification of relevant international conventions such as the SDGs, the Universal Declaration of Human Rights, labour standards set by the International Labour Organization (ILO), including workplace policies, social dialogue and the Decent Work Agenda. These levers are best deployed with a whole-of-government approach (see Chapter 6).

Gendered outcomes

In the past few decades, gender mainstreaming efforts have been carried out with varying degrees of success. In a bid to achieve gender equality, it is important to question and articulate the extent of shifts or changes that are needed. The conceptual framework used in the analysis presented here distinguishes between gendered outcomes that can result from the type and extent of care policies adopted: (a) **gender-blind outcomes** (policies that fail to account for women's differentiated needs by not recognizing women's care work); (b) **gender-sensitive outcomes** (policies that address women's needs as a vulnerable and marginalized group, for example, domestic violence policies or maternity entitlements that recognize women as central but may not reduce or redistribute their care work); and (c) **care-responsive and gender-transformative outcomes** (transformative policies that address women's care burdens by recognizing, reducing and redistributing this work to men and to other stakeholders in the care diamond. A combination of policies may be deployed by governments in a bid to achieve varied gender outcomes. But the first step is an awareness of the kind of gender outcome created because of different policy choices.

The analysis of care-sensitive policy measures in Chapter 6 highlights some policy solutions towards care-responsive and gender-transformative outcomes.

2.2 Research methodology

A gendered political economy analysis approach was used for this study to pay attention to the following four areas:

- A** Women's differentiated care needs based on their differential location and nature of unpaid care and domestic work performed.
- B** Socio-political context of the countries and relevant societal trends that impact on women's unpaid care and domestic work.
- C** Political economy actors, institutional context, legislative frameworks and policy climate governing each country context.
- D** Care-sensitive and gender-differentiated policy initiatives and measures adopted by the State under each of the four care-sensitive policy categories.

The study mapped and analysed the policy actors and the formal and informal⁶ institutions as well as budgets, normative influences and policy commitments within each ASEAN country context, taking the following step-by-step approach:

- 1 Collecting sex-disaggregated data on unpaid care and domestic work through time-use surveys or commissioned reports and independent research studies.
- 2 Mapping the socio-political-economic landscape of the country and identify emerging trends that can have implications for women's unpaid care work.
- 3 Mapping the legislative, institutional and policy environment within each ASEAN member country. This includes identifying ministries within governments concerned with women's economic empowerment, strength of local women's groups and movements, the nature and extent of gender equality legislation and schemes pertaining to unpaid care work, public expenditures and budget allocations, social protections, partnerships with the private sector, etc.
- 4 Mapping existing (pre- and post-COVID-19) policy measures prevalent in each country pertaining to the four care-sensitive policy categories. The focus of this study is limited to state-owned or state-led policies and programmes, either wholly state-sponsored or in partnership with private or international agencies.

6 This refers to prevalent social norms around gendered policies.

This analytical approach adopts a whole-of-government thinking to look beyond designated women's ministries and identify other interministerial collaborations that have a bearing on care-sensitive policies and programmes affecting women. This is necessary with an eye to including men in the conversation on unpaid care and domestic work and, hence, adopting a gender-transformative lens to policy programming.

Data collection

A wide-ranging set of data sources were analysed for this research, including:

- 1 The national statistical office or department for population data for census, labour force, time-use and other household surveys in ASEAN Member States, including the *ASEAN Statistical Yearbook 2020* and the *ASEAN Key Figures 2020* report.
- 2 Economic and social indicators from UNStats⁷ database, the United Nations Statistics Division and labour force estimates from the World Bank,⁸ based on modelled ILO estimates.
- 3 Government websites and legislative documents from ministries responsible for women's empowerment, gender equality and labour laws in individual ASEAN countries.
- 4 Publications and research studies commissioned by the Asia Development Bank, ASEAN, ESCAP, the ILO, UN Women, other United Nations agencies and the World Bank on SDG indicators, gender outlooks, regional indicators, international migration, informal employment, etc.
- 5 Research studies from international organizations working in the area of gender equality and women's unpaid care work, such as Oxfam, ActionAid, and Care International.
- 6 Data on COVID-19 case incidence from the World Health Organization's Coronavirus Dashboard.⁹
- 7 Data on COVID-19-related emergency response policy measures from the United Nations Development Programme (UNDP) and UN Women's COVID-19 Gender Response Tracker¹⁰ and World Bank data on social protections and job losses (Gentilini and others, 2020).

- 8 Submissions from the ASEAN Committee on Women and the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children on country-specific policy measures.

Data analysis

Gender-disaggregated data pertaining to labour force participation, women's access to health and education, political participation, women's nature of work in the market economy and women's and men's time use in unpaid care work across such activities as cooking, cleaning, fuelwood and water collection, childcare, older person care and the care of persons who are sick or disabled are some of the statistics that have been analysed. A database of the 10 member countries of ASEAN was created to map the social, economic, political, legislative, institutional and other factors relevant for a political economy analysis. In addition, care-relevant policy measures were mapped across the ASEAN Member States to draw an overall picture for the region. Thematic, qualitative analysis within and between countries was carried out to determine the areas of opportunities and potential gaps within the unpaid care work economy. Promising country-specific best practices are highlighted throughout the report.

Ethics and limitations

As explained earlier, the research was desk-based, given the ongoing pandemic conditions. This limited the nature and extent of data that could be gathered adequately in a short period. It is necessarily limited to publicly available sources and may differ from the actual political and policy climate in each country. Efforts were made to minimize the discrepancy by ensuring that the most recent, relevant and comprehensive data available are included. Two consultation meetings with the ASEAN Commission on Women focal point representatives were arranged virtually to gather information on the latest care policy initiatives within ASEAN Member States. The latest data or figures available are included.

All data analysis and findings of themes or trends are reported for the ASEAN region as a whole, and individual country data are highlighted as and where relevant.

7 See <http://data.un.org/en/index.html>.

8 See <https://databank.worldbank.org/home.aspx>.

9 See the [WHO Coronavirus \(COVID-19\) Dashboard](#) and the [WHO Coronavirus \(COVID-19\) Dashboard with Vaccination Data](#).

10 See the [COVID-19 Global Gender Response Tracker](#) and the [UNDP COVID-19 Data Futures Platform](#).



Chapter 3

Women's unpaid care and domestic work in ASEAN countries

Women doing laundry with children in Indonesia.
Photo © Collin Key

The world over and irrespective of a country's level of development, women perform a greater share of unpaid work than men. Caregiving is the biggest role that hinders women's employment opportunities. As many as 21.7 per cent of working-age (606 million) women perform unpaid care work on a full-time basis, compared with 1.5 per cent of men (or 41 million) (ILO, 2019). These figures vary by region, increasing especially in low- and lower-middle-income countries or in rural areas. The bidirectional connections between paid work and unpaid care work (Chopra and others, 2020) also affect women's health, education, agency and well-being. Estimates based on time-use survey data in 64 countries (representing 66.9 per cent of the world's working-age population) show that 16.4 billion hours are spent in unpaid care work every day (ILO, 2018). Time-use surveys are the most widely accepted source of data on the nature and duration of time spent in paid, unpaid and total work. However, given the cost and effort involved in conducting them, many countries do not have these metrics and rely on smaller-sample, pilot studies or other household and labour force surveys with proxy measures to estimate the extent of women's unpaid care work.

This chapter takes a close look at the position of women within the ASEAN region in terms of their economic opportunities, workforce participation and the extent to which unpaid care work serves as a barrier or limitation to their workforce participation. The first section gives a general overview of the position of women against various measures of gender equality, tracing the progress made across the region towards gender equality. The second section outlines the nature and extent of unpaid care and domestic work undertaken by men and women, to the extent data are available. The final section of the chapter assesses the impact and implications of a gender-lopsided division of labour in unpaid care and domestic work tasks on women's health, well-being and economic empowerment.

3.1 Progress towards gender equality

ASEAN is a diverse region with a mix of countries across income levels, ranging from two high-income countries to three upper-middle-income and five lower-middle-income countries.¹¹ While the income level of a country has many varying implications for human development, this report is primarily concerned with women's socioeconomic status and nature of work. An overview of the position and condition of women in the ASEAN region can be gleaned from gender equality indices, such as the Gender Development Index¹² and the Gender Inequality Index¹³ published as part of the Human Development Index and the *Global Gender Gap Report 2021* (WEF, 2021). The Gender Development Index uses such human development parameters as life expectancy, years of schooling, child marriages, contraceptive prevalence and gross national income per capita. The Gender Inequality Index considers metrics on maternal mortality, the adolescent birth rate, the incidence of domestic violence, teenage pregnancies, labour force participation and seats in parliament. It is important to read these indices in conjunction with each other for a more nuanced picture of gender equality in every country and the distance yet to be covered.

Table 2 shows the layout of ASEAN Member States as per their income level and Gender Development Index category. Both high-income countries (Brunei Darussalam and Singapore) have a high level of gender equality, falling into the index's Group 1 ranking. The three upper-middle-income countries are spread across Groups 1, 2, 3 – Thailand, Malaysia and Indonesia, respectively. Interestingly, among the five lower-middle-income countries, there is a range, with the Philippines and Viet Nam both ranking high on gender equality while Cambodia ranks in Group 4, with medium to low gender equality. It is pertinent that even among countries that fall in Group 1 with high gender equality, wide gender disparities continue to exist in certain spheres.

11 High income: Brunei Darussalam and Singapore; upper-middle income: Indonesia, Malaysia and Thailand; lower-middle income: Cambodia, Lao PDR, Myanmar, the Philippines and Viet Nam, according to World Bank country income grouping (June 2020), at <https://databank.worldbank.org/data/download/site-content/CLASS.xls>.

12 The Gender Development Index measures human development achievements in three basic dimensions: health, knowledge and living standards. It has five categories in which countries are ranked: Group 1 stands for high gender equality, Group 2 stands for high to medium gender equality, Group 3 stands for medium gender equality, Group 4 medium to medium to low gender equality, Group 5 stands for low gender equality. See <http://hdr.undp.org/en/content/gender-development-index-gdi>.

13 The Gender Inequality Index measures three important aspects of gender inequalities: reproductive health (measured by maternal mortality ratio and adolescent birth rates); empowerment (measured by proportion of parliamentary seats occupied by women and proportion of women and men aged 25 years or older with at least some secondary education); and economic status or labour market participation (measured by labour force participation rates of female and male populations aged 15 years or older). See <http://hdr.undp.org/en/content/gender-inequality-index-gii>.

Table 2. Mapping of ASEAN Member States’ income level and Gender Development Index ranking

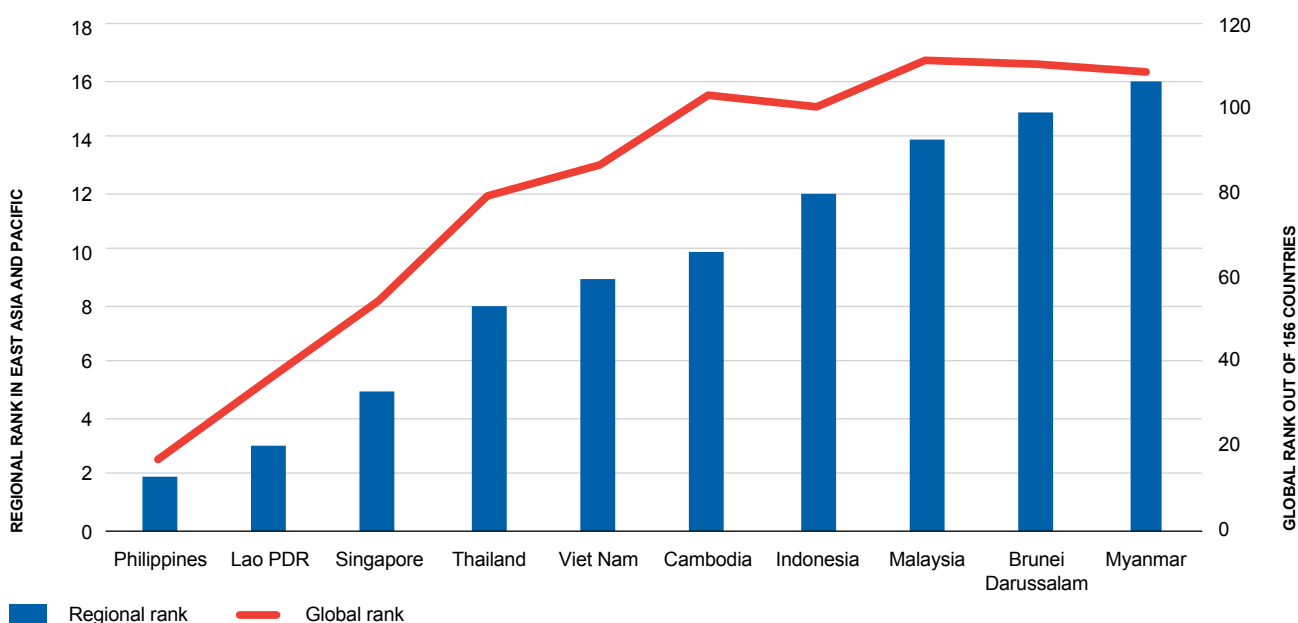
INCOME LEVEL	RANKING: FROM HIGH (1) TO LOW (5) GENDER EQUALITY				
	1	2	3	4	5
High	Brunei Darussalam				
	Singapore				
Upper-middle	Thailand	Malaysia	Indonesia		
Lower-middle	Philippines	Myanmar	Lao PDR	Cambodia	
	Viet Nam				

Source: Income mapping based on World Bank classification, June 2020. Available at World Bank Country and Lending Groups – World Bank Data Help Desk. Gender Development Index category as per the UNDP Human Development Index.

Figure 3 shows the regional rank of ASEAN Member States among East Asian and Pacific countries on the left vertical axis and their global rank among 156 countries worldwide on the right vertical axis. The lower the number the better the rank. The Philippines is the best ranked country (at 17th worldwide and second in the subregion), having covered much gender disparity across parameters reviewed in the *Global Gender Gap Report* (WEF, 2021). This is followed by the Lao People’s Democratic Republic (Lao PDR), which ranks third in the subregion and 36th worldwide. This is commendable, given that both are lower-middle-income countries. Among the high- and upper-middle-income countries,

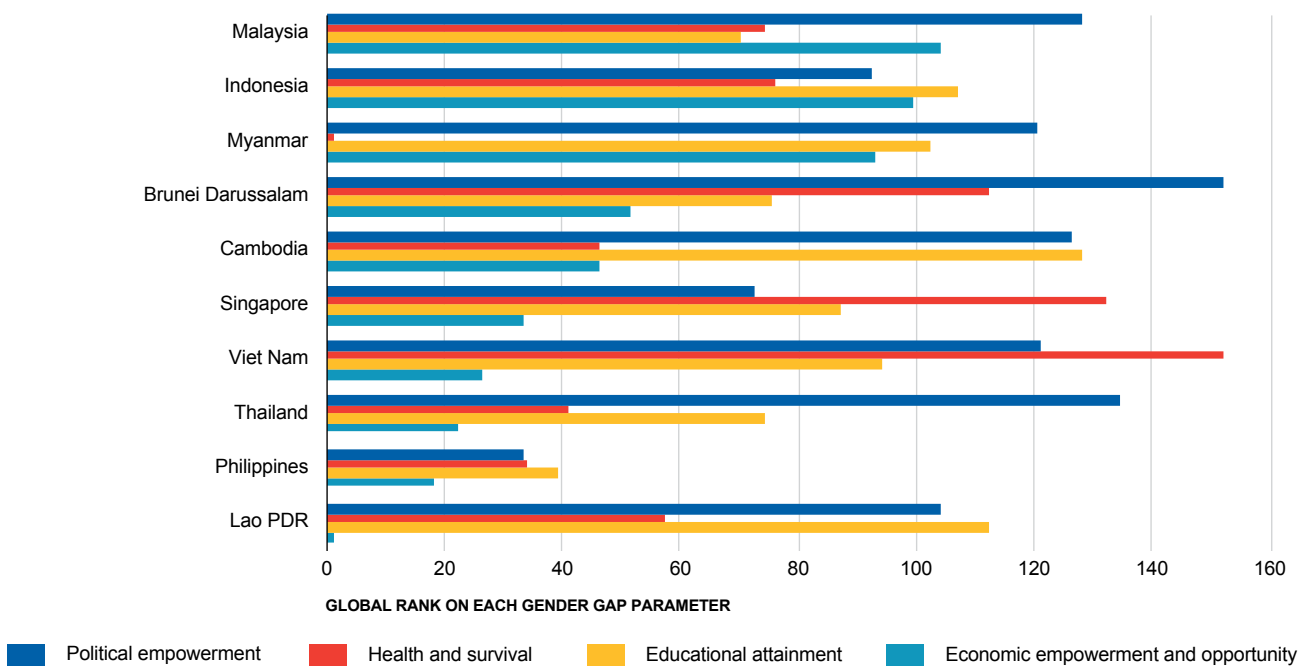
Brunei Darussalam (111th), Indonesia (101st) and Malaysia (112th) have covered their gender gaps in secondary and tertiary education but still have a way to go on other parameters, such as political empowerment or economic participation (these are elaborated on in figures 4–8). Myanmar has a Gender Development Index rank of 2, which stands for high to medium gender equality, but it ranks 109th in the global comparison (WEF, 2021). This indicates that although certain indices of human health, knowledge and living standards are now available to women in Myanmar, the gender disparities in political and economic empowerment indices continue to be wide.

Figure 3. Regional and global rankings in the *Global Gender Gap Report 2021*



Source: Authors’ depiction of ASEAN Member States’ regional rankings (out of 18 countries in East Asia and the Pacific) and global rankings (out of 156 countries) (WEF, 2021).

Figure 4. Global gender gap ranking across four parameters

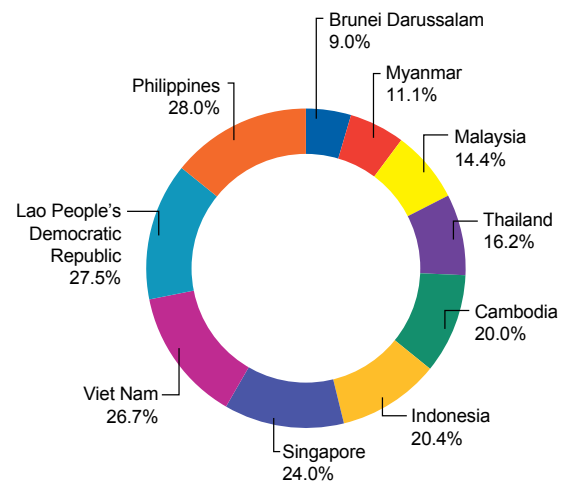


Source: Authors' representation of country data in the *Global Gender Gap Report 2021* (WEF, 2021).
 Note: The longer the length of bar, the worse is the global rank on that parameter.

Figure 4 provides a detailed look at the gender score card of parameters that have been used to calculate the global gender gap rankings (WEF, 2021). The horizontal bars depict each of the four gender gap parameters: economic empowerment and opportunity, educational attainment, health and survival, and political empowerment. The length of the bars indicates the global rank on each parameter, with a shorter bar indicating a higher rank.

The long purple bars across several ASEAN Member States in figure 4 indicate that the extent of political empowerment of women still requires attention. The number of women represented in parliamentary or ministerial positions is still close to parity with men. Figure 5 highlights the percentage of women in parliaments (or equivalent) across ASEAN Member States. Lao PDR, the Philippines and Viet Nam, all lower-middle-income countries emerge with a relatively high representation of women in parliament (more than 25 per cent). The Philippines, with the largest percentage (at 28 per cent) has had women Heads of State in office for longer than the global norm (WEF, 2021). It is perhaps relevant that a country's level of economic development does not correlate to the outcomes for women on political empowerment, and policymakers should turn to other institutional and contextual factors to address this area.

Figure 5. Percentage of women in parliaments (or equivalent) across ASEAN Member States



Source: United Nations country data, 2020. Available at <http://data.un.org/en/index.html>.

On the health and survival parameter, countries with skewed sex ratios at birth have ranked lower. This could be due to sex selection and marked son preference in some cultures (WEF, 2021). Contrasted with its political and economic attainments by women, Myanmar ranks first worldwide in a healthy sex ratio and equal life expectancy for women and men.

On economic empowerment opportunities for women, the ranking factors in such parameters as labour force participation, wage inequality, estimated earned income, percentage of female legislators, officials and managers as well as the percentage of female professional and technical workers (WEF, 2021). The performance is highly variable across the region, with Lao PDR and the Philippines doing better due to closing the leadership gap of women in senior roles across government, industry or management as well as technical roles. Thailand, too, has closed the gender gap in professional and technical workers. In 2018, 43.6 per cent of managerial positions in eight ASEAN Member States were filled by women (ASEAN Secretariat, 2020b). On the flip side, variations across ASEAN Member States in the overall female labour force participation as well as wage inequality between men and women continue to persist.

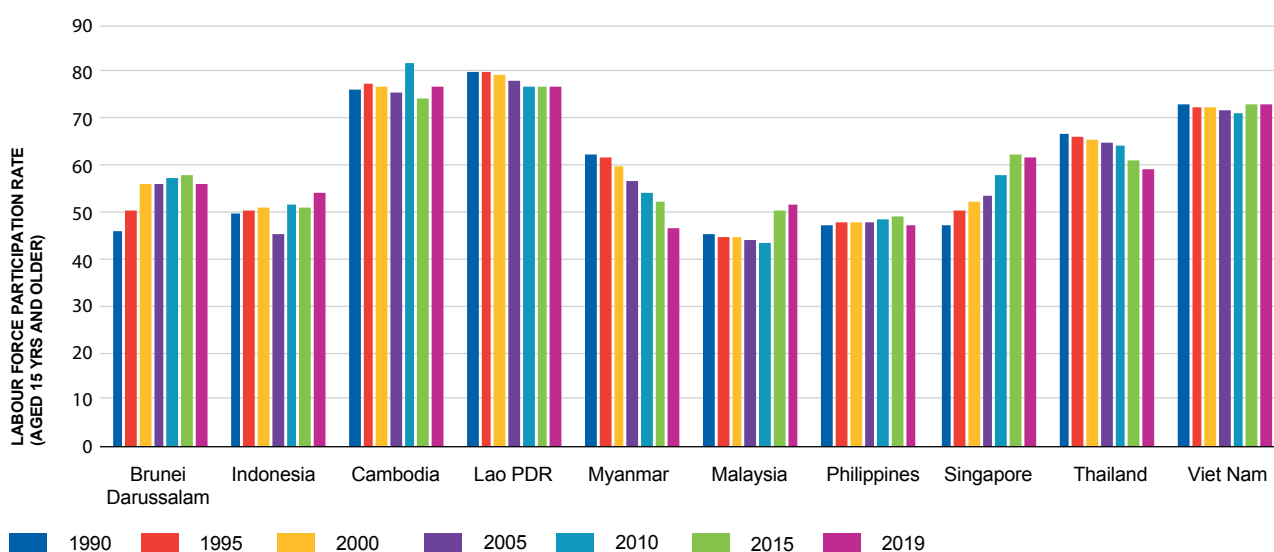
Women’s participation in paid work

Figure 6 traces the rise and fall in female labour force participation over the past three decades for which data are available. Cambodia, Lao PDR and Viet Nam have the three larger percentages of women in the workforce (at 76.9 per cent, 76.5 and 72.7, respectively), which have remained virtually unchanged, apart from a slight drop in Lao PDR’s female labour force participation between 1990 and 2019. Myanmar and the Philippines have less than

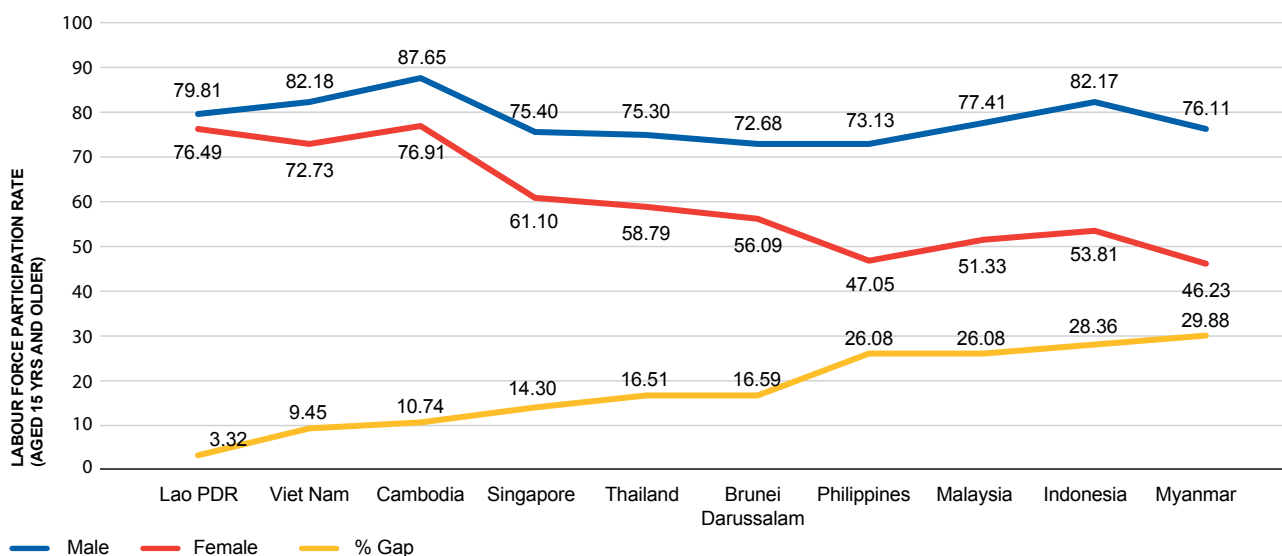
50 per cent female labour force participation rates, while Indonesia and Malaysia have improved their female labour force participation in recent years. Caregiving accounts for the biggest role as a barrier to women’s employment in terms of a “motherhood wage penalty”, a “motherhood employment penalty” and a “motherhood leadership penalty” (ILO, 2019). This underscores the importance of addressing women’s unpaid care work to effect a change in their labour force participation rates, as well as the gender pay gap and the leadership gap.

Figure 7 compares women’s labour force participation rate with that of men (aged 15 and older) for 2019. On average, the ASEAN region reports 60 per cent female labour force participation, compared with close to 80 per cent for men. As the chart shows, male and female labour force participation rates in Lao PDR are high, with the smallest gap across the region (at 3 per cent). However, given the primarily rural and informal employment scenario, women are segregated into a smaller range of jobs and occupations that make it easier for them to combine working with childrearing (ASEAN Secretariat, 2016). Cambodia and Viet Nam are the other two countries with a smaller gap between male and female labour force participation rates. Indonesia and Malaysia have increased their female labour force participation marginally, while the Philippines has experienced a marginal drop. But the Philippines has successfully covered a large portion of its gender wage gap and is the only country in the region where

Figure 6. Female labour force participation (aged 15 and older) in ASEAN Member States over three decades



Source: Female labour force participation rates (aged 15 and older) based on modelled ILO estimates and World Bank database. Available at <https://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS> (accessed on 15 June 2021). Singapore data from Manpower Research and Statistics Department, Ministry of Manpower. Available at <https://stats.mom.gov.sg/Pages/LabourForceTimeSeries.aspx>.

Figure 7. Gender-disaggregated labour force participation of persons aged 15 and older, 2019

Source: Labour force participation rates (aged 15 and older) for 2019, based on modelled ILO estimates and World Bank database. For males, available at <https://data.worldbank.org/indicator/SL.TLF.CACT.MA.ZS> and for females, available at <https://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS> (accessed on 15 June 2021).

Singapore data from Manpower Research and Statistics Department, Ministry of Manpower. Available at <https://stats.mom.gov.sg/Pages/LabourForceTimeSeries.aspx>.

there is a larger number of women in senior roles (WEF, 2021). A study on women in business and management in the Philippines (ILO, Investing in Women and Australian Aid, 2020) found that most women work in the services sector (at 76 per cent), compared to, for example, industry (at 10 per cent). Feedback on initiatives to expand gender diversity in business and management indicated an increase in profit of between 5 and 20 per cent by 68 per cent of respondents. Around 25 per cent of respondents reported a profit increase of more than 20 per cent.

Of the women who are employed, a high percentage are in the informal sector, especially in the lower-middle-income countries. The informal economy in ASEAN Member States accounts for around 60 per cent of total employment, with both men and women experiencing a high degree of informal employment (ASEAN Secretariat, 2016). As figure 8 shows, women are overrepresented in informal employment generally across the ASEAN Member States, except in Brunei Darussalam, Malaysia and Viet Nam. Rural populations have a larger share of informal employment than urban workers. This is borne out by the particularly large number of women in informal employment in Cambodia (at 93.8 per cent), Lao PDR (at 79.6 per cent) and Myanmar (at 87.4 per cent) (ASEAN Secretariat,

2019b). This has implications for women living in rural areas, which is a particularly vulnerable and deprived group (see Chapter 1).

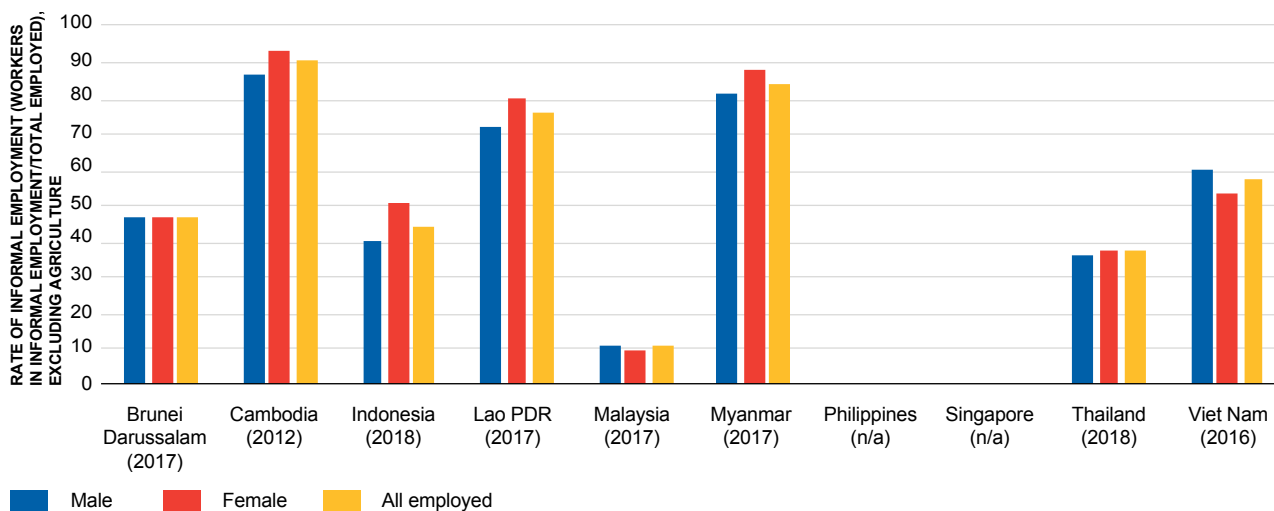
The extent of women's presence in formal employment is connected to the level of development of the country, with more developed ASEAN Member States having more women in formal employment.¹⁴ Similarly, the share of vulnerable employment (defined by the ILO as own-account workers and unpaid family workers) is high in Lao PDR, for example, constituting close to 84 per cent of total employment (ASEAN Secretariat, 2016). This relates to the predominance of agriculture, fisheries and services occupations, given the large rural population. This has implications for their social security and access to care-oriented policy provisions, such as maternity, childcare leave, workplace creche facilities and infrastructure facilities.

Women and migration

Given the multi-scalar nature of care, it is important to highlight the extent of international and intraregional migration for care work that ASEAN countries experience. Transnational migration in the region has been seen as a multigenerational poverty-reduction

14 While some sectors, like garments and textiles, can be said to be exceptions and have brought millions of women into "formality" for the first time, it is not a large proportion of the formal employment in garment- and textile-producing countries.

Figure 8. Rate of informal employment among men and women in ASEAN Member States, latest year available



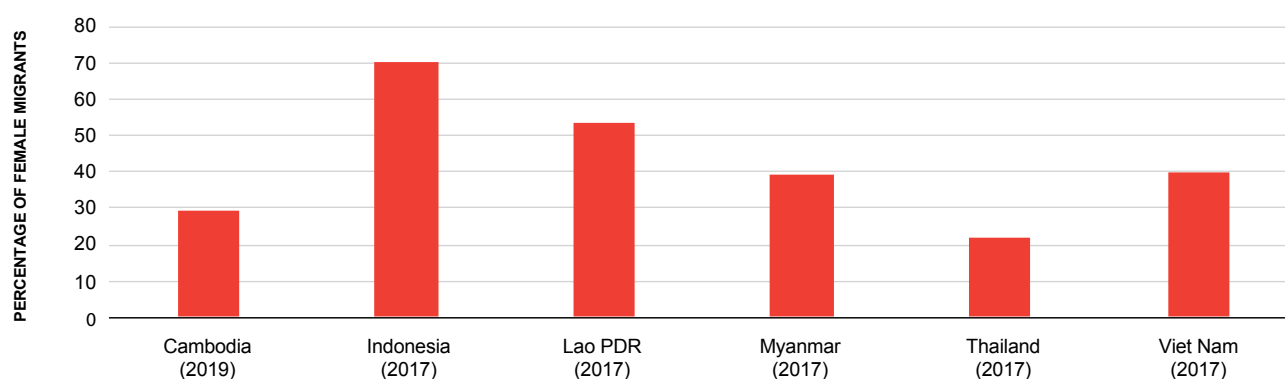
Source: ASEAN Secretariat, 2019b, table A.2, p. 80.

strategy (McAdam, 2020). Migrant workers contribute to the economy of both the country of origin and destination (APWLD, 2020). Some 50.2 per cent of 11.6 million migrant workers from South-East Asia and the Pacific are women (UN Women, 2020c), an increase from the estimated 47.2 per cent in 2013 (ILO and UN Women, 2015). Figure 9 shows latest data available for some of the ASEAN Member States, indicating the percentage of females among total migrants. There is a high volume of intraregional migration: Indonesia has the highest percentage (at 70.1 per cent) of female migrants, with Malaysia being the main country of destination. Similarly, for migrants from Cambodia and Myanmar, Thailand is the main country of destination and for migrants from Thailand and Viet Nam, the main destination is Taiwan Province of China (United Nations, 2020b, p. 34). Malaysia to Singapore is another significant migration corridor (United Nations, 2020b, p. 27).

The majority of women migrant workers are young, with little education and few skills and are employed either in households as domestic workers or personal caregivers or in agriculture, construction or manufacturing (ASEAN Secretariat, 2017). The main categories of migrant workers for which demand is expected to increase in the future are care workers. This is on account of increasing demand for the care of older persons as host country populations age. Also, as women in host countries increase their labour force participation and the demand for high technological skills in highly developed Asian economies expands (United Nations, 2020b, p. 71), the demand for care provision is expected to rise sharply.

Women migrant workers in the ASEAN region earn significantly less than men and contribute significantly more towards the destination countries' economies (ASEAN Secretariat, 2017). In 2018, migrant domestic

Figure 9. Female migration data, latest year available



Source: United Nations, 2020b: table 1 on annual labour migration outflows from selected Asian-Pacific countries, latest available year, p. 34.

workers contributed \$12.6 billion to the economy of Hong Kong, China (3.6 per cent of GDP) and \$900 million in Malaysia (0.3 per cent of GDP) (UN Women, 2020c). Female migrants are more likely than men to send remittances home. The Philippines is one of the world's top-five remittance-receiving countries (McAdam, 2020). According to the 2018 Philippines migration survey, 11 per cent of female respondents indicated sending remittances in the previous 12 months, compared with 9 per cent of men (Philippine Statistics Authority, 2019 cited in United Nations, 2020b, p. 39).

In November 2017, ASEAN Member States adopted the ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers to facilitate intraregional migration and promote rights-based governance of migrant workers (United Nations, 2020b). This is crucial, given that many countries where migrant workers are headed do not adhere to ILO conventions on labour laws or decent work. Discrimination, increasing xenophobia, low pay and lack of decent work and dignity in working conditions have been some of the prevailing adverse issues for migrant workers, now further heightened by the pandemic.

Women and paid care work

Figure 10 shows women's representation across workers in care sectors, such as health, employment, social work and domestic work, and care workers in other non-care sectors. Around the world, as the chart illustrates, women make up the larger proportion of care workers across categories and close to 80–90 per cent of domestic workers in many regions. This reiterates prevailing social norms that predominantly associate care work with women.

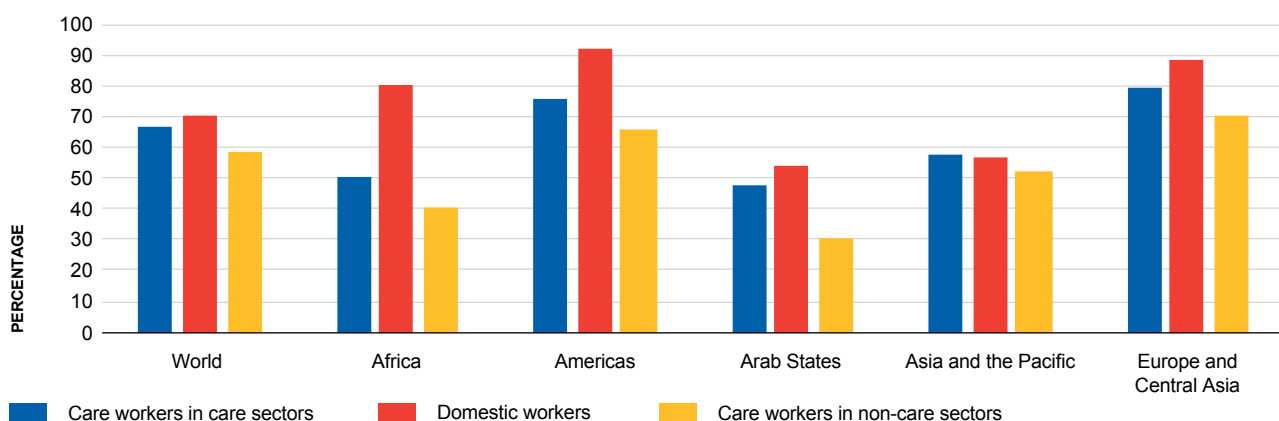
A large number of domestic workers who are international migrants contribute to the “global care chains” (Yeates, 2004). Domestic workers are the largest category of such migrants, according to the Philippines Overseas Employment Administration (ILO and UN Women, 2015). A majority of migrant women moving to Malaysia as domestic workers come from Cambodia, Indonesia and the Philippines. In Singapore, the majority of migrant domestic workers have migrated from Indonesia, Myanmar and the Philippines (ILO, 2017b).

Provisions of labour laws generally exclude these domestic workers, who typically work 12–14 hours a day, with only 40 per cent of them given one day off per week, as the Tenth ASEAN Forum on Migrant Labour noted (ILO, 2017b). Lack of accountability of employers and absence of decent work conditions, along with threats of violence, low coverage of social protections and insurance, high recruitment fees and difficulties to renew contracts are some of the challenges that migrant domestic workers experience. COVID-19 has further heightened the vulnerabilities these workers endure (UN Women, 2020c).

The extreme vulnerability of home caregivers captured through qualitative research conducted during the first year of the pandemic (Allison and others, 2020). Exposure to COVID-19 transmission, absence of proper personal protection equipment, challenges in commuting during lockdown conditions and longer working hours have been common risks (ibid.).

Governments need to factor in these aspects of paid care workers while framing labour and migration policies that address remuneration, decent work conditions, social protections and human rights.

Figure 10. Women's representation among paid care workers, 2018 (thousands)



Source: Authors' calculations based on ILO, 2018: appendix table A.4.1, p. 417 on care work and care jobs for the future of decent work.

The care-sensitive policy framework encourages States to redress the unpaid care burdens of women while ameliorating the work conditions of paid care workers by bringing in greater institutional capacity, investment and standardization.

3.2 Time use in unpaid care and domestic work

To better understand women’s supply-side constraints for participating in the paid economy, a thorough stocktaking of their unpaid care responsibilities is necessary. This section turns to the mapping of the state of women’s unpaid care and domestic work across the ASEAN region. An intersectional lens of women’s sociodemographic status reveals that such factors as urban–rural location, ethnicity, poverty, income class, disability, etc. impact the amount of work, the number of hours spent and the difficulty or drudgery involved in performing care work. Data on the nature of unpaid care and domestic work activities and the extent of time spent by women and girls are valuable for any policymaking effort. Time-use surveys and statistics have gained importance over the years for their usefulness in measuring the dimensions of gender equality and human well-being. These are a preferred source of data not only on women’s and men’s time utilization but also a wider range of economic contributions from women, men and children than conventional measures of economic activities (Yokying and others, 2016). More than 75

countries conduct some form of time-use surveys, with some even repeated at periodic intervals (Charmes, 2019).

Despite the importance and utility of this gender-disaggregated data, time-use surveys are not yet integrated into national statistical systems. Few countries in Asia and the Pacific conduct such surveys, compared with other household-based surveys (ILO and UNDP, 2018). Data from studies analysing women’s and men’s time allocation indicate men spend more time on paid work while women spend more time on care work. Among Arab States, the ratio of women’s to men’s time spent in unpaid care is as high as 19:1 (UN Women, 2020e; ILO, 2019). Although not so stark, ASEAN countries are no exception to this trend. Table 3 gives a snapshot of the prevalence of time-use surveys among ASEAN Member States. Cambodia and Thailand are the only two countries that have large national time-use surveys capturing women’s and men’s time spent in paid and unpaid work.

Because other ASEAN Member States have not yet gone beyond pilot or small sample surveys, it is difficult to compare and draw conclusions on the nature of women’s unpaid care and domestic work in the region. To cope with this lacuna in the data, this study took into account time-use studies and small surveys conducted by independent research organizations. Across countries where data are available, women still spend more time on unpaid care and domestic work than men.

Table 3. Time-use surveys among ASEAN Member States

COUNTRY	LATEST YEAR	TYPE OF SURVEY	SURVEY INSTRUMENT	SAMPLE SIZE
Brunei Darussalam				
Cambodia	2003–04	Part of the Household Survey	One-time 24-hour time diary	15,000 households
Indonesia	2004–05	Pilot survey (urban)	One to three hours, 24-hour time diary	360 households
Lao PDR	2008	Module within the Consumption and Expenditure Survey	A “light” time diary used with members aged 10 years or older	National
Malaysia	1990–91	Within the Labour Force Survey	Stylized questions	Small rural sample
Myanmar	2017	Living Conditions Survey	Interview	13,730 households
Philippines	2000	Pilot survey	Self-reported 24-hour time diary and face-to-face interviews with one-day recall interview	1 rural and 1 urban area
Singapore				
Thailand	2001, 2004, 2009, 2015	National time-use surveys	Used two diary days for one person per household	National
Viet Nam	2004 2010	Living Standards Measurement Study	Set of stylized questions used	Not known

Source: ILO and UNDP, 2018.

Findings from the Labour and Employment Survey 2019 in Viet Nam point to women doing 18.9 hours of unpaid care and domestic work per week, compared with eight hours by men, while both do somewhat the same amount of paid work. Women perform close to double of all unpaid care and domestic work services of men except maintenance (ILO, 2021, p. 8). A similar ratio was found in Malaysia in a 2019 study, with women's labour value at 1.6 times that of men for primary activities and 1.7 times when secondary activities were included (Khazanah Research Institute, 2019). Preliminary findings from the 2021 National Household Care Survey, conducted by the Philippine Commission on Women, UN Women and Oxfam, indicate that women spend 1.6 times more time on unpaid care work than men do.

The main finding of all these studies is the universal phenomenon of women performing the larger share of unpaid care work when compared with men. This is important to highlight because one of the aims of recognizing women's unpaid care and domestic work is to ask men to participate more.

These studies also point to a trend over time of a definite increase in men's engagement and participation in unpaid care work within the

household. However, the overall time spent by men in relation to their paid work continues to remain a small proportion, especially when compared with women, even though both do a similar amount of paid work. In Cambodia and Thailand, women spend just short of 50 per cent of their working time on household chores and care (Charmes, 2019), indicating the large portion of paid work they also engage in. This underlines the double burden that women are experiencing in the region and highlights the need for continued emphasis and push for men's greater contribution to unpaid care.

Methodologies of data collection and accuracy of the self-reporting of time spent in various activities are contentious issues (ILO and UNDP, 2018). There is a need for streamlining the measurement of time-use data to develop comparable and reliable statistics at the ASEAN regional level. Box 2 describes a promising practice from Mexico on how data on unpaid care and domestic work gleaned from household satellite accounts have informed public policy. Additionally, Charmes (2021) captured the main issues and challenges encountered in developing country contexts when designing, conducting and analysing time-use data, especially with the definitions of work and the measurement of care.

Box 2. Promising practice on time-use data from Mexico

In Mexico, the National Institute of Statistics and Geography launched a Household Satellite Account in 2011. The initiative provides information on the economic value of unpaid care work (own-use production work of services). In 2016, the Institute found that women worked 3.1 million hours per week in unpaid care work while men worked 2.6 million hours. Unpaid care work represents 65 per cent of women's total working time in Mexico, compared with only 24 per cent of men's working time. The total time spent on unpaid care work by men and women amounts to 23.2 per cent of the country's GDP, with care and support, such as childcare, representing the largest share.

The results of the Household Satellite Account have informed public policy related to gender equality, care services and household expenditure and consumption. The results have been used to design development indicators for national policy. For example, the National Program for Equal Opportunity and Non-Discrimination Against Women 2013–2018 included the “estimate of women's contribution to GDP by the economic value of unpaid household work”.

Unpaid care and domestic work do not find much mention in the 2019–2024 Program for Equal Opportunity and Non-Discrimination Against Women. This argues for political will and an institutional commitment in addition to the importance evidence and care and gender-disaggregated data to bring about a change.

Source: Ferrant and Thim, 2019.

Women's participation in unpaid care and domestic work is mediated by a number of sociodemographic factors outlined in the analytical framework (Chapter 2). For example, women in rural areas spend more time in unpaid care and domestic work than women in urban areas across all countries (Charmes, 2019, p. 72). A study in Malaysia found that women's time-use is further mediated by the income level of the household and the life stage of men and women (Khazanah Research Institute, 2019). For example, low- and middle-income households in their sample spent more time in unpaid care work, and women in life stages 2 and 3 (marked by the presence of children younger than 7 years and between 7 and 19 years, respectively) performed a greater number of hours of unpaid care work (Khazanah Research Institute, 2019, pp. 33–34). The first time-use study conducted by ActionAid (2016) in Viet Nam detected that time spent on unpaid care and domestic work among women's groups with different education levels and marital status did not vary by much.

Another dimension of gender inequality impacting unpaid care and domestic work is the extent of urbanization and housing standards. Rapid urbanization in recent decades has resulted in the double-edged sword of increased prosperity with environmental degradation. A large proportion of urban populations live in slums in many developing nations. This means they lack safe water, improved sanitation facilities, durable housing or sufficient living area. For example, more than half of slum dwellers in Indonesia, Lao PDR, Thailand and the Philippines are men, while the majority of slum dwellers in Cambodia and Myanmar are women, according to Duerto-Valero, Kaul and Chanchai (2021). This presents particular challenges to female slum dwellers, making them especially vulnerable as they struggle with water collection and cooking with harmful fuels (36 per cent of women slum residents cook with unclean fuel, compared with 15 per cent of their urban non-slum counterparts) (ibid.). In the researchers' comparisons between women of different classes and income groups with differential access to care infrastructure, they found that 21 per cent of all female slum dwellers in the Philippines walk more than 30 minutes to fetch water, while only 3.7 per cent of female urban non-slum residents do so (ibid.). Researchers in another study analysed the determinants of unpaid work, market work and leisure time among 12,437 married individuals aged 25–60 years used Thailand's time-use surveys and national labour force survey data. They found that rural women coped with tensions between their market work and household tasks

by reducing their leisure time, while urban women manage their care responsibilities by reducing their time spent on market work (Yokying and others, 2016).

The perpetuation of the gender division of roles for doing housework or domestic chores or family work leads to a further devaluing of the nature and extent of contributions that women's unpaid care and domestic work make to the household as well as the economy and country. This in turn leads to an undervaluation and "invisibilization" of women whose role as family caregivers gets reinforced – and can be seen in lower labour force participation and other gender-unequal outcomes (UN Women, 2016). In a global survey of perceptions, 70 per cent of women and 66 per cent of men reported they prefer women to work in paid jobs. These figures are double what they are for those who prefer women to stay at home. One of the top challenges that acts as a barrier for working women is a "balance between work and family" (Gallup and ILO, 2017). The life stage of women (such as having young children, having older person care responsibilities and older women themselves) is another significant factor to be borne in mind when designing a care-responsive and gender-differentiated policy response. Moreover, ageing population trends will contribute to a growing care crisis, and the absence of long-term and older person care services can push more women out of the labour force.

3.3 Impact of unpaid care and domestic work on women's empowerment

This section looks at the impact of a skewed gendered division of care labour on women's health and well-being.

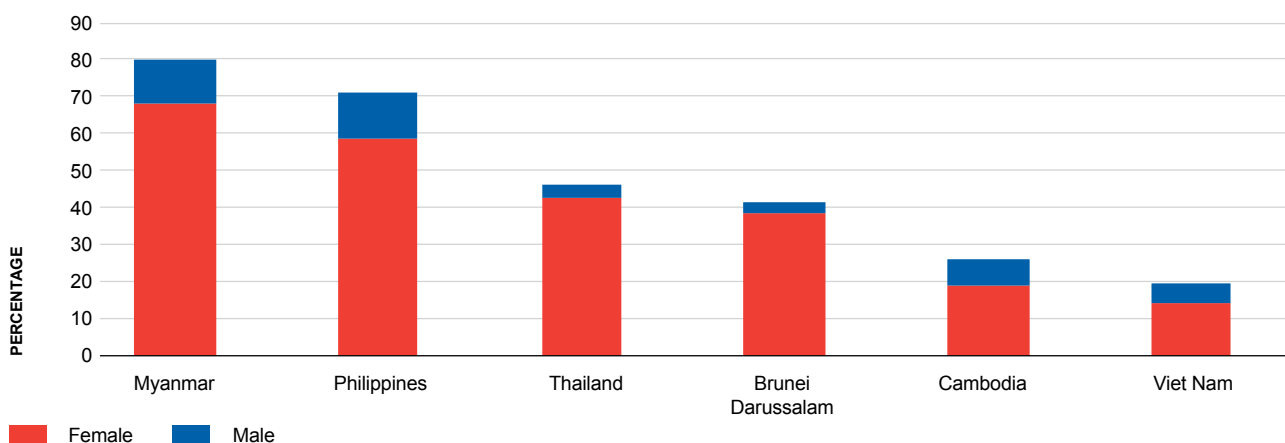
Reduced labour force participation and income poverty

The largest impact of women's unequal role in unpaid care and domestic work is their limitations in participating on an equal footing with men in the labour force. Be it the type of work, the number of hours worked, timings and location of work, all are influenced by unpaid care and domestic work responsibilities (Chopra and Zambelli, 2017). Figure 11 shows how more women than men across several of the ASEAN Member States are out of the labour force, citing unpaid care and domestic work as the

main reason. Confirming the inverse relationship between unpaid care and domestic work and labour market participation as well as income, research in Malaysia found that for every additional hour spent in unpaid care and domestic work, there is less time for market work, and the wage gap widens (Khazanah Research Institute, 2019). Women who participate in market work experience the phenomenon of “double day” or “second shift” (Hochschild and Machung, 2012), which implies that a similar inverse relationship of increased labour force participation does not necessarily reduce time spent on doing unpaid care work.

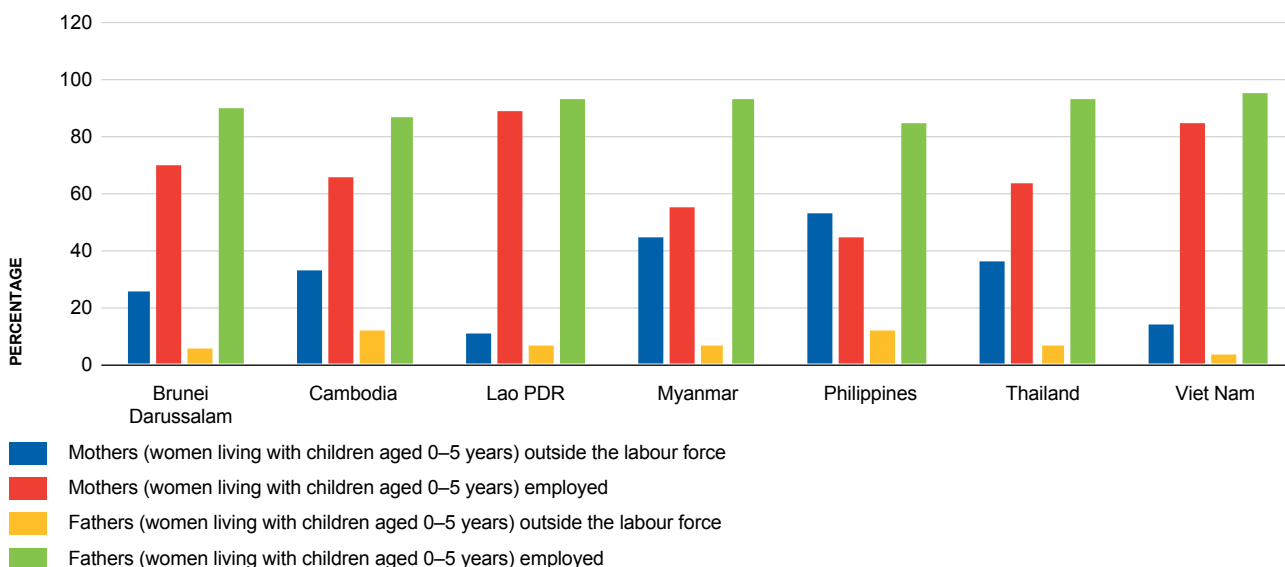
In Indonesia, Myanmar, the Philippines and Viet Nam, women’s labour force participation remains behind that of men, and the care of children is a pressing issue (Hill, Baird and Ford, 2019). Figure 12 shows the relative percentage of men and women living with children younger than 5 years and who are employed or out of the labour force. In all countries, a greater number of mothers than fathers living with young children reported being outside the labour force. Even when mothers continue to be in employment, their numbers are fewer than those of fathers who are in employment. This trend and gap are sharper for women who live

Figure 11. Percentage of inactive persons with main reason for being outside the labour force given as unpaid care work, latest year available



Source: Authors’ compilation of data based on ILO, 2018: appendix table A.3.6 on percentages of inactive persons, by sex and main reason for being outside the labour force.

Figure 12. Labour force status of mothers and fathers of children aged 0–5 years, latest year available



Source: Authors’ compilation of data based on ILO, 2018: appendix table A.3.8 on labour force status of mothers and fathers of children aged 0–5 years and of non-mothers and non-fathers of children aged 0–5 years.

in a couple-headed household than those living with extended families and as the number of children increases from one to three or more (Azcona and others, 2020). The nuclearization of families and urban migration both reduce the network of kin and family members who are available to support with care responsibilities, especially with the care of infants and a larger number of children. Absence of childcare services automatically excludes the mother from the paid labour force, reinforcing the “male breadwinner and female caregiver” stereotype. Being out of the labour force has long-term repercussions for women’s income earning, social protections and old age social security.

Uneven access to care infrastructure and time poverty

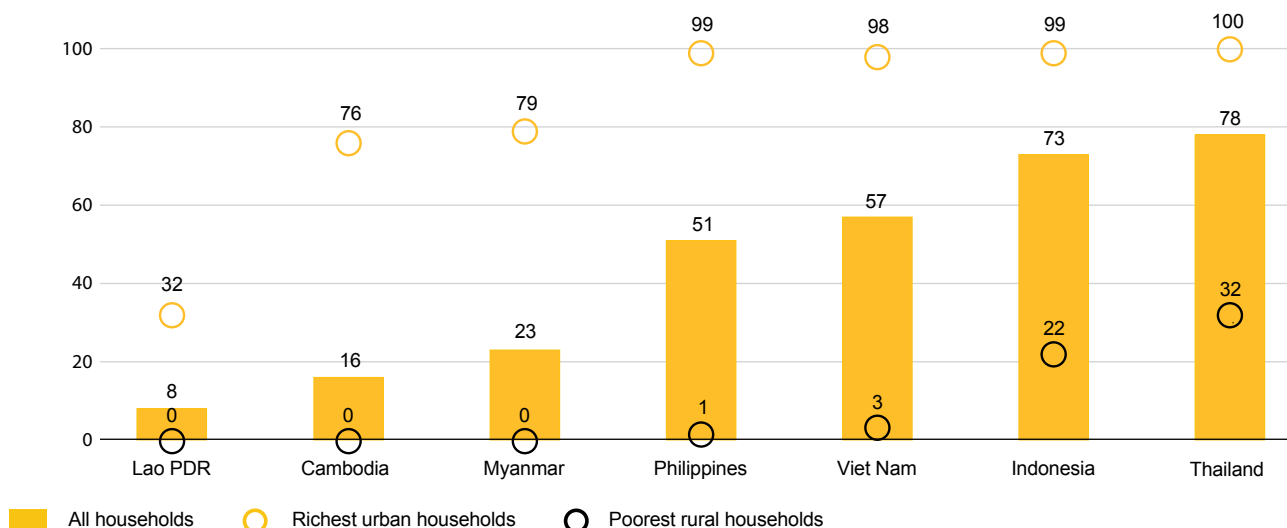
Women face many deprivations as a result of their position on multiple axes of inequality. Geographical location is one such axis that has a huge impact on woman’s access to necessary social and care infrastructure. For example, Singapore is a completely urban city-state while Brunei Darussalam and Malaysia have majority urban populations. However, Cambodia, Lao PDR and Viet Nam have primarily rural-based populations. This has implications for ease of access to cooking fuel, piped water, sanitation facilities and transport, all of which can make daily unpaid care and domestic work chores more drudgery and difficult, leading to mental and physical depletion. Some of the poorest women in Thailand, living in the rural north-eastern

region, are 80 times as likely as the richest urban women in Bangkok to lack clean cooking fuels, access to basic water and sanitation facilities, be five times as likely to be education-poor and three times as likely to marry early (Duerto-Valero, Kaul and Chanchai, 2021). An average of 28 per cent of women in ASEAN Member States live in households that primarily use wood as a cooking fuel. This can be as high as 72 per cent of women in Cambodia and 59 per cent of women in Myanmar, both of which have largely rural populations (figure 13). Absence of clean fuel sources impacts women’s health and reduces their time for rest and leisure by having to walk long distances in search of firewood, thereby adding to their physical and mental depletion. Only 64.8 per cent of people in Cambodia had access to clean drinking water by 2017 (ASEAN Secretariat, 2020d), invariably burdening women with the task of water collection. Combining this with paid work and care of dependants lengthens the day and intensifies the mental and physical depletion and stress.

Box 3 gives an example of how a gender dimension was incorporated into the water and sanitation strategy in Uganda.

Market substitutes for care services often are unaffordable for low-income households. This restricts women’s paid work participation and limits care recipients to family care, which may be insufficient or, in dire situations, completely absent (Ilkharacan, 2018). Market solutions also privilege high-income and highly educated couples with small children. They are able to purchase

Figure 13. Access to clean fuels for cooking, by wealth and location in ASEAN Member States, latest year available (percentage)



Source: Based on UN Women calculations from Demographic and Health Surveys and Multiple Indicator Cluster Surveys (Duerto-Valero, Kaul and Chanchai, 2021, p. 23).

Box 3. Promising practice on a water and sanitation gender strategy from Uganda

The overall goal of the Water and Sanitation Gender Strategy III (2018–2022) of the Government of Uganda is to empower men, women, boys, girls, especially among vulnerable groups, by ensuring equity in access to and control of resources in the water and sanitation subsector and contributing to poverty reduction. In the water and sanitation subsector, women and children are the most affected by the lack of sanitation and the inadequate supply of safe water. They bear the burden of carrying water for long distances at the expense of other economic activities and education (when it involves children). One in every three women risks shame, disease, harassment and attack due to lack of a safe sanitation facility. On average, women and girls spend up to six hours every day to fetch water, which may expose them to threats of violence and health hazards. The subsector target is to increase water supply coverage in rural areas from 65 per cent to 79 per cent while ensuring that at least each village has a clean and safe water source. In urban areas, the Government is committed to increasing water supply from 71 per cent to 95 per cent.

The strategic objectives cover the following:

- A Gender-sensitivity integration in policies, guidelines, plans and budgets.
- B Capacity enhancement and promotion of a gender-sensitive work environment.
- C Economic empowerment through equitable access to and control of water resources, supply, sanitation and hygiene.
- D Gender documentation, reporting and monitoring.
- E Gender coordination, partnership and networking.

The Ministry of Water and Environment recruited staff with gender-mainstreaming competencies. This has led to an increase in women's representation in management teams and a higher propensity to undertake gender impact assessment studies to monitor the differential effects on women and men of water supply projects.

Source: Chan, 2018; Ministry of Water and Environment, 2018.

market substitutes on a dual income, while less educated couples get trapped in a single-income, male breadwinner model. These households are especially vulnerable to economic shocks (Ilkharacan and Degirmenci, 2013 cited in Ilkharacan, 2018) and may be at a higher risk of poverty, especially as the number of children increases.

Intensification of care burdens during crises

Country-level rapid gender and socioeconomic assessments surveys carried out by various international agencies in the early months of the pandemic revealed the gendered impacts of the COVID-19 crisis on women. Overall, 30 per cent of women noted an increase in domestic work since the pandemic was declared, compared with 16 per cent of men, in ASEAN Member States (Duerto-Valero, Kaul and Chanchai, 2021). In regional aggregates

across 10 countries in Asia and the Pacific, which included Indonesia, the Philippines and Thailand, 27 per cent of women reported an increase in at least three unpaid domestic work activities, compared with 14 per cent of men (UN Women, 2020f). Cooking, cleaning and washing clothes emerged as the most time-consuming domestic tasks during COVID-19 in the Philippines (Dizon and Medina, 2020), while water and fuelwood collection were cited as most problematic due to lockdown conditions.

A rapid gender analysis in the Mekong subregion conducted across Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam found that unpaid care and domestic work responsibilities of women had intensified (Nguyen and others, 2020). This intensification of unpaid care tasks, such as cooking, cleaning, home-schooling of children and home care for sick or older persons, had a direct impact on women's earnings, as seen by difficulties in repayment of village savings and loan

schemes. It also led to reduced remittances from migrant workers, an increase in psychosocial stress and instances of increased domestic violence. In Lao PDR, for example, women's roles during the pandemic centred around staying at home, keeping the house clean, ensuring sanitary meal preparation and caring for children, while men took responsibility for going out of the home to community meetings to receive information about COVID-19, advising family members on prevention (handwashing, mask wearing, social distancing) and being responsible for essential trips (Nguyen and others, 2020)

A UNDP Work-From-Home Survey in Malaysia found that women aged 35–44 years were twice as likely as men to say that working from home made it more difficult to manage domestic responsibilities (40 per cent and 20 per cent, respectively), reflecting the higher domestic burden on women (UNDP, 2020). Another study in three countries of South-East Asia (Indonesia, the Philippines and Viet Nam) with private employers found women employees reporting more time spent on shopping, food preparation and cleaning. In Viet Nam, 80 per cent of women spent more time on cleaning, compared with 64 per cent of men (Investing in Women, 2020b). And time spent on unpaid care and domestic work has increased significantly. For many women, it has nearly doubled, with 73 per cent of women spending three or more hours on unpaid care work (EMPOWER, 2020). In a study of low-income families in Malaysia, 80 per cent of female respondents reported emotional distress, compared with 62 per cent of male respondents; and female-headed households were exceptionally vulnerable to the loss of income and poor nutrition (UNICEF and UNFPA, 2020).

A rapid gender assessment in Indonesia found that 39 per cent of women, compared with 29 per cent of men, increased the time they spent in teaching children at home, while 61 per cent of women and 48 per cent of men spent more time on unpaid care work (UN Women, 2020a). Another rapid gender assessment in Indonesia noted that stereotypes of women as primarily responsible for unpaid care work were reinforced during the pandemic and that with reduced incomes and livelihood options, the stress of managing household expenditures also increased (Nguyen and others, 2020). Even where men were found to be “supporting” and “helping” women, traditional gender roles remained in place, such as in Viet Nam, where women already do most of the housework (Nguyen and others, 2020).

Research in West Africa after an Ebola epidemic revealed that quarantines can significantly reduce women's economic and livelihood activities, increase poverty rates and exacerbate food insecurity (United Nations, 2020c). These effects were not uniform but varied, depending on urban or rural locations, access to services and infrastructure, etc.

The widely observed intergenerational transfer of care within families, where grandmothers or daughters step up to relieve women of their care roles, has also broken down or intensified in different cases owing to the COVID-19 constraints on the movement of older persons and school closures (Asia Pacific Forum, 2020). Women with disabilities have endured special difficulties in accessing pandemic-related information and being dependent on other family members for care during the lockdowns.

Adverse effects of climate change and other disasters

Despite aggregate metrics of economic growth, national income and poverty alleviation showing significant progress in the ASEAN region, deprivations and inequalities between territories and different populations continue to exist. A major threat to sustained economic growth and development comes from disasters, particularly natural hazards (ASEAN Secretariat, 2021). Climate change will increase the risk and frequency of these hazards, with Myanmar, the Philippines, Thailand and Viet Nam among the top 10 countries globally that are most affected (ASEAN Secretariat, 2021). Such natural hazards and ongoing climatic changes intensify women's pre-existing vulnerabilities.

Women typically have a higher dependence on natural resources than men. Many women are employed in agriculture (64 per cent in Lao PDR, 39 per cent in Viet Nam and 34 per cent in Cambodia) (Duerto-Valero, Kaul and Chanchai, 2021). Changes in climate or availability of natural resources due to aridity, drought, flooding, deforestation and desertification impact the availability of firewood and water, thereby directly increasing women's time and efforts in accessing these resources. This adversely affects women's time for either paid work or leisure because they are usually in charge of water and fuelwood collection for the household. In addition, it negatively affects agricultural yield and outputs, further jeopardizing women's livelihoods. It also adds pressure for migration from rural to urban centres,

rupturing existing structures of intergenerational networks and familial care on which women currently rely.

It is imperative to build women's resilience to climate change in addition to taking preventive measures to halt global warming and avoid large-scale adverse impacts on women's lives (Duerto-Valero, Kau and Chanchai, 2021). Disaster-responsive social protection programmes that allow for vertical expansion (increase in benefit value or duration), horizontal expansion (increase in disaster-affected beneficiaries of existing programmes), design tweaks (that waive off conditionalities or other administrative requirements) and piggybacking existing systems are some of the guidelines being adopted by ASEAN Member States to build greater resilience for disaster risk management and climate change adaptation.

This chapter has shown the overall great strides made by ASEAN Member States towards important goals on gender equality. At the same time, there is huge scope for further reducing gender disparities,

especially pertaining to the care economy. An increasing focus on women's unpaid care and domestic work responsibilities has become more urgent and critical in the face of COVID-19 as well as imminent shocks and crises related to climate change. To make societies, communities and economies more resilient, it is essential to account for this large amount of care work that women primarily manage across the ASEAN region. The absence of comparable and up-to-date care- and gender-disaggregated data at a national level across the region emerges as a vital concern. The multiple and layered impacts on women's physical, emotional, mental and material well-being underscores the imperative to recognize, reduce and redistribute unpaid care work. Sharing unpaid care and domestic work with other societal stakeholders will require a multifaceted policy response with a nuanced understanding of the local political economy context.

The next chapter looks at the political economy factors within the ASEAN region that both enable and hinder the process of responding to change.



Chapter 4

Gendered political economy context in ASEAN countries

Women washing in the river in Cambodia.
Photo © Sasin Tipchai

A political economy analysis approach focuses on the political actors, ideas, interests and incentives as well as the formal and informal institutions that form the context within which any policy change occurs. Bringing a gendered lens to political economy analysis is an important way to look at the gender dimensions of the policy landscape. The ideas, interests, institutional contexts and even the policy actors must be analysed against gendered assumptions to determine their effect on gender equality policymaking. This chapter outlines some of these political economy factors and discusses the major policy actors, along with the socioeconomic, political, legislative and normative contexts within which the process of gender equality policymaking unfolds in ASEAN Member States.

ASEAN established the ASEAN Political–Security Community and the ASEAN Socio–Cultural Community in 2009, the ASEAN Economic Community in 2012 and an integrated ASEAN Community in 2015, with the aim of fostering regional cooperation and integration. Each of these have the mandate of delivering on the sociocultural, economic and political goals of the ASEAN region as a bloc. The intent is for all the people of ASEAN Member States to benefit from being a part of the bloc (ASEAN Secretariat, 2018c). The ASEAN Community Vision 2025 document lays out three blueprints in line with each of these three communities.

4.1 Demographic and sociocultural context

The total population of the ASEAN region is 655.9 million people, which ranks it as the third most populous geographic area, after China and India. Indonesia has the largest number of inhabitants, while Brunei Darussalam has the fewest (less than 1 per cent of the total ASEAN population). Singapore is the most densely populated (ASEAN Secretariat, 2020d). These regional variations bear relevance for regional investments in care capacity-building. In countries with national poverty line data, 13 per cent of the total population on average lived below the national poverty line in 2018. Among them, the rural poverty rate was higher, with 18 per cent of rural people living below the poverty line (ASEAN Secretariat, 2020c). This has implications for poor households in urban and rural areas, where women are more likely to be performing the unpaid care and domestic work. It thus requires appropriate investments in care infrastructure in rural areas and affordable care services in urban areas.

Declining fertility rates have resulted in a decline in population growth figures over the past few decades. This has resulted in a shift in the demographic curve of the region, with the share of the population aged 0–19 years dropping from 42 per cent in 2000 to 33.3 per cent in 2019 (ASEAN Secretariat, 2020d). The working-age population has increased a little, as has the population of older persons (aged 65 years and older). The percentage of females in this older age group is also higher than the male population (at 7.9 per cent of women and 6.3 per cent of men), given the generally greater longevity among women (approximately 5.4 years longer).

Older women with insufficient social protections can be an especially vulnerable group. While all ASEAN Member States have experienced an increase in the proportion of population aged 65 years and older, the highest increase in older persons was reported in Singapore (from 7.2 per cent in 2000 to 14.4 per cent in 2019) and Thailand (from 9.1 per cent in 2000 to 12.5 per cent in 2019) (ASEAN Secretariat, 2020d). This is a pertinent consideration to take note of when developing care policies. The region will see increasing older populations in need of long-term care facilities and services in the coming decades. This also has implications for care dependency ratios shifting in the years to come. The effects of urbanization and nuclearization of family units also portends fewer members available within households to provide familial care. Hence, States need to proactively engage in enhancing institutional care services.

Each country within the ASEAN bloc has its own unique cultural and religious ethos. Box 4 gives a brief snapshot of the normative aims and principles laid out by the ASEAN Socio-Cultural Community. This is a powerful glue for a regional ethos towards solving social problems and enhancing sustainable human development.

4.2 Economic and political context

The ASEAN bloc has posted strong economic growth over the past few decades. In 2018, real GDP per capita grew by 4.5 per cent, while real GDP per employed person rose by 4.3 per cent. The unemployment rate averaged 3.7 per cent for the population aged 15 years and older, with similar patterns for males and females in the labour force (ASEAN Secretariat, 2020b). Many countries in the region have succeeded in reducing poverty: notably,

Box 4. ASEAN Socio–Cultural Community objectives

The **ASEAN Socio–Cultural Community (ASCC)** aims “to foster an ASEAN identity through inter-cultural understanding and mutual respect and prepare the ASEAN community to face new and emerging challenges in the future”.

Building on a whole-of-society approach and increased multilateral cooperation, the region has witnessed a dramatic decline of poverty, a focus on sustainable use and conservation of the environment and institutionalizing a culture of prevention of challenges that hamper sustainable and human development in the region. Under the aegis of the ASCC, ASEAN has pushed for youth competitiveness and productivity, promoting green jobs for equity and inclusive growth, creating environmentally and socially sustainable economies and nurturing physically healthy and digitally responsible citizens. Social welfare, gender issues and women’s and children’s rights all form a part of the ASCC agenda.

For example, the ASEAN Declaration on Culture of Prevention for a Peaceful, Inclusive, Resilient, Healthy and Harmonious Society promotes an upstream approach in tackling the root causes of social problems.

Source: ASEAN Secretariat, 2018c.

Myanmar, which had the largest decline, at 23.4 percentage points between 2005 and 2018, and Cambodia, Thailand and Lao PDR also have made significant progress, with a decline of 19.5, 16.9 and 15.2 percentage points, respectively in the same time period (ASEAN Secretariat, 2020d). This economic progress has been accompanied by a rise in income inequality in Indonesia and Lao PDR, while Cambodia, Malaysia, Singapore and Thailand saw a decline over the same period.

GDP per capita (GDP of an economy divided by its total population) is often used as a proxy for living standards. ASEAN’s combined GDP per capita growth in 2019 stood at 4.6 per cent, lower than in 2018 at 5.7 per cent. GDP per capita increased in all ASEAN Member States from 2000 to 2019. The most significant improvement was observed in Lao PDR, where GDP per capita increased by 696.5 per cent, followed by Myanmar (at 572 per cent) and Viet Nam (at 502.4 per cent). Singapore and Brunei Darussalam recorded the highest value in 2019, at 13.5 times and 6.1 times, respectively, the ASEAN average for GDP per capita (ASEAN Secretariat, 2020d). This is good news, because it has implications for the fiscal space that is needed for the provision of care services.

During 2005–2019, the services sector, which covers trade, government activities, communications, transportations, finance and other economic activities rather than producing goods, was the leading sector in ASEAN’s economy. Industry, which includes manufacturing, electricity, gas and water supply, construction as well as mining and

quarrying, contributed 36 per cent of total GDP in 2019, a decrease from 39.7 per cent in 2005. The share of agriculture, covering farming, fishing and forestry, also decreased to 10.2 per cent in 2019 (from 12.8 per cent in 2005). Agriculture remained an important sector for Myanmar (at 22.3 per cent), followed by Cambodia (at 16.7 per cent), Lao PDR (at 14.5 per cent), Viet Nam (at 13.7 per cent) and Indonesia (at 12.4 per cent). A strong income and economic outlook have allowed some nations to provide better quality of life to their citizens, with Singapore, Brunei Darussalam and Malaysia showing in the “very high” category of the Human Development Index and Thailand in the “high” category. Both Cambodia and Myanmar have made the largest gains in their Human Development Index scores (ASEAN Secretariat, 2020d). This has implications for care infrastructure and services, such as clean water and sanitation. Most ASEAN Member States had more than 90 per cent of the population accessing clean drinking water while Brunei Darussalam and Singapore were able to provide this for their entire population.

The ASEAN Economic Community Blueprint (2025) guides ASEAN’s economic agenda. It covers five interrelated areas to guide the region’s economic integration: (i) a highly integrated and cohesive economy; (ii) a competitive, innovative and dynamic ASEAN; (iii) enhanced connectivity and sector cooperation; (iv) a resilient, inclusive, people-oriented and people-centred ASEAN; and (v) a global ASEAN (ASEAN Secretariat, 2019a). It also focuses on developing a policy environment that: (a) leverages

ASEAN Member States' strengths in innovation for improving productivity, participation in global value chains; (b) enhances sector cooperation, inclusivity and sustainability; (c) supports micro, small and medium-sized enterprises (MSME); and (d) leads the Fourth Industrial Revolution and digital transformation for the region (ASEAN Secretariat, 2019a). Emphasis on narrowing the development gap, especially in lagging countries such as Cambodia, Lao PDR, Myanmar and Viet Nam, led to five strategic areas for investment: food and agriculture, trade facilitation, MSME, education, and health and well-being. Converting these regional commitments into national-level commitments, milestones and targets that can be measured and tracked will be crucial for the ASEAN Member States to realize the goals of the ASEAN Economic Community Blueprint.

Prior to the pandemic, ASEAN was one of the fastest-growing regions in terms of real GDP and the fifth-largest economy in the world. Three drivers of growth have been tourism, exports and international labour migration. Tourism is a major revenue source for many ASEAN Member States. Manufacturing and natural resource exports also fuel the economies of many ASEAN Member States. And remittances from migrant workers make up an important part of the region's economic stability (ASEAN Secretariat, 2020a). This strong economic progress and consequent poverty reduction and food security are now under threat due to the prolonged nature of the COVID-19 pandemic. Supply and demand shocks have plunged most economies into negative growth forecasts. Several countries dependent on tourism, such as Indonesia, Malaysia, Singapore, Thailand and Viet Nam, have been particularly hit hard. The collapse of global supply chains in garment, textile and automotive manufacturing has destroyed livelihoods and economic prospects across the region.

In its Economic Outlook for Southeast Asia, China and India, the Organisation for Economic Co-operation and Development (OECD (2021) does not expect economic output to return to pre-pandemic levels in 2021. The average ASEAN real GDP growth in 2021 is forecasted at 5.1 per cent, due to anticipated contraction in 2020. Viet Nam is expected to post the strongest growth rate, while the Philippines is projected to experience the sharpest GDP contraction in 2020. The rickety foundations of decent work and inclusive growth prior to the pandemic have been threatened further by the loss of jobs and working hours in many countries (ILO, 2020).

Moreover, a slew of support measures announced by governments in the immediate aftermath of the pandemic have stretched budget deficits, making further fiscal expansion difficult. The OECD calls for policymakers to pay closer attention to fiscal multipliers by reallocating resources for digitization in health, education and industry. However, these resource constraints will exacerbate tensions in resource allocations between impoverished groups that existed before the pandemic and those that are being newly created due to the COVID-19 crisis (ASEAN Secretariat, 2020a).

Political outlook

The ASEAN Political–Security Community was established in 2009, with regional peace, security and conflict resolution as objectives (see box 5 for elaboration of its principles). There is wide diversity in political regimes among the ASEAN Member States. Brunei Darussalam is a monarchy and Thailand is a constitutional monarchy, while other States are presidential or socialist republics. Nine of the 10 States have sitting parliaments. Indonesia, Lao PDR, Singapore and Viet Nam have election systems with single house representation, while Cambodia, Malaysia, Myanmar, the Philippines and Thailand have bicameral representation, composed of a lower house and an upper house or senate (ASEAN Secretariat, 2016). Over the years, there have been internal political instabilities, conflicts and security issues, including ethnic strife, separatist movements, action by extremist groups and terrorist attacks in both urban and rural areas.

4.3 Gendered institutional context

Regional policy actors and national machineries

The ASEAN bloc has had a long-standing commitment to women's progress and equal participation in all aspects of region-building. ASEAN involvement in women's issues dates back to 1975 and the ASEAN Women Leaders' Conference. The ASEAN Sub-Committee on Women was established in 1976, renamed the ASEAN Women's Programme in 1981.¹⁵ In 1988, ASEAN foreign ministers made a Declaration on the Advancement of Women in ASEAN, with the

15 See <https://asean.org/asean-socio-cultural/asean-ministerial-meeting-on-women-ammw/>.

Box 5. ASEAN Political–Security Community objectives

The **ASEAN Political–Security Community** aims to strengthen the foundations of a prosperous and peaceful South-East Asia by promoting regional peace and stability through respect for justice and the rule of law in the relationship among countries of the region and adherence to the principles of the United Nations Charter. The ASEAN Political–Security Community Blueprint 2025 aims to elevate ASEAN political-security cooperation to a higher plane as an integral component of the ASEAN Community Vision 2025.

The ASEAN Political–Security Community has the following characteristics:

- (i) A rules-based, people-oriented, people-centred community bound by fundamental principles, shared values and norms in which our peoples enjoy human rights, fundamental freedoms and social justice, embrace the values of tolerance and moderation and share a strong sense of togetherness, common identity and destiny.
- (ii) A resilient community in a peaceful, secure and stable region, with enhanced capacity to respond effectively and in a timely manner to challenges for the common good of ASEAN, in accordance with the principle of comprehensive security.
- (iii) An outward-looking community that deepens cooperation with our external parties, upholds and strengthens ASEAN centrality in the evolving regional architecture and plays a responsible and constructive role globally based on an ASEAN common platform on international issues.
- (iv) A community with strengthened institutional capacity through improved ASEAN work processes and coordination, increased effectiveness and efficiency in the work of all ASEAN Organs, including a strengthened ASEAN Secretariat, as well as with increased ASEAN institutional presence at the national, regional and international levels.

Source: ASEAN Secretariat, 2018b.

intention to promote women's active contribution in all spheres of life. With this fresh impetus, the sector body to promote ongoing ASEAN regional cooperation on women's issues was restructured into the ASEAN Ministerial Meeting on Women in 2002, which supervises ASEAN's regional priorities. The ASEAN Committee on Women is composed of national machineries on women (ASEAN Secretariat, 2016). In 2010, the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) was launched as an important intergovernmental body to complement the ASEAN Committee on Women, with the purpose of upholding rights within the Convention on the Elimination of Violence Against Women (CEDAW). The ACWC comprises 20 representatives, two from each ASEAN country (Subhan, 2018). Its objectives are to promote and protect the rights of women and children as well as work towards achieving gender equality and empowerment for all women and girls (ASEAN Secretariat, 2018a). As it is mandated, the

ACWC encourages ASEAN Member States to conduct research on the exercise of women's and children's rights and periodic reviews of national legislation, policies and shared practices pertaining to the well-being of women and children (ASEAN Secretariat, 2016).

Recognizing the absence of baseline data on gender statistics for measuring women's progress, the ACWC initiated a study in 2015 that was published as the *Progress Report on Women's Rights and Gender Equality* (ASEAN Secretariat, 2016). With the intent of taking stock of CEDAW implementation, the Beijing Platform for Action and the Millennium Development Goals, the report proposed a set of core indicators to be tracked. Some of the relevant indicators proposed for assessing women's access to economic opportunities were the labour force participation rate of men and women, the employment rate for men and women, the average daily pay for

men and women across all economic sectors, the proportion of land titles awarded by sex, the percentage of women beneficiaries of financial and nonfinancial business service and the percentage of women entrepreneurs and business owners (ASEAN Secretariat, 2016). While these are clearly important metrics, the absence of attention to sex-disaggregated data on unpaid care and domestic work by women and men needs to be highlighted. As the previous chapter demonstrates, there is insufficient data and few comparable statistics on women's time use and disproportionate burden of unpaid care and domestic work on women in the region. This makes it difficult to use evidence effectively to identify care deficits and ensure targeted care services provisioning.

The ASEAN One Vision, One Community and the Vision 2025 form the blueprint against which the ASEAN Socio–Cultural Community, the Economic Community and the Political–Security Community have developed their own vision documents and workplans. Under the oversight of the ASEAN Socio–Cultural Community, the ACWC Work Plan 2016–2020 has several thematic areas and goals to strengthen women's economic participation, eliminate violence, protect children's rights, etc. Among its ongoing projects under the thematic area of "strengthening women's economic rights", there is emphasis on encouraging women's participation in paid work through the promotion of social enterprises, communication technologies, information and communication technology skills development for women entrepreneurs, women's rights to land and property, etc. (ASEAN Secretariat, 2018a). This requires an equal and adequate emphasis on women's unpaid care work if any progress in their economic participation is to be realized.

Most ASEAN Member States have a dedicated ministry for women's affairs and gender equality or house a department attending to women's rights under the ministry for labour, social development and family welfare. Additionally, the ACWC has invited numerous regional and national non-government organizations, networks and women's groups to participate in consultative processes. Some of the regional organizations are International Women's Rights Action Watch Asia Pacific, the Asia Pacific Forum on Women, Law and Development and the Southeast Asia Women's Caucus on ASEAN, which lobby for women's concerns and issues in ASEAN and other regional and international platforms (ASEAN Secretariat, 2016).

Formal institutional and legislative context

National laws and international conventions help in framing the policy landscape as well as in setting the tone of gendered discourses. All 10 Member States of ASEAN have ratified the CEDAW. In 2004, the ASEAN foreign ministers adopted the Declaration on the Elimination of Violence Against Women in the ASEAN Region. And in 2008, the ASEAN foreign ministers made a joint statement and first-ever commitment to implement gender mainstreaming in a concerted effort towards deploying CEDAW as a guiding international framework. CEDAW was integrated into development planning among the ASEAN Member States. The Beijing Platform for Action and the Millennium Development Goals (subsequently replaced by the Sustainable Development Goals in 2015) were also adopted to guide the ACWC's Work Plan and regional priorities. The Beijing Platform included a landmark decision to call for the development of methods to assess and value women's unpaid care work (Ilkcaracan, 2018). This set the stage for countries to take stock of and implement policies and social protections to redress women's unpaid care work priorities, among other things. As the SDGs passed the first five-year mark (in 2020), the Beijing Platform agenda marked its 25th anniversary along with the 20th anniversary of the United Nations Security Council resolution 1325 on women, peace and security. ESCAP launched a comprehensive synthesis of national reviews of progress towards women's empowerment and gender equality (ESCAP and UN Women, 2020).

Table 4 captures the national machineries, intergovernmental links on advancing women's rights and focus areas within each country. It includes national priorities and strategic plans of each ASEAN country. For example, in Viet Nam, the newly adopted National Strategy on Gender Equality for 2021–2030 aims to achieve substantive equality between men and women. The strategy has defined several goals to fulfil the SDGs. By 2025, the strategy hopes to increase women's participation in paid employment to 50 per cent, in political leadership positions to 60 per cent and as directors or owners in private business to 27 per cent. It also intends to reduce the average time that women spend on unpaid housework to 1.7 times that of men. It plans to improve the sex ratio at birth, offer support to victims of gender-based violence and integrate gender equality into the school curriculum (MOLISA, 2021). Additionally, the revised Labour Code amendments announced

in January 2021 reinforce provisions to protect the interests of female workers in hiring, training, working hours, rest periods, salaries and maternity benefits while addressing sexual harassment and violence in the workplace, as well as protecting female workers' rights to scheduled breaks for nursing infants and during the menstruation period (Dezan Shira and Associates, 2021).

Other institutional measures with influence over gendered policies are ILO conventions pertaining to various labour rights and social protections that typically provide a guideline for ratifying countries to follow. Relevant ILO conventions ratified by ASEAN Member States are also shown in [table 4](#) (pages 36–37).

Informal institutions and budgeting related to care

Informal institutions are said to be the invisible “rules of the game”. They determine the manner in which state machineries and non-state actors actually function in gendered ways in practice. Research on gendered informal institutions and gendered policy discourses reveals the insidious impact that informal ways of working and entrenched gendered assumptions, norms and values can have on gender equality outcomes.

One area where informal institutional practices can have a telling impact is in gender budgeting and gender mainstreaming. Worldwide, there is a “fundamental contradiction in our political economy” that has led to the least value being put on work that is most critical for the survival of our societies, economies, communities and ecology (Mercado and others, 2020). This section looks at the actual public expenditure data from ASEAN Member States on social protection programmes to make a case for aligning formal, legislative and institutional contexts with the realities of implementation of gender-sensitive programmes.

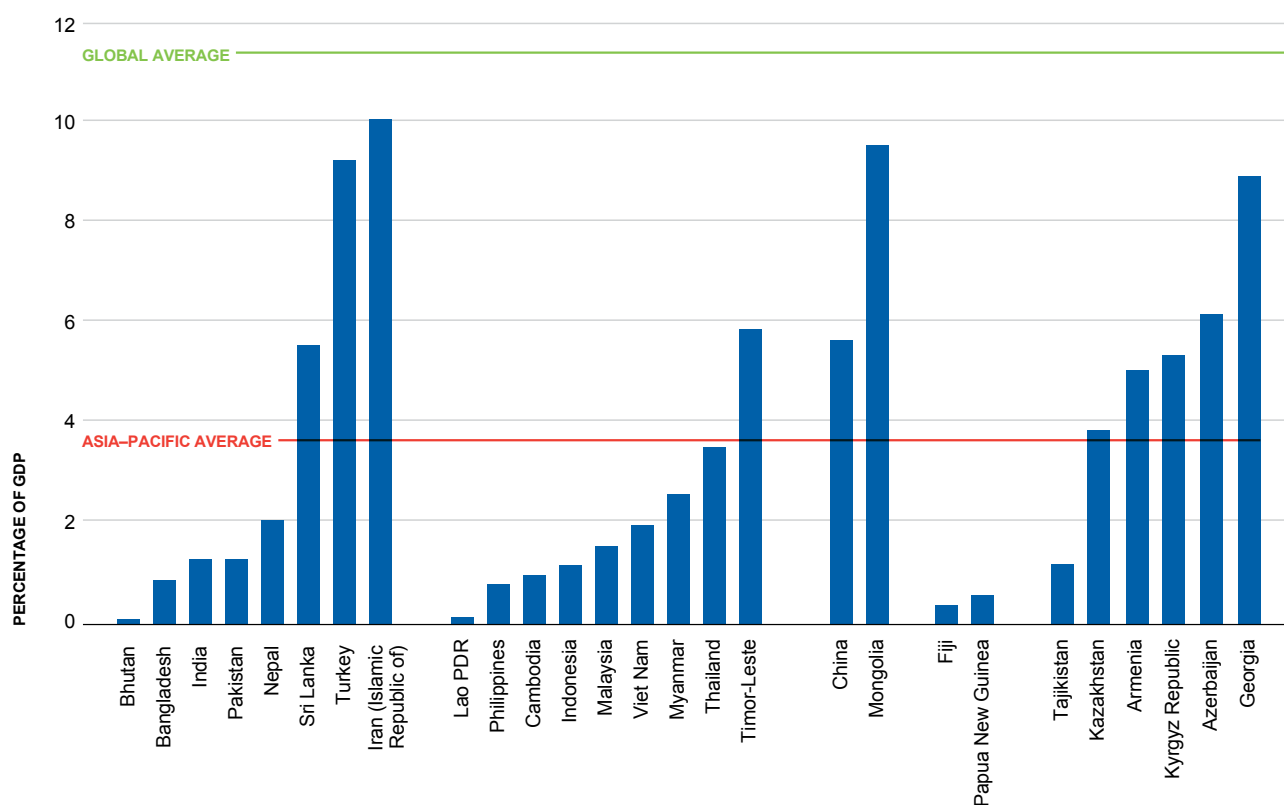
International organizations have increasingly called upon governments to make greater investment in delivering safe water, electricity, childcare and social protection transfers as a means to address some of the care activities and reduce women's workloads (Parvez Butt and Rost, 2018). Countries with a large share of GDP spent on public long-term care expenditure tend to have women and men older than 60 years having longer life expectancies (ILO, 2018). However, an assessment of public expenditures on

essential care infrastructure and services as public childcare, aged care services, age- or disability-support pensions and maternity leave find that many governments in South-East Asia spend less than the regional average (Hill, Baird and Ford, 2019). Figure 14 reflects country-specific spending on social protection as a share of GDP in various subregions across Asia and the Pacific, compared with the global average.

Although South-East Asia has made progress in social protection spending, most countries of ASEAN fall short when compared with the Asia–Pacific average and are much lower than the global spending average. In the region, social protection spending was 3 per cent of GDP and 2.6 per cent of GDP per capita for each intended beneficiary in 2015. In terms of expenditure by sex, only 1.1 per cent of GDP per capita was spent on women, compared with 1.4 per cent on men (ADB, 2019, p. 91). This has implications for addressing women's care-differentiated needs via either social insurance or social assistance programmes. The extent of spending on active labour market programmes remains negligible.

These low levels of spending are especially concerning in times of crisis, such as the ongoing pandemic. While care-related social protections have emerged as the preferred policy tool to address women's care needs (see ESCAP, 2021), many are one-off top-up cash transfers or temporary enhancements to social assistance programmes. The implicit assumption of women's motherhood roles being primary is another blatant aspect of the policy measures adopted.

A case analysis of the gendered political economy context of the Philippines serves as illustration. The Philippines ranks highly in gender equality indices (chapter 3). The latest Gender Equality and Women's Empowerment Plan (2019–2025) entails five focus areas: expanded economic opportunities for women; accelerated human capital development through investments in the Plan; significant reduction in gender-based violence; expanded opportunities for women's participation in leadership and benefits in disaster resilience; and expanded opportunities for leadership and benefits from investment in science, technology, innovation, ICT, infrastructure and energy. These strategic focus areas emphasize the need to include indicators for the collection of data on women's time spent in unpaid care work tasks as part of the decent work and economic empowerment thematic area. The Philippine Commission on

Figure 14. Spending on social protection as a share of GDP, by country, latest year available

Source: ESCAP, 2020, p. 16.

Note: SSWA=South and South-West Asia; SEA=South-East Asia; ENEA=East and North-East Asia; NCA=North and Central Asia.

Women, in collaboration with UN Women and Oxfam, has been conducting a National Household Care Survey over the past few years to capture the levels of unpaid care and domestic work between women and men (Karimli and others, 2016). The 2021 survey results are due soon. The Philippines also increased its public expenditure on social welfare programmes following reforms in the social protection sector in 2009 (Sicat and Mariano, 2021). However, the coverage and coherence of these programmes and coordination across implementation bodies and the public sector need to be enhanced. There is also a need to strengthen the Philippine Commission on Women because it does not have the stature of a full commission or department or adequate resources to implement the Magna Carta of Women.

The small percentage of policies aimed at addressing women's unpaid care needs, the minimal power accorded to women's ministries and the small budgetary outlays on care policies (such as social protection) speaks of a gendered political economy in the region that continues to reinforce gender stereotypes. This de-prioritization of care highlights how neoliberal objectives continue to take precedence over concerns of well-being and caring. This is not specific to the ASEAN region – it resonates with the situation globally. Given this gendered political economy, it is important to build from existing good practices and pockets of innovation regarding the care economy to meet women's differentiated care needs.

The next chapter delves into the details of the existing policies and programmes that cater to women's care needs in each of the ASEAN Member States.

Table 4. Institutional and legislative context among ASEAN Member States

COUNTRY	ILO CONVENTIONS RATIFIED*	NATIONAL MACHINERIES FOR WOMEN	LINKED MINISTRIES AND ORGANIZATIONS
Brunei Darussalam	No. 182	Department of Community Development, which is under the Ministry of Culture, Youth and Sports. A ministerial-level National Council on Social Issues was established in 2008, with the mandate to establish the Special Committee on Women and Family Institution.	There is an acknowledgement of challenges in implementing gender-responsive budgeting, gender mainstreaming and better gender planning.
Cambodia	No. 100, No. 111, No. 182	Ministry of Women Affairs established in 1993	All government ministries have a Gender Mainstreaming Action Group, headed by a Secretary of State, with representatives from all departments as members. It is responsible for developing and implementing a gender mainstreaming action plan.
Indonesia	No. 100, No. 111, No. 182	Ministry of Women's Empowerment and Child Protection	Each ministry has established focal points and gender working groups to coordinate gender-responsive planning and budgeting throughout all divisions.
Lao PDR	No. 100, No. 111, No. 182	Lao Women's Union; the National Commission for the Advancement of Women; Women Parliamentarian Caucus	The National Commission for the Advancement of Women established subcommissions at every level in 14 ministries.
Malaysia	No. 100, No. 182	Ministry of Women, Family and Community Development	Through a gender-mainstreaming initiative, gender focal points were appointed in every ministry. They work to ensure the gender perspective is considered in the formulation of related policies, programmes and national budgets.
Myanmar	No. 182	Myanmar National Committee on Women Affairs (MNCWA), formed in 1996 and chaired by Ministry of Social Welfare, Relief and Resettlement	MNWCWA promotes interministerial cooperation through 11 subcommittees and Women's Affairs Committees at region and state levels.
Philippines	No. 100, No. 111, No. 182, No. 189, No. 118	Philippine Commission on Women	There are four critical entry points to gender mainstreaming, for ministries to follow: policies, programmes and projects, people and enabling mechanisms. For example, the Interagency Committee on Gender Statistics has been guiding improvements in gender statistics in the country.
Singapore	No. 100, No. 182	Office for Women's Development; Ministry of Social and Family Development	Three main non-government organizations deal with women's issues: (i) Singapore Council of Women's Organizations, which is the national coordinating body for 60 women's organizations in Singapore; (ii) the People's Association's Women's Integration Network, which runs programmes at the community level and provides leadership opportunities for women at the grass-roots level; and (3) the National Trade Union Congress' Women and Family Unit, which advocates the building of strong and healthy families by championing work-life harmony.
Thailand	No. 100, No. 111, No. 182	Department of Women's Affairs and Family Development under the Ministry of Social Development and Human Security	The National Commission on Policy and Strategy for the Improvement of the Status of Women was established in 2008 as the national interagency cooperation on the promotion and the protection of women's rights and gender equality. Chief gender equality officers and gender focal points are established across ministries.
Viet Nam	No. 100, No. 111, No. 182	Department of Gender Equality under the Ministry of Labour, War Invalids and Social Affairs; Viet Nam Women's Union; and the National Commission for the Advancement of Women	The Department of Gender Equality, under the Ministry of Labour, War Invalids and Social Affairs, performs the function of state management of gender equality by monitoring the implementation of plans and strategies. The Viet Nam Women's Union is a sociopolitical organization with legal status, representing the legitimate rights and interests of all classes of Vietnamese women and striving for the development of women and gender equality. The National Commission for the Advancement of Women provides coordination and ensures gender mainstreaming within the Government's development plans.

Note: *Equal Remuneration Convention, 1951 (No. 100); Discrimination (Employment and Occupation) Convention, 1958 (No. 111); Equality of Treatment (Social Security) Convention, 1962 (No. 118); Workers with Family Responsibilities Convention, 1981 (No. 156); Part-Time Work Convention, 1994 (No. 175); Home Work Convention, 1996 (No. 177); Worst Forms of Child Labour Convention, 1999 (No. 182); Maternity Protection Convention, revised, 2000 (No. 183); and Domestic Workers' Convention, 2011 (No. 189). Other pertinent ILO conventions: Income Security Recommendation, 1944 (No. 67); Social Security (Minimum Standards) Convention, 1952 (No. 102); Employment Injury Benefits Convention, 1964 (No. 121); Medical Care and Sickness Benefits Convention, 1969 (No. 130); Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128); and Social Protection Floors Recommendation, 2012 (No. 202).

CHAPTER 4: GENDERED POLITICAL ECONOMY CONTEXT IN ASEAN COUNTRIES

COUNTRY	CURRENT STRATEGIC PLANS AND LEGISLATIVE ACTS	FOCUS	DATA SOURCES
Brunei Darussalam	Women and Girls Protection Act (CAP. 120), Women and Girls Protection (Place of Safety) Rules 2001, Married Women Act (Cap. 190), Old Age and Disability Pensions Act (Cap. 18), Children and Young Persons Order 2006, Employment Order 2009, to replace the former Labour Act, which seeks to protect women in the workplace by providing maternity benefits for pregnant woman; the Workplace Safety and Health Order 2009; the Maternity Leave Regulation 2011	Wawasan Brunei 2035 (Brunei Vision 2035) explicitly aims to encourage equal opportunities for women in the workforce and in nation-building. The Prime Minister's Office and National Council on Social Issues is responsible for drafting the Social Blueprint to realize the goal of ensuring high quality of life.	Ahmad, 2019; ASEAN Secretariat, 2016
Cambodia	Constitution of the Kingdom of Cambodia; Rectangular Strategy phase 4 (2018–2023); Law on the Prevention of Domestic Violence and the Protection of the Victims Successive Five-Year Strategic Plans of the Ministry of Women's Affairs (Neary Ratanak)	Article 31 of the Constitution recognizes equality between women and men. Article 36 emphasizes that housework shall have the same value as work outside the home. The Rectangular Strategy phase 4 strengthens gender equality and social protection for human resource development. The document clearly refers to promoting the role of women in the economy, empowering women and further mainstreaming gender in government initiatives as priorities. The Neary Ratanak focus is to empower women in the economy, education, attitude change and public leadership to combat gender-based violence, trafficking and sexual exploitation and to further mainstream gender sensitivity in policies and programmes across all sectors of government.	Ministry of Women's Affairs
Indonesia	National Long-Term Development Plan (2005–2025) and the National Medium-Term Development Plan (2015–2019) stipulate gender-mainstreaming efforts in all policies and programmes.	Five Presidential Directives to the Ministry of Women's Empowerment and Child Protection: i. Improving Women's Empowerment in Entrepreneurship ii. Improving Mother's Role in Children's Education iii. Decreased Violence Against Women and Children iv. Decrease in Child Labor v. Prevention of Child Marriage	Website of Ministry of Women's Empowerment and Child Protection; ASEAN Secretariat, 2016
Lao PDR			ASEAN Secretariat, 2016
Malaysia	A gender focus emerged in the Third Malaysia Plan (1976–1980) and continues in the Eleventh Malaysia Plan (2016–2020). The Persons with Disabilities Act 2008, section 34	The Eleventh Malaysia Plan covers: i. protecting the rights and interests of women; ii. increasing the female labour force participation rate through the promotion of flexible working arrangements as well as work-from-home and returning-to-work initiatives; and iii. enhancing joint efforts between government agencies and civil society organizations to educate women and girls on the importance of health care as well as women's rights and protection from violence.	ASEAN Secretariat, 2016; Eleventh Malaysia Plan (2016–2020); Economic Planning Unit; Prime Minister's Department
Myanmar	National Strategic Plan for the Advancement of Women 2013–2022 and negotiation upon the implementation and results of national and regional activities	The National Strategic Plan for the Advancement of Women focuses on several areas: women and livelihoods, health, education, violence, the girl child, human rights, media and the environment. It is silent on unpaid care work.	Website of Ministry of Social Welfare Relief and Resettlement; National Strategic Plan for the Advancement of Women
Philippines	Magna Carta of Women; Philippine Plan for Gender-Responsive Development (1995–2025); Philippine Development Plan (2017–2022); Gender Equality and Women's Empowerment Plan (2019–2025)	Strategic goal areas of the Gender Equality and Women's Empowerment Plan: • Women's social development rights • Gender in security, justice and peace • Gender-responsive governance • Gender in environment and climate change • Women's economic empowerment	ASEAN Secretariat, 2016; Gender Equality and Women's Empowerment Plan (2019–2025), Philippine Commission on Women
Singapore	Women's Charter enacted in 1961 to uplift women's status, especially in civil marriages		ASEAN Secretariat, 2016
Thailand	The Gender Equality Act, 2015 and Women Development Strategy 2017–2021	The Act addresses substantive issues: (i) definition of gender discrimination; (ii) establishment of national committees to formulate policy and measures and to deliberate on acts of gender discrimination; (iii) penalties; (iv) compensation for victims; and (v) the fund for the promotion of gender equality.	ASEAN Secretariat, 2016
Viet Nam	The Law on Gender Equality, 2006; National Strategy for Gender Equality 2011–2020 followed by the revised Strategy for 2021–2030. Revised the Labour Code 2021.	The National Strategy comprises seven goals and 22 targets pertaining to women's participation in the economy, politics, labour and employment, education and training, health, culture, information, family and state capacity.	ASEAN Secretariat, 2016, Government portal of Socialist Republic of Viet Nam



Chapter 5

Care-sensitive policy measures in ASEAN countries

Women in the field in Viet Nam.
Photo © Quang Nguyen Vinh

The conceptual framework outlined in Chapter 2 proposes four care-sensitive policy categories to map care policies: (i) care infrastructure; (ii) care-related social protections and benefits; (iii) care services; and (iv) employment-related care policies. This chapter examines the nature and extent of the policies and programmes in ASEAN Member States that cater to women's care needs. The existing measures included in this discussion regarding unpaid care work were drawn from national reviews of countries as part of the Beijing+25 review across Asia and the Pacific conducted by ESCAP. The recently concluded Asia–Pacific Beijing+25 review of national policies and progress towards gender equality is a useful source of data for the region (ESCAP and UN Women, 2020; United Nations, 2020a; UN Women, 2020b). This assessment points to the long road towards equality that has been travelled and how the current pandemic threatens to reverse and stymie hard-won gains.

The manner in which COVID-19 has proven to be a care crisis has brought care policymaking to the centre of policy discourse. Although South-East Asia managed to relatively contain the spread of the coronavirus, compared with other subregions of Asia and the Pacific, Indonesia and the Philippines have been the worst affected countries. The pandemic's impact varies across countries, largely depending on the capacity of public health systems, initial government containment measures, the size of the informal sector and economic stimulus and support measures. No country has been spared the socioeconomic effects of the pandemic, owing to the worldwide lockdown, the closing of national borders and the fall in demand across several industries. Inevitably, it is the vulnerable persons and women that have been hardest hit. Thus, this chapter also includes one-off and temporary policy measures that were

adopted in the first-year response to the outbreak of the COVID-19 pandemic. Data on COVID-19 policy responses have been gathered from policy trackers, such as the UNDP-UN Women COVID-19 Gender Policy Tracker, and from the World Bank social protection measures (Gentilini and others, 2020).

Each section contains analysis of policies under each of the four care-sensitive categories (figure 2) and showcases examples of promising practices from around the world. Promising country-specific best practices are highlighted as examples for the region to build on. The aim is to enable governments and policymakers to develop specific possibilities for care programming within their national and local policy contexts.

5.1 Care infrastructure

As outlined in box 1, policies addressing care infrastructure refer to those that recognize and reduce women's burdens in terms of time, intensity or drudgery of providing care to the family. These include access to safe water and sanitation, energy-efficient fuel sources, electricity, time- and energy-saving devices for domestic work, safe transport facilities and infrastructure that responds to the health and physical well-being of care dependants, such as health centres for pregnant women, people who are sick and people who are disabled. This provision of physical infrastructure to address the care requirements of families cuts across various government portfolios and hence requires a whole-of-government approach instead of just a focus on women by a women's ministry (see box 6 for a promising practice on interministerial collaboration in Cambodia).

Box 6. Promising practice on care infrastructure from Cambodia

The Ministry of Rural Development has made important progress in promoting access to improved water supply and sanitation in rural areas, in line with the National Strategic Development Plan and the Cambodia Millennium Development Goal targets. The Ministry has made important progress in rehabilitating rural roads at the provincial, district, commune and village levels. A total of 45,241 kilometres of rural roads are registered under the Ministry. Improvements in rural road infrastructure have made travel easier for everyone, and women have better access to health centres, schools, markets and employment opportunities, thereby contributing to overall poverty reduction efforts in rural areas. For many rural women, switching to biogas has not only saved them money but has freed them from collecting firewood. Doing domestic chores are much faster, enabling women to have more free time for income-generating activities and participating in community activities.

Source: National Review report (2019) on 25th anniversary of adoption of Beijing Platform for Action. Available at <https://www.asiapacificgender.org/country-reviews>.

Figure 13 (see Chapter 3) presents the extent to which ASEAN Member States have provided access to safe water and sanitation to their populations. At the same time, regional inequalities between urban and rural locales or between high- and low-income neighbourhoods must be accounted for while assessing the extent to which policies are reaching the needy. Lagging countries with large rural populations still require an investment in physical infrastructure that helps reduce time spent in fuelwood and water collection.

In addition to physical infrastructure, the physical components of social care infrastructure, such as hospitals, health centres, medical and care services equipment, affordable housing, school facilities, etc., are also critical. Investments in public infrastructure helps mitigate the burden on families to provide care and also reduces the incidence of illness, with its attendant loss of productivity and cost of treatment. There is variability among ASEAN Member States in the extent to which these are developed and accessible to poor and near-poor vulnerable groups.

General government investments in public infrastructure, such as safe water, sanitation services, road safety and health services, help to mitigate the family care burden by decreasing the prevalence of diseases and injuries and reducing the cost of supportive care activities. Nepal witnessed far-reaching positive impacts on the status of women after long-term investments in water and sanitation (see box 7).

The largest category of pandemic-related policy measures adopted in the first year across South-East Asia region relate to care infrastructure, specifically food assistance and utility bill waivers. Much of the food assistance was the free distribution of food packets to migrant labourers and poor households. Bill waivers for electricity and other utilities formed part of the short-term measures in place for three to six months at best during the initial phase of the pandemic. The largest number of measures were taken in Indonesia, followed by Singapore, Malaysia and Myanmar.

5.2 Care-related social protection programmes

Social protections programmes are a universal, rights-based instrument through which States aim at poverty eradication and reducing inequalities. The efficacy of social protection measures as a means

Box 7. Promising practice on water and sanitation from Nepal

The Gender Equality and Empowerment of Women Project was implemented by the Asian Development Bank and the Ministry of Women, Children and Social Welfare of Nepal between 2009 and 2013. The project aimed to promote rural women's economic empowerment through increased income, assets and employment opportunities and their social empowerment, which involved addressing women's time constraints and improving opportunities for rural women to pursue both "personal and community development" (ADB, 2015). Women's groups and cooperatives were instrumental in the design and implementation of the project. As the monitoring and evaluation report stated, "The project accepted that the process of empowerment begins with individuals but that the key catalyst to change is participation in collective activities."

Over the course of five years, more than 3,500 small community infrastructure projects ranging from access to water, sanitation, transportation and time- and labour-saving technologies were carried out. The introduction of water taps has been particularly beneficial for women, reducing the amount of time spent on these tasks by 41 minutes per day on average. This has had positive spillover effects for households, of which 67 per cent reported dedicating the time saved to income-generating activities. The project also had a positive impact on women's status within their homes and communities. Participating in women's groups and collectives, a reduction in women's unpaid care work burden and increased income all contributed to improving relationships between women and men.

Source: Ferrant and Thim, 2019.

of addressing adverse socioeconomic impacts was observed during the Asian financial crisis that began in 1997 and the Great Recession of 2008–2009 (Ong and Peyron Bista, 2015). The 2030 Agenda has given central importance to social protection systems as a means to achieve the SDGs. For especially vulnerable populations, like women, a life cycle approach is necessary as a means of advancing gender equality and enabling women to cope with risks and develop resilience in the face of crisis and shocks (SPIAC-B, 2019). The ASEAN Declaration

on Strengthening Social Protection was signed in 2013. This followed from the ILO Social Protection Floors Recommendation in 2012 (No. 202), adopted by all labour ministries and employers' and workers' organizations, which form the ILO membership, including the 10 ASEAN countries (Ong and Peyron Bista, 2015).

Other relevant ASEAN frameworks are the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN; the ASEAN Enabling Masterplan 2025: Mainstreaming the Rights of Persons with Disabilities; the Vientiane Declaration on Transition from Informal Employment to Formal Employment towards Decent Work Promotion in ASEAN and its Regional Action Plan; the ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers; the ASEAN Labour Ministers' Statement on the Future of Work: Embracing Technology for Inclusive and Sustainable Growth; the ASEAN Labour Ministers' Statement on Improving Occupational Safety and Health for Sustainable Economic Growth; the ASEAN Declaration on Strengthening Education for Out-of-School Children and Youth; and the ASEAN Declaration on Human Resources Development for the Changing World of Work (ASEAN Secretariat, 2020a).

The various types of social protection measures across ASEAN countries encompass (ADB, 2019):

A Social insurance, which include contributory schemes to help people respond to and mitigate impacts of common risks, such as illness, old age and unemployment. Some examples of measures here would be pensions or health insurance.

B Social assistance, social welfare or social safety nets programmes, which aim to protect poor and vulnerable households and poor individuals who cannot qualify for insurance or would receive inadequate benefits from such a source. The measures adopted under this category typically are non-contributory, such as cash transfers, food or in-kind transfers, cash for work, fee waivers and price subsidies.

C Active labour market programmes to help people secure employment and include public works programmes, skills development and training.

Contributory social insurance is more prevalent among ASEAN Member States, and social assistance programmes can be conditional or non-conditional transfers (ASEAN Secretariat, 2020a).

Box 8. Promising practices on universal health coverage from Thailand and Viet Nam

In **Thailand**, the Universal Coverage Scheme was established with the adoption of the National Health Act of 2002. It covered around 48 million people in 2015, providing the majority of the population with free access to health care services. It is tax-financed and provides a comprehensive benefit package, including outpatient, inpatient and emergency services (ILO, 2016a). Insurance is given to any citizen with a 13-digit government identification number. The scheme is available to the population not covered by other health schemes, including the Social Security Scheme for private sector employees and the Civil Servant Medical Benefit Scheme (ILO, 2016a). It covers workers in informal employment, who were previously without access to health insurance. However, it does not reach stateless persons or migrant workers who do not have Thai citizenship.

Source: ADB, 2019, p. 16.

Viet Nam has made substantial progress in expanding universal health coverage. It has invested heavily in hospitals, health centres and human resources for health in recent years. Population coverage has expanded gradually since 2003 by prioritizing poor and near-poor groups. Alongside this expansion, the Government has focused on providing a comprehensive and universal service package for all enrolled persons, thereby approaching universal health coverage in a more equitable manner and reducing catastrophic health expenditure. Disparities between economic groups and geographic locations have been shrinking, owing to a strong political commitment to equity. Political commitment, sustainable financial sources and administrative capacity are strong driving factors in achieving universal health coverage, with the aim of health for all. In 2018, according to Viet Nam Social Security, there were more than 83.5 million people participating in health insurance schemes, accounting for 88.6 per cent of the population. By the end of 2020, the number of health insurance participants rose to 88 million, or nearly 90.9 per cent of the population.

Source: Tran, Tang and Mao, 2021; Mao and others, 2020; and <https://vss.gov.vn/english/news/Pages/vietnam-social-security.aspx?ItemID=9898&CatelD=198>.

The levels of social protection are diverse, with five countries having statutory schemes covering at least six social security policy areas, while several are still in the process of developing their social protection systems (Ong and Peyron Bista, 2015). For example, in Lao PDR, informal workers have the possibility to be covered under the 2014 Social Security Law on a voluntary basis, yet effective coverage has been limited (ILO, 2017a). Similarly, Indonesia has a disability-specific scheme providing social assistance for persons with severe disability, but the progress of coverage extension is relatively slow, largely due to financial constraints (ILO, 2017a). Universal health coverage is a crucial social protection measure that aims at securing the health of the population. The World Health Organization measures universal health coverage in terms of (i) population coverage and enrolment, (ii) services coverage and (iii) financial coverage, with requisite budgetary allocations. Box 8 discusses the universal health coverage programmes rolled out successfully in Thailand and Viet Nam.

As noted in figure 14 (see Chapter 4), ASEAN countries continue to have relatively low levels of public expenditures on social protection programmes. Through its Social Protection Indicator for Asia, the Asian Development Bank (2019) calculates that across all categories of social protection expenditure (social insurance, social assistance and active labour market programmes), expenditure on women (as a percentage of GDP) continues to lag behind that of men in several countries.

Cambodia, Lao PDR and Thailand are the few countries where the expenditure across categories is equal for both females and males. It is even more for females in the social assistance category. As noted in Chapter 3, women tend to be either out of the labour force or in informal employment and thus unable to participate in contributory social insurance schemes typically linked with employment. They therefore tend to become recipients of welfare from the State. Many jobs in which women are occupationally segregated are low-paying and often not covered by labour legislation or social security protection.

As recipients of social assistance, women accrue benefits often on account of maternity (pregnancy and lactation) or through child welfare grants and cash transfers (see box 9). Conditional cash transfer programmes have been found to exacerbate the onus on women's time to meet the conditionalities (such as immunization of children, pre- and antenatal check-ups, etc.) and further marginalize or impede women from accessing the necessary benefits (Chopra, 2018). Policy intentions do not always translate into gender-transformative outcomes and may serve to further reinforce existing gender norms and roles of women as primary carers. Non-conditional transfers, which account for women's multiple axis of inequality and aim to reduce demands on women's time and energy are likely to be more welcome and successful in achieving their objectives.

Box 9. Promising practice with Maternal and Child Cash Transfer Programme from Myanmar

The 2012 Social Security Law provides benefits under the health and social care insurance system, such as sickness benefit, maternity benefit, paternity benefit, maternity expense, miscarriage benefit, adoption of children younger than 12 months, funeral expense, temporary employment injury benefit, permanent employment injury benefit, survivors' benefit and medical reimbursement.

As part of Myanmar's National Social Protection Strategic Plan, the Maternal and Child Cash Transfer Programme was rolled out in a number of states with high levels of nutrition deprivation, such as Chin State, Rakhine State and the Naga Autonomous Region (starting from the 2017–2018 fiscal year), in the less peaceful and regional conflict areas of Kayin and Kayah states (starting from the 2018–2019 fiscal year) and in Irrawaddy Region and Shan State (starting from 2019–2020 third quarter). Current beneficiaries are provided 15,000 kyats per month.

Source: National Review report (2019) on the 25th anniversary of the adoption of the Beijing Platform for Action. Available at <https://www.asiapacificgender.org/country-reviews>.

As a response to the COVID-19 pandemic, many ASEAN nations expanded the size and scope of their social protection programmes in a bid to reach the existing and newly vulnerable groups. This was both a horizontal and vertical expansion, with increases in terms of the population covered and the amount of assistance given. Several conditionalities and processing complexities were also eased or waived off at the start of the pandemic, apart from efforts to introduce digital forms of inclusion (Gentilini and others, 2020). Given the massive impact and intensity of COVID-19 in Indonesia, Malaysia, the Philippines and Singapore, a larger expansion of existing or new programmes was seen in these countries. In Indonesia and the Philippines, the response reallocated funds from non-urgent goods expenditure and those not yet programmed to expand social protection programmes, as explained in box 10. Singapore utilized its past reserves to fund its \$1.1 billion Solidarity Payment response as a universal one-off cash transfer (Gentilini and others, 2020).

Box 10. Expanded social protection programmes in Indonesia, Malaysia and the Philippines

In **Indonesia**, the Government topped up the benefits for the Program Keluarga Harapan and increased the number of beneficiaries by 15 per cent, from 9.2 million to 10 million households.

In **Malaysia**, the Government rolled out Bantuan Prihatin Nasional under the economic stimulus package. It was a one-off grant given to low- and middle-income households but was followed with a second grant.

In the **Philippines**, the Social Amelioration Program was expanded with a 422 per cent increase in benefits from the pre-COVID-19 levels, reaching out to 78 per cent of the target population with a monthly transfer of 5,000–8,000 Philippine pesos paid for two months. This expansion has made the Philippines one of the top 10 countries in the world for both number of individuals and share of population covered by pandemic relief.

Source: Gentilini and others, 2020; ILO and ESCAP, 2020.

5.3 Care services

Care services as a policy category refers specifically to the provision of care for dependants – children, persons with disabilities, who are sick or elderly – by making these services available through the State or markets to redistribute a portion of direct care work away from households or families and women in particular. It has been recognized that there are limits to which such personal care services can be provided for through the market or public institutions, given both the affective and relational nature of this care as well as its labour-intensive nature, which makes technological or productivity enhancements more difficult (Ilkkaracan, 2018). It is important for these care services to be affordable, easily accessible and of high quality. For example, low trust in the quality of care for children younger than 6 years at day-care centres would leave parents with no options but to turn back towards familial care arrangements. Given the high human resource requirements and challenges in scaling up operations and profits, private care service providers would either cater only to the high-income segments who would be willing to pay a premium, making the service out of reach for low- and middle-income households. Without adequate financial and budgetary allocations by the State, even community-run centres would be unable to sustain. In a scenario of low public sector spending, building up these long-term public goods becomes even more of an urgent demand. In the Philippines, a government programme for young children includes the delivery of integrated services for children with development disorders and disabilities (King and others, 2021). See box 11 for other global best practices.

Box 11. Promising practices on care services from the Gambia, South Africa and Peru

Mobile reproductive health centres in **the Gambia** and state-funded home-based care services for HIV patients in **South Africa** have helped disadvantaged families meet their care needs (Esquivel and Kaufmann, 2017).

In **Peru**, a government early child development programme offers day-care services in marginalized urban areas and home visiting services in rural communities that make weekly visits and monthly group sessions for toddlers and their caregivers (Josephson, Guerrero and Coddington, 2017).

Source: King and others, 2021.

Another factor that impacts the choice of care provisioning has to do with the care culture of a nation. Different countries and region vary in terms of who is seen as the most appropriate carer and what is an acceptable minimum or best effort and who is responsible for different aspects of health and social care needs. Long-term and older person care poses particular challenges. Several Asian cultures are marked by a norm of filial piety, such as the children take care of aged parents (Chan, 2020). Because life expectancy in several high- and upper-middle-income countries has lengthened and family size and fertility rates have fallen, there are fewer working-age people available to care for seniors who are living well into their 80s. Institutionalizing old parents carries stigma and psychological negative effects, like low self-esteem among children. Recognizing this brewing care deficit, countries such as Singapore have started experimenting with innovative solutions. Integrated care is a policy approach that encourages older persons to age-in-place, that is, in their own home by providing them with integrated health and social support services that they need and are now available within the community (Chan, 2020).

Expansion of social assistance programmes helps ameliorate the immediate sustenance requirements of vulnerable groups but fails to address the long-term and more systemic need for addressing women's care requirements over the entire life cycle. For this reason, investment in building up care services has become crucial. The knock-on effects of such care services respond to the unpaid care needs of women but also generate paid care employment. Decent work with good pay and professional training has the potential to enhance women's economic opportunities due to their being overrepresented among care workers in care sectors (see figure 10).

Box 12 captures the strides made by Malaysia in building up its care provisioning and service capacity. Apart from the existing care services measures, the Government also instituted the most additional care service measures in response to the COVID-19 pandemic among the countries reviewed for this study.

Box 12. Promising practice on building care services capacity from Malaysia

The Malaysian Government offers financial incentives to encourage employers to provide on-site childcare facilities for children of employees. In 2019, the Government allocated 10 million Malaysian ringgit for setting up 50 childcare centres. In 2020, a total of 4.6 million ringgit was allocated for setting up 30 childcare centres.

As of 2013, private sector employers can benefit from a double tax deduction for the cost of providing and maintaining childcare centres at the workplace. And a 10 per cent Industrial Building Allowance is available for buildings used as childcare centres.

In 2020, the Government budgeted more than 12 million ringgit for 2,623 childcare centres nationwide to mitigate the impact of COVID-19. These initiatives included 5,000 ringgit as a one-off grant for institutional, workplace-based childcare centres and 1,500 ringgit for home-based childcare centres.

The Community Development Department, an agency under the Ministry of Rural Development, has established 10,854 kindergarten classes (for children aged 4–6 years) and 543 nurseries (for children aged 2–4 years) throughout the country. Approximately 71 per cent of the kindergartens and nurseries are located in rural areas. The Government provides a grant of 100 ringgit for each child as well as a meal subsidy of between 2 ringgit and 3 ringgit per child per day for children attending the government nursery or kindergarten. Parents' contribution is determined by their monthly income, ranging from 5 ringgit to 25 ringgit monthly for nursery care and 50 ringgit to 150 ringgit for kindergarten.

The Department of Social Welfare is committed to providing rehabilitation, care and protection services through three types of institutions for older persons: *rumah seri kenangan* (homes for older persons), *rumah ehsan* (homes for chronically ill persons) and *desa bina diri* (homes for destitute persons).

Source: National Review report (2019) on the 25th anniversary of the adoption of the Beijing Platform for Action. Available at <https://www.asiapacificgender.org/country-reviews>.

5.4 Employment-related care policies

Given the regional variations across ASEAN, with some countries having high levels of formal employment (Malaysia and Singapore) and others having a large informal workforce (Cambodia and Lao PDR), employment-related care policies vary in the extent to which they are able to meet the needs of the population. Because women are less represented in the formal workforce, fewer women are likely to benefit even when employment-related care policies are in place. At the same time, a normative effect is seen when private and public sector policies set standards and are quickly adopted by other private or public companies. In addition to the medical reimbursement, health insurance, disability and accident insurance policies that are often in place in many companies, the maternity leave, paternity leave, childcare and flexible work policies are seen to be the most family-friendly. See box 13 for how Spain enables its workers to reconcile work and family responsibilities.

Box 13. Promising practice on work–family reconciliation from Spain

The Law to Promote Reconciliation of Work and Family Life in Spain, adopted in 1999, aims at harmonization of different pieces of legislation on care-related leave and service provisioning. It regulates parental care leave with extended leave for both women and men to facilitate the care of children and older persons. The Law of Dependency, introduced in 2006 the notion of “care” as part of citizens’ rights and an obligation on the part of the State to provide it for people with disabilities and for older persons. This legislative reform initiative in Spain represents a successful example of the recognition of the care economy based on the right to care and be cared for and the principle of equality and co-responsibility.

Source: Ilkkaracan, 2018, p. 22.

The ILO Maternity Protection Convention (No. 183) stipulates that maternity leave must not be less than 14 weeks. Table 5 (page 47) summarizes the types and duration of maternity and paternity leave

policies in force across ASEAN Member States. While the increasing attention towards paternity leave indicates a shift in mindsets, traditional gender norms, statutory requisites and work in the informal economy make implementation more challenging. The uptake of this leave is still seen to be limited (Baird and Hill, 2019c) (see box 14). There is also a need to argue for expansion of employment-linked care policies to a wider population via social insurance or state-sponsored programmes so that employer liability models do not exclude workers. Among other measures, Malaysia has a policy to help parents pay for childcare services by giving tax reductions and subsidies. According to Malaysia’s National Review report (2019) on the 25th anniversary of the Beijing Platform for Action, employees receive a double deduction on childcare allowances, and subsidies are available for low-income families that use public sector workplace childcare centres or private registered childcare centres. In the public sector, a monthly childcare fee subsidy of 180 ringgit for each child is provided for households with income at less than 5,000 ringgit. Additionally, 10 million ringgit has been set aside for setting up 50 childcare centres, while private sector employers benefit from a double tax deduction for the cost of providing and maintaining childcare centres at the workplace.

Few employment-related care policy measures were introduced during the first year of the COVID-19 pandemic among the ASEAN Member States. Of them, Malaysia stands out for adopting three measures that provided income tax relief to employees incurring childcare costs, cash allowances to workers forced to take leave on account of the pandemic and monthly withdrawals from the Employee Provident Fund to pay for essential food and groceries.

Overall trends

Looking at the overall trends across the four care-sensitive policy categories, it is possible to make some overarching observations. Given the vision to uplift the quality of life of all people across the ASEAN region, economic growth has enabled the provision of infrastructure, such as safe water, sanitation, transportation and food. This has been available to all people to the extent possible, with coverage being especially strong in urban areas. Yet, countries with large rural populations have not received access to care infrastructure to the same extent as countries with primarily urban populations.

Box 14. Promising practice on paternity leave and childcare policies from Viet Nam

The Vietnamese Law on Social Insurance provides employed married fathers a paid paternity leave entitlement of between 5 and 14 days. This regime applies only to male employees paying social insurance premiums whose wives give birth. The leave entitlement is paid through the Social Insurance Fund and applies to Vietnamese fathers only. Although expatriates in Viet Nam are legally required to pay into the Social Insurance Fund, they only receive leave entitlements through agreements with their employer. The duration of paid paternity leave to which a Vietnamese father is entitled depends on the type of birth, number of children already born and if the child is adopted. In the case of maternal death, a father is entitled to the full amount of unused maternity leave, which is paid at 100 per cent until the child reaches six months of age.

Source: Baird and Hill, 2019.

Additionally, the Government stipulates that employers shall install breastmilk extraction and storage rooms suitable for the given workplace conditions, the needs of women workers and the employers' capacity and that conform with the requirements for hygiene and privacy. Also, private classes for children younger than 18 months are meeting some of the day-care needs of parents working in industrial parks for a relatively low fee. These classes offer flexible childcare times that are suitable for parents' working shifts or seasonal work to allow for convenient pick up and transport arrangements.

Source: National Review report (2019) on 25th Anniversary of adoption of Beijing Platform for Action. Available at <https://www.asiapacificgender.org/country-reviews>.

ASEAN Member States have put in place social insurance and social assistance programmes in response to regional commitments to strengthen social protections. However, there is a gap between the commitment to social protection policies at an overall level and actual reach of programmes that recognize the care-differentiated needs of women. ASEAN Member States have much lower levels of public expenditure on social protection programmes than the Asia–Pacific regional average and the global average. Crises, climate change and conflict in specific countries further exacerbate this gap, making it difficult – and yet even more imperative – to reach women with intersectional vulnerabilities.

As well, care services are largely focused on women's maternal and childcare roles through the provision of childcare services in certain areas. Bearing in mind the demographic shift towards ageing that the region will see in the coming decades, it is important for ASEAN Member States to foresee country-specific trends and plan to manage old-age care and long-term care issues. These are areas that will intensify women's care work in the near future. Shifting cultural norms around family size and composition as well as greater acceptance of institutional caring

arrangements and paid care providers can allow for the redistribution of care services from households to the State and to markets.

In terms of employment-related policies, there has been significant progress in certain countries for coverage of basic benefits in formal sector occupations. However, as various studies have documented, women in many ASEAN Member States work largely in the informal sector, which is insufficiently covered by these employment policies. Countries need to move towards the provision of care policies for the informal sector workforce. Given the extent of migration in the region, these policies also need to be far-reaching to cover the needs of migrant women across borders. The provision of decent work for paid care workers as well as a shifting of the focus of caring from women to men via increased paternity leave and gender-equitable caregiver leave policies need to be considered.

As noted, there is a gap between the care-sensitive and gender-differentiated needs of women (that have been exacerbated by the COVID-19 crisis) and the policy response to these needs. The next chapter responds to this gap with policy recommendations.

Table 5. Maternity and paternity policies among ASEAN Member States

COUNTRY	LENGTH OF MATERNITY LEAVE	TYPE OF MATERNITY PROGRAMME	COVERAGE OF SELF-EMPLOYED	MATERNITY LEGISLATION	LENGTH OF PATERNITY LEAVE	PATERNITY LEGISLATION
Brunei Darussalam	105 days	Employer liability (and government)	No	Cap. 93 of Employment Order 2009; Maternity Leave Regulations 2011		
Cambodia	90 days	Employer liability	No	Constitution Law; labour laws; Civil Servant Policy; Safe Motherhood Policy		
Indonesia	90 days	Employer liability	No	Bill No. 3/1982 on Labour Social Security Guarantee	2 days; male public servants in Indonesia are eligible for one month of paternity leave	2003 Manpower Law, National Civil Service Agency Regulation No 24/2017
Lao PDR	92 days	Social insurance and employer liability	No			
Malaysia	60 days (private sector) and 60 or 90 days (government sector)	Employer liability	No	Employment Act 1955 (Act 265) amended in 2011; Civil Servant Circular No.5/2017	7 days (male public servants)	Civil Servant Circular No.9/2002
Myanmar	180 days	Social insurance	No	Civil Service Personnel Rule 2014, March 26	15 days	The Burmese Social Security Law of 2012. To be eligible, employed fathers are required to have made at least six months of social security contributions in the 12 months prior to the child's birth. Paternity leave entitlements are paid at 66.67 per cent of the 12-month average wage of the father
Philippines	105 days	Social insurance	Yes	Magna Carta of Women of 2009 (Republic Act 9710); Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028); The Solo Parent's Welfare Act of 2000 (Republic Act 8972); Day Care Law (Republic Act 6972); Act increasing maternity benefits for women workers in the private sector (Republic Act 7322)	7 days	Paternity Leave Act of 1996 (Republic Act 8187). Changes to the Maternity Leave Act in 2019 now allow female workers entitled to maternity leave to transfer up to 7 of their 105 days of paid leave to the child's father, regardless of whether they are married or not.
Singapore	90 days or 112 days government-paid	Employer liability (and/or government)	Yes	Employment Act; Child Development Co-Savings Act	14 days of government-paid paternity leave	Since 2017
Thailand	98 days	Employer liability; social insurance	Yes		15 days for public sector employees	
Viet Nam	180 days	Social insurance	No		5-14 days	Vietnamese Law on Social Insurance (2016) provides for paternity leave

Source: Baird and Hill, 2019c, 2019a, 2019b; ThaiNews, 2019; ILO, 2017a; ASEAN Secretariat, 2013; Paternity leave (mom.gov.sg).



Chapter 6

Conclusions and recommendations

Mother bathing children in Lao PDR.
Photo © Adam Cohn

Women's paid work overlaps and is influenced by their unpaid care work in a bidirectional relationship (Chopra and others, 2020). Work in the care economy – unpaid or paid – has important implications for the sustenance and survival of societies and the economy. The need to incorporate a care-sensitive perspective into policymaking has never been more urgent than the present moment, when countries are still grappling with a devastating pandemic and aiming to build back better. Ensuring that women's care work and differentiated care needs are kept at the centre of recovery efforts is imperative for the region to achieve its aims on gender justice and an equitable and inclusive society for all people.

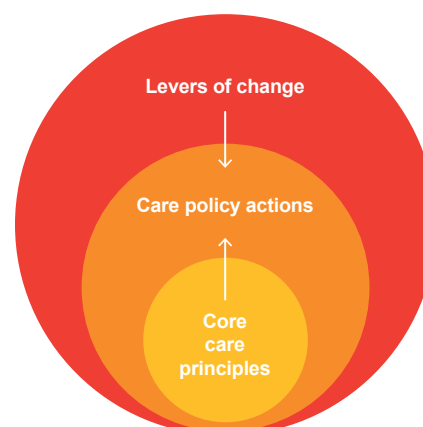
A regional overview report for Asia and the Pacific researched after the first year of the pandemic makes recommendations for each care-sensitive policy category (ESCAP, 2021). This chapter adds specific policy recommendations that can enable governments in the ASEAN region to put women's care needs at the centre of their programming and policy efforts to build back better and towards achievement of the SDGs.

This chapter is divided into three sections along a proposed three-tier approach for the ASEAN Member States to embrace the care economy in a comprehensive manner and create a care-sensitive policy climate (figure 15). The three-tier approach comprises (i) core principles and ideas that need to be embedded into a care-sensitive policy framework; (ii) policy actions under each of the four care-sensitive policy categories that must be tailored to each country's national context and priorities; and (iii) levers of change that must be put in place for policy efforts to succeed in creating gender-transformative outcomes, such as financing of care policies, cultural and social norm change, gender- and care-disaggregated data, women and carer representation in policy design and implementation, and legal and regulatory frameworks.

As figure 15 illustrates, the core care principles form the innermost circle and normatively guide policy efforts as well as inform specific policy actions. Equally, the presence of levers of change are important threshold factors that determine the nature and extent of policy actions that can be taken by policymakers within a country context. For example, in the absence of data on unpaid care and domestic work or appropriate legislative mechanisms or gender budgeting, it is unlikely that the design of care-sensitive policies can respond adequately to the real needs of women. Thus, the possibility of

policy actions (as well as the type of policy action and their programme design) being adopted and then effectively implemented depend on the core principles at the normative end and the levers of change at the practical and programmatic end. This dynamic is in turn shaped by each country's social, political and economic context as well as their gendered political economy.

Figure 15. Three-tier care-sensitive policy approach



6.1 Core principles

This section lays out the main paradigmatic ideas and public philosophies that enable the operationalization of the Triple-R Framework. These principles set the normative standards and underlying assumptions that form a central part of an ethic of care. The following principles underscore the importance of care to human life around which policies and programmes of the State, markets, families and communities can be aligned.

1 Recognize care as foundational. Ideas about the centrality of care to human life and the need for a sustainable, eco-friendly, inclusive and caring economy have emerged in various shapes and forms over the past three decades. Ideas of a caring democracy and caring economy from a feminist ethics of care (Women's Budget Group, 2020; Tronto, 1993); sustainable development for both human and non-human life through what has been termed "doughnut economics" (Raworth, 2012) and purple economy concepts (Ilkharacan, 2016, 2013); and the nurturing of interdependencies in a caring world (The Care Collective, 2020) are some underlying principles that need to inform any policymaking efforts that truly want to address unpaid care and domestic work.

2 Acknowledge care as a public good. The provision of care is a key activity within State–society relations and a crucial element of social policy (Daly, 2002). It requires taking a long-term, systemic, human capital-centred approach that sees care as an investment in social, human and economic growth rather than as a short-term welfare expenditure. The care economy has the potential to add to economic growth by increasing employment in care jobs, infrastructure investments and enhanced earnings. Simulations in 13 developing countries in the Asia–Pacific region, including Indonesia and the Philippines, demonstrate that even at modest benefit levels, public investment in universal child benefits, old-age pensions and disability benefits have the potential to lift more than one third of people out of poverty (ESCAP, 2021). Input–output analysis studies also demonstrate that investing in care sector jobs, like early childhood care and education, health and long-term care, have greater employment generation impact (Ilkharacan and Kim, 2019; ILO, 2018). Because more women are represented among care professions, this impact directly adds to women’s paid employment potential.

3 Recognize that the State is accountable as the guarantor of rights. Governments are the upholders of rights and signatories to international conventions that make them accountable as duty bearers. The SDGs were adopted by all United Nations members in 2015. They serve as a blueprint for States to end deprivations of all kinds and ensure peace and prosperity for people and the planet. SDG 5.4 draws specific attention to care work and how the unpaid and inequitable nature of it stymies progress towards gender equality. Governments can mitigate the care burden on families by investing in care infrastructure and services. Additionally, governments have a regulatory role with market services by protecting the interests and well-being of care recipients and caregivers (King and others, 2021).

4 Recognize a whole-of-government approach as necessary. Comprehensive, transformative, inclusive and sustainable national legislations, policies and programmes are needed to address the multiple intersections of poverty, vulnerability and marginalization of women. This then means that care policies are not just the responsibility of women’s ministries. Instead, these require interministerial collaborations and coordinated national strategies to introduce initiatives across all four care-sensitive policy categories. A promising

practice from Uruguay highlighted in box 15 shows how a national integrated care system can be instituted using cross-ministry collaboration and whole-of-government thinking. Governments in ASEAN must seize the pivotal moment brought on by the pandemic and the care crisis to make investments in addressing the care economy as a crucial part of building back better and more equally – not only for women but for society as a whole.

Box 15. Promising practice on an integrated care system from Uruguay

A national integrated care system was adopted by Uruguay in 2015. Services include high-quality childcare centres for children younger than 3 years as well as homes and in-house professional care services for dependant older persons. The system is managed by a National Care Board, which consists of the Ministries of Labour and Social Security, Education, Economy and Finance, Social Development and Culture, as well as the Office for Planning and Budgeting, the National Administration for Public Education, the Bank of Social Provision, the Institute for Children and Adolescents, the National Care Secretary and the National Women’s Institute. The Board operates within the Ministry of Social Development, which serves as its secretariat. The Board regularly consults with the Advisory Care Committee, with representatives from NGOs, academia, unions and the private sector.

Source: Ilkharacan, 2018, p. 22.

5 Apply the Triple-R approach to care across the care diamond. All four institutions of society – the State, markets, communities and families or households – have an equal and important responsibility to share in providing care in a sustainable and inclusive manner. The Triple-R Framework introduced in 2008 was later adopted as one of the agreed conclusions of the 58th Commission on the Status of Women in 2014 (Ilkharacan, 2018). It emphasizes, first, the need to recognize that unpaid care and domestic work are gendered and are intrinsically valuable activities that take considerable time and energy of those performing them (mostly women). Second, it emphasizes the need to reduce the unpaid care and domestic workload from women’s shoulders by mitigating the time, energy and drudgery

involved, which have depleting effects on women's health and well-being. And its third emphasis requires the redistribution of care work through the institutional provision of care as well as shifting gender norms to allow more men to participate in the provision of care.

6 Promote regional collaboration. Uneven levels of economic and human development across countries, territories and communities make certain countries and areas more vulnerable to shocks from climate change, crises or conflicts. Regional collaboration and commitments are crucial for filling the gaps around fiscal, informational, administrative and other kinds of support. Policy recognition, and then its implementation and monitoring, for vulnerable groups within the region also benefits from such cooperation. In addition, insights from one country or programme can be drawn out to benefit other countries and programmes through regional collaboration.

6.2 Care policy actions

Since the Beijing Platform for Action in 1995, the importance of valuing and investing in unpaid care and domestic work has been highlighted at multiple high-level policy forums. Yet, not enough has been done to acknowledge the central and rightful place of care in the economy. Now the pandemic has pushed care onto the centre stage of policy discourse. Concrete policy actions and investments are needed to create a tipping point for care work and care workers to be valued and treated equitably in society. The core principles discussed in the previous section give rise to the following criteria, which must be applied to any care-sensitive policy or programme to gauge its effectiveness in meeting the care agenda:

A Explicit intention of care – This implies that each policy action needs to be accompanied by a statement of intent in terms of alleviating the unequal distribution of care work and enhancing the well-being of both caregivers and care recipients. This sort of explicit intent will help increase the visibility of care work and its importance, in turn guiding the design of each policy.

B Intensity of future care needs – While current policy actions in a country should recognize the differentiated care needs of women, an eye towards demographic changes would make

each policy response cognizant of and therefore prepared for future care needs rising out of the demographic context.

C Quality of care – It is important to not just recognize the importance of care provision but to keep the quality of care front and centre in each concrete policy action. This will necessitate adequate design but also the monitoring of implementation to ensure that the needs of caregivers and care recipients are met through quality care provision.

D Universality in access and affordability – This implies that there is no differentiation between care provision along income, class or privilege lines. It also implies that policy actions need to cover the marginalized persons and those who are underserved and who could be easily left behind, especially during crises.

E Quantity and sufficiency of care provision – This criterion requires that the concrete policy responses be adequate to meet the differentiated needs of caregivers and care recipients. Each policy response must link up with other services and benefits so that there is substantial and long-lasting impact on the well-being of caregivers and care recipients.

F Inclusiveness of coverage – This puts the focus of each concrete policy action on giving due consideration to the intersectional identities and social location of caregivers and care recipients – in other words, making sure that each policy response is differentiated as per the care needs of different groups.

These criteria can help ensure that policy choices over design, target populations, conditionalities, implementation, measurement and outcomes are care responsive and gender differentiated. The following expands on the recommendations for each of the four care-sensitive policy categories.

Care infrastructure

The analysis presented here identifies and distinguishes between physical infrastructure and social care infrastructure that addresses the care work of women. These include piped water, sanitation, clean energy and cooking fuel, safe transport as well as schools, hospitals, care homes and housing as some of the specific components that need to be established.

Access to water has been made available to large segments of the population in each country, and yet intraregional variations continue. Piped water must be provided to underserved populations, especially women in rural areas, where the time allocation for the collection of water can take up a large chunk of their day. The vagaries of nature, climate change and increasingly frequent natural disasters like floods or droughts further accentuate the difficulties in water collection. This requires investment in water infrastructure in underserved rural areas with the aim of ensuring universal access, quality and safety.

Sanitation is a second area of physical infrastructure that has care effects. Clean, safe and accessible sanitation facilities have vast health implications for women and girls. The focus on personal hygiene brought on by the COVID-19 crisis, the need for reproductive and menstrual hygiene and the health costs of unhygienic sanitation facilities, especially among urban slum dwellers, are all important areas for policy attention in the ASEAN Member States.

Cooking fuels, such as wood, have documented health effects on women. With contracting access to common lands and forest resources, women are compelled to walk longer and further in search of firewood or other sources of fuel. Clean fuels like biogas and other energy sources for cooking and other domestic purposes are a third area for public investment in care infrastructure in ASEAN Member States.

Time- and energy-saving devices, technologies and domestic appliances can go a long way in freeing women from daily, repetitive chores. These could be as varied as electric and home appliances that make care tasks easier, as well as mobile phones that allow access to important information via digital applications that save time. In ASEAN Member States, an estimated 224 million people lack clean cooking fuel and digital technology, with the poorest rural women being the most deprived (Duerto-Valero, Kaul and Chanchai, 2021).

Safe transportation has many dimensions that call for interministerial collaboration within governments. For example, public transport by road requires a network of good roads, clean-energy and fuel-efficient vehicles, safe and well-lit streets as well as cost-effective travel options. Absence of access to roads leads to a greater number of ethnic minority women not completing their education

beyond primary school (Duerto-Valero, Kaul and Chanchai, 2021). Governments that have invested in road networks, especially in rural areas, report travel becoming easier for everyone, but also that women gain better access to health centres, schools, markets and employment opportunities, thereby contributing to overall poverty reduction efforts in rural areas. Reliable, safe and affordable transport options for women are a necessity.

Social care infrastructure includes public investment in hospitals, health clinics, schools, nursing and care homes for people who are sick, disabled or elderly, and affordable housing, especially in underserved localities and communities. The risk of increasing reliance on market solutions and privatized social care services is that poor and vulnerable groups will be unable to access the quality care they need to develop their human capital. Minimum standards of quality include maintenance of buildings, equipment, human resources and technology upgrades that must be made available. Gap analysis on such social care infrastructure in ASEAN Member States is a crucial step to pinpoint which type of infrastructure needs are greatest and in which geographies, communities and households.

Box 16. Recommendations for building care infrastructure

- Piped water, especially to rural populations.
- Hygienic sanitation facilities with a focus on menstrual health for all women and girls.
- Clean sources of fuel and energy used for cooking and other domestic purposes.
- Affordable access to kitchen and other home appliances and technologies that reduce time and energy spent on domestic chores.
- Reliable, safe and affordable transport options for women.
- Expanded social care infrastructure, like schools, hospitals, care homes and housing for underserved communities and vulnerable populations, including older or abandoned persons.

Care-related social protection transfers and benefits

Social protection policies are the preferred policy tool to assist vulnerable and marginalized groups. Women are differentially treated across various categories of social protections – social assistance, social insurance and social welfare programmes. As noted earlier, women are more likely to be beneficiaries of social assistance and welfare schemes than contributors to social insurance programmes. Disaster-responsive social protection programmes must allow for the vertical expansion (increase in benefit value or duration), horizontal expansion (increase in disaster-affected beneficiaries of existing programmes), design tweaks (that waive off conditionalities or other administrative requirements) and piggyback on existing systems. These are some of the guidelines being adopted by ASEAN countries to build greater resilience for disaster risk management and climate change adaptation (ASEAN Secretariat, 2021). The ILO's Social Protection Floors Recommendation (No. 202) provides guidance on key elements for achieving comprehensive national social security systems.

Social assistance in terms of cash transfers is the preferred social protection tool used for women in ASEAN Member States. But to be effective, cash transfers need to be unconditional, sufficient, inclusive and avoid time-consuming constraints or administrative red tape. Targeting women via women-focused social protections and cash transfers as well as naming female recipients as beneficiaries may lead to larger gains in women's empowerment and well-being across domains. Adopting a life cycle approach to pay attention to women's differentiated and changing care needs over the life course as well as paying attention to older women and women with disabilities as especially vulnerable groups will be critical. Policymakers must also factor in the changing nature and composition of households in ASEAN Member States and acknowledge female-headed households.

Social insurance programmes can include universal health coverage, pension systems and disability allowances that mitigate the risk of a sudden drop in income or increased expenditure due to unforeseen shocks, like illness, death, disability and poverty in old age. Most ASEAN Member States support contributory social insurance schemes. However, these schemes leave a large number of women out of the safety net because they are largely in informal, daily wage or piece-rate and short-term contractual

jobs. Non-contributory social insurance schemes with the State and employers contributing a large portion are alternatives to consider.

Social welfare is a basket of policies and programmes that utilize a variety of tools, such as public works programmes, subsidies, vouchers and school meals for children of income-poor households. To be successful, these schemes must avoid conditionalities that increase time burdens on women and reduce their economic participation by stereotyping them in motherhood roles. They must also reduce administrative and bureaucratic hurdles by utilizing technology and digital platforms appropriately to ease access, while being mindful of digitally excluded populations.

Additionally, governments must promote active labour market policies that support the attachment or reintegration and progress of unpaid carers in the labour force.

Box 17. Recommendations for care-related social protections

- Social assistance via unconditional cash transfers.
- Non-contributory social insurance for vulnerable women and women employed in the large informal sector.
- Social welfare schemes, like public works programmes, subsidies, vouchers or school meals, to avoid combining conditionalities that reinforce pre-existing gender inequalities and burden women more.

Care services

Care services include the care of children, older persons, people who are sick and people living with disability. Minority groups, such as orphans, juvenile delinquents and destitute or abandoned family members, have residually been the responsibility of the State in most ASEAN countries. Additionally, ASEAN countries culturally follow the norm of filial piety when it comes to care of dependants and family members. However, shifting demographic trends like ageing and increasing participation of women in the workforce means these existing structures of care also need to shift. Institutional care has

become more commonplace and acceptable today, and ASEAN Member States will need to consider the provision of these services as the demographic trends necessitate. Accessibility, affordability, quality and universality are some of the criteria that will continue to determine the utilization of these care services, with a mix of institution-based, community-based and home-based care programmes.

Child care continues to remain an important area of attention for governments, given the vulnerability and high dependency of young children and its impact on their mother's labour force participation. Women's segregation into home-based work, self-employment and informal work is also often governed by childcare considerations. Universal public childcare is required in ASEAN Member States because that alone has the potential to level the playing field for low-income and less-skilled women in the labour market. Free, subsidized childcare is generally seen to have high uptake, especially when near to the workplace and open at convenient times, from morning to evening. Early childhood care and education policies provide an important framework for children aged 0–6 years, who are the most vulnerable. However, the need for childcare support till children reach adulthood continues and must be factored in as the demographic trends in ASEAN Member States shift towards fertility declines and fewer children.

Older person care or care options for older members of society require an innovative approach, as some nations in ASEAN have discovered. ASEAN Member States must plan for shifts in their demographic trends, changes in the care dependency ratio and increases in the ageing populations, along with the changing composition of families. In particular, there will be fewer familial caregivers available at home. In addition to the health and personal care needs of older persons, dignity, respect, self-reliance and care within the home are important considerations. Already, the numbers of migrant workers in countries with a high aged-care burden are rising due to the need for safe, trustworthy and professionally trained caregivers. Integrated care services that address all care needs of this population group (a large part of whom are older women) is an important design and implementation challenge. Box 18 highlights elder care practices, especially financing models, from other countries.

Care of vulnerable groups includes the care, rehabilitation and protection of persons with disabilities or who are terminally ill and vulnerable

Box 18. Promising practices on long-term care insurance systems

Several advanced nations with ageing populations have instituted long-term care insurance systems.

Japan and **Republic of Korea** pay a care allowance to families to purchase services from the market. Some local governments in the Republic of Korea run their own care centres for older persons.

In **Fiji**, the Government runs several care homes free of charge for older persons without a family. Quality standards for care in these homes are being developed.

In **Germany**, long-term care insurance is financed through pay-as-you-go social insurance, in addition to private insurance for high-income earners.

Source: King and others, 2021; ESCAP, 2018.

children (abandoned, orphans, juveniles, disabled or ethnic minorities). These populations should be carefully considered by each ASEAN Member State.

Public health care is a crucial care service that is necessary for a healthy and fit population that can contribute to the development of a country. Quality of treatment, financial coverage of variety of illnesses via health insurance, a basic basket of medical services and special focus on Sexual and Reproductive Health of women and girls need to be at the forefront of service provision in ASEAN Member States.

A final area of policy attention within the category of care services is on the conditions of **domestic workers and paid care workers**. These forms of labour represent the most essential and indispensable workers across ASEAN Member States but who are the most vulnerable because they are the most neglected and undervalued in terms of pay and benefits.

The Decent Work Agenda of the ILO and SDG 8 closely link the working conditions of such workers with economic growth and prosperity. Training, professionalization, equal and decent pay and decent work conditions including written contracts, days off, paid public holidays and social security benefits

are some of the issues for this group of workers that need to be instituted proactively by ASEAN Member States. Collective bargaining and social dialogue are important mechanisms to achieve gains for this population (ILO, 2018).

Box 19. Recommendations for care services

- Universal, public childcare centres that are easily accessible and affordable.
- Integrated personal care arrangements for elder care from the home.
- Institutional care of vulnerable groups, such as persons who are terminally sick, disabled, abandoned or orphaned.
- Universal health coverage and public health care services for economically disadvantaged persons.
- Decent work conditions for domestic and paid care workers, especially migrants.

Employment-related care policies

Employers and businesses are an important pillar of society and must bear accountability for providing care provisions to their labour force, given that a large degree of unpaid care and domestic work is carried out for the daily sustenance and renewal of this labour power.

Carer leave is increasingly becoming common among employers in ASEAN Member States as they recognize that not only childcare but also the care of ageing or sick parents and other family members is the responsibility of their workers. Disabled and dependent older children also form part of this group. This leave also can be used to support working parents when their children are sick. Hence, gender-equitable caregiver leaves, designed in a flexible manner to account for unique life situations and the care requirements of individual workers, are the need of the hour. These can vary from a sabbatical of a few months or a year to allowing for a number of days leave periodically or any other relevant combinations. The types, duration and degree of compensation needs to be designed by each ASEAN Member State, with a diverse workforce and its life cycle needs in mind.

Parental leave continues to be a significant and widely accepted employment-related care policy intervention. In addition to maternity leave, many employers offer paternity leave, although this is limited in duration, and uptake is insufficient. It is important to shift the normative perception in ASEAN Member States of mothers being the primary caregivers, by encouraging greater uptake of paternity leave and offering it for a sufficient duration, more in line with maternity leave. Economic incentives such as wage compensation, tax subsidies or “use it or lose it” features have been tried in many advanced countries with varying success. These should be considered by ASEAN Member States. Box 20 describes the parental leave policies of Sweden, which are one of the most gender equitable and generous the world over.

Box 20. Promising practices on paternity and childcare leave from Sweden

Equal amounts of maternity and paternity leave increase women’s employment by increasing employer incentives to hire women. In Sweden, parental leave is 16 months at full pay, with the cost shared between the employer and the State. At least three of the 16 months are reserved for fathers on a “use it or lose it” basis to encourage an equal sharing of caring responsibilities. This means that if the father does not use his allocated share, the leave will be lost to the family. Another incentive encouraging fathers to take their allocated quota is a generous wage replacement, financed collectively, which sends a strong message to everyone, including employers, that both parental care and gender equality in its provision are socially valued. A family policy that supports working parents with the same rights and obligations for women and men makes it easier for parents in Sweden to find a decent work–life balance.

Childcare is guaranteed to all parents, and the aim is that nursery school and pre-school should be affordable for all households. Fees are proportional to the parents’ income, and the more children you have, the less you pay per child. For children aged 3–6, childcare is even free for up to 15 hours per week. It was in the 1970s that public childcare was reformed and expanded to facilitate families with two working parents.

Source: Ilkkaracan, 2018, p. 44.

Social insurance-funded parental leave policies are found to be preferred over employer liability payment models (ILO, 2014) to ensure universality. Acknowledging and encouraging men's participation in childcare will also require awareness campaigns that normalize fathers in the workplace.

Paid sick leave and health insurance are important to help offset out-of-pocket expenses on health care as well as prevent precarious workers from coming to work in unhealthy and unhygienic conditions. Many countries enhanced their paid sick leave quotas early in the pandemic, clearly pointing to the importance of having a social security cushion for sick days. These now need to be extended or built upon by ASEAN Member States.

Flexible working policies are a significant lever in enabling workers to combine their work and care responsibilities. Box 21 captures some of the popular ways in which flexible work arrangements are offered to employees, which ASEAN Member States could adopt as per their care requirements.

Box 21. Promising practices on flexible work arrangement policies

Flex time

- Banking of working hours
- Compressed working week
- Flexible working hours
- Job sharing
- Switch shifts

Flex time off

- Paid sick leave
- Paid emergency care leave
- Extra or prolonged holiday or personal leave
- Long-term leave with employment protection
- Reduced hours (part-time) with the same hourly rate
- Paid lactation breaks

Flex location and roles

- Telework or telecommuting
- Temporary remote work for caring purposes
- Change of responsibilities

Source: UNICEF, ILO and UN Women, 2020.

Creches linked to the workplace are a mechanism to enable lactating mothers and women returning from maternity leave to re-join work as soon and as smoothly as possible. The reason for a creche at worksites is that it allows women employees to continue to breastfeed young infants while also delivering on their jobs. It is also important to keep individual preferences in mind as well as the safety risks and liabilities of onsite creche facilities. Offering a creche to both mothers and fathers in ASEAN Member States has the potential to delink women from the primary carer role and thus encouraging more gender-equitable sharing of childcare.

Finally, **the counting of women migrant workers** and those working in the informal sector – and identifying where they work, what their needs and constraints are and how it impacts their own unpaid care and domestic work responsibilities – is important in order to formalize precarious workers in ASEAN Member States.

Box 22. Recommendations for employment-related care policies

- Gender-equitable care leaves for a variety of care responsibilities of workers, including for sick children and older or terminally ill family members or dependent family members due to a disability.
- Shared and gender-equitable parental leave for early childcare.
- Creche facilities either onsite in workplaces or offered near workers' homes, as appropriate, for those workers with childcare responsibilities.
- Flexible working policies and family-friendly work arrangements that enable workers to combine work with caring responsibilities.
- Adequate paid sick leave and health insurance coverage.
- Counting and recognition of and formal contracts for women migrant and informal sector workers.

6.3 Levers of change

Figure 16 represents the levers of change identified in this study that are important tool with which to design and implement care-sensitive policies. These cover the need for data, resources, influence in decision-making, voice and representation as well as a whole-of-government approach and societal shifts in norms and behaviours.

Figure 16. Levers of change



Source: Author's own.

1 Financing of care policies – The public provisioning of care infrastructure and services require adequate public expenditure. Several metrics can help ensure that financing levels are able to meet the goals of a care agenda: adequacy of budgets, including plans for direct and indirect costs; capital expenditures; recurring costs; government-funded or government-administered programmes; and human resource and technical capacity in an implementing department that is responsible and has influence. This would include tracking and reporting on care-specific expenditures as part of the gender budgeting exercises. Care services can be self-financing: In the short term, they pay for the gains made in terms of increased income tax from earnings of women, increased indirect tax from higher consumption and reduced social spending on unemployment benefits or social assistance. In the long run, these care services continue to be self-financing, owing to human capital gains and earnings for children; accrued earnings of women who stay in the workforce and acquire social security benefits; and reduced spending on other social services, like health and

dependency payments (World Bank Group, 2021). For example, according to Indonesia's National Review report (2019) on the 25th anniversary of the Beijing Platform for Action, budgeting and human resources capacity of the Ministry of Women's Empowerment and Child Protection has increased twofold, from 214 billion rupiah in 2014 to 553 billion rupiah in 2018. The Minister of National Development Planning, the Minister of Finance, the Minister of Home Affairs and the Minister of Women Empowerment and Child Protection launched a circular letter concerning the National Strategy on Acceleration of Gender Mainstreaming through Gender-Responsive Planning and Budgeting. Thus, gender-responsive budgeting can support the financing of care initiatives.

2 Care-disaggregated data collection – It is imperative for ASEAN Member States to conduct a gap analysis of care deficits across all areas of care provisioning: food, safe water, fuel, transport, childcare, elder care and the care of someone sick and dependent due to a disability. The Working Group on Sustainable Development Goals Indicators, set up by ASEAN in 2017, works closely with national statistical offices to collect data and monitor progress towards the fulfilment of the SDG targets. A coordinated effort by the ASEAN Community Statistical System Committee, along with the national statistical offices of ASEAN Member States, will need to determine indicators and design surveys to collect care-relevant data to assess progress towards SDG 5.4 on unpaid care and domestic work. An analysis of the challenges, learnings and design recommendations from decades of research on time-use surveys (Charmes, 2021; Folbre, 2021) can be instructive when developing a unified tool or system across the region. This will enable Member States to measure comparable data on the value and impact of unpaid care work. Three points to keep in mind: reliability of data (using good instruments and accuracy by trained collectors); accessibility of data (to state officials and policy researchers alike); and analysis of data (for policy relevance to inform evidence-based policy recommendations).

3 Gender-disaggregated data collection – ASEAN Member States have data on only 41 per cent of all gender-related SDG indicators (Duerto-Valero, Kaul and Chanchai, 2021). While time-use surveys remain the most effective form of data on women's and men's time in paid work and

unpaid care activities, it is often time-consuming and costly to conduct full-fledged national surveys. Yet, unless the unpaid reproductive economy is adequately factored into calculations and systems of accounts, the full potential of the productive economy cannot be realized (Fontana, 2014). National statistical offices of Member States, in consultation with the ASEAN Secretariat and the ASEAN Community Statistical System Committee can develop and finalize survey designs to collect comparable data across the region. The design and harmonization of time-use surveys and the issues and challenges (with the questions, care activity definitions and survey methodology) must be discussed at length (Charmes, 2021; Folbre, 2021). In addition, other household and labour force surveys with details on paid and unpaid activities, timing and duration, resources and infrastructure available, seasonal and geographical variations are a few of the statistics at a microlevel that are necessary to collect. These data are necessary not only to know women's time use but also to improve the targeting of policies and benefits – to know which women require what kind of care services and infrastructure. Box 23 showcases a promising practice from Colombia that demonstrates how intersector collaboration helped the country to collect and deploy time-use survey data on women's unpaid care and domestic work effectively for policy planning. Again, three principles of time-use surveys that are important to be kept in mind are reliability, accessibility and analysis of data.

4 Shifting norms, cultural practices and individual behaviours – “Male breadwinner and female caregiver” is often a predominant mindset and not just among couples or families but also among policymakers in ASEAN Member States. This norm, along with other patriarchal assumptions, often is the basis for why women and girls continue to shoulder the majority of unpaid care and domestic work the world over. These norms have been found to be stubborn and thus slow to change across countries. However, they are mutable, as the Social Norms, Attitudes and Perceptions 2020 survey findings reveal among some ASEAN countries (Indonesia, the Philippines and Viet Nam). Purporting a shift in mindsets, 87 per cent of young women said they would be more inclined to share childcare with men, while 67 per cent were willing to share breadwinning (Investing in Women, 2020a). There is an urgent need to engage more men in the conversation around unpaid care work in ASEAN Member

Box 23. Promising practice on collecting care-disaggregated data from Colombia

A law passed in Colombia (Law 1413) in 2010 regulates the inclusion of the economy of care into the system of national accounting to measure women's contribution to the country's social and economic development. This informs the definition and implementation of public policies. In compliance with this law, an Intersectoral Commission was formed under the leadership of the National Administrative Statistics Department to establish two statistical operations: the national time-use survey and the care economy satellite account. The first time-use survey was conducted in 2012 and then again in 2016–2017. It revealed that as much as 35 billion hours were spent in unpaid work, with 80 per cent performed by women. The value of production through unpaid work was found to be more than one fifth (20.4 per cent) of official GDP.

Source: Ilkkaracan, 2018, p. 26.

States. Box 24 and box 25 feature promising practices from India and Rwanda on how gender norm shifts can be engaged at the community level. Keeping in line with the trends towards digital and social media content consumption, campaigns on TV, radio and online platforms must be used to complement activities by community-based organizations.

5 Legislative and regulatory frameworks – Intersector and whole-of-government responses that provide universal care require a macroeconomic environment along with enabling policies across the labour, migration, technology, telecommunications, health, education and social development sectors. Judicially defensible laws and policies adhering to international standards and guidelines are required to ensure relevant policy design and programme implementation success. Each care policy is likely to be governed by a number of legislative and regulatory conventions, both national and international. Ensuring cohesion and alignment between laws and policies with the needs of target beneficiaries is an important lever to ensure actual care needs of women are catered to. This can include laws on equal pay, safe, decent and stimulating work conditions and laws to protect migrant care workers.

Box 24. Promising practice on a gender equity programme from India

Since 2008, the International Center for Research on Women (ICRW) has been testing and replicating the Gender Equity Movement in Schools (GEMS) programme, a school-based intervention that promotes gender equality among girls and boys, observes the social norms that define men's and women's roles and counters gender-based violence. In India, the GEMS programme promotes gender equality, including through challenging social norms, with school children aged 12–14. Children who participated in the programme later showed increased support for gender-equal practices, including greater male involvement in household work. Since the pilot programme started, GEMS has reached 2.5 million students in 25,000 schools. And 26,000 teachers have been trained in the successful implementation of the programme across five states. In November 2019, the government of Rajasthan State signed a memorandum of understanding with the ICRW to become the first state in India to implement an offshoot of the programme, GEMS for Boys, across the entire public school system.

The pilot phase in Mumbai demonstrated the potential of GEMS to engage young adolescents on issues of gender and violence and bring attitudinal change to support equitable norms. The outcome variables that demonstrate the greatest change are clustered around appropriate roles for women and men and girls and boys. Other attitudinal and behavioural changes are increased support for an older age at marriage for girls, greater male involvement in household work, increased opposition to gender discrimination and improved reactions to violence. The programme has expanded to Bangladesh, the Philippines and Viet Nam.

Source: ICRW Flagship Program: Gender Equity Movement in School, available at <https://www.icrw.org/research-programs/gender-equity-movement-in-schools-gems/>.

Box 25. Promising practice on engaging men in active fatherhood from Rwanda

Program P is a direct and targeted response to the need for strategies to engage men in active fatherhood, from prenatal care through delivery, childbirth and their children's early years. The programme consists of three components: (i) offering information and tools for health care providers, (ii) developing group activities for fathers and couples and (iii) providing guidance for designing community campaigns. The programme works at the individual, community and policy levels to engage men and women as partners in maternal, newborn and child health; sexual and reproductive health and rights; and violence prevention. Working with men as fathers is a key entry point to discussing sensitive subjects around traditional gender norms and the way in which these norms negatively impact communities. Through discussion guides, role playing and hands-on activities, men and their partners are encouraged to discuss and challenge traditional masculine and inequitable gender norms and to practise more positive social behaviours in their families and communities.

Promundo's Program P in Rwanda has increased men's time spent on childcare and household chores by more than 52 minutes per day (more than 60 per cent) two years after having participated four or five months in the programme. During Program P, men met weekly with peers from their communities and discussed health- and violence-related issues. They also talked about their hopes and fears related to becoming parents, how to improve their relationships with their partners, including communication, conflict resolution and the sharing of caregiving responsibilities. Promundo's work in communities shows that significant change can be achieved after only four to five months.

Source: Program P by Promundo, available at <https://promundoglobal.org/programs/program-p/>.

6 Women and caregivers represented in decision-making regarding policy design and programme implementation – Caregiver representation, voice in social dialogue and ability to collectively bargain for better benefits and work conditions are some of the ways in which women and their care work can gain visibility in policy processes. Women must be able to access equal opportunities for leadership at all levels of decision-making (ILO, 2018), including in the governance of care services, care infrastructure and social protection provision. Freedom of association of care workers, building alliances with trade unions and grass-roots organizations, and social dialogue and public consultations are some of the other ways in which the interests of those who provide both paid and unpaid care work to society can be incorporated and heard.

6.4 Overall conclusions

The 2030 Agenda is a guiding framework that helps tie in several policy measures and indicators to address the position of women in society and stimulate progress towards gender equality. Women are integral across all the 17 SDGs, but the unpaid care work of women can be specifically seen as having implications for SDG 5 (gender equality), SDG 8 (decent work and economic growth), SDG 10 (reducing inequalities), SDG 11 (sustainable cities and communities), SDG 4 (access to education for girls), SDG 3 (good health and well-being) and SDG 1 (no poverty). ASEAN has made a regional commitment to sustainable development and has put in place institutional mechanisms to implement and monitor the 2030 Agenda. National coordinating mechanisms and machineries are in place, such as focal points for data collection and monitoring of progress through the Working Group on Sustainable Development Goals Indicators. They coordinate with national statistical offices and other source agencies for inclusion of an SDG focus in national development plans of ASEAN Member States. The SDG baseline indicators report 2020 (ASEAN Secretariat, 2020b) is invaluable in fostering familiarity with the SDG blueprint and setting a benchmark from which to build further.

The relative absence of care metrics and data on women's unpaid care work in the ASEAN SDG baseline report points to the enormity of the task of incorporating a care economy perspective into SDG planning and goal achievement. But the presence of the necessary institutional mechanisms is promising and provides a ready framework that can be

leveraged by governments. Regional collaboration among the ASEAN Community Statistical System Committee, national statistical offices, the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children and national women's machineries can successfully ensure that great strides are made within the region with regard to the unpaid care work aspect of the care economy. Delving deeper into the SDG 5.4 target will enable ASEAN Member States to devise necessary indicators and measure (through national surveys) the extent and nature of women's unpaid care and domestic work.

This report endeavours to support the ongoing effort within ASEAN countries to incorporate the care economy into national development planning. The recommendations offered here follow a three-tier approach by outlining core principles, identifying levers of change and specifying policy actions under each of the four care-sensitive policy categories. Specifically, they call for recognizing care as foundational and as a public good; for the State to be the guarantor of rights for caregivers and care recipients – thereby necessitating a whole-of-government approach and regional cooperation. Given the criticality of the Triple-R approach in ensuring that policies are care responsive and gender differentiated, concrete policy actions are suggested for ASEAN Member States across the four policy domains – care infrastructure, care-related social protection, care services and employment-related policies. Although the specific design and implementation of details for each ASEAN Member State will vary depending on its gendered political economy, changing demographic context and sociopolitical trends, all policy actions should have an explicit intention of providing quality care that is sufficient to meet the differentiated needs of caregivers and care providers, with universality and inclusiveness as the overarching criteria.

Finally, the importance of care- and gender-disaggregated data in guiding the design and implementation of care policies cannot be stressed enough. The process should be underpinned by an overarching legal and regulatory climate that necessitates collaboration across various ministries. The representation of women in decision-making around these policies, adequate financing and norm shift across the ASEAN Member States are the final levers of change that will make the concrete policy actions more effective and efficient in meeting the differentiated needs of populations and thereby ASEAN's commitment to the 2030 Agenda.

References

- ActionAid (2016). *Make a House Become a Home*, Policy Brief. Hanoi: Action Aid Vietnam. Available at <https://vietnam.actionaid.org/en/publications/2016/policy-brief-unpaid-care-work-make-house-becomes-home>.
- Ahmad, N. (2019). *Policy Implications for Working Women in Brunei*. Available at https://www.researchgate.net/publication/334670106_Policy_Implications_for_Working_Women_in_Brunei.
- Allison, T.A., A. Oh, and K.L. Harrison (2020). Extreme Vulnerability of Home Care Workers During the COVID-19 Pandemic—A Call to Action. *JAMA Internal Medicine*, vol. 180, No. 11, pp. 1459–1460. Available at <https://doi.org/10.1001/jamainternmed.2020.3937>.
- Antonopoulos, R. (2008). The Unpaid Care Work-Paid Work Connection. *SSRN Electronic Journal*. Available at http://www.levyinstitute.org/pubs/wp_541.pdf.
- Asian Development Bank (ADB) (2015). *Promoting Women's Economic Empowerment in Cambodia*. Manila. Available at www.adb.org/publications/balancing-burden-womens-time-poverty-and-infrastructure.
- _____ (2019). *The Social Protection Indicator for Asia: Assessing Progress*. Manila: Asian Development Bank. Available at <https://www.adb.org/sites/default/files/publication/516586/spi-asia-2019.pdf>.
- Asia Pacific Forum on Women, Law and Development (APWLD) (2020). "Statement: On World Day for Decent Work Day Migrants Demand for Decent Work and Dignity". 7 October. Available at <https://apwld.org/statement-on-world-day-for-decent-work-day-migrants-demand-for-decent-work-and-dignity/>.
- Association of Southeast Asian Nations (ASEAN) Secretariat (2013). *Regional Workshop on Social Security and Maternity Protection for Female Workers: Laws and Practices in ASEAN*. Jakarta.
- _____ (2016). *Progress Report on Women's Rights and Gender Equality*. Jakarta.
- _____ (2017). *Women Migrant Workers in the ASEAN Economic Community*. Jakarta.
- _____ (2018a). *The ASEAN Commission on the promotion and protection of the rights of Women and Children (ACWC) Work Plan 2016-2020*. Jakarta.
- _____ (2018b). "Fact Sheet of ASEAN Political-Security Community." Jakarta. Available at <https://asean.org/wp-content/uploads/2018/11/32.-November-2018-Fact-Sheet-on-APSC1.pdf>.
- _____ (2018c). "Fact Sheet of ASEAN Socio-Cultural Community". Jakarta. Available at <https://asean.org/wp-content/uploads/2018/11/34.-November-2018-Fact-Sheet-on-ASCC.pdf>.
- _____ (2019a). *ASEAN Integration Report 2019*. Jakarta.
- _____ (2019b). *Regional Study on Informal Employment Statistics to Support Decent Work Promotion in ASEAN*. Jakarta. Available at <https://asean.org/wp-content/uploads/2021/08/Regional-Study-on-Informal-Employment-Statistics-to-Support-Decent-Work-Promotion-in-ASEAN.pdf>.
- _____ (2020a). *ASEAN Rapid Assessment: The Impact of COVID-19 on Livelihoods across ASEAN*. Jakarta. Available at https://asiafoundation.org/wp-content/uploads/2020/12/ASEAN-Rapid-Assessment_The-Impact-of-COVID-19-on-Livelihoods-across-ASEAN.pdf.
- _____ (2020b). *ASEAN Statistical Yearbook 2020*. Jakarta.
- _____ (2020c). *ASEAN Sustainable Development Goals Indicators Baseline Report 2020*. Jakarta. Available at <https://asean.org/storage/2020/10/ASEAN-SDG-Indicator-Baseline-Report-2020.pdf>.
- _____ (2020d). *ASEAN Key Figures 2020*. Jakarta.
- _____ (2020e). *The ASEAN Charter* (p. 60). Jakarta.
- _____ (2021). *ASEAN Guidelines on Disaster Responsive Social Protection to Increase Resilience*. Jakarta.
- Asia Pacific Forum (2020). *The Impact of COVID-19 on Women and Girls*. Asia Pacific Forum of National Human Rights Institutions. Available at www.asiapacificforum.net/media/resource_file/Women_Girls_COVID19_Impact_Snapshot.pdf.
- Azcona, G., and others (2020). *The Impact of Marriage and Children on Labour Market Participation: Spotlight on Goal 8*. Spotlight on the SDGs No. 3; Spotlight on the SDGs, vol. 3. Geneva: UN Women and ILO. Available at <https://doi.org/10.18356/88f157a4-en>.
- Baird, M., and E. Hill (2019a). *Paternity Leave in Indonesia*. Canberra: Investing in Women, an initiative of the Australian Government. Available at https://investinginwomen.asia/wp-content/uploads/2019/06/FS_Paternity-Leave-Indonesia.pdf.
- _____ (2019b). *Paternity Leave in Myanmar*. Canberra: Investing in Women, an initiative of the Australian Government. Available at www.investinginwomen.asia/wp-content/uploads/2019/06/FS_Paternity-Leave-Myanmar.pdf.
- _____ (2019c). *Paternity Leave in Viet Nam*. Canberra: Investing in Women, an initiative of the Australian Government. Available at https://investinginwomen.asia/wp-content/uploads/2019/06/FS_Paternity-Leave-Vietnam.pdf.
- Chan, A. (2020). "Asian Countries Do Aged Care Differently. Here's What We Can Learn From Them". *The Conversation*, 23 October. Available at <http://theconversation.com/asian-countries-do-aged-care-differently-heres-what-we-can-learn-from-them-148089>.
- Chan, M.-K. (2018). *Unpaid Care – Why and How to Invest: Policy Briefing for National Governments*, Oxfam Briefing Note. Oxford, UK: Oxfam International.
- 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*. Geneva: International Labour Organization. Available at https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf.
- _____ (2021). *Measuring Time Use: An Assessment of Issues and Challenges in Conducting Time-Use Surveys with Special Emphasis on Developing Countries. Methodological Inconsistencies, Harmonization Strategies and Revised Designs*. Geneva: UN Women.
- Chopra, D. (2018). "Initiating Women's Empowerment; Achieving Gender Equality: Interlinkages amongst Social Protection, Infrastructure and Public Services. *Social Protection Systems, Access to Public Services and Sustainable Infrastructure for Gender Equality and the Empowerment of Women and Girls*", 13-15 September 2018, EGM/SPS/BP.1. Available at www.unwomen.org/-/media/headquarters/attachments/sections/csw/63/egm/chopra%20background%20paperdraftegmspsbp1.pdf?la=en&vs=2659.
- Chopra, D., and E. Zambelli (2017). *No Time to Rest: Women's Lived Experiences of Balancing Paid Work and Unpaid Care Work*. Brighton, UK: IDS.
- Chopra, D., and others (2020). *Are Women Not 'Working'? Interactions between Childcare and Women's Economic Engagement*, IDS Working Paper No. 533. Brighton, UK: Institute of Development Studies. Available at https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/14976/Wp533_Online.pdf?sequence=1&isAllowed=y.
- Daly, M. (2002). "Care as a Good for Social Policy". *Journal of Social Policy*, vol. 31, No. 2. Available at <https://is.muni.cz/el/1423/jaro2005/SOC118/um/313783/Daly.pdf>.
- Dezan Shira and Associates (2021). *Vietnam Approves Labor Code for 2021*. Vietnam Briefing News, 8 January. Available at www.vietnam-briefing.com/news/vietnam-approves-labor-code-2021.html.
- Dizon, A., and K. Medina (2020). *Rapid Gender Analysis—Philippines: Metro Manila* (p. 40). Resilience and Innovation Learning Hub. Available at www.careevaluations.org/wp-content/uploads/Report-HQ-CARE-Philippines-Rapid-Gender-Analysis-COVID-19_.pdf.
- Dueto-Valero, S., S. Kaul, and R. Chanchai (2021). *ASEAN Gender Outlook: Achieving the SDGs for All and Leaving No Woman or Girl Behind*. Bangkok: ASEAN and UN Women. Available at https://data.unwomen.org/sites/default/files/documents/Publications/ASEAN/ASEAN%20Gender%20Outlook_final.pdf.
- Elson, D. (2008). The Three R's of Unpaid Work: Recognition, Reduction and Redistribution. *Expert Group Meeting on Unpaid Work, Economic Development and Human Well-Being*. New York: UNDP.
- Economic and Social Commission for Asia and the Pacific (ESCAP) (2018). *Financing for Long-term Care in Asia and the Pacific*, Social Development Policy Brief No. 2018/01. Bangkok. Available at www.unescap.org/sites/default/d8files/knowledge-products/SDPB%202018-01.pdf.
- _____ (2020). *The Impact and Policy Responses for Covid-19 in Asia and the Pacific*. Bangkok. Available at https://www.unescap.org/sites/default/d8files/knowledge-products/COVID%20_Report_ESCAP.pdf

- _____ (2021). *Beyond the Pandemic: Building back better from crises in Asia and the Pacific*. Bangkok. Available at https://www.unescap.org/sites/default/d8files/knowledge-products/Beyond%20the%20pandemic_Theme%20study.pdf.
- _____ (2021). *COVID-19 and the Unpaid Care Economy in Asia and the Pacific*. Bangkok: United Nations Economic and Social Commission for Asia and the Pacific. Available at <https://www.unescap.org/kp/2021/covid-19-and-unpaid-care-economy-asia-and-pacific>.
- ESCAP, and UN Women (2020). *The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25*. Bangkok. Available at www.unescap.org/sites/default/d8files/knowledge-products/Beijing%2B25_report%E2%80%93low_res.pdf.
- EMPOWER (2020). *The Impact of COVID-19 on Rural Women and Enterprises: A Rapid Socio-Economic Assessment in Viet Nam*. Hanoi.
- Ferrant, G., and A. Thim (2019). *Measuring Women's Economic Empowerment: Time Use Data and Gender Inequality* (No. 16; OECD Development Policy Papers, p. 23). Paris: OECD.
- Folbre, N. (2021). *Quantifying Care: Design and harmonization issues in Time-Use Surveys* (p. 128). New York: UN Women.
- Fontana, M. (2014). *Gender-Equitable Public Investment: How Time-Use Surveys Can Help*, IDS Policy Briefing 82. Brighton, UK: IDS. Available at https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/5519/AD_ID298_PB82_GenderEquInvest_online.pdf?sequence=1.
- Gallup, and International Labour Organizations (ILO). (2017). *Towards a Better Future for Women and Work: Voices of Women and Men*. Geneva: ILO. Available at www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_546256.pdf.
- Gentilini, U., and others (2020). *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures* (p. 578). Washington, DC: World Bank. Available at <https://openknowledge.worldbank.org/handle/10986/33635>.
- Hill, E., M. Baird, and M. Ford (2019). *Commentary: Who's Looking After the Children and Elderly If More Women Work?* Channel News Asia, 18 May. Available at www.channelnewsasia.com/news/commentary/invest-in-care-to-boost-workforce-participation-and-11449902.
- Hochschild, A., and A. Machung (2012). *The Second Shift: Working Families and the Revolution at Home*. New York: Penguin.
- Hoskyns, C., and S.M. Rai (2007). Recasting the Global Political Economy: Counting Women's Unpaid Work. *New Political Economy*, vol. 12, No. 3, pp. 297–317. Available at <https://doi.org/10.1080/13563460701485268>.
- Ilkharacan, I. (2013). The Purple Economy: A Call for a New Economic Order beyond the Green Economy. In *Sustainable Economy and Green Growth: Who Cares? International Workshop linking Care, Livelihood and Sustainable Economy* (pp. 32–37). Genanet. Available at <https://kadinininsanhaklari.org/wp-content/uploads/2019/05/2016.PurpleEconomy.Ilkharacan.Levy-Hewlett.pdf>
- _____ (2016, March). The Purple Economy Complementing the Green: Towards Sustainable and Caring Economies. *Gender and Macroeconomics: Current State of Research and Future Directions*. New York: Levy Economics Institute and Hewlett Foundation Workshop. Available at <https://kadinininsanhaklari.org/wp-content/uploads/2019/05/2016.PurpleEconomy.Ilkharacan.Levy-Hewlett.pdf>.
- _____ (2018). *Promoting Women's Economic Empowerment: Recognizing and Investing in the Care Economy*, Issue Paper. New York: UN Women. Available at <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2018/issue-paper-recognizing-and-investing-in-the-care-economy-en.pdf?la=en&vs=2004>.
- Ilkharacan, I., and K. Kim (2019). *The Employment Generation Impact of Meeting SDG Targets in Early Childhood Care, Education, Health and Long-Term Care in 45 Countries*. Geneva: ILO. Available at https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732794.pdf.
- International Labour Organization (ILO). (2014). *Maternity and Paternity at Work – Law and Practice Across the World* (p. 204). Geneva.
- _____ (2017a). *World Social Protection Report 2017–19: Universal Social Protection to Achieve the Sustainable Development Goals* (p. 454). Geneva.
- _____ (ed.) (2017b). Towards achieving decent work for domestic workers in ASEAN. In *Thematic Background Paper* (p. 40). Bangkok.
- _____ (2018). *Care Work and Care Jobs for the Future of Decent Work*. Geneva. Available at www.ilo.org/global/publications/books/WCMS_633135/lang-en/index.htm.
- _____ (2019). *A Quantum Leap for Gender Equality: For a Better Future of Work for All*. Geneva. Available at www.ilo.org/global/publications/books/WCMS_674831/lang-en/index.htm.
- _____ (2020). *Asia–Pacific Employment and Social Outlook: Navigating the Crisis Towards a Human-centred Future of Work*. Geneva. Available at https://www.ilo.org/wcmsp5/groups/public/@asia/@ro-bangkok/@sro-bangkok/documents/publication/wcms_764084.pdf.
- _____ (2021). *Gender and the Labour Market in Viet Nam: An Analysis Based on the Labour Force Survey* (p. 16), Research Brief. Bangkok. Available at www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_774434.pdf.
- ILO, Investing in Women, and Australian Aid (2020). *The Business Case for Women in Business and Management in the Philippines*, Research Brief. Bangkok. Available at www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_755607.pdf.
- ILO, and UN Women (2015). *Facts and Figures: Women Migrant Workers in ASEAN*, Policy Brief. Bangkok. Available at <https://asiapacific.unwomen.org/en/digital-library/publications/2015/10/women-migrant-workers-in-asean>.
- ILO, and United Nations Development Programme (UNDP). (2018). *Time-use Surveys and Statistics in Asia and the Pacific: A Review of Challenges and Future Directions* (First published). Bangkok.
- Investing in Women (2020a). *Gender Equality Matters 2020: Social Norms, Attitudes, Practices (SNAP) of Urban Millennials in Indonesia, Philippines, Vietnam*. Canberra: Investing in Women, Smart Economics, An Initiative of the Australian Government. Available at https://investinginwomen.asia/wp-content/uploads/2020/09/1.-Gender-Equality-Matters_SNAP-2020-Report.pdf.
- _____ (2020b). *The Case for Workplace Gender Equality—Risks, Opportunities and Actions for Business during and beyond Covid-19*. Canberra: Investing in Women, Smart Economics, An Initiative of the Australian Government.
- Jaffe, S. (2020). Social Reproduction and the Pandemic, with Tithi Bhattacharya. *Dissent Magazine*, 2 April. Available at www.dissentmagazine.org/online_articles/social-reproduction-and-the-pandemic-with-tithi-bhattacharya.
- Jenson, J. (1997). Who Cares? Gender and Welfare Regimes. *Social Politics: International Studies in Gender, State and Society*, vol. 4, No. 2, pp. 182–187. <https://doi.org/10.1093/sp/4.2.182>
- Karimli, L., and others (2016). *Factors and Norms Influencing Unpaid Care Work: Household Survey Evidence from Five Rural Communities in Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe*. WE-Care Project, Oxfam. p. 64.
- Khazanah Research Institute (2019). *Time to Care: Gender Inequality, Unpaid Care Work and Time Use Survey*. Kuala Lumpur: Khazanah Research Institute. License: Creative Commons Attribution CC BY 3.0.
- King, E.M., and others (2021). Demographic, Health and Economic Transitions and the Future Care Burden. *World Development*, vol 140, p. 105371. Available at <https://doi.org/10.1016/j.worlddev.2020.105371>.
- Mao, W., and others (2020). "Advancing Universal Health Coverage in China and Vietnam: Lessons for Other Countries". *BMC Public Health*, vol. 20, No. 1, 1791. Available at <https://bmcpubhealth.biomedcentral.com/track/pdf/10.1186/s12889-020-09925-6.pdf>.
- McAdam, M. (2020). *Covid-19 Impacts on the Labour Migration and Mobility of Young Women and girls in South-East Asia and the Pacific*. Bangkok: International Organization for Migration. Available at <https://publications.iom.int/system/files/pdf/the-gender-dimensions-of-the-labour-migration-young-women.pdf>.
- Mercado, L., M. Naciri, and Y. Mishra (2020, June 1). *Women's Unpaid and Underpaid Work in the Times of COVID-19: Move towards a new care-compact to rebuild a gender equal Asia*. Bangkok: UN Women Asia and the Pacific. Available at <https://asiapacific.unwomen.org/en/news-and-events/stories/2020/06/womens-unpaid-and-underpaid-work-in-the-times-of-covid-19>.
- Ministry of Water and Environment (MWE) (2018). *Water and Sanitation Gender Strategy*. Republic of Uganda. Available at www.mwe.go.ug/sites/default/files/library/Water%20and%20Sanitation%20Gender%20Strategy.pdf.

REFERENCES

- Ministry of Labour, War Invalids and Social Affairs (MOLISA) (2021). *Vietnam Issues New National Strategy on Gender Equality for the 2021—2030 Period*. Ministry of Labour, War Invalids and Social Affairs, Socialist Republic of Viet Nam. Available at <http://english.molisa.gov.vn/Pages/News/Detail.aspx?tintucID=224829>.
- Nguyen, A., and others (2020). *Rapid Gender Analysis during COVID-19 Pandemic, Mekong Sub-Regional Report* (p. 49). Bangkok: Care, UN Women, UNICEF.
- Organisation for Economic Co-operation and Development (OECD) (2021). Executive Summary. In *Economic Outlook for Southeast Asia, China and India 2021: Re-allocating Resources for Digitalisation*. Paris: OECD Publishing. Available at <https://doi.org/10.1787/711629f8-en>.
- Ong, C.B., and C. Peyron Bista (2015). *The State of Social Protection in ASEAN at the Dawn of Integration*. Bangkok: ILO Regional Office for Asia and the Pacific.
- Oxfam (2020). *Time to Care: Unpaid and underpaid care work and the global inequality crisis*. Oxfam International. Available at <https://doi.org/10.21201/2020.5419>.
- Parreñas, R.S. (2000). Migrant Filipina domestic workers and the international division of reproductive labour. *Gender and Society*, vol. 14, No. 4, pp. 560–580. Available at <https://doi.org/10.1177/089124300014004005>.
- Parvez Butt, A., and L. Rost (2018). *A Caring Economy: What Role for Government?* Oxfam Blog From Poverty to Power, 12 March. Available at <https://oxfamblogs.org/fp2p/a-caring-economy-what-role-for-government/>.
- Raworth, K. (2012). *A Safe and Just Space for Humanity: Can We Live Within the Doughnut?* Oxfam Discussion Papers. Oxford, UK: Oxfam. Available at https://doi.org/10.1163/2210-7975_HRD-9824-0069.
- Razavi, S. (2007). *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options*. Gender and Development Programme Paper No. 3; p. 50. New York: UNRISD.
- _____ (2016). *Redistributing Unpaid Care and Sustaining Quality Care Services: A Prerequisite for Gender Equality*, UN Women Policy Briefs No. 5; UN Women Policy Briefs, vol. 5, p. 4. Available at <https://doi.org/10.18356/40becb1b-en>.
- Sicat, C.J.D., and M.A.P. Mariano (2021). *Public Expenditure Review of Social Protection Programs in the Philippines*. Manila: Philippine Institute for Development Studies. Available at <https://think-asia.org/handle/11540/13175>.
- Social Protection Inter-Agency Cooperation Board (SPIAC-B) (2019). *Social Protection to promote gender equality and women's and girl's empowerment*. New York.
- Subhan, A. (2018). *Women in ASEAN's Labour Force*. The ASEAN Post, 13 May. Available at <https://theaseanpost.com/article/women-aseans-labour-force>.
- Taleb, N.N. (2007). *The Black Swan: The Impact of the Highly Improbable*. New York: Random House.
- ThaiNews (2019). *Thailand's New Labour Protection Act—Thailand Business News*. *Thai Business News*, 24 April. Available at www.thailand-business-news.com/law/71906-thailands-new-labour-protection-act.html.
- The Care Collective (2020). *The Care Manifesto: The Politics of Interdependence*. Verso Books.
- Tran, T., S. Tang, and W. Mao (2021). *Getting to universal health coverage in China and Vietnam*. Washington, DC: Brookings. Available at www.brookings.edu/blog/future-development/2021/02/03/getting-to-universal-health-coverage-in-china-and-vietnam/.
- Tronto, J.C. (1993). *Moral Boundaries: A Political Argument for an Ethic of Care*. London: Routledge.
- UN Women (2016). *Unpaid Care and Domestic Work: Issues and Suggestions for Viet Nam*, Discussion Paper. Bangkok.
- _____ (2020a). *Counting the Costs of COVID-19: Assessing the Impact on Gender and the Achievement of the SDGs in Indonesia*. Bangkok. Available at https://data.unwomen.org/sites/default/files/inline-files/Report_Counting%20the%20Costs%20of%20COVID-19_English.pdf.
- _____ (2020b). *Gender Equality: Women's Rights in Review 25 Years After Beijing*.
- _____ (2020c). *Guidance for Action: Addressing the Emerging Impacts of the Covid-19 Pandemic on Migrant Women in Asia and the Pacific for a Gender-responsive Recovery*. Bangkok. Available at <https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/migration-f-spotlight.pdf?la=en&vs=3040>.
- _____ (2020d). *The First 100 days of Covid-19 in Asia and the Pacific: A Gender Lens*. Bangkok. Available at https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400.
- _____ (2020e). *The Role of the Care Economy in promoting Gender Equality: Progress of Women in the Arab States 2020*. New York. Available at www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/2021/01/unw_erf_report_final_8%20december.pdf?la=en&vs=1828.
- _____ (2020f). *Unlocking the lockdown—The Gendered effects of Covid-19 on achieving the SDGs in Asia and the Pacific*. Bangkok. https://data.unwomen.org/sites/default/files/documents/COVID19/Unlocking_the_lockdown_UNWomen_2020.pdf
- United Nations Development Programme (UNDP) (2020). *How We Worked from Home: Findings from the WFH experience in response to the COVID-19 global health crisis in Malaysia*. Bangkok.
- UNICEF, ILO, and UN Women (2020). *Family-Friendly Policies and Other Good Workplace Practices in the Context of Covid-19: Key steps employers can take*. Bangkok. Available at www.unwomen.org/-/media/field%20office%20arab%20states/attachments/sections/library/publications/2020/family-friendly-policies-and-other-good-workplace-practices-in-the-context-of-covid-19-en.pdf?la=en&vs=4828.
- UNICEF, and United Nations Population Fund (UNFPA) (2020). *Families on the Edge*. Kuala Lumpur: UNICEF Malaysia and UNDP.
- United Nations (2020a). *Asia–Pacific Beijing+25: Declaration and Report* (p. 47). United Nations.
- _____ (2020b). *Asia–Pacific Migration Report 2020: Assessing Implementation for the Global Compact for Migration*. ST/ESCAP/2801, p. 229.
- _____ (2020c). *A UN Framework for the Immediate Socio-economic Response to COVID-19* (UN Executive Office of the Secretary-General Policy Briefs and Papers No. 6; UN Executive Office of the Secretary-General Policy Briefs and Papers, Vol. 6). New York. Available at <https://doi.org/10.18356/420812ce-en>.
- Utari, V.Y.D. (2017). *Unpaid Care Work in Indonesia: Why Should We Care?* 22.
- Women's Budget Group (2020). *Creating a Caring Economy: A Call to Action*, Report by Commission on a Gender-Equal Economy. Women's Budget Group. Available at <https://wbg.org/wp-content/uploads/2020/09/CGEE-Creating-a-Caring-Economy-A-Call-to-Action-WBG.pdf>.
- World Bank Group (2021). *Childcare Solutions: The impact of childcare on women's labour force participation—The devil in the details*. UFG Webinar Series: Solutions for Women's Empowerment, 28 April.
- World Economic Forum (WEF) (2021). *Global Gender Gap Report 2021*. Washington, DC.
- Yeates, N. (2004). Global Care Chains. *International Feminist Journal of Politics*, vol. 6, No. 3, pp. 369–391. Available at <https://doi.org/10.1080/1461674042000235573>.
- _____ (2012). Global care chains: A state-of-the-art review and future directions in care transnationalization research. *Global Networks*, vol. 12, No. 2, pp. 135–154. Available at <https://doi.org/10.1111/j.1471-0374.2012.00344.x>.
- Yokying, P., and others (2016). Work-Life Balance and Time Use: Lessons from Thailand. *Asia Pacific Population Journal*, vol. 31, No. 1. Available at www.unescap.org/sites/default/files/publications/APPJ%20vol.%2031%20No.1_rev.PDF.

