Investing in care, investing in women

The future demand for care in Southeast Asia

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Agenda

1 Introduction

Understanding future care demand is crucial for guiding strategic investments in the care economy

Southeast Asia contributes significantly to the global care workforce yet faces significant domestic care needs and deficits.

Our research examines the future demand for care – **childcare, care for older people, and care for persons with disabilities** – in Indonesia, the Philippines, and Vietnam.

This research emphasises how public and private sector investments can adopt a gender-transformative approach, including:

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

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

Using a gender lens to understand future demand for care reveals the impact of care challenges on women's economic participation…

- Globally, 708 million women are excluded from the labour market due to unpaid care responsibilities (ILO 2024).
- Women perform 2.5 times more unpaid care work than men, on average (UN Women 2023).

…and enables the development of gender-inclusive care policy which brings strong social and economic benefits.

- Equitable caregiving enables greater women's labour participation and supports a more inclusive, balanced society.
- Increasing women's labour force participation by 5.9 percentage points could raise GDP by up to 8% in emerging and developing economies (IMF 2023).
- Closing care gaps and expanding services could create nearly 300 million jobs by 2035: 70-90% of these jobs would benefit women (ILO 2022; UN Women 2021).

2 Research design and methodology

We worked with local researchers to co-design research frameworks and ensure relevant policy impact

This study builds on GIWL's earlier **landscape analysis** that identified key knowledge and policy gaps in the care economy.

Focus areas include:

- **Drivers** of future care demand,
- The role of the **private sector**, and
- **Barriers and enablers** to an inclusive, and sustainable care ecosystem

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

Co-designed approaches ensure a shared research framework **tailored to each country's context**.

This approach enhances **relevance**, **quality**, and **national-level policy impact**.

We grouped our research questions into seven key themes

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

Our conceptual framework drew upon intersectional feminist approaches and a 6Rs framework

We applied an **intersectional gender lens**, examining how factors like race, ethnicity, sexuality, and class **intersect** with gender and shape each other, **rather than treating them as separate hierarchies**.

Drawing from the UN Women toolkit on paid and unpaid care and supplementary approaches, we focused on inequalities in care work through attention to **6Rs**:

- **Recognition**: making unpaid care work visible and a valued contribution economy/society
- **Reduction**: lessening the burden and time-consuming nature of unpaid care
- **Redistribution**: equitably distribute care between women/men, households/state, public/private sectors
- **Reward**: addressing paid care work wages, protection, and working conditions
- **Representation**: ensuring care workers have a voice in shaping the profession
- **Resilience**: building care systems that can adapt to and withstand major crises

Our methodology used a mixed methods approach

Applying a gender lens throughout to examine how care system improvements can support women's workforce participation and redistribute unpaid care responsibilities

Adopting a comprehensive definition of care aligned with ILO that includes paid and unpaid and direct and indirect care, and encompasses care within and outside the household

Focusing on shifts in demand and support for care of children, older people, and people with disabilities

Collecting primary data from 335 participants across key informant interviews, focus groups, and validation workshops across 3 countries

Applying thematic coding to qualitative data using both predefined and emerging themes

Triangulating findings with insights from secondary sources including policy documents, country and cross-country statistics to ensure robustness and depth of analysis

3 Research findings

Research findings

3.1	Key demographic, social, and economic transitions
3.2	Views and demand for care and their links to transitions
3.3	Institutional response to demand for care support
3.4	Changing demand for care and women's economic equality
3.5	Implications for government, the private sector, and communities

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We identified eight key demographic, social, and economic shifts influencing care demand (non-exhaustive)

Changing population structure

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

Increasing disability prevalence

Disability related to age functional decline, as well as higher rates of early diagnosis in children is contributing to higher demand for care support.

Migration

Young people migrating from rural to urban areas for economic opportunity are disrupting traditional family-based care models.

Growing middle class

The substantial middle-class population have more disposable income that increases the ability to afford and demand for paid care solutions.

Gender norms around care

Care remains largely the responsibility of women. Women bear a disproportionate share of unpaid care and make up the majority of low-paid, poorly protected domestic workers.

Labour market trends and policies

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

Climate change

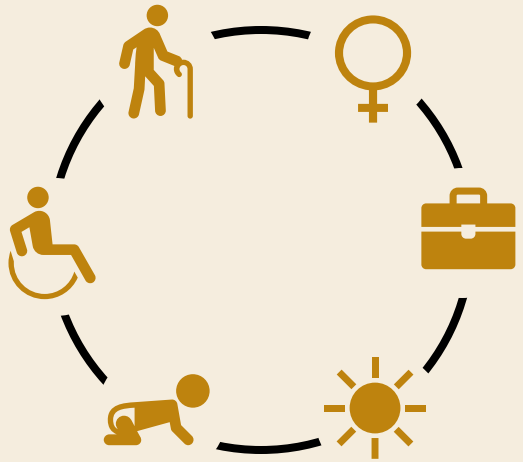
Climate-related disasters disrupt care infrastructure and disproportionately affect vulnerable groups, further straining care systems.

Government aspirations for growth

Government targets for economic growth rely on supporting workers to meet their care responsibilities, increasing the need institutional care solutions.

These shifts interact with each other, increasing care demand and impacting women's economic equality

Shifts interact with each other. For instance, population ageing is linked to the rising prevalence of disability. Gender norms continue to place burden of care on women, influencing labour decisions.



These shifts increase care demands, placing greater strain on women to perform unpaid caregiving.

Women's economic equality remains unsupported when unpaid care burdens fall disproportionately on women. This is illustrated by the low rates of women's labour force participation in Indonesia and the Philippines.

Indonesia	2024: 53% 1990: 50%
Philippines	2024: 50% 1990 : 47%
Vietnam	2024: 69% 1990 : 75%

Nations are **failing to adequately benefit from highly educated women**, who remain critically under-supported to the detriment of economic development.

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Women are still overwhelmingly expected to perform care…

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

…and redistribution of care is driven by economic necessity rather than deliberate efforts to shift gender norms

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

Strong preference persists for informal, family-based care

Even when care is outsourced beyond the core household, it often remains within the **wider family network** – rather than shifting towards formal care services.

Childcare

- Indonesia and Philippines: many **families prefer to keep young children at home**.
- Vietnam: low childcare uptake primarily due to a **lack of available facilities** rather than parental preference – particularly in industrial parks where many migrant women work without extended family support.
- Women's labour force participation tends to dip during childbearing years, then rises again as children grow older, with women re-entering the workforce later in life.

Care for older people

- Philippines: mostly **out-of-pocket** finance for outpatient and long-term care services (e.g., therapy), **rather than institutional care** – common among affluent households.
- All countries**: low take-up of formal residential care** due to **cultural norms of family-based elder care** (such as *utang na loob* (debt of gratitude) and filial piety).
- **Affordability** is also a key barrier.

Note: Information about similar preferences for care for persons with disability is limited.

Barriers to uptake of formal care services remain

Childcare	Care for older people	Care for persons with disability
Unaffordability	Unaffordability	Frameworks that emphasise dependence over autonomy
Limited operating hours	Strong cultural norms of filial piety and stigma around formal care	Mistrust and negative experiences with live-in care
Lack of options for children under three years	Limited supply of professional caregivers	

However, demand for holistic care is growing – across life stages and demographic groups

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

Expectations are shifting **beyond basic access** to early childhood services **towards high-quality early education.**

Demand is **not limited to high-income households**.

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

Care must **support personal development**, **autonomy**, and **inclusion**.

"It is normal and acceptable to receive care while maintaining autonomy."

There is growing interest in **technology-enabled care models** that provide flexible, needs-based services.

- Many **prefer on-demand, hourly support from trained professionals** rather than live-in care.
- There is strong potential to **expand digital platform services** beyond cleaning and repairs to include more specialised and personalised care options.

There is a strong expectation that the government should provide care-related support

The government should provide care-related support, especially for vulnerable groups…

For example:

- Expand disability-related support and coverage of social pensions for older people
- Subsidise childcare and adopt policies to support working mothers
- Expand early childhood care and development facilities

…and this support should be high quality.

During the validation workshop in Indonesia, participants highlighted that hearing aids covered under Indonesia's national social insurance scheme (BPJS) cost IDR 1 million (AUD 94), but were reported to be uncomfortable to use, with one participant comparing the experience to *"placing a speaker inside the ear"*.

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Both public and private sector play important roles in responding to care needs

Governments are key in **establishing regulatory frameworks** to support the care economy.

Unestablished framework ← → *Highly established framework*

Vietnam currently **lacks an integrated care economy framework.** Instead, the government has developed separate actions plans targeting specific population groups (e.g., National Program of Action on Older Persons).

The Philippine Commission on Women (PCW) is **leading the development of a national care economy framework**, though it currently remains at the framework stage, with **no accompanying action plan yet**.

Indonesia has **both a care economy framework and an action plan** – the 2025–2045 Roadmap and National Action Plan on the Care Economy**.** Each policy direction and activity is aligned with national development planning documents in support of Indonesia Emas (Golden Indonesia) 2045.

An integrated roadmap or national framework for the care economy is essential to ensure coherence and long-term planning.

- Care-related investments **require coordination** across multiple ministries and agencies to be effective.
- Without a clear framework, efforts risk becoming fragmented, limiting potential for sustained impact and systemic change.

However, due to **limited public funding**, governments often struggle to scale care provision or ecosystem—making private sector involvement critical. The **private sector remains the main provider of care services** (e.g. childcare for younger age group), and caregiving training and education.

Responses to changing care demands span across multiple stakeholders

Employers

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

Government

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

Start-ups

Start-ups are introducing **innovative services that expand the broader care ecosystem**. Examples include:

- Services to help public and private sector organisations recruit people with disabilities and provides training to enhance their employability.
- Apps to support older people's physical, mental, and emotional well-being

International organisations

- **Providing technical assistance** for policy frameworks and guidelines
- **Funding research**, and
- **Piloting or scaling innovative care solutions**

…in collaboration with civil society and non-profit organisations.

Key enablers and barriers for government and private sector responses include…

Enablers

The care economy has emerged as **a key policy priority** (e.g., ASEAN's Comprehensive Framework on the Care Economy 2021)

Rapidly rising care demand is prompting action

Community-based care solutions are growing with government support

Barriers

Cultural reliance on family-based caregiving limits formal care market development

Challenges in cross-ministry coordination hinder effective care policymaking

Government budget constraints limit care investment and policy prioritisation

Exporting of care workers overseas diverts resources away from addressing domestic care needs

Comprehensive data to map demand and supply of existing care services is lacking

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Rising demand for care may constrain women's labour force participation…

Rising demand for care may constrain women's participation, particularly in formal employment, due to **time poverty** and **unpaid care burdens**.

The **strain on women is likely to intensify** unless care systems are meaningfully transformed.

As women become higher educated on average than men, **nations are failing to utilise this critical investment,** to the detriment of women and the economy.

…but **investment** in care infrastructure and supportive legislation can offset this

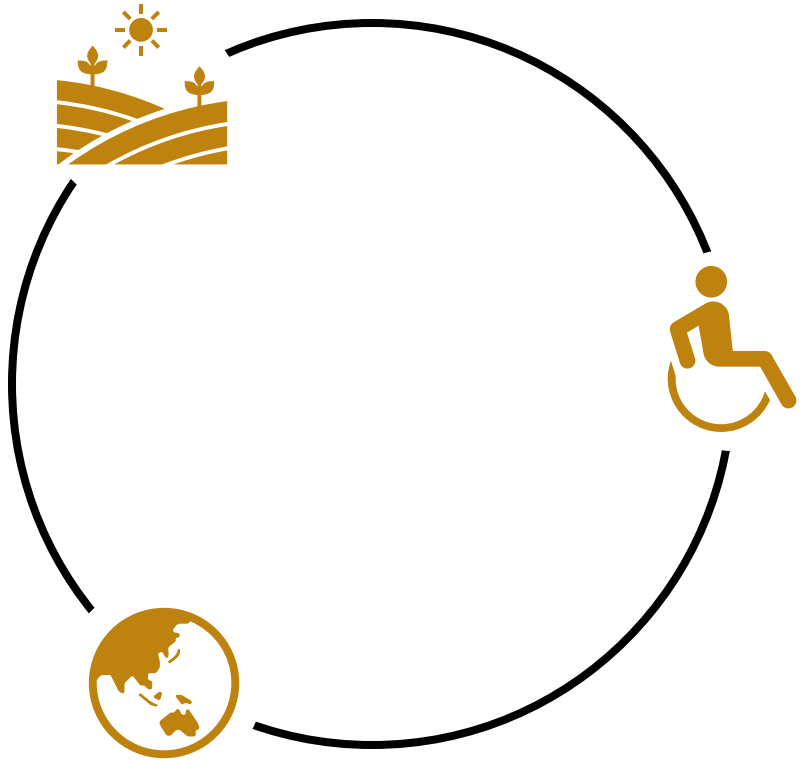
Increased investment in care infrastructure and services can **alleviate unpaid care burdens**, supporting women to enter the workforce.

The expansion of the paid care sector provides employment opportunities for women – but must be paired with **fair wages, legal protections**, and **recognition of care as skilled work**.

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

There are additional intersectional considerations

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



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

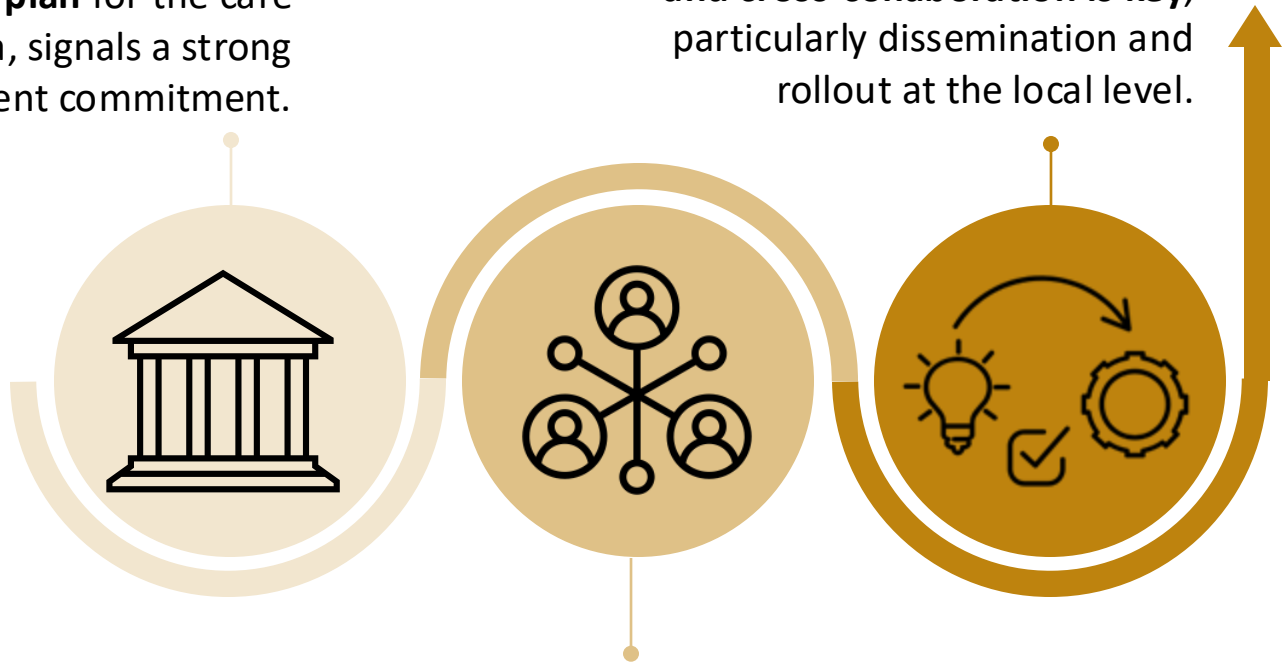
Migrant women often face greater challenges in accessing care support, as they **lack nearby informal family networks** and may **be unfamiliar with available (formal) paid care services** or face barriers to accessing quality care services in their destination areas.

Research findings

A roadmap for the care economy signals government commitment and can encourage stakeholder engagement

Having a **road map and action plan** for the care economy, as in Indonesia, signals a strong government commitment.

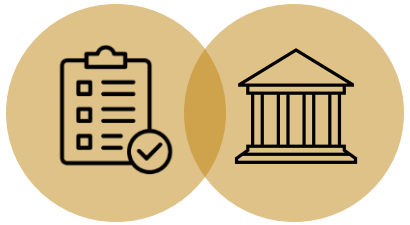
However, **effective implementation and cross-collaboration is key**, particularly dissemination and rollout at the local level.



This government commitment can **encourage broader engagement** from the private sectors and other **stakeholders**.

Across all countries, the private sector should be leveraged in care provision

Given **limited fiscal space** across all three countries, **leveraging the private sector** in care provision is key.



Increasing private sector involvement requires improvements in the overall **regulatory environment**, along with **targeted policies** to stimulate investment in the care sector. These include:

- Offering tax incentives, subsidising land acquisition, and simplifying licensing and permit requirements
- Providing land-related support
- Providing clear guidelines for how to access available incentives, ensuring transparency, and reducing administrative barriers

Start-ups also have a role to play…

Innovate in the broader care system

- *In-home service provision*
- *Services to support employment of older workers*
- *Services to support employment of persons with disabilities*
- *Caregiver resources*

…as do community organisations…

Provide **community-based care alternatives**

- *Invest in and develop collective care arrangements (e.g., co-housing arrangements, community-based childcare)*
- *Invest in scalability of existing models*

…and international organisations too

Support **care work professionalisation**

- *Facilitate cross-country learning through international exchanges and bilateral programs*
- *Help develop and implement caregiving competency standards and training*

Other implications and opportunities for government, private sector, and communities include…

Developing and strengthening **workplace policies relating to care**

Improving **data collection, monitoring, and evaluation**

Promoting **equitable care norms**

Promoting economic **productivity growth that is responsive to care needs**

Increasing **agency and equality-based approaches** to care

Investing in **further research** on gender-responsive care

Developing **care contingency plans** for unforeseen high-impact events

4 Concluding remarks

Caring about **care** = caring about **the economy**

The future demand for care in Indonesia, the Philippines, and Vietnam is **complex, non-linear, and uncertain.** Various social, environmental, economic, and political factors will influence these trends, either amplifying or mitigating their effects.

Revaluing and supporting care can unlock **huge economic benefits**: boosting women's workforce participation, creating millions of decent jobs, and driving growth.

To build **fair, sustainable, and inclusive care systems** requires a future-focused policy approach that balances both current and future care needs and draws on the **collaboration of all stakeholders** across society.

Thank you

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