

Reforming care

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Mother and child in Myanmar

Photo Credit: [Htawmonzel/Wikimedia Commons](#)

Several factors contribute to low female workforce participation, hindering women's economic empowerment and inclusive economic growth. One major factor, often overlooked, is the unpaid childcare primarily done by women.

In Southeast Asia, and in many other regions globally, women's unpaid care work continues to be a low policy priority, despite [evidence demonstrating how affordable, quality childcare is crucial](#) to increasing women's formal and informal participation in the workforce. The care sector is shaped by patriarchal gender norms, limited worker protections and insufficient wages (if the workers are paid at all), and a lack of effective policy reform to alleviate caring responsibilities. [The Asia Foundation's \(TAF\) research](#) and consultative work in Asia and the Pacific suggests pathways forward for families and households, government, private sector and civil society organisations (CSOs) to reform the care economy.

Here we provide some examples of the work that CARE does in the care economy and related sectors in Southeast Asia, alongside a range of other development actors, including UN Women, the Asian Development Bank, and the International Finance Corporation.

TAF calls for [a multi-stakeholder effort](#) that builds on existing resources and structures (such as government-subsidised childcare for low-income workers and tax incentives), with a focus on reshaping traditional gender norms, promoting equal sharing of care between genders, and recognising care work as professional labour. Reform should include both the supply and demand sides of care services to support just outcomes for carers, children and care workers.

There are three key ways in which TAF suggests that CSOs can encourage reform and make a difference.

The first area of reform is worker mobilisation. In tandem with policy reform, CSOs supporting workers' associations, improving collective bargaining and raising worker awareness can improve working conditions for care workers. These approaches can

expand and replicate innovative models developed in the formal sector to ensure worker protections for the informal sector.

Improving working conditions in the care sector in particular is a relatively recent focus and requires a specific gender lens. This can draw on the decades of experience that CSOs have around worker rights for home-based and factory-based garment workers across South and Southeast Asia. CARE Australia, for example, has a long track record of partnering with labour rights and women's rights organisations, and industry associations, in Asia to embed structures and processes which promote equity and safety in the workplace. The [STOP program](#) in Cambodia, Laos, Myanmar and Vietnam facilitated workers' associations to raise awareness of sexual harassment in garment factories, and establish support systems, including workplace committees, engaging with both workers and managers to respond to and prevent sexual harassment.

The second area of reform is challenging social norms. Fostering social norm and behaviour change through advocacy campaigns and programs that engage men and boys is central to addressing underlying informal structures which contribute to unequal caring responsibilities.

CSOs have significant expertise in this. CARE's [Social Norms Analysis Plot approach](#) provides evidence-based grounding to real world application that results in realising change. Under the DFAT-funded [Investing in Women \(IW\) program](#), CARE developed a mass media campaign in Vietnam to challenge gender and caregiving norms about women's leadership, how care is valued and who should provide it. The [Pillars campaign](#) built a community of 50,000 followers and reached 8.5 million people as a go-to source on gender issues among millennial and Gen Z audiences. The campaign has played an important role in sparking well-informed conversations within households and online communities using social media and traditional advertising. Similarly, building on a [CARE study](#) that identified that women are expected to be the main care providers and men the main breadwinners, CARE's [Ignite program](#) in Vietnam launched a mass market outreach campaign reaching over 74,000 people to celebrate women's economic contribution to both society and households.

The third area of reform is building the evidence base for what works. CSOs have significant expertise in research and evaluation to help identify the key data gaps in services which governments and/or CSOs can then work to address. CSOs can build from existing expertise to adapt, pilot, model and test solutions that deliver increased access to affordable quality childcare. This can be done alongside advocacy to influence policy and investment in childcare models that can be taken to scale.

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In a number of research reports, CARE has provided evidence for the case for government and employers to **challenge negative social norms** and promote women as not only carers but also **leaders in the economy**, to engage in **context-specific and ethnicity-sensitive policy making**, and to use women's voices and knowledge in the transition to a **Green Economy**. Research by the International Financial Corporation (IFC) in Myanmar identify the ways in which **businesses suffer** when childcare services are unavailable, and the benefit of diverse and flexible **employer-supported childcare** in facilitating a more motivated and effective workplace.

Despite ongoing instability, CARE Myanmar has previously sought to invest in innovative and replicable childcare solutions to ensure childcare is accessible, particularly to women earning lower incomes. The '**Strengthening Early Childhood Education**' program established community-based early childcare services, developed parent groups to share the responsibility and load of childcare, and helped teachers to better respond to the needs of children. This form of direct intervention, alongside additional research, can support the establishment of suitable and equitable structures within and outside workplaces to respond to the need for care provision.

By focusing on worker mobilisation, challenging social norms, and increasing the evidence base, CSOs can help shift societal stereotypes and attitudes towards the value of care, and support women's economic empowerment.

Correction (22/9): In the third last paragraph, the source of the research has been corrected to the International Financial Corporation, rather than the participant organisation Care Myanmar and businesses supported by IW, as erroneously stated in the original.

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