

JOINT STATEMENT

Reframe and Invest in Inclusive and Gender-Sensitive Maternity Protection and Care System in the ASEAN Economy



Toward an ASEAN “UNITED under One Vision, One Identity and One Caring and Sharing Community” - a future of ASEAN people life with dignity and ASEAN without inequality, we, 110 representatives from 60 organisations in Southeast Asia, regional and global level come together in Kuala Lumpur in May 25, 2025 to call for “Reframe and Invest in Inclusive and Gender Sensitive Maternity Protection and Care System in the ASEAN Economy”. Our Joint Statement will serve as a common agenda of our advocacy towards ASEAN and its State Members, especially on universal maternity protection to build up a transformative care economy in Southeast Asia.

Persistent Gender Gaps in the labour market

The Global Gender Gap Report 2022 raised concerns over gender parity in the labour market. Not only has women's participation slipping globally, but other markers of economic opportunity show substantive disparities between women and men. By 2024, the global labour force participation rate for women was just over 50% compared to 80% for men.¹

Women's economic contribution is still viewed as supplementary, subordinate, or otherwise of lesser importance to men. Their primary place is still socially viewed as at home. Women working in the informal, domestic, non-industrial and agricultural sector occupations, and home-based wage earners are excluded from or have very limited access to any forms of social protection, especially around maternity.

Lack of social protection and maternity protection

Some 62 per cent of female workers of reproductive age in Asia and the Pacific are in informal employment with no access to contributory schemes. Even women in the formal sector often do not meet the criteria for contributory schemes, for example because of insufficient number of years contributing, perhaps due to career breaks to undertake care duties. Only one in five children are covered through child benefits, and less than 40% of mothers of newborns have access to any maternity benefits. Maternity protection in the region is generally available only to women in formal employment and most schemes are contributory, relying on employers compliance or wage deducted insurance. Overall, only 31.4% of vulnerable persons have access to any form of income security in Asia and the Pacific (UNESCAP, 2024²).

Barriers to healthcare access

Although ASEAN has made progress in expanding health coverage over the past decade under its social protection plan, it still falls short of ILO Recommendation 202, which calls for universal access to essential, quality healthcare, including maternity care. The growing trend of privatisation in health, and care services has disproportionately affected workers in the informal economy, especially women. As public services are outsourced or commercialised, costs increase, making essential services unaffordable for low-income households, availability of services becomes geographically limited, especially in rural or low-income urban areas, informal workers –who cannot rely on employer-provided benefit –are forced to depend on unreliable or exploitative private providers. Additionally privatisation undermines the principles of universality and solidarity that should underpin social protection and care as public good.

Workplace discrimination and the invisible unpaid care

Women in ASEAN face inadequate social support and discrimination. Employers often are hesitant to hire or promote women of childbearing age, due to perceived maternity costs, limiting their career opportunities. Female migrant domestic workers face discriminatory and abusive practices such as forced pregnancy tests, prevention from marrying or becoming pregnant during their employment, and even dismissal or and deportation.³ Inadequate childcare, maternity benefits, and wage gaps push women out of the workforce.

Additionally, gender norms relegate care and household responsibilities primarily to women forcing many to choose between leaving the workforce or reducing their work hours.

1 [New Data Show Massive, Wider-than-Expected Global Gender Gap](#). World Bank Group. 4 March 2024.

2 [Protecting our Future Today: Social Protection in Asia and the Pacific | Social Outlook](#), UNESCAP2024

3 Source: ILO, 2024. Labour Rights and Social Protection Coverage of Domestic Workers in ASEAN. https://www.ilo.org/sites/default/files/2024-10/Labour_RightsSocial_Protection_Coverage_for_Domestic_Workers_in_ASEAN%20REPORT.pdf

Globally, 76% of unpaid care work is performed by women, and in the Asia Pacific region women perform 4 times the amount of unpaid care work done by men; and when care work is paid, it remains low-wage.

Informality and the missing middle

The informal economy in ASEAN is extensive, encompassing an estimated 244 million informal workers, representing about 80 per cent of the region's workforce⁴. These workers fall into what is often called the “missing middle”: They are not covered by social insurance schemes that usually require contributions from employers. Nor are they eligible for targeted social assistance, which is typically reserved for the poorest households.

With a lack of maternity protection and social care services; inadequate legislation governing the care economy and workforce; and the social stereotypes that reduce care as predominantly a “women's issue”, discrimination against

women is deepened and further prevents them from contributing fully to the economy.

Childcare services are scarce, especially for informal workers. Most programmes operate only a few hours daily, making them insufficient for working parents. For migrant and live-in domestic workers, the situation is even more dire—they often leave their children behind with relatives due to the absence of state-supported childcare. Moreover, most countries in the region do not offer child or family benefits, due to the lack of comprehensive schemes, restrictive targeting, and barriers to access contributory programmes.

Policy gaps

The signature of the ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community is a step in the right direction, with **ASEAN Socio-Cultural Community (ASCC)** securing members' commitment. However, the ASCC care programmes are misaligned with those being pushed by the ASEAN Economic Community (AEC) for “economic integration”, calling for an open and liberalised trading system within Southeast Asia and with the Dialogue Partners of the ASEAN, namely China, Japan and South Korea. The AEC's focus on FDI liberalisation, economic globalisation and financialisation has led to job flexibilisation and insecure contracts, limited income security and social protection and poor work-life balance – undermining care policies and capability of national governments to extend health and social assistance to all workers.

The lack of universal healthcare means substantial out-of-pocket expenses during pregnancy and childbirth. Without maternity leave, many women—especially those working informally—must work late into pregnancy and return shortly after birth, compromising both maternal and child health.



Photo credit: Pixabay

4 Studies on Informal Employment Reveal Progress, Gaps, and Future Directions, Joanne B. Agbisit The ASEAN Editorial Team, 2020 [Studies on Informal Employment Reveal Progress, Gaps, and Future Directions - The ASEAN Magazine](#)

RECOMMENDATIONS

A list of overall and specific recommendations are given, and, where appropriate, examples of existing good practice within ASEAN are summarised in boxes.

1

We recommend the ASEAN State members to: Recognise care services, social protection and safety protection as fundamental rights of all workers, including refugees, indigenous peoples (such as Orang Asal in Malaysia), stateless individuals, migrants, and workers in informal economy without exception and discrimination and guarantee that workers and their organisations can engage in dialogue and negotiation to monitor and advance care-related rights at workplace and policy levels.

To achieve this we urge the Member States to:

- Formally recognise and guarantee the rights of all workers to “quality, accessible, adaptable and acceptable care services in order to participate in the labour market”.
- Adopt a life-cycle approach, including care leave and breastfeeding entitlements, childcare and long-term care for all workers with family responsibilities.
- Apply a universal approach for all regardless their social and economic status, religious and citizen status, that ensures income security and healthy development throughout people’s life course, such as during childhood, older age, or at times of maternity, disability, sickness, unemployment and other life events with heightened risk of income insecurity or risk of safety such as poor working conditions, low wage, sexual harassment, gender based violence.
- Adopt universal tax-financed schemes as the foundation tier of the social security system, complemented by a second tier of contributory schemes for those who can afford to save.
- Show strong political will by prioritising marginalised groups, focusing on human development indicators (HDI) over GDP, aligning care issues with the ASEAN Economic Pillar, engaging stakeholders and informal workers’ groups, and highlighting the cost of inaction.
- Engage civil society and trade unions in policymaking, allowing workers, including migrants to organise and advocate for their rights.
- Ensure that freedom of association, expression, and collective bargaining are respected, as these are vital to making care and maternity protections a lived reality.



Photo credit: Pixabay

2

We recommend the ASEAN State members to: Extend maternity protection to workers in informal employment, particularly the self-employed and ratify the ILO Convention 183 on maternity protection and ensure transition measures consistent with ILO Recommendation 204, covering informal, self-employed, and platform workers.

Universalise maternity protection as a basic human right, including paid leave, maternal care, cash benefits, breastfeeding arrangements, protection and non-discrimination at workplace, as stimulated in the ILO C183, to guarantee income security for all women workers, particularly those in informal employment, and improve maternal and child health across the region. Paid maternity leave or maternity benefit for all mothers especially in the first 6 months and increased paternity leave for all fathers are extremely important. This is improved by:

- Enhancing the quality and availability of maternity facilities to ensure that pregnant women in remote and underserved areas, such as mountains, inland, and coastal regions, have access to care equivalent to that in urban centres.
- Modernising the rights-based social security systems to ensure everyone has access to social security that helps women address risks across the lifecycle through the provision of schemes such as child, child disability, maternity and family caregivers' benefits.
- Providing free or heavily subsidised childcare services to enable women to return to work after giving birth.
- Adopting pathways for informal, self-employed and platform workers to access maternity protection and social protection floors. Civil society and trade unions play a complementary role in supporting workers when they organise and negotiate for inclusion in contributory and non-contributory schemes.

Good practices in ASEAN:

- Singapore provides universal paid maternity leave and paternity leave for all new mothers and fathers⁵;
- Philippines allows paid maternity leave for all mothers including women working in the informal economy who participate in the Social Security System⁶;
- Laos guarantees maternity or miscarriage benefits for all mothers including the wife of an insured person, if unemployed, self-employed persons and voluntary insured persons who participate in the Social Security Fund⁷
- Vietnam extends maternity leave to 6 months and provides maternity benefits to all voluntarily social insurers⁸
- Philippines build stations for breastfeeding opened to public and informal spaces like malls.

5 [Guide to Maternity Leave for Expecting Mothers in Singapore - SingaporeLegalAdvice.com](#)

6 [Implementing Rules And Regulations Of Republic Act No. 11210](#)

7 [Laos social security law](#)

8 [Social Insurance law 2024: Key Changes](#)

3

We recommend the ASEAN State members to: Expand the quality of child care, child allowances and/or family benefits for all workers financed by national budget through progressive taxation and fair employer contributions.

This can be helped by adopting or extending three policy areas:

- Provide quality public childcare services for women in informal employment located conveniently near their homes in low-income areas or close to their workplaces, and available during their work hours.
- Empower people's participation in policy dialogues/collective bargaining and other platforms to design childcare schemes and family benefits, so as to allocate more budget for childcare that meet the needs of all workers both in formal and informal economies. Providing universal childcare of high-quality childcare in Asia would cost about 1.4 to 2.01 per cent of GDP.
- Incorporate child allowances or family benefits, and paid childcare-related leave into a universal social protection framework to ensure that all workers and their families receive adequate support, that will help reduce child labour, transform the lives of those engaged in the care economy across Southeast Asia, and bring significant positive benefits to national economies⁹. A minimum package of child, child disability and maternity benefits for all female caregivers, for example in Indonesia, the Philippines and Vietnam could cost at around 0.6 percent of GDP, if such schemes are gradually introduced.

9 Globally, investing in the care policy package to provide adequate care leave provision (maternity, paternity and parental), breastfeeding breaks, universal childcare and long-term care services could generate up to 280 million jobs by 2030 and a further 19 million by 2035, for a total of 299 million. In Asia, the employment rates of women would rise by 9-11 percentage points.

Good practices in ASEAN:

- Vietnam and the Philippines have made pre-primary education compulsory; Thailand and the Philippines have enshrined free primary education in their legal frameworks¹⁰.
- Malaysia provides every student from Standard 1 to Form 5 will receive RM150, regardless of their parents' income¹¹.
- Philippines establishes a National System for Early Childhood Care and Development involving all stakeholders to provide preschools, National Child Care centres and home-based programmes for children that could help parents find a preschool or a childcare centre in their area¹².

10 [Investing in Tomorrow: Early Childhood Care and Education in ASEAN - The ASEAN Magazine](#)

11 [Budget 2025: How Families, Mothers, and Children Benefit - June 2025 | Motherhood Malaysia](#)

12 [Early Childhood Education in the Philippines | Digido](#)

- Endorse universal social protection that provides basic income guarantees for all and healthcare for all at all stages of life, that includes basic income for the aging people and long-term care benefits.
- Prioritise sustainable “finance for the healthcare system” to ensure available, accessible and affordable long term care services.
- Ensure long-term care integrates contributions from social solidarity economy initiatives, community groups, and workers’ organisations, which represent both care workers and those with family responsibilities.

4

We recommend the ASEAN State members to: Recognise long-term care rights as integral to universal social protection and healthcare and encourage worker- and community-led initiatives, including cooperatives, unions, and local organisations, in building sustainable care systems.

5

We recommend the ASEAN State members to: increase public investments to ensure especially accessible, adequate, and affordable public health care services to all people, especially mothers and newborns.

Some of the methods to support this principle come from governments commitments to:

- Prioritise and invest more to ensure quality public healthcare infrastructure, facilities and services available and accessible especially in the rural, remote and mountainous areas.
- Stronger commitment to free, available, quality healthcare services for all, especially mothers and newborns to reduce out-of-pocket spending and improve health across the life cycle.
- Ensure maternal health protections at the workplace, particularly in high-risk sectors and informal employment, monitored through social dialogue and inspection mechanisms.
- Recognise and enhance support for social solidarity economy (SSE) entities such as cooperatives, social enterprises, fair trade groups, self-help groups, and workers’ associations.
- Implement community solutions such as gardens, kitchens, laundry stations, and early childcare centres can significantly alleviate the burden of unpaid care work typically shouldered by women
- Involving men and boys in sharing childcare and household duties can further alleviate the multiple responsibilities faced by women.

Good practices in ASEAN:

- Thailand provides Universal Coverage Scheme ([UCS Profile 2017](#)), which opens up universal health coverage to all citizens through general taxation, with complementary of the civil service welfare system and contributory social security, that brought up to a coverage of 99.6% of the population. Thanks to that scheme, about two third of the population enjoy health care with no or very little pocket payment.¹³
- The Community-based health care services for senior citizens promoted by HelpAge International in several ASEAN countries including Philippines, Cambodia, Vietnam, Indonesia.

¹³ [Universal Health Coverage in Thailand - NHSO](#)
[Thailand: coverage of Universal Coverage Scheme 2023| Statista](#)

6

We further recommend ASEAN to align the ASEAN Socio-Cultural Community (ASCC) and the ASEAN Economic Community (AEC) programmes in building a robust care economy and establish a tripartite plus review mechanism to ensure economic integration supports care economy and social protection goals. This will enable ASEAN to match and possibly lead international standards by:

- Align the 3 road maps (ASEAN Economic Community - ASEAN Political-Security Community - ASEAN Socio-Cultural Community) with Vision of Dev't outlined in The ASEAN Charter (2007): an ASEAN "UNITED under One Vision, One Identity and One Caring and Sharing Community" and in the context of changed/ changing global unilateral situations due to disruptions (Trumpist politics/ economics, AI, etc.) to meet the urgent needs of the people, for survival & well being.
- Pay more attention to social dialogue with the stakeholders inside ASEAN society, to mobilise their citizenry, specially the organised communities, in investing and developing the care services and infrastructures outlined in the "ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community." (Oct 2024).
- Enhance the voice and participation of workers organisations, including trade unions and organisations representing workers in informal employment, in the regional dialogues, for example, in ASEAN dialogues on care economy strategies and policies.
- Institutionalise regular dialogue, such as an **annual ASEAN Forum on the Care Economy**, with trade unions, employers, and CSOs to ensure ASCC and AEC priorities are aligned, upholding the ASEAN Declaration on Strengthening the Care Economy (2024).
- Apply regular country-level reporting mechanisms around key defined areas of the care economy with independently verifiable evidence and allow all CSOs groups, social movements and independent media to review and analyse.
- Align the economic roadmap with the original ASEAN vision of a caring society and reaffirm the ASEAN Charter on "Care and Share" to achieve progressive universalisation of life-cycle social protection.
- Explore the possibility of advancing the CSO concept of social solidarity economy (SSE), to blend with a gov't-led sector (public corporations & welfare investments) and a market-oriented private sector as part of the overall task of transforming the whole economy into a caring economy.

Good practices in ASEAN:

- The WE CARE Ordinance, a pioneering legislation recognizing unpaid care and domestic work and promoting shared caregiving responsibilities, benefiting women, children, the elderly, and families in Quinapondan, Eastern Samar Philippines, was launched in 2018 and mandated an annual allocation for the municipality's care programme, which is mainstreamed into the social welfare and gender and development programmes¹⁴.
- Building community-based systems, where the community is directly involved in overseeing change as an appropriate exit strategy, and multi-stakeholder partnerships performed as a form of collaborative work between the government, the community and civil society organisations to strengthen the capacity of all parties, as shown in Good Practices on Strengthening Gender-Based Social Protection and Care Systems for Women and Vulnerable Groups in Central Sulawesi, Indonesia by Sikola Mombine.

14 [Oxfam Pilipinas, partners win UN's Asia-Pacific Care Champions award – Oxfam Pilipinas](#)

ANNEXES

The International legal framework:

The related international legal framework to support workers with care responsibilities includes:

- The Social Security (Minimum Standards) Convention (ILO, 1952, no. 102), that establishes worldwide-agreed minimum standards for all nine branches of social security, including family benefit and maternity benefit
- Other relevant labor standards, such as:
 - The Convention (no.156 and Recommendation (no. 165) on Workers with Family Responsibilities (ILO,1981), that promote equal opportunities and equal employment treatment to men and women with family responsibilities
 - Convention (no.189) and Recommendation (no.201) on Decent Work for Domestic Workers, that define basic labour rights, working conditions and social security guidelines - including maternity protection.
 - Convention on Maternity Protection (ILO, 2000, no. 183), that identifies five core areas of maternity protection for all employed women, including : (i) maternity leave (ii) cash and medical benefits (iii) health protection at the workplace for mothers and children (iv) employment protection and non-discrimination and (v) breastfeeding arrangements.
 - The Recommendations on Social Protection Floor (ILO, 2012, no.202), that promotes universal essential health care and basic income security throughout the life cycle; and
 - The recommendation on the Transition from the Informal to the Formal Economy (ILO, 2015, no. 204), that emphasises the need of providing social security and maternity protection to all workers in the informal economy.
 - The ILO's transformative care policy framework (2022) emphasises the “5 R” principles of decent care work: recognising, reducing, redistributing, and rewarding care work, and increasing representation of carers.

The ASEAN framework:

- **ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community (2024)** highlights the need for care-related social protection, supporting both unpaid and paid care workers in all sectors. It calls for social assistance, social welfare schemes, social insurance programmes, and measures to enhance resilience and reduce vulnerability during crises, including from climate change, disasters and pandemics.¹⁵
- **ASEAN Guideline on Gender Mainstreaming** (2021) shows a strong commitment of ASEAN on Universal Maternity Protection.¹⁶
- **The ASEAN Human Rights Declaration (2012)** includes provisions on access to assistance for the unemployed, adequate standard of living, medical care and social services, affordable health care and access to medical facilities, social security, special protection to mothers and children, including paid leave or leave with adequate benefits, special care and assistance to all children regardless of birth status.¹⁷

15 ASEAN. 2024. [ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community](#)

16 ASEAN, 2021. [ASEAN Guideline on Gender Mainstreaming](#)

17 ASEAN. 2012. ASEAN Human Rights Declaration. <https://asean.org/asean-human-rights-declaration/>

Workshop materials: Speakers presentations

Key concepts:

Social protection is social security guarantees which secure protection for all in need, over the life cycle, to available, accessible, acceptable and quality essential health care including maternity care, and to basic income security especially for children, for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability, and for older persons; which together secure effective access to goods and services defined as necessary at the national level. (Recommendation on Social Protection Floors 2012 (No. 202) (ilo.org))

Maternity protection: The ILO Convention on Maternity Protection 2000 (No.183) defines “maternity protection as measures to ensure pregnant women and mothers of newborn children to have income security and access to quality maternal and child health care, promoting equality in employment and occupation, and protecting the health and safety of the mother and child.” It extends the protection and security to all working women, including atypical forms of dependant work which receive no protection and leave entitlement.

Care economy: The care economy (the purple economy), is a crucial component of the welfare state, aiming at improving the physical, social, mental, and emotional well-being of care-dependent groups. It includes paid (employed in the formal and informal sectors) and unpaid work through which care is provided for others ([UNDP, 2023](http://undp.org)). Care policies are public policies that allocate resources to recognising, reducing and redistributing unpaid care in the form of money, services and time ([ILO, 2018](http://ilo.org)).

Endorsed by:

