**APWLD[[1]](#footnote-0) Submission to the Office of the High Commissioner on Human Rights[[2]](#footnote-1)**

Gendered stereotypes – whether essentialism of women’s caring abilities, or because of gendered societal norms – further care expectations from women. Given that women are overwhelmingly burdened by care work, they live in constant conflict between care and capital. Lack of child-care facilities in the workplace, precarious and underpaid employment, inadequate and inaccessible maternal healthcare and general healthcare services, cuts in social securities, lack of remuneration for and recognition of social reproduction work. Each of these contribute to the temporal, physical, mental and emotional usurpations from women. Laws and state policies cater to and continue these norms, leading to lack of meaningful legal protections or even acknowledgement of women workers engaged in care work. For instance, contracts to do any kind of unpaid care work would not be enforceable for lack of consideration or remuneration in return. Domestic work - even when paid - is considered “casual” and menial work, and therefore not recognised as work by minimum wage statutes in different countries. Furthermore, women’s paid work is often perceived as an extension of their domestic responsibilities, leading to their work being considered cheap and adaptable without legal guarantees or protections.

APWLD has brought the issues of un/der/paid care work from our Feminist Participatory Action Research (FPAR) since 2017 until today to analyse how the phenomenon of neoliberal globalisation and care capitalism has adversely affected the labour force in Asia and The Pacific, leading to a race to the bottom in terms of work standards and labour rights. Our Feminist Participatory Action Research (FPAR)[[3]](#footnote-2) as well as the experiences of our members have discerned gaps in States’ policies and measures, while providing recommendations in response to the guiding questions in the [call for inputs](https://www.ohchr.org/en/calls-for-input/2024/call-input-human-rights-council-resolution-546-centrality-care-and-support).

***Patriarchy and unpaid care work***

Under a neoliberal framework, nurturing and caring - whether paid or unpaid - are individualised, and the social conditions of work are ignored. Thus, care responsibilities are pushed out of the public sphere into the domestic or private sphere, instead of them being a public or state responsibility. According to participants of the multi-country research conducted by APWLD partner Just Economy and Labor Institute (JELI) in Thailand in October - December 2023, despite not having children of their own or not having a husband, women bear the responsibility of caring for other family members. The care burden disproportionately falls on daughters, wives, mothers and grandmothers, reflecting patriarchal expectations. For other participants from Thailand, even though they lived with their male partners, the women were solely responsible for planning the entire household and its expenses. Household responsibility is not shared by men even when women are also employed outside of the home. According to one platform cleaner interviewed by JELI during their multicountry research with APWLD, aside from managing the household, she also had to manage her husband’s emotions. Fulfilling the cultural expectations of being a “good daughter” meant women were expected to carry the care burden as a way of showing gratitude to their parents, while male children did not have to fulfil similar expectations. Moreover, upon marriage, they were expected to care for their husbands’ mothers, until they passed away.

In Sri Lanka, according to women interviewed by the Centre for Poverty Analysis as part of APWLD’s multi-country research in October - December 2023, it is customary for women to fulfil the role of primary caregivers at home without receiving any compensation. Women’s care responsibilities typically start before sunrise (to prepare children for school and male family members for their work) and continue till the end of the day. Additionally, women are responsible for picking up their children from school, even if their husbands are available. They mentioned that even though their male partners worked in similar jobs as them, they did not perform unpaid care work at home - even picking up children from school. When there was a care deficit, or women could not adequately care for their children, their mothers stepped in or other women in the neighbourhood took over. Women working in Business Process Outsourcing units in the Philippines, interviewed by BPO Industry Employees Network, resonated similarly with workers in other countries, counting on their mothers to perform unpaid care work at home.

According to Roots for Equity and Pakistan Kissan Mazdoor Tehreek’s FPAR conducted from 2018-2020, women farmers were overburdened with immense care work and housework, aside from their manually intense agricultural responsibilities[[4]](#footnote-3). In the National Convening on Debt and Women’s Human Rights, held by APWLD in August 2023, it was noted that women’s unpaid care work was highly burdensome, and international financial institutions had fixated on entrepreneurial endeavours which commodified care, rather than recognising unpaid care work.[[5]](#footnote-4) In the Regional Convening on Debt and Women’s Human Rights, held by APWLD in August 2023, a session on a Comparative Analysis of the Debt Crisis in Asia and the Pacific noted that a reduction of social provisioning and fiscal investments in care services and facilities, result in an increase on women’s unpaid care work. This also contributes to their financial wellbeing - mothers, and other women with caregiving responsibilities regularly face household debt because of the lack of public care facilities. In APWLD’s regional report on Strengthening Feminist Movements for Trade & Economic Justice, 2023,[[6]](#footnote-5) summarising the FPAR work of four grassroots organisations across the Asia and Pacific region, it is noted that services and investment liberalisation leads to absence of women’s access to healthcare - during the pandemic, privatised healthcare also meant millions of individuals did not have access to much needed healthcare, burdening women with exacerbated care responsibilities. According to a member of Sisters Garden, APWLD’s FPAR partner from 2019-2021:

“The problem can be derived from the over-workload of farming for women. The issues of a system [policy] improvement and recognition should be connected. Especially in rural areas, the division of household labour is unrealistic. Conservative and patriarchal culture in a rural community has become normal and rampant’.

***Paid care workers are still struggling***

1. Devaluation of women’s care work in the “productive” arena

Women nurses in Thailand become susceptible to physical and emotional abuse from patients, patients’ relatives and colleagues, and maltreatment from doctors. They are at the receiving end of complaints from frustrated patients who have been waiting for hours for treatment.[[7]](#footnote-6) Their role is considered to be inferior vis-à-vis their male colleagues and doctors, which translates to various forms of gender-based discrimination and sexual violence. For instance, a female nurse was hit by a male doctor with a roll of papers in front of hundreds of patients in a community hospital in Kalasin province, Thailand.

“The nurses do not want to stay. Sometimes money is not the main priority, but it is because the system does not support workers, does not provide incentives and rewards for workers. Excuses include the budget to allocate resources to workers, thus leading to uncomfortable housing, hot rooms, difficulties to sleep, etc. The nurse supervisors prioritise doctors and are afraid of doctors’ orders. Less importance is given to fellow nurses and no protection is provided for the subordinates who experience threats/intimidation from doctors.”

A nurse in a Thai public hospital, 2023

1. Carelessness in laws, policies and practices

Care work is considered menial and gendered, and therefore, even when it is performed for consideration, it is deeply undervalued and often stigmatised. Some of the findings from the FPARs that APWLD has conducted over the years, across different countries and sectors are mentioned below -

| **Country/****Sector** | **Findings** |
| --- | --- |
| Thailand[[8]](#footnote-7) /Nurses and hospital workers | The Labour Protection Act, 1998 in Thailand mandates employers to compensate workers during sick leaves not exceeding 30 days a year. Instead, the no-work-no-pay scheme applies for daily workers even if they have an accident on their way to work or get sick. The hospital cleaners, despite their intrinsic role in the functioning of the hospital, need to pay for their own medical care including regular check-ups. The Compensation Fund Act, which excludes civil servants from labour law coverage and legitimises stratification of employees in state hospitals and other state agencies. Articles 46-48 of Thailand’s Civil Servants Act 2008 tag nurses as “knowledge persons”, and nurses play an integral part in the healthcare system. [[9]](#footnote-8)However, their capacity to lead or their expertise is not adequately acknowledged - for instance, nurses are structurally barred from holding managerial positions even though nurses possess comprehensive knowledge and professional skills. |
| The Philippines /Nurses | Members of Filipino Nurses United resonated with the issues in the Labour Protection Act of Thailand, during their FPAR workshop in April 2024. They noted that while they provide care to patients, they themselves are deprived of care in the form of Health Maintenance Organisation (HMO) benefits |
| Bangladesh /Garments  | “Casual” or informalised workers in the highly feminised garments industry lack insurance coverage for work-related injury or illness, both in law and in practice[[10]](#footnote-9). Unlike permanent workers whose health costs are covered by the company health insurance, casual workers must shoulder the health costs in case they need to seek health services outside the company clinic and if the company doctor is not adequately equipped to address their health concerns. Even in workplaces where women dominate the workforce in this sector, childcare facilities are not least prioritised.  |
| Myanmar /Garments | Women garment workers in Burma/Myanmar also find it doubly hard to take care of their young kids while working in the factory because of the absence of maternity facilities in garment factories[[11]](#footnote-10), even if such is mandated by law. As a result, women garment workers find themselves having to sacrifice their “productive” jobs to attend to their motherhood penalty.  |
| Indonesia[[12]](#footnote-11) /Plantation workers | For women plantation workers the lack of public funding in childcare forces them to bring their children to the field or to their stalls. There are also no proper facilities for lactating mothers. Women in palm oil plantations face severe risks to their reproductive health. There are reports of miscarriages because of exposure to pesticides and the hard labour that women have to endure while working in the plantations. Health care facilities are very scant with a ratio of one clinic, one midwife for every 1,200 workers.  |
| Cambodia[[13]](#footnote-12) /Street vendors | As self employed informal workers, women street vendors in Cambodia have no access to social security such as health care and child care. Most street vendors cannot afford to place their children in private day care centers, and as a consequence, a majority of women street vendors bring their young children to work.  |
| India[[14]](#footnote-13) /Domestic workers | Similarly, absence of maternity benefits for domestic workers in India forces them to work late into their pregnancies which is a significant concern. |

# **Feminist economies of care versus neoliberalism and patriarchy**

The care crisis is not incidental or an unintended consequence of but rather inherent in the ideology of and fostered by capitalism. Capitalism relies on care work for its existence, particularly non-waged social reproduction for the accumulation of surplus value and for its very functioning. However, for optimum capital accumulation, care is devalued and relegated to the privatised sphere with patriarchal norms dictating who performs such devalued work. Neoliberalism’s market-based solutions and individualism disregard any form of relational work as lowly or menial occupations, and in caste societies, such work is often performed by women from oppressed castes and marginalised communities with few real alternatives. This ultimately exacerbates inequality - including economic disparities that disproportionately affect women, and specifically women who face multiple marginalisations. This is also reflected in labour laws which are regularly patriarchal and cater to the neoliberal ideology. As opposed to this, feminist economies of care emphasise on recognising, valuing and redistributing care work, including paid and unpaid work which nurture and sustain communities and individuals. Moreover, policies which support social provisioning including accessible and affordable childcare, public investments in healthcare, and social support must be prioritised.

# Structural barriers in the national level

Despite the existence of local and national laws, they often lose teeth because of other laws/policies which allow vast exemptions to companies. Meanwhile, international standards such as those of the ILO that oblige employers to provide maternity leave benefits ,medical care, and workplace health protection for pregnant and breastfeeding women and their children, protection from dismissal and discrimination, and security on return to work, women workers in various settings still find themselves in a very disadvantageous position whenever they become mothers.

Mothers with very young children experience motherhood penalties in employment, hours of work, pay and leadership roles. Many have to temporarily stop their occupation, take unpaid leaves, or forgo career opportunities to take care of the children. These penalties lead to lost opportunities or years in employment, poverty pay and longer work hours, leading to lower employment rates among this group than women who do not have young children. Mothers with children aged three or below also tend to have fewer earnings by 30 per cent than women who do not have young children. Additionally, mothers of children five years old and below are the least likely to be in managerial and leadership positions. In the Philippines, women BPO workers attest that they tend to forego opportunities for career promotion because they cannot afford to participate in extra hours of training.[[15]](#footnote-14) After their shift, women have to practically run straight back to their homes to attend to their children’s needs.

In Myanmar, one in every three garment workers interviewed does not have social security cards as their employers fail to register them although it is a legal requirement for employers who have more than five employees. Workers are also unaware of benefits such as medical care, funeral grant, sickness-cash benefit, maternity and paternity benefit as well as work injury benefits that they are entitled to. Contractual workers in Bangladesh also do not enjoy medical and other social security benefits normally provided to permanent workers. In Cambodia and Pakistan, street vendors and home-based workers are excluded from the government’s social security benefits and loans, as narrated by a women:

“I went to Sangkat (Phnom Penh) to request an ID (to register health equity cards) for my family but Sangkat authorities said that I don’t have a house or land so they can’t register (health equity cards) for my family. I am wondering how the poor families can have the house and land in Phnom Penh.” - Heang Yat, Phnom Penh

# **Union is the form of transformative collective care**

Under capitalism, the only form of care encouraged is self-care fueled by consumerism. However, workers’ unions which provide immense care to the community members, families and non-members, are often made illegal. Unions have proved to be a vehicle for workers’ rights education and legal redressal. Workers who are not unionised hardly know about their rights and are left helpless when it comes to companies’ abusive practices. For many women workers, their domestic care duties limit their time to participate in union activities. Shifting schedules combined with domestic or care-work prevent women from participating in union-related activities, especially if union leaves are not available. In countries like India and Pakistan, patriarchy plays a much stronger role in suppressing women’s participation in the union. Women in tea plantations in India work the whole day, and then the rest of the time, they are pushed to stay at home attending to family and household needs. They have limited access to information from the “outside world” and are often treated as passive receivers of rights with limited participation in public decision-making. Some women workers even get beaten up by their husbands whenever they attend union or workers’ collective meetings. They are also intimidated and threatened by their employers of being fired if they join such union meetings.

Similarly, patriarchy and lack of legal guarantee to organise prevent home-based women workers from organising. During the FPAR in Pakistan, most home-based workers who were invited to participate in activities were not permitted by male members of the households-- husbands, sons and brothers. Younger women are prevented from participating in union activities primarily because it is not customary for women to go out of their homes. Families also prepare young women towards marriage and participation in political and public activities such as rallies and marches may taint their reputation and reduce their chances of a good [marriage] proposal”. Moreover, unions in Pakistan are largely male dominated. Home Based Workers’ Union has organised women health workers who are now active in demanding better pay, regular jobs and services for mothers such as health care, family planning and vaccination.

# **Recommendations to the UN and Member States**

1. Recognise, reduce and redistribute unpaid care work through greater state responsibility for financing and delivering quality public services and infrastructure and regulation of the private sector to support care work. All social protection initiatives need to have provisions that account for unpaid care work responsibilities, represent carers in decision making, and have implementation and monitoring mechanisms that make unpaid care visible.
2. Imposition of triple privatisation of government services, deregulation of markets or "austerity" measures, must be suspended as these actions have been proven to cause widespread un/der/paid care work.
3. Job displacement among care workers must be stopped immediately. Unemployment has a significant impact on physical and mental well-being, and is closely linked with an elevated risk of death.
4. Ratification of the ILO Convention 189 & Recommendation 201 on Domestic Workers is essential for the full realisation of a decent work agenda for domestic workers. This includes the right to unionise, protection of rights at work, and social protection.
5. The call in CEDAW General Recommendation No. 26[[16]](#footnote-15) ‘to formulate a gender-sensitive, rights-based policy on the basis of equality and non-discrimination to regulate and administer all aspects and stages of migration, to facilitate access of women migrant workers to work opportunities abroad, promoting safe migration and ensuring the protection of the rights of women migrant workers’, must be reaffirmed[[17]](#footnote-16)
6. A living wage that allows workers and their families to live in dignity and recognises that women’s wages are just as important to male wages in sustaining households, is imperative.
7. Universal care-sensitive social protection,[[18]](#footnote-17) is necessary to address inequality and the unequal division of care work between women and men, households and the state. States must establish progressive tax systems and have the macroeconomic policy space to achieve this goal.
8. To better prioritise human rights and social spending, it is necessary to re-evaluate the neoliberal economic model. Harmful practices and policies like privatisation, market deregulation, and austerity measures in care services have caused human rights violations and lead to higher unemployment rates, lower labour standards, negative impacts on health and reduced access to high-quality care services.
1. The Asia Pacific Forum on Women, Law and Development (APWLD) is a feminist, membership-driven network with 295 members which represents diverse women’s rights organisations and advocates from 30 countries and territories in Asia and the Pacific. APWLD is working closely with its members and partners in advancing womens’ human rights and development justice. [↑](#footnote-ref-0)
2. APWLD has critically researched on and analysed issues of un/der/paid care work from our Feminist Participatory Action Research (FPAR) since 2017 in the context of neoliberal globalisation and care capitalism, and their effects on the labour force in Asia and the Pacific. Our FPAR as well as the experiences of our members have discerned gaps in states’ policies and measures, while providing recommendations in response to the guiding questions in the call for inputs. [↑](#footnote-ref-1)
3. <https://apwld.org/feminist-participatory-action-research-fpar/> [↑](#footnote-ref-2)
4. <https://apwld.org/wp-content/uploads/2022/02/Pakistan-Land-FPAR-RootsForEquity-and-PKMT.pdf> [↑](#footnote-ref-3)
5. Dr. Sepali Kottegoda, Women and Media Collective, Discussion panel: Macroeconomic policies and associated conditionalities [austerity measures, government social security programs (Awesuma and others)] [↑](#footnote-ref-4)
6. [Strengthening Feminist Movements for Trade and ...Asia Pacific Forum on Women, Law and Developmenthttps://apwld.org › strengthening-feminist-movements-f...](https://apwld.org/strengthening-feminist-movements-for-trade-and-economic-justice/) [↑](#footnote-ref-5)
7. <https://apwld.org/wp-content/uploads/2021/09/NUOT-FPAR-Briefer.pdf> [↑](#footnote-ref-6)
8. https://apwld.org/wp-content/uploads/2021/09/CWUA-FPAR-Briefer.pdf [↑](#footnote-ref-7)
9. https://apwld.org/wp-content/uploads/2021/09/NUOT-FPAR-Briefer.pdf [↑](#footnote-ref-8)
10. https://apwld.org/wp-content/uploads/2021/09/2019\_Labour\_FPAR\_country\_brief\_Bangladesh\_Awaj\_Foundation.pdf [↑](#footnote-ref-9)
11. https://apwld.org/wp-content/uploads/2021/09/STUM-FPAR-Briefer.pdf [↑](#footnote-ref-10)
12. https://apwld.org/wp-content/uploads/2021/09/2019\_Labour\_FPAR\_country\_brief\_Indonesia\_Progress.pdf [↑](#footnote-ref-11)
13. https://apwld.org/wp-content/uploads/2021/09/IDEA-FPAR-Briefer.pdf [↑](#footnote-ref-12)
14. https://apwld.org/wp-content/uploads/2021/09/PTS-FPAR-Briefer-15-09-21.pdf [↑](#footnote-ref-13)
15. https://apwld.org/wp-content/uploads/2021/09/2019\_Labour\_FPAR\_country\_brief\_Philippines\_Bien.pdf [↑](#footnote-ref-14)
16. Domestic workers are entitled to all the protections detailed in ILO Convention No. 155 on Occupational Safety and Health and the Working Environment, and the recognition of the “home” as workplace as detailed in ILO Convention 184 on Home Work Recommendation (para 8). [↑](#footnote-ref-15)
17. CEDAW's General Recommendation No.26 on Women Migrant Workers. [↑](#footnote-ref-16)
18. As iterated in the High-Level Plenary Meeting of the General Assembly on the MDGs, Keeping the Promise (para. 70(g); and is reiterated in Rio+20 Outcome Document, The Future We Want (2012), para. 156 and ILO Recommendation 202: Recommendation concerning National Floors of Social Protection (2012) [↑](#footnote-ref-17)