

# THAI WOMEN'S UNPAID CARE AND DOMESTIC WORK AND THE IMPACT ON DECENT EMPLOYMENT



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### **United Nations Development Programme Thailand**

14th Floor United Nations Building

Rajdamnern Nok Avenue

Bangkok 10200, Thailand

Email: [undp.thailand@undp.org](mailto:undp.thailand@undp.org)

Tel: +66 2 288 3350



<http://www.th.undp.org>



UNDPThailand

# TABLE OF CONTENTS

<b>Acknowledgement</b> .....	<b>iv</b>
<b>List of tables and figures</b> .....	<b>v</b>
<b>Introduction</b> .....	<b>1</b>
<b>Covid-19, Unpaid Care, and Macroeconomic Context</b> .....	<b>2</b>
Thailand's Aging Population .....	3
<b>Scope and Characteristics of Women's Time Deficits</b> .....	<b>4</b>
<b>Child Care</b> .....	<b>6</b>
Childcare Supply .....	7
<b>Eldercare and Time Use of Elder Women</b> .....	<b>11</b>
Eldercare Supply Considerations .....	13
Infrastructue .....	14
<b>Women's Labour Force Participation and Status</b> .....	<b>16</b>
Historical Overview .....	16
Pre-Covid and Current Conditions .....	18
Employment Status .....	20
Conditions for Paid Domestic and Care Workers in Households .....	22
Role of Global Care Chains for Care Provisioning in Thailand .....	22
Overview of Relevant Social Protections and Maternity Leave Provisions .....	23
<b>Law and Policy Analysis</b> .....	<b>25</b>
Law and Policy Gaps .....	25
Law and Policy Recommendations .....	28
Dividends from Care Economy Investments .....	30
Suggestions for Care Industry Financing .....	33
<b>Bibliography</b> .....	<b>34</b>
<b>Appendix</b> .....	<b>39</b>

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# LIST OF TABLES AND FIGURES

<b>TABLE 1</b>	Men's time use relative to women's for rural and urban areas, 2015	<b>5</b>
<b>TABLE 2</b>	Percentage of children age 2-4 with whom fathers/mothers have engaged in early learning activities (reading or playing), 2020	<b>6</b>
<b>TABLE 3</b>	Early childhood centres by jurisdiction (infants to age 4), 2020	<b>7</b>
<b>TABLE 4</b>	Pre-kindergarten enrollments: Bangkok and other (2020)	<b>7</b>
<b>TABLE 5</b>	Percentage of children age 36-59 months attending early childhood education programmes, 2020	<b>8</b>
<b>TABLE 6</b>	Supply and demand in childcare summary	<b>10</b>
<b>TABLE 7</b>	Primary caregiver for men and women over age 60+ who have indicated they need help with daily activities, by age group, 2017	<b>11</b>
<b>TABLE 8</b>	Primary caregiver for men and women over age 60+ who have indicated they need help with daily activities, by region, 2017	<b>12</b>
<b>TABLE 9</b>	Supply and demand for elder and disability care summary	<b>15</b>
<b>TABLE 10</b>	History of women's labour force participation rate from 1984-2014, 2018	<b>16</b>
<b>TABLE 11</b>	History of women's labour force participation rate and share of women indicating that 'housework' was main role by region, 2018	<b>17</b>
<b>TABLE 12</b>	Women's labour force participation from 2019-2021	<b>18</b>
<b>TABLE 13</b>	Women and men's employment status, 2020	<b>20</b>
<b>TABLE 14</b>	Monthly earnings in Thai Baht, formal and informal employment, 2020	<b>21</b>
<b>TABLE 15</b>	Summary of Select Aspects of the Social Security Act, revised 2015	<b>23</b>
<b>TABLE 16</b>	Care economy related policy gap summary	<b>25</b>
<b>TABLE 17</b>	Policy recommendation summary with relevant ministry and SDG targets	<b>30</b>
<b>TABLE 18</b>	Community stakeholder interviews; June-August 2021	<b>39</b>
<b>FIGURE 1</b>	Female labour force participation by age and region, 2021	<b>18</b>
<b>FIGURE 2</b>	Women responding with housework instead of in labour force, 2019 and 2021	<b>19</b>
<b>FIGURE 3</b>	Women responding with student status as main role, 2019	<b>19</b>
<b>FIGURE 4</b>	Women responding with 'housework' as main role by age and region, 2019	<b>19</b>
<b>FIGURE 5</b>	Share of women in employment status by region, 2019	<b>21</b>

# INTRODUCTION

Women's unpaid care and domestic work, together with its impact on labour market participation, has become an increasingly important topic in the global policy arena. The pervasive belief in most communities that women are caregivers has shaped labour markets all over the world. The International Labour Organization (ILO) reported that unpaid care work on a full-time basis was performed by 21.7% of working-age women in contrast to 1.5% of men globally (Charmes, 2019). Research has demonstrated in multiple contexts that unpaid work contributes to the stalled progress on gender gaps in employment, earnings, and work quality (Elson, 2017; Himmelweit, 2006; Razavi, 2007). Gender gaps in both paid and unpaid work feed on one another (Ilkkaracan et al., 2021).

The COVID-19 pandemic, along with its consequences, the closure of childcare centres and primary schools and the separation from regular channels for elder and disability care, has worsened the situation for millions of women across the world. Care work has been considered the responsibility of individual households, although the work itself has been primarily done by women. Global time-use data analysis demonstrated that unpaid care work takes up 2 billion work hours per day, and women perform almost three-quarters of that work (ILO, 2018). In the context of the COVID-19 epidemic, the stay-at-home policies have further pushed this individualized approach to care onto women (Stevano et al., 2021). The pandemic has provided policymakers with an unprecedented moment by spotlighting the burdens on women and their impact on women's labour market participation. This report contributes to the understanding of the overall magnitude, dynamics, and impacts of unpaid care and domestic work on women

in Thailand. Additional suggestions of crucial measures to address the issue will also be provided.

This report contributes to understanding the overall magnitude, dynamics, and impacts of unpaid care and domestic work on women in Thailand and identifies several crucial measures to address the dynamic. Recovery from the economic crisis caused by the pandemic can be more robust and inclusive by creating more decent employment for women. This objective can be achieved through public and private investment in social care services—including day nurseries, early childhood centres, and professional care services for the elderly and the disabled. In consideration of the 5R framework, the investment should recognize, reduce, and redistribute unpaid care work. It should reward paid care work by promoting more decent employment arrangements and supporting workers' representation in social dialogue and collective bargaining. This investment can also help Thailand progress on multiple Sustainable Development Goals, including Health and Wellness (SDG3), Education (SDG4), Gender Equality (SDG5), and Decent Work (SDG8).

This report starts with a broad overview of the impact of the COVID-19 crisis on women's unpaid work in Thailand and the macroeconomic context and forecasts related to the current situation, and then covers a situational analysis that describes the demographic context related to gender and ageing, the scope of women's time-use for unpaid work, women's labour force participation, and the current supply and demand for care services in Thailand. The final parts of the report focus on gaps in existing policies and conclude with policy recommendations.

# COVID-19, UNPAID CARE, AND MACROECONOMIC CONTEXT

UN Women conducted rapid gender assessment surveys across nations to assess the state of work and care in the early period of the COVID-19 pandemic in May 2020. Since that time, Thailand has faced multiple waves of COVID-19 cases and lockdowns, with more cases and more areas of Thailand under lockdown restrictions. Hence, at least for Thailand, most of the findings of the survey mentioned above should be considered relevant only to the beginning of this prolonged crisis. The survey confirmed that domestic and care work had considerably increased because of the pandemic as children were out of school and the needs of the elderly and sick family members intensified. Women were undertaking more of the additional burden of unpaid care work and losing their livelihood faster than men (Seck et al., 2021).

Data from these rapid gender assessments confirmed that women in Southeast Asia had been doing a significant amount of care work and domestic work prior to the onset of the COVID-19 pandemic. As a result of global lockdown, men and women reported doing more unpaid work, but the additional burdens were unequally distributed, especially with domestic work and care work. More than 50% of women in Thailand and the Philippines reported doing more adult care work. In the Philippines and Indonesia, more men than women were doing more adult care work, but in Thailand and Cambodia, only 43% and 25% of men, respectively, reported more adult care work. Interestingly, for all of the countries in the sample, between 82%-95% of men and 60%-81% of women reported getting more help from their spouses. In Thailand, 88% of men but only 72% of women stated that they received increased assistance from their partners.

According to the UNDP and UN Women database that tracked gender-sensitive policies, Thailand has not yet implemented any COVID-19 response policies that address women's economic security or the unbalanced care and domestic work burden exacerbated by the pandemic. That said, there have been efforts to track and respond to the global increase in violence against women, and this surely has some impact on multiple dimensions of women's well-being (UNDP and UN Women, 2021). Singapore has

been the only country in Southeast Asia that in some ways responded to women's care burden, requiring childcare facilities or communities to provide care for children under the age of three to households with at least one essential worker who could not do the work from home. Across East Asia and the Pacific, the Republic of Korea and Japan implemented several plans to address the burdens. For example, Japan has subsidized firms to finance paid leave for workers who have additional care burdens at home. This policy would reduce women's long-term job losses from labour market withdrawal. There have also been other policies, such as cash transfers for families with a sudden increase in care burdens, either to compensate family members for the increased burden or to finance the hiring of in-home care workers.

In the early months of 2021, Thailand seemed to experience a stagnant recovery due to global export demand in manufacturing and fiscal support policies. Nevertheless, there continued to be significant concerns as agricultural and service sectors, two of the biggest sectors and top employers of women in Thailand, continued to decline, and the pace of hiring was beginning to slow down. The third wave, which began in April of 2021, negatively impacted the recovery forecasts (World Bank, 2021). Based on the World Bank simulations, fiscal policies, primarily in the form of cash transfers, were likely to have countered what would have been a drastic increase in income-based poverty during 2020 and early 2021. However, even without accounting for the full extent of the third wave, economic growth was expected to be about 7.7% below pre-COVID predictions from January of 2020.

Moreover, women in Thailand were reported to be more likely to lose their jobs than men, while only 20% of them were covered by unemployment insurance compared to 28% of men. These findings were expected since women are more likely to be working in the informal sector, hence more prone to precarious and unprotected work arrangements (UN Women, 2020). Early estimates from the ILO, which included the informal sector, had suggested that as many as 3.7 million people, particularly women, would be unemployed by mid-2020.

As of July 2021, the World Bank estimated that fiscal sustainability remains manageable in Thailand, though the debt is rising. There will continue to be limited fiscal space. However, smart investments in social protection can facilitate a more resilient recovery. As discussed below in the policy sections, active care economy supports could foster sustainable recovery. In addition, better integration of informal workers into the Social Security Scheme would contribute to inclusive growth, SDG progress, and poverty reduction (UNDP Thailand & UNICEF Thailand, 2020; World Bank, 2021).

## Thailand's Ageing Population

Thailand is now facing the situation of population ageing, the process by which older individuals become a proportionally larger share of the total population. The share of the population aged 65 or older in Thailand has doubled between 2000 and 2019, and the proportion has been projected to be 31% in 2060 (Moroz et al., 2021). Thailand has experienced a fall in fertility rates, from around 6 in the 1970s to a current level of 2, and an increase in life expectancy, from 57 to 73.5 years for men and 65.7 years to 73.5 years for women. Although this phenomenon has already happened in other Asian countries, those countries, namely the Republic of Singapore, the Republic of Korea, and Japan, already had a much higher national income level.

For Thailand, it is argued that population ageing was partially responsible for the overall decline in labour force participation between 2013-2019, and it alone will reduce the GDP growth rate by nearly 1% if it continues at the current pace (World Bank, 2021). Furthermore, if there are no gender-related cultural shifts and active labour market policy changes, population ageing will pull more women out of the labour force. As of 2019, nearly 50% of women in the labour force are in the informal sector, with more precarious work arrangements and less protection from workplace violations than those in formal employment (NSO, 2020). In the absence of more support for reducing and redistributing the care burdens on women, more women will either drop out of the labour force or go into informal work to balance their family's workload. Population ageing will exacerbate the burden that women face related to unpaid care, affect women's employment outcomes and reduce the potential of further economic growth.

In Thailand, a common phenomenon is for working-age men and women to leave rural communities to search for work in more urban areas, particularly manufacturing, construction, or tourism. These internal migrants often leave their children

to be taken care of by the children's grandparents; this living arrangement is referred to as the "skip generation". Thai society has long carried the regional practice where intergenerational obligations are considered a norm (Knodel and Nguyen, 2014). However, grandparents' situation of being the sole caregivers has become increasingly prevalent, with the parents living away from their children (Tangchonlatip, Ingersoll-dayton, and Punpuing, 2019). In the rural North and Northeast regions, 26.7% and 36% of children respectively do not live with their parents. Of those not living with a parent, 80% and 85% respectively are living in households where a grandparent is the head of the family (NSO and UNICEF, 2020). Based on a study that compared Vietnam, Myanmar, and Thailand for the likelihood of skip-generation households, Thailand was significantly more likely to have families with this type of arrangement (Knodel and Minh Duc, 2015).

Skip-generation households are somewhat necessary because of the uneven employment availability across the country (Knodel and Minh Duc, 2015), together with a lack of childcare infrastructure (Petrat, 2010). In the absence of sufficient income-earning opportunities in the various rural areas, the North and the Northeast regions, in particular, women often find themselves far away from children. According to multiple stakeholder interviews, it is common for women to leave children as young as infants with grandparents in faraway villages due to the lack of childcare closer to their job locations (Udomphap 2021 Boonsoom 2021, Wijan 2021). Being away from their children can lead women workers to become depressed and less motivated at work or require frequent out of town trips in the event of their children's illness or emergencies, resulting in the reduction in commitment, promotion, and the ability to earn full wages at the women's workplace (Petrat 2010, Wijan 2021). The skip-generation situation also puts additional financial and care burdens on the grandparents. When parents together with grandparents supplement childcare in one-roof multigenerational households, care work and domestic work related to children can be shared. However, the skip-generation arrangement leaves elders on their own to balance the paid and unpaid work. In addition, the situation requires regular remittance flows from the working parents, which can increase conflict and dependency beyond the normal intergenerational dependencies, and pressures the working adults as well as the caretaking grandparents. Komonpaisarn and Loichinger (2019) demonstrated that Thai grandparents who provide regular care for grandchildren do so at the cost of their health, including reductions in functional capabilities and psychological well-being.



# SCOPE AND CHARACTERISTICS OF WOMEN'S TIME DEFICITS

Thailand's National Statistics Office (NSO) conducted time-use surveys generally every five years; the most recent survey was published in 2015. According to its published summaries, considerable gender disparities and geographical differences existed in how men and women in Thailand spent their time. The time-use surveys asked respondents how much time they spend on various domestic, income-generating, self-care, and recreational activities. The published summaries provide sex-disaggregated data only for the overall summary, with a breakdown for rural and urban areas. The time-use data demonstrate significant

variations in the number of time men and women spend on care and domestic work, with women carrying significantly greater responsibility overall. Gallup and the International Labour Organization (2017) surveyed men and women regarding their preferences whether being in paid jobs, caring for their families, or doing both should be the role for women. In Thailand, only 10% of men believed women should perform paid jobs, 39% believed they should focus exclusively on family care, and 47% believed they should do both. In sharp contrast, 31% of women solely chose a paid job, 58% preferred both, and only 11% preferred solely caring.

**TABLE 1**  
**Men's time use relative to women's for rural and urban (2014)**

Men's hours as a % of female's hours			
Activity	Average	Urban	Rural
Formal sector work	99.30	99.77	98.55
Subsistence production activities	110.58	111.52	110.50
Family's small-scale production	95.80	99.67	91.89
Informal construction activities	107.67	118.94	102.41
Informal services (e.g. haircut and babysitting)	105.82	106.51	103.94
Providing unpaid domestic services	56.54	59.57	54.42
Providing unpaid caregiving services	58.81	61.59	57.49
Providing community services	108.68	119.57	103.63
Learning	101.42	102.14	101.00
Socializing and community participation	105.26	104.11	104.43
Attending cultural, entertainment, or sports events	92.26	101.32	80.25
Hobbies, games and other parttime activities	123.71	131.05	117.68
Indoor and outdoor sports participation	121.55	118.03	125.45
Using social media	103.18	100.62	104.90
Personal care and maintenance	102.01	101.46	102.40

100% 100% 100%

\*Source: Author calculations based on NSO Time Use Survey 2015,

Additionally, the findings corroborate a 2018 social views poll from the Ministry of Social Development and Human Security (MSDHS). Nearly half of the respondents believed family strife will occur when women work outside their homes (Department of Women's Affairs and Family Development, 2021). The implication of these preference findings is that men, on average, favour women to carry the caring responsibility, regardless of whether they are also employed. Given societal gender norms and the gendered power relations represented in those preferences, it is unsurprising that time-use data also expose the pattern.

The respondents in the time-use survey ranged in age from six and older.<sup>1</sup> The time men spend on various activities is shown in Table 1 as a percentage of the time women spend on the same activities. Many men and women in Thailand suffer from time poverty (sometimes referred to as time deficits) because they have to spend so much time working in the formal or informal labour market, in addition to family and community commitments. However, the way women use their time indicates that they bear additional burdens, owing mostly to gender expectations regarding care and domestic work.

According to the table, women contribute equal hours or more to formal employment and informal household income-generating activities (unpaid family worker). Men contribute slightly more time to subsistence production than women do. The significant time difference between domestic work (cooking, cleaning, home shopping, etc.) and caring for all family members is most evident. This disparity is particularly pronounced in rural areas. Women spend between 54 and 61 per cent more time on household work and care than men. Other significant distinctions do not lessen the burdens - women do not work less for money or devote less time learning. What they are spending less time on is self-care — for example, women spend much less time on hobbies or physical activity than men. If women could use some of this time for job search or training, they could be better prepared for formal sector work or higher-tech job requirements.

Despite the limited analysis of the rich Thai data (Yokying, 2018), two recent studies have provided critical insights. Recent scholarship on care work has developed the concept of time deficits to better understand the relationships between time, obligations, women's well-being, and poverty, as poor people are known to work long hours. Tam (2021) confirmed that both Thai men and women have significant time deficits. However, time-use and labour market data indicate that married women, women with limited education,

and women performing unpaid family work all face significant time deficits. Men of all employment statuses and older women face the greatest time deficits in urban environments. Although the author does not disaggregate the elderly women by work status, it is likely that many of these women are engaging in some paid work for income, unpaid work for family, and also care work. If the data were disaggregated by region, there should be an increase in the time deficits for those in skip-generation households. Although time poverty might not be as severe in rural areas as in urban areas, it is notable and continues to be worse for women across multiple age groups.

Yokying et al. (2016) demonstrated that gendered expectations around domestic work and care work persist even when women do economic activities such as paid or unpaid work for income or contribute unpaid work to the family business. The research demonstrated that domestic and care responsibilities are frequently shifted to their daughters when mothers participate in formal employment, particularly for poorly educated parents. This effect can be mitigated in multigenerational families that cohabit, as the grandmother occasionally assumes these responsibilities in place of the daughter, but will be most pronounced when mothers work on their own accounts or perform unpaid work for the household, and importantly, it is absent when women find work in the formal sector (either as private or state employees). There are understandable concerns about the inevitable scenario in which the grandparents themselves require assistance. Notably, the expectation of family and community that women will manage these burdens on their own or with the assistance of other girls or women in the house indicates that they need to use primarily individualized strategies. It also reflects pervasive gendered expectations regarding unpaid care and domestic work, as well as a lack of community-wide policy and infrastructure supporting women's quality employment. This research indicates that time poverty is not easily remedied through increased labour force participation and may increase the likelihood that children, particularly daughters, will be required to fill in housework gaps. Moreover, the type of work in which most women can engage does not compensate them adequately to cover the cost of substitute care services. As a result, women may become trapped in lower-quality jobs in order to manage family responsibilities and are less able to pursue educational or training activities that would improve their access to higher-quality jobs. These disparities strongly suggest that all informal and formal workers require affordable care services, which can alleviate the burden on families, particularly on women, and on their daughters who may be called upon to fill in for them if they have to do other work.

<sup>1</sup> There are significant differences by age, region, and occupation, but as of this writing, the data on those characteristics is not gender-disaggregated, and thus this report does not include them.

# CHILD CARE

Of all dimensions of unbalanced gender roles and expectations, areas related to motherhood and childcare are the most significant. Gender-based expectations about family result in women bearing the bulk of the responsibility for attending to the needs of children. In addition, the work that they do as mother results in negative employment outcomes. Paweenawat and Liao (2019), demonstrate that not only is there a motherhood earnings penalty in Thailand, but that the penalty has actually increased between 1985 and 2017. Research on the motherhood penalty suggests that it is at least in part caused by earnings discrimination against mothers (Goldin, 1990; Correll, Benard, and Paik 2007). In addition, women's careers can be interrupted due to lack of institutional support for childbearing (including workplace practices and lack of child care availability) and this effect results in married women being more likely to drop out of top income-earning groups (Liao and Paweenawat, 2020). The ILO (2018) estimates a 7% gap in employment to population ratio between women with and without family care responsibilities, and a 14.3% gap between mothers and non-mothers of children aged 0-5.

Table 2, based on the data from joint research between the NSO and UNICEF (2020), demonstrates the empirical reality of gendered expectations about care and children. The data indicate differences in time mothers and fathers spent with children on early learning activities, including everyday activities for school ready children (reading, playing, etc.). These gender gaps persist regardless of income, education, region, or language. The absolute levels of time spent with children vary by region, income, and parents' education. These differences likely lead to other problems related to poverty, parent capacity and early learning. However, the substantial gaps of around 20 to 30 percentage point range demonstrate the additional time burdens that women face. Targeted interventions related to early childhood learning need to be implemented for both mothers and fathers in order to raise their responsibility and capacity to spend meaningful time with their children. Increased expectations that fathers should engage in child-related activities on an equal level could reduce mothers' earnings penalties and the drop-out rate from formal labour markets.

**TABLE 2**  
**Percentage of children age 2-4 with whom fathers/mothers have engaged in early learning activities (reading or playing), 2019**

* Source: Table from NSO and UNICEF (2020)	Father	Mother
	Percentage of children with whom fathers have engaged in four or more activities	Percentage of children with whom mothers have engaged in four or more activities
<b>Total</b>	33.9	62.2
<b>Area</b>		
Urban	43.9	68.9
Rural	27.9	58.1
<b>Region</b>		
Bangkok	59.9	77.7
Central	40.5	73.6
North	30.0	58.1
Northeast	22.2	48.8
South	37.4	67.4
<b>Mother's education</b>		
Pre-primary or none	20.4	30.6
Primary	15.3	26.3
Lower Secondary	36.0	74.6
Upper Secondary	44.2	80.7
Higher	49.2	86.5
<b>Father's education</b>		
Pre-primary or none	43.0	65.2
Primary	53.5	79.6
Lower Secondary	57.5	83.4
Upper Secondary	60.9	86.5
Higher	70.8	90.8
<b>Wealth quintile</b>		
Poorest	20.3	44.2
Second	26.9	53.9
Middle	34.9	63.7
Fourth	37.7	69.6
Richest	55.0	85.1

## Childcare Supply

Improving women’s ability to work outside their homes requires safe and reliable childcare substitutes in their community. Ideally, these options should cover the phases of childhood – including infancy, early childhood, pre-kindergarten and after-school programmes. Table 3 summarizes the availability and usage of the private and government-sponsored options in Thailand for infants up until children aged four. These options are managed and regulated by the Ministry of Interior or the Bangkok Metropolitan Administration. The MSDHS regulates private sector centres. The available options for infants are generally

in the private sector, which accounts for less than 8% of the total supply. According to Kullawanijaya (2021), owner of a woman-owned childcare nursery, the private sector does not receive any special subsidies or tax benefits at present. Table 4 shows the enrolment in public and private pre-kindergarten programmes. Families in Bangkok are much more likely to use private-sector options than government schools, and the exact opposite is true outside Bangkok. The Ministry of Education manages accreditation and regulation of the government and private sector; the government options are normally attached to public primary schools.

**TABLE 3**  
**Early childhood centres by jurisdiction, 2020 (ages: infants to age 4)**

Jurisdiction	Learning and child care development centres	Students	Students
<b>Total</b>	20,407	780,911	100%
<b>1. Ministry of Interior :</b> Department of Local Administration Early childhood – ages 3-4	18,696	701,017	89.77%
<b>2. Ministry of Social Development and Human Security :</b> Registered Private Nursery*	1,420	60,808	7.79%
<b>3. Bangkok Metropolitan Administration :</b> Office of Social Development	291	19,086	2.44%

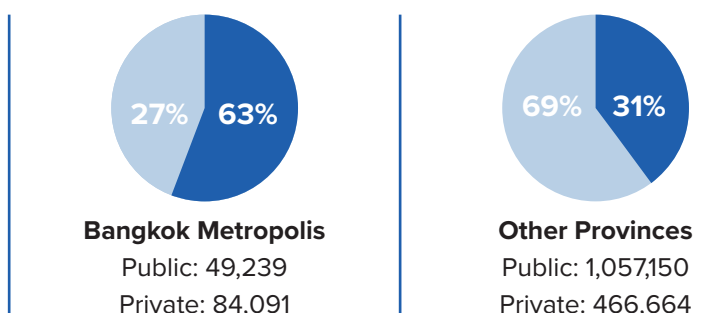
\* Registered Private nursery: Private nursery, orphanage, or centre for development and rehabilitation. Different nurseries accept children of varying ages depending on their business practices.

\* Source: Chuenoi, S. (2020)

**TABEL 4**  
**Pre-kindergarten enrollments: Bangkok and other (2020)**

\*Source: Ministry of Education 2020

- Public
- Private



Thai authorities have demonstrated a strong commitment to early childhood education, as evidenced by the fact that 84.7% of children aged three to five attended childcare centres, kindergartens, or pre-kindergarten, according to a 2019 report from the Office of Public Sector Development Commission. This commitment is included in the 12th National Plan for Education and Social Development (Ministry of Education, 2020). The rate of participation was increased from 75% in 2014. Children aged three to four attend childcare centres which are primarily organized by the Ministry of Interior and are administered by Local Administration Offices (LAO). Nevertheless, there are several

significant implementation issues. Teacher to child ratios were approximately 1:20 in 2014, and only 34% of childcare centres met Thai government quality standards. Concerns have been raised about teachers’ quality, training, and supply. Diversifying and improving the tools used to evaluate and monitor childcare, as well as strengthening the LAO’s oversight of such evaluations, are necessary to build community confidence in these centres as safe and enjoyable places for early learning and childcare.

**TABLE 5**  
**Percentage of children age 36-59**  
**months attending early childhood**  
**education programs**

\* Source: Table from NSO and UNICEF (2020)

**TOTAL**  
**86.3%**

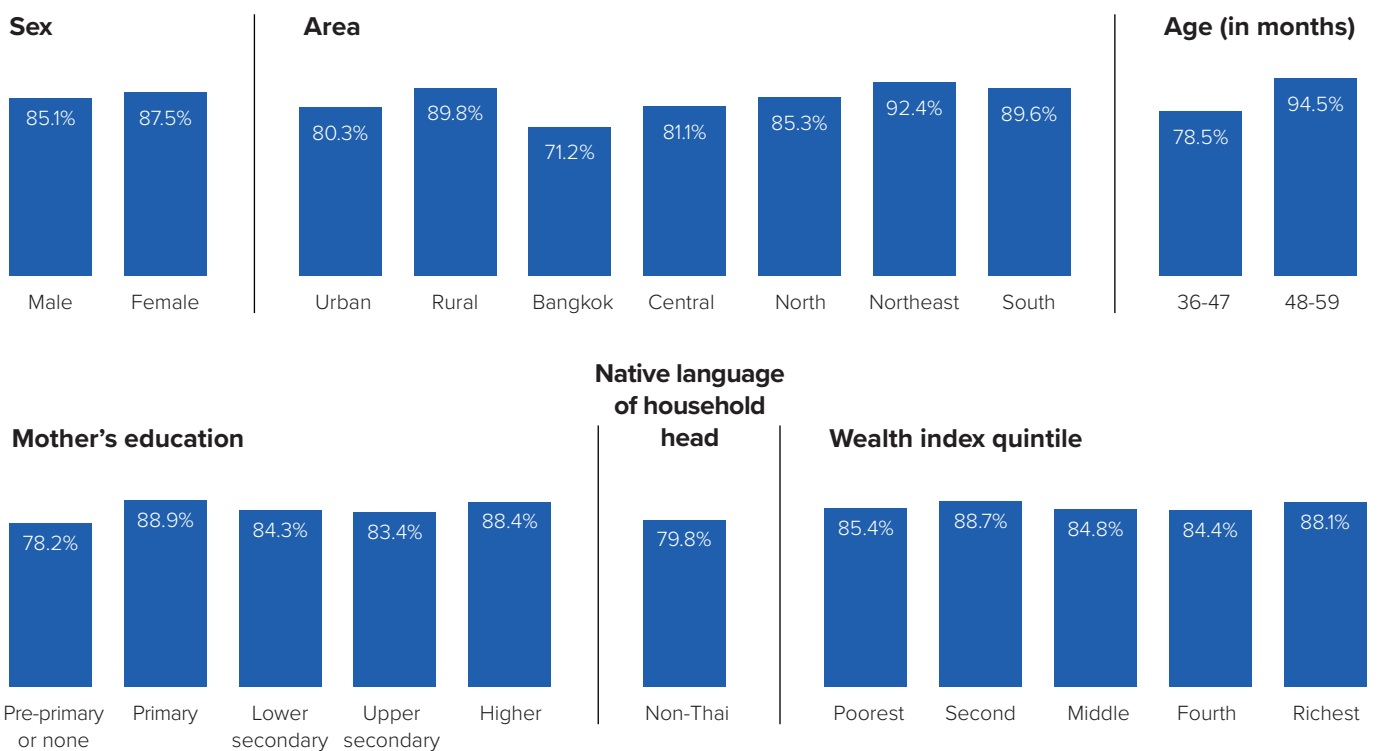


Table 5 summarizes data on participation in early childhood education centres. Regional variation and disparities in participation existed between children aged 3–4 and 4–5. Bangkok and the central region of Thailand had a relatively low enrolment rate. The quality issues discussed above may indicate that those with access to alternative childcare options at various age ranges are more likely to choose alternative choices, which could explain why

Bangkok had a low participation rate (Pichaikul, 2021; Tam, 2021; Yongking, 2021). Moreover, there are infrastructure challenges for rural families interested in choosing these options, primarily in terms of transportation, location, and the number of centres. When transportation is not gender or child aware, drop-off and pick-up for childcare can itself be a burden, especially when combined with other work obligations (Pichaikul, 2021).

The fact that younger children had substantially lower participation rates suggests that the community LAO programmes are less accessible than those programmes for older children who are attached to primary schools and overseen by the Ministry of Education. Interestingly, wealth alone is not an important factor for the variation. However, it is likely that there will be differences relating to wealth within a region. Lower educated women experience greater time deficits, so they might be more likely to keep children nearby to avoid complications. Moreover, they may not be sufficiently informed about the available programmes and their benefits.

Apart from the government-funded childcare programmes mentioned previously, little assistance has been provided in terms of childcare. Nonetheless, the government offers modest child support grants intended to provide financial assistance to low-income families through unconditional transfer. However, numerous obstacles exist, including barriers to registration, transportation, verification of status, and lack of official documentation; the programme's reach falls short of its objectives, with only 30% of eligible families receiving assistance (Department of Children and Youth, 2019; NSO and UNICEF, 2020). This cash transfer, at its maximum rate, would not meaningfully support childcare services; however, it could help support poor families at the margin. UNICEF (2019) demonstrated that the policy can positively boost very poor women's ability to spend more time with their children, postponing their financial push to return to income-generating work for financial reason. Similar to the effect of maternity leave, this grant can temporarily reduce the double burden for very poor working mothers.

Rarely do employers in Thailand consider employee's childcare their responsibility. As is the case with general social expectations, the prevalent view is that women have an individual responsibility to manage childcare (Kanjanaket, 2021; Krissanasmit, 2021). Some employers recognize that female workers could be more productive and more likely to remain in the job if their care needs are addressed. In the interview with community stakeholders, several employers described responses they had taken for childcare, while all suggested that government assistance to help navigate and support childcare needs would be beneficial.<sup>2</sup> For many female workers, the primary childcare option is to send children to live with their grandparents or other relatives in the up-land provinces. As discussed above, this skip-generation practice represents real burdens for those caring for the children, often generating significant mental health challenges for the children and mothers (Petrat, 2021; Wijan, 2021).

Two cases of manufacturing employers attempting to support care needs illustrate the opportunities and challenges that can present themselves when individual companies try managing this on their own. It is typical of manufacturing unions across Asia to de-prioritize the care needs of women workers (Broadbent and Ford, 2008). If not for organizations like the Women's Unity Group, male-dominated unions or employers would fully neglect this area. In some cases, family-friendly policies perpetuate standards of good motherhood without fundamentally helping the systemic problems. Tanaporn Wijan, a long-time labour activist with the Women's Unity Group (a group of unionists advocating for women's workers in manufacturing workplaces), suggested that government-supported early childhood centres are rarely sufficiently accessible to factory workers in industrial zones. As a result of extensive work and negotiation with women's worker groups, some factories established their own options. However, these may still be unaffordable to some workers. Additionally, plans for the centres are frequently not derived from employee needs assessments, resulting in inconsistencies between worker shift schedules and centre availability, (Wijan, 2021). Additionally, there are legitimate concerns about quality and safety, and it is unclear to whom the women would direct their complaints.

Other factory responses to women's needs have more limited responses. Many companies consider breastfeeding rooms and breaks to be a great benefit to working mothers of infants, even when the children live far away. Women use equipment to pump breastmilk and then, with their funds, mail it in insulated boxes to whoever is caring for their children (Jangsawat, 2021; Krissanasmit, 2021).

A relatively uncommon case study is that of the PTT Public Limited Company, which is now a state-owned (SET-listed) petroleum and natural gas enterprise. For several years, the head of the PTT employee union collaborated with union members and management to develop on-site and subsidized childcare for PTT public employees. A critical component of the project's success was the union committee's connection of the programme to the company's aim of boosting its social responsibility profile and progress towards the Sustainable Development Goals. Finally, childcare is less expensive than market rates and is regarded as a significant benefit for the company's relatively high-earning female employees.<sup>3</sup>

<sup>2</sup> No employers indicated that eldercare or disability care support was a concern despite an interest in child care. It is possible that the issues surrounding this matter are more obscure to the general public at the moment.

**TABLE 6 Supply and demand in childcare summary**

<b>Existing supply</b>	<b>Demand gaps and concerns</b>
<ul style="list-style-type: none"> <li>• Informal domestic workers that also do childcare</li> <li>• Early childhood centres (age 3-4 publicly funded)</li> <li>• Pre-kindergarten, Kindergarten (ages 4-5 publicly funded)</li> <li>• Private sector nurseries (all ages)</li> <li>• Large employer childcare facilities (relatively rare)</li> </ul>	<ul style="list-style-type: none"> <li>• No government assisted options for infants and children up to age 3</li> <li>• Concerns over quality of publicly funded centres, particularly aged 3-4</li> <li>• At least 30% gap in target coverage</li> <li>• Barriers to access for government options including transportation, location, and open hours</li> <li>• Affordability for non-government options</li> </ul>

<sup>3</sup> According to the interview, market rates for child care centre services are approximately 15,000THB per month, while PTT union members pay only 10,000THB per month for childcare.

## ELDERCARE AND TIME USE OF ELDER WOMEN

As mentioned previously, like much of the rest of Asia, Thailand has been undergoing a demographic transformation (Khongboon & Pongpanich, 2018; Moroz et al., 2021). This report will examine how this trend affects unpaid care obligations and women's participation in the labour force in decent jobs. In Thailand and the rest of Asia, community care and family care are the cultural norms for eldercare. However, with increased life expectancy and decreased fertility rates, families face significant obstacles in meeting this obligation, gender Equality concerns aside. There are significant concerns about the impact of this trend on the overall economy, as a sizable portion of the population is over the age of 65, resulting in overall labour force participation declines. However, there is legitimate concern among women that this will increase pressure to choose between unpaid family care obligations and decent work outside the home.

Additionally, as previously stated, there is a concern that older women are devoting significant time to caring for their elderly spouses, a practice that cannot be reciprocated due to gender disparities in life expectancy and gender-based expectations regarding care. Men in their 60s, 70s and 80s live alone at a rate of 26.7%, 28%, and 21%, respectively. These percentages for older women in their respective age ranges are 22%, 16%, and 6%, respectively; they are much more likely to live alone or with children after tending to their husbands until they pass away. Adult daughters provide most care for the elderly across all age groups, regions, and income levels (Moroz et al., 2021). The finding is unsurprising, given that only 1% and 0.1% of elderly women and men, respectively, report having a paid nurse or caregiver in their home.

**TABLE 7**  
**Primary caregiver for men and women over age 60+ who have indicated they need help with daily activities, by age group, 2017**

Ages	Men			Women		
	60-69	70-79	80+	60-69	70-79	80+
Total population	3,032,257	1,451,121	600,303	3,459,201	1,829,110	940,455
% with care needs	8.50%	13.97%	27.83%	7.68%	15.37%	40.72%
<b>Main caregiver</b>						
Spouse	75.36%	50.41%	26.45%	40.28%	16.43%	1.93%
Single son	3.70%	4.54%	4.47%	7.86%	8.14%	4.97%
Single daughter	4.31%	7.72%	15.84%	9.83%	10.80%	14.46%
Married son	3.23%	5.34%	8.64%	4.46%	9.59%	9.41%
Married daughter	8.19%	23.97%	35.33%	22.94%	34.83%	46.97%
Son/daughter in law	0.10%	2.01%	3.56%	2.17%	4.98%	7.19%
Grandchildren	0.92%	3.06%	2.79%	3.09%	5.66%	5.79%
Brother/sister/relatives	4.07%	2.18%	2.10%	8.86%	8.65%	5.76%
Paid caregiver	0.00%	0.00%	0.07%	0.14%	0.12%	1.18%
Domestic worker	0.27%	0.35%	3.65%	0.11%	0.29%	1.31%

\*Report on 2017 Older Persons Survey (NSO)



Table 7 gives a clear picture of the eldercare burdens on women in terms of the care needs of the elderly. The elderly were questioned whether they needed help with daily activities, including personal hygiene maintaining, dressing, and toileting. Men are much more likely to be taken care of by their spouses partly because of the differences in age and life expectancy. As older men age, both single and married daughters are more likely to be their main caregivers. Daughters are also the primary caregivers for older women who need help, particularly those over 70 years old. The questions did not ask about non-daily care tasks such as

transportation to appointments. The result also demonstrates that it is incredibly rare for the elderly to have paid caregivers assisting them at any age; 1.18% of women over the age of 80 report paying someone as their primary caregiver. Assisting the elderly can be arduous without proper training or appropriate working conditions and can lead to physical and mental fatigue; however, 92% of the respondents reported that their caregiver has never been trained. This is not surprising since the bulk of the care is done by female family members, but it further adds to the risks and lack of valuation of this type of work.

**TABLE 8**  
**Primary caregivers for those age 60+ who have indicated they need help with daily activities, by region**

	Bangkok	Central	Northern	N Eastern	Southern
Total population (60+)	1,089,974	2,913,742	2,402,809	3,570,727	1,335,195
% that need help	19.39%	14.79%	9.62%	13.35%	15.52%
Population that needs help	211,335	211,335	231,082	476,574	207,175
<b>Main caregiver</b>					
Spouse	27.87%	29.95%	33.22%	32.15%	40.16%
Single son	10.13%	4.37%	5.73%	5.42%	4.68%
Single daughter	22.44%	14.17%	8.82%	4.50%	7.11%
Married son	5.39%	7.22%	7.63%	6.98%	7.25%
Married daughter	14.16%	28.43%	31.16%	38.19%	29.42%
Son/daughter in law	4.13%	3.95%	3.63%	3.18%	4.00%
Grandchildren	3.20%	4.10%	3.76%	4.50%	2.41%
Brother/sister/relatives	9.93%	6.53%	5.06%	3.93%	2.78%
Paid caregiver	0.40%	0.50%	0.10%	0.25%	0.42%
Domestic worker	1.60%	0.18%	0.17%	0.55%	0.15%

\*Source: Report on 2017 Older Persons Survey (NSO)

Table 8 demonstrates the regional breakdowns of variation in the distribution of the elderly and their care needs across the country. In total, more than 1.5 million elderly individuals over the age of 60 require assistance with daily activities, with the Central and North Eastern regions with the highest populations in need. There are no significant differences in overall reliance on daughters, though older family members are more likely to be cared for by single daughters in Bangkok than in non-Bangkok regions, implying that younger women in Bangkok are more likely to be pulled out of the labour

force. Outside Bangkok, families may have fewer single daughters, increasing their reliance on married daughters who may be closer by. Additionally, elderly residents of Bangkok are more likely to have an additional family member to assist them and are slightly more likely to rely on domestic workers for care. Regardless of these differences, the over-reliance on daughters for difficult and strenuous care work is widespread.

## Eldercare Supply Considerations

Although several governmental efforts are targeted at some elements of eldercare, there is no official legislation or dedicated financing for long-term eldercare. Most of the governmental initiatives come from the Ministry of Interior or MSDHS and are operationalized by the Local Administration Office (LAO). The Ministry of Public Health oversees the healthcare part of eldercare and health-promoting hospitals that connect with the LAO. However, the obligations to fulfil the plans are not officially mandated (Prakongsai, 2021); hence, there is a wide variation in their effectiveness and prioritization. There are various types of private sector services (relatively minimal), non-profit support, and modest governmental programs, but they are not universally available, affordable, or effective at substantively reducing the family care burden. The universal healthcare system does cover a large amount of health-specific expenses. Nevertheless, there are concerns about equality in quality and access, especially for the poor and those in rural areas (Khongboon, 2018; Moroz et al., 2021; Wongboonsin et al., 2020).

Apart from women in families, care provision throughout the country is heavily reliant on a nationwide network of volunteers known as the Village Health Volunteer (VHV), which is coordinated by LAO under the supervision of the Ministry of Interior. Volunteers from VHV are typically middle-aged women, with some older women who are already stretched thin due to other work and family obligations (Cohen, 2021; Petrat, 2021). The VHV is tasked with many chores, not just the elderly. Due to its conceivable origin in the Thai Buddhist tradition of communitarianism, the care provisioning programme appears to be overly reliant on volunteers' charitable contributions while expecting them to perform the work of trained paid social workers. They are assigned a certain number of families and are responsible for conveying government information about services, assessing the well-being and abilities of those individuals, and coordinating services when necessary. Additionally, there is a substantial amount of paperwork associated with reporting. Though volunteers receive a small stipend, it frequently does not cover even the cost of the petrol required for transportation (Cohen, 2021). There are also Home Health Care Volunteers for the elderly under the direction of the MSDHS. Nevertheless, the operations are still run by the LAO. The capacity of these volunteers to address the substantive care crisis is limited. Various community assessments suggest that the volunteer programmes lack volunteers, financial support and very uneven local support for coordination and training (Whangmahaporn, 2018).

Long-term care facilities are a small but growing segment of the market. There are 800 nursing homes in Thailand, the majority of which are run by small for-profit operators with a maximum capacity of 30 beds and a few larger companies with a larger capacity (Glinskaya et al., 2021). This market is expected to grow, with a focus on higher-income families and foreigners in Bangkok and Chiang Mai. However, the industry is not expected to reach a point of universal availability, particularly in the North and Northeast, which are home to the majority of the elderly.

Until recently, long-term care and community care facilities had lacked robust care standards. However, in July 2020, the Ministry of Public Health adopted regulations establishing standards for care providers directly related to the services; these standards include those governing hygiene, infection prevention, medication administration, and staff training. Currently, the regulation requires 120 hours of training for staff, though some facilities require more and occasionally sponsor additional staff training. These centres are staffed primarily by women from the North and Northeast regions, the majority of whom should leave their children behind because the facilities lack family-friendly practices or community-based childcare options that could better support them (Udomphap, 2021).

Given the cultural preference for older adults to remain at home or be cared for by family members, affordable trained in-home care services are crucial in this situation. In most countries, home care is less expensive than nursing homes and accommodates the elderly's desire to remain at home. However, paid in-home care services provide a negligible portion of care despite their growth, and there is a small supply of skilled workers in this area (Laosopapirom, 2017; Moroz et al., 2021). A few private-sector agencies are dedicated to recruiting, training, and placing home elder care workers, but they are highly concentrated in major cities.

According to Scheil-Adlung (2015), nearly 84% of the elderly population are not covered by skilled long-term care workers, and as of 2015, approximately 226,000 workers was required to fill the gap. Wongboonsin et al, also argue that current efforts at cultivating a trained elder care work force through training and dedicated financing is crucial for filling the needs gaps for the elderly. Currently, untrained women and volunteers are barely temporarily filling this gap. The improvement of regulation, pay and training could provide thousands of women decent work. It could also contribute to more directly valuing the work that is needed to care for the elderly.

The following section will discuss the global labour chain and labour market participation. It is worth noting that Thai immigration rules prohibit migrant women from formally working in care jobs, but not in domestic work. This rule has probably reduced the pool of trainable workers in this sector.

There are also significant disparities in non-medical costs and social support required to facilitate access to and utilization of health care, exacerbating the care burden. Numerous issues surround the collection of accurate information for administrative programmes, reimbursement for services, and transportation, to name a few. Transportation infrastructure is particularly inequitable and difficult for the poor, and local government officials responsible for health or care services do not appear to address potential transportation issues. Moreover, the elderly who are bedridden or housebound have required significantly more support than the programmes can provide – both in terms of the number of volunteer visits, the quality of those visits, and the duration of those visits (Suriyanrattakorn & Chang, 2021).

Additionally, there are some significant distinctions between urban and rural populations. According to Khongboon and Pongpanich (2018), rural families are more likely to rely on informal eldercare arrangements and have less access to long-term care services provided by the LOA. While transportation and home design are more of a burden on the elderly in rural areas than in urban areas, the LAO's plans to serve the communities are consistent across the board. Community stakeholders argue that increased community input should inform elder care service planning (Petrat, 2021). Generally, community resources for non-medical costs and social support to access and use health care are quite inequitably distributed, and significant gaps in access exist (Moroz et al., 2021).

There is a growing industry for assisted living resorts, which includes private hospitals, clinics, and residential facilities for expatriates and wealthy Thai senior citizens, which raises issues of Equality. Although the nursing home market is expanding, the available options are limited. Government policy also appears to focus on developing community-level systems that emphasize volunteer visits to homes rather than building new public nursing homes.

## Infrastructure

According to the National Statistics Office and UNICEF (2020), electricity is relatively widespread across Thailand, mitigating women's time burden for domestic and care work. There are significant infrastructure gaps, particularly in the northeast, regarding energy sources for cooking; 15.75% of households cook using solid energy sources, including charcoal or wood, and 38.5% in the northeast region. This issue significantly impacts how much time women spend cooking, as cleaning and health concerns associated with these solid energy sources are substantially more complicated than those associated with cleaner fuels and technologies.

As per the multiple stakeholder interviews and analyses (Moroz et al., 2021), transportation is a significant barrier for families to accessing care services, particularly in rural areas, which places an additional burden on those performing unpaid care work in the home. For instance, the time required to transport family members to and from appointments increases. Nearly 30% of older adults have difficulty travelling alone by bus or boat alone, which raises concerns about locations and routes. Additionally, there are concerns about how transportation systems will interact with the limited number of childcare centres, health clinics, and health promotion hospitals. For the elderly, access to health care facilities can be challenging due to transportation constraints.

**TABLE 9**  
**Supply and demand for elder and disability care summary**

<b>Supply for eldercare</b>	<b>Demand gaps and concerns</b>
<ul style="list-style-type: none"> <li>• Ministry of Interior, Ministry of Social Development and Human Security, and Ministry of Public Health – network of Village Health Volunteers and health promotion hospitals</li> <li>• Minimal existing supply of skilled in-home care</li> <li>• Very small but growing nursing homes</li> <li>• For elderly that have daily care needs, the supply of primary care is primarily done by spouses and daughters (and for elderly women it is more likely to be just daughters).</li> </ul>	<ul style="list-style-type: none"> <li>• 200,000-450,000 individual per regional area need care for daily living needs</li> <li>• The elderly need trained caregivers, especially in areas related caring for those with dementia, physical disabilities, and many daily activities.</li> </ul>

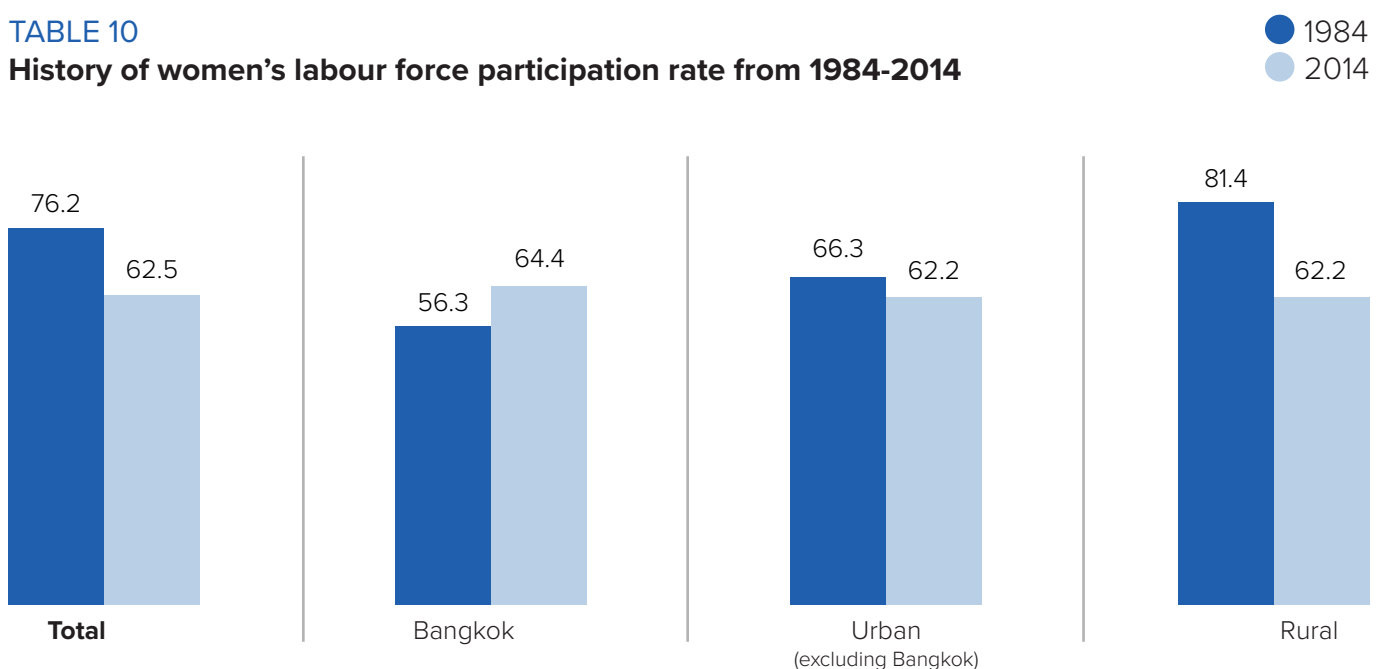
# WOMEN'S LABOUR FORCE PARTICIPATION AND STATUS

## Historical Overview

As of 2020, the Thai labour force participation rate for men and women was 75.4% and 59.2%, respectively. The average monthly earnings for men and women were approximately equal, at 15,165 baht for men 15,622 baht for women (NSO, 2020). It is important to determine the historical trend of women's labour force participation in Thailand. For men and women in Thailand, the labour force participation rates have fallen since the 1990s from 77% in 1984 to 62% in 2014. The female labour force participation rate is still higher than most in the Asia Pacific, except Laos, Vietnam, Cambodia, and Nepal. Some of that decline came because of younger people, especially women, getting better access to education, and hence were not active in the labour force during their late teens and early twenties while in school (Loichinger et al., 2018). However, there is also a fair amount of regional variation, which is critical to consider. There were larger than average drops in rural parts of the country and women in their late 30s. Bangkok saw an above-average increase while other urban areas saw little change, except for the student status-related effects for younger women.

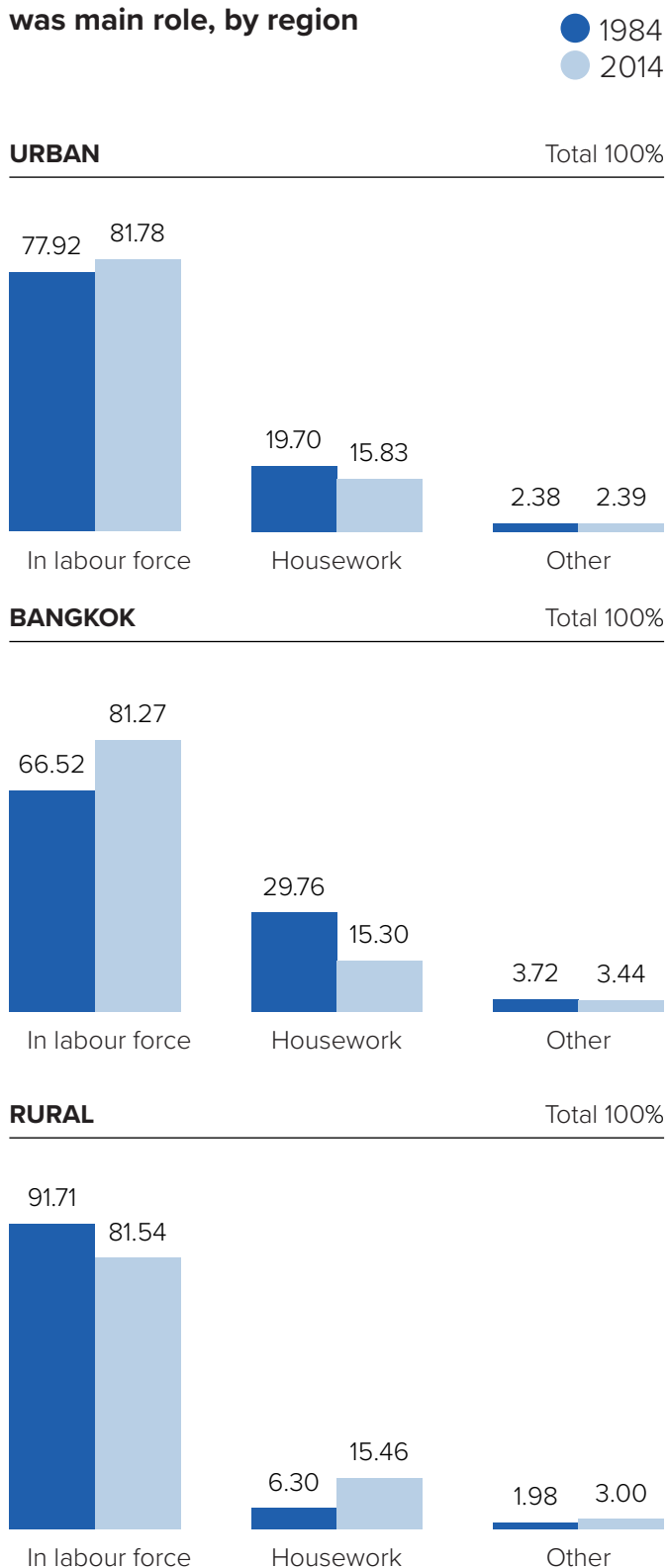
Overall, for women between the ages of 24 and 54, the share of those not in the labour force that considered themselves primarily occupied by 'housework' had a slight increase from 11.8% to 15.6% between 1984 and 2014. However, there were substantial differences across regions for that as well. In Table 10, the labour force participation rates were quite high across all groups, and there have been noticeable dropping out of the workforce over this period to do care and domestic work in the rural areas, as the share of women identifying 'housework' rather than 'employed' has more than doubled. As is discussed in the section concerning elder care infrastructure, in the absence of expanded affordable care services and substitutes, it is likely that the unpaid care burden is deepening for women in rural communities. With reference to our previous discussion on time-use, women are primarily responsible for unpaid care and domestic work even when they do a formal or informal labour market activity, and their overall workday is likely longer than men's as a result.

**TABLE 10**  
**History of women's labour force participation rate from 1984-2014**



\* Source: Loichinger et al. (2018)

**TABLE 11**  
**History of women's labour force participation rate and share of woman indicating that 'Housework' was main role, by region**



\* Source: Loichinger et al. (2018)

Leetrakun and Permpoomwiwant (2015) found that age, level of education, and urban residence were strong factors correlated with women being more likely to work. Importantly, they also found that child-rearing and caring for older parents has a negative impact on women's labour force participation. According to this research, the effect was most prominent when the children were younger than 2 years old, though we know from previous literature on the motherhood penalty that there is an earnings effect for many years. Additionally, there are other negative effects related to the economic activity of spouses – when men work in construction or industrial sectors or work a high number of hours, women are less likely to be in the labour force, and lastly, when the spouses have more education than the women do, this also has a negative effect. At the broader societal level, the expansion of education and women's high school completion has led to more women qualifying for different types of work and thus should represent a higher demand for women in the labour market.

Loichinger et al. (2018) demonstrated that more recent analysis focuses more on household factors and the role that care work plays in women's labour force participation. If husbands work in the formal sector or are themselves employers, reduce the probability that women are in the labour force by 14.5% and 17%, respectively. The authors suggest that either the husbands make sufficient funds that the household would not support women to become income earners, or the husbands work too many hours to contribute to family care or domestic work responsibilities. The effect does not hold when men work in the informal sector, so there is something about the cultural status, income and/or hours that matter. Overall, these results about the factors that contribute to women's labour force participation reinforce the previously discussed societal views (Gallup & ILO, 2017) and empirical patterns in time use about women and paid work outside the home – men and women both agree that women should have a job outside the home if she wants one, but it comes with the big proviso that women, on their own, should address the care responsibilities in some way (Yokying et al., 2016). The various mechanisms for addressing these responsibilities include engaging in less reliable and more precarious but potentially more flexible informal work, depending on grandparents who live far away or stepping out of the labour force altogether.

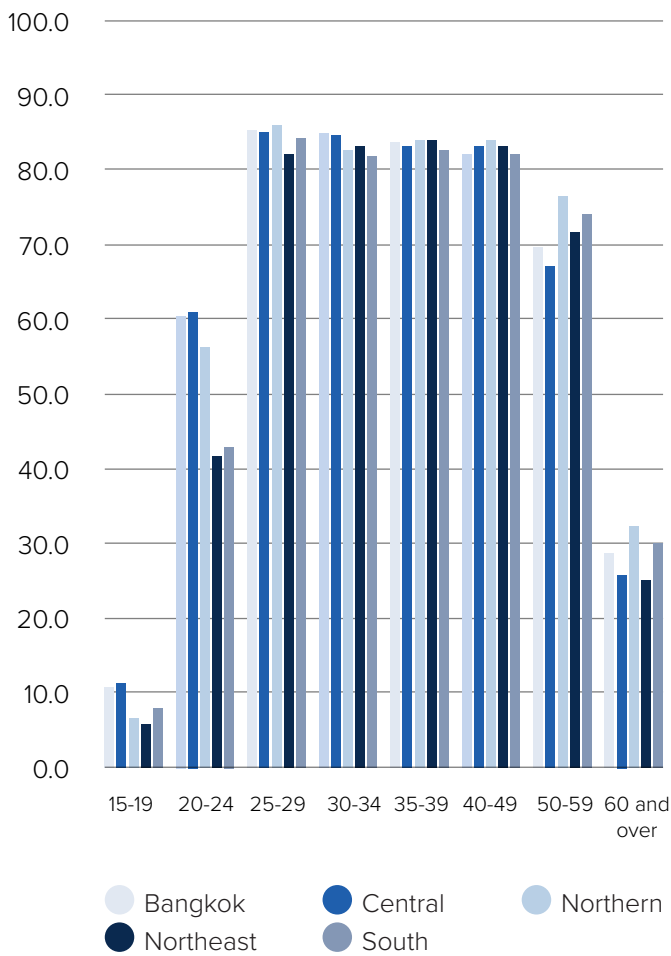
The care dimensions were also analyzed in more detail. The study demonstrated that children below 2 and disabled, elderly individuals in the home reduced the probability of working 15.7% and 6.9%, respectively. Interestingly, the presence of elderly folks increased the probability of

women working by 1.7%, 7.5%, and 13% for elderly in their 60s, 70s, and 80s, respectively. It seems possible then that the elderly can help with care or domestic work until they become disabled and need more care.

women between the ages of 15 and 24. Once women reach the age of 60, these patterns reverse, and all women experience decreased labour force participation. The final group is difficult to evaluate because it is the largest and most diverse – diverse in terms of age, physical capacity, family characteristics, and so on.

### Pre-COVID and Current Conditions

**FIGURE 1**  
**Female labour force participation by age and by region, 2021**



\* Source: Calculations by author, based on data from Labour Force Survey data in published summary report, Q1 2021, NSO.

According to the Labour Force Survey from the first quarter of 2021, there is a continuation of the historical process prior to the onset of the third wave of COVID-19 cases. Figure 1 illustrates participation rates by age and region. For women between the ages of 25 and 40, participation rates appear to be comparable to or higher in Bangkok, Central, and Northern regions, while women in the south have the lowest rates. The Northeast and South regions have significantly lower participation rates for younger

**TABLE 12**  
**Women's labour force participation from 2019-2021**

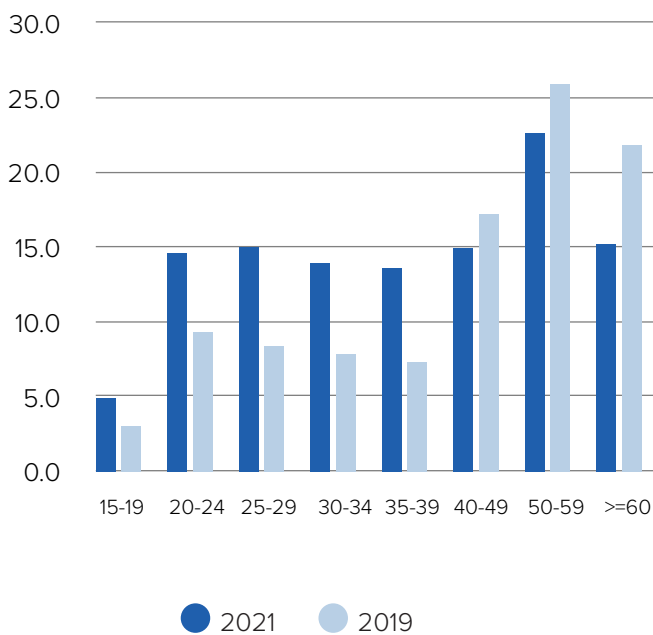
Age	2019	2021
15-19	10.25%	9.1%
20-24	56.05%	55.8%
25-29	78.84%	80.9%
30-34	80.85%	83.1%
35-39	82.25%	84.3%
40-49	80.91%	82.5%
50-59	70.49%	72.3%
60 and over	25.95%	28.7%

\* Source: Calculations by author based on data from Labour Force Survey data from published summary report, 2019 and 2021.

Table 12 provides some insight into the COVID-19 economic crisis's ongoing consequences. By the first quarter of 2021, economists had observed a slight recovery in the economy, but participation rates for young women aged 15–24 were lower from the 2019 levels.

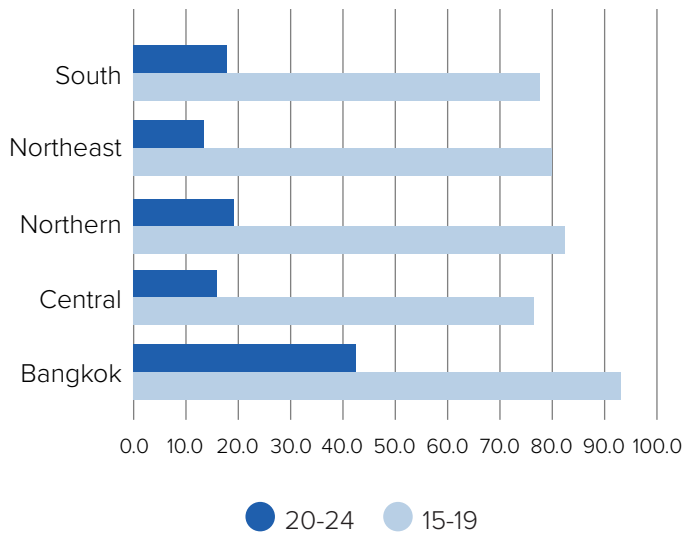
Additionally, the increase in women of all ages indicates that they were absent from the labour force due to 'housework' obligations, as illustrated in Figure 2. School closures and continued health and economic insecurity are concerning, as job losses or interruptions for women due to labour market drop-out can be difficult to recover.

**FIGURE 2**  
**Women responding with housework instead of in labour force, 2019 and 2021**



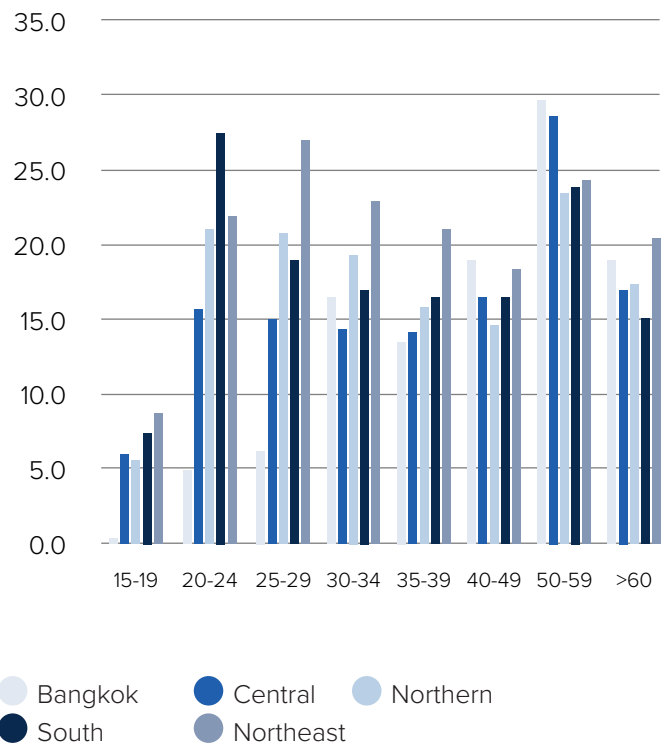
\*Source: Calculations by author based on data from Labour Force Survey data from published summary report, 2019 and 2021.

**FIGURE 3**  
**Women responding with student status as main role, 2019**



\* Source: Calculations by author, based on data from Labour Force Survey data in published summary report, 2019, NSO.

**FIGURE 4**  
**Women responding with 'housework' as main role by age and region, 2019**



\* Source: Calculations by author, based on data from Labour Force Survey data in published summary report, 2019, NSO.



Figures 3 and 4 depict pre-pandemic student and housework status in various regions across the country. Substantive differences in educational activity and the role of ‘housework’ as a barrier to labour force participation are examined from this vantage point—additionally, the manifestation of some of the previous sections’ time-use burden information.

In Figure 3, young women between the ages of 15 and 19 are most likely still in school and have designated this as their primary activity rather than working. However, nearly 20% of women in this age group in each region are neither employed nor enrolled in a school outside Bangkok. This figure is significantly higher for young women than it is for men, who account for approximately 11.8% of the population at the national level (ILO, 2020). Regarding college-aged women, the emphasis on studies rather than work is particularly strong in Bangkok, where more than 40% of women aged 20–24 indicate they are students. The number is nearly twice as high as the average for all other regions. Bangkok universities are likely to attract students from a variety of regions.

While this does not provide an accurate picture of educational attainment across regions, it is a critical dimension of the labour force for young women who populate each region in real-time. Depending on the region, 6%–14% of women aged 15–19 are in the labour force, leaving a sizable number who are neither in school nor work. For example, in the Southern region, 73% of young women in that age range are enrolled in school, and only 9% are employed. This leaves a sizable proportion of women who are likely fully engaged in care or domestic work, which does not include the unpaid work they do while attending school or working. Being unemployed or enrolled in school during these years is likely to affect future options negatively.

Figure 4 illustrates the most direct relationship between unpaid care and domestic work and labour force participation across regions and age groups. This graph depicts the percentage of women in each age group who report that their primary activity is ‘housework,’ rather than work. As the historical analysis earlier in this section indicates, this category of unemployed women is sizable. Although the numbers are low for the age group 15–19 as a whole, it is worth noting that they are near zero in Bangkok and above 5% in all other regions.

Additionally, for women between the ages of 20 and 30, the ‘housework’ effect is quite small in comparison to the rest of the country; however, by the age of 30, the numbers are comparable to the rest of the country, though still quite

low. Between the ages of 15–50, and again between the ages of 60 and over, the Northeast and Southern regions consistently rank highest.

Finally, Bangkok and the Central region have the highest proportion of women in their 50s with ‘housework’ as their primary activity. This pre-pandemic data appears to be consistent with the historical and empirical analysis of time use described previously, and it also provides an unsettling context for the COVID-19 recovery period. The time use burden plays a significant role in limiting women’s labour force participation, and with the pandemic’s worsening conditions, there is a legitimate concern that the status quo will deteriorate further in the absence of substantive change. According to time use data, women in the labour force also perform ‘housework’ which lengthens the day and significantly affects promotions and earnings via the motherhood penalty discussed previously.

## Employment Status

**TABLE 13**  
**Women and men’s employment status, 2020**

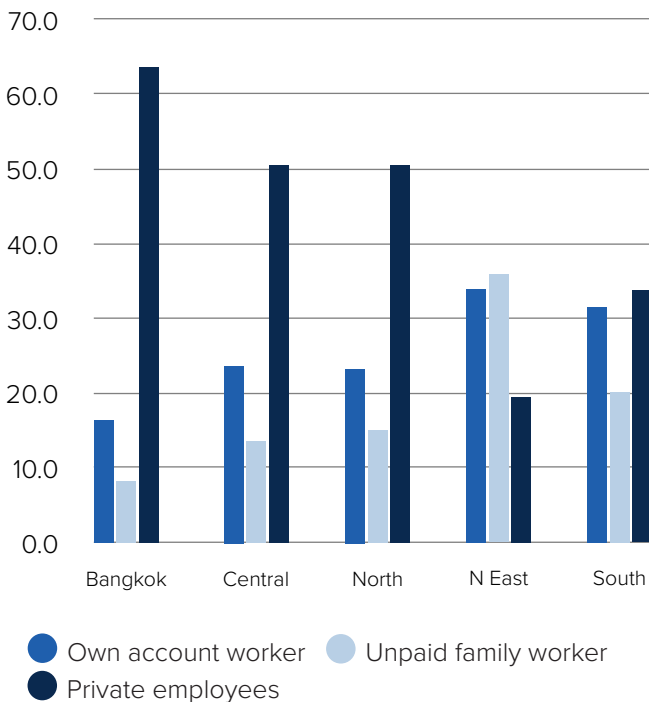
	Men	Women
Employers	3.3	1.3
Own-account workers	36.4	27.8
Unpaid family workers	12.5	23.4
Government employees	8.3	10.4
Private employees	39.4	37.1

\*Source: Calculations by author, based on data from Informal Employment Survey 2020

Employment status is critical for comprehending the benefits of work and how work fits into workers’ time constraints. Table 13 summarizes key labour market dynamics in Thailand for men and women. Men are more than twice as likely to be employers, while women are slightly more likely to be public employees. Due to gender segregation in education and social services, it is unsurprising that women make up a sizable portion of the public employee population. Public employees do enjoy enhanced social protections through government employee benefits, which is a positive development for women. Historically, informal work has been classified as ‘own account work,’ which is essentially self-employment, and ‘unpaid family work.’ Women and men in informal work, as classified in this way, account for 51% and 48% of the population, respectively, implying that formal work, with its associated social protections, remains

out of reach for nearly half of the population. When men and women are compared in terms of the type of informal work they do, women are nearly twice as likely as men to be engaged in unpaid work for family businesses. As previously discussed, this disparity in unpaid work for family businesses imposes an additional unpaid time burden on women in addition to care and domestic work, contributing to their significant time deficits.

**FIGURE 5**  
**Share of women in employment status by region, 2019**



\* Source: Calculations by author, based on data from Labour Force Survey data in published summary report, 2019, NSO.

Figure 5 depicts the regional distribution of employment status prior to the pandemic. In comparison to the rest of Thailand, women in Bangkok are significantly more likely to work in the formal sector as private employees than in either of the informal options. On the other hand, only 20% of women in the Northeast work as private employees, with both self-employment and unpaid family work accounting for more than 30% of women. This is likely due to significant difficulties in obtaining social and labour protections associated with employee status, and it indicates that women in this region face particularly tough time and work quality deficits. For women in the Central, Northern, and Southern regions, the combined value of the two informal categories is equal to or greater than the value of formal sector employee work.

Earnings and social protection benefits for informal workers are significantly lower than for those in formal work arrangements. Although there is considerable variation by industry, the data in Table 14 below demonstrates both gender- and status-based earnings disparities. Even though hours worked are likely to vary, the overall earnings from informal arrangements are pitifully low. As a result of the previous sections on time management and low earnings, women in informal employment are likely to face both time constraints and poverty.

**TABLE 14**  
**Monthly earnings in Thai Baht, formal and informal employment, 2020**

● Agriculture ● Manufacturing ● Trade and service

**Formal**

Male Total: 15,496

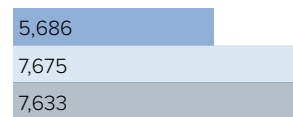


Female Total: 15,509



**Informal**

Male Total: 6,924



Female Total: 5,946



\*Source: Informal Employment Survey from 2020

## Conditions for Paid Domestic and Care Workers in Households

Domestic workers face numerous difficulties, most notably regarding their rights and access to basic labour protections, which are well-known in the Thai community. HomeNet, a well-known non-governmental organization, advocates for domestic worker rights and protection. Together with other key civil society organizations that advocate for domestic workers – including the Map Foundation for Migrant Protection and the Just Economy and Labor Institute (JELI) – their primary political objective is for the government to support domestic workers' pursuit of a safe and healthy work environment, enforceable minimum wage, decent working conditions, and freedom from abuse and violence.

Domestic workers, while technically eligible, are generally not afforded the same protections as the majority of formal workers. The primary reason for this is that employers are responsible for registering them for social security benefits, which is extremely rare (Namsomboon, 2021; Kriangsak, 2021). As a result, they are ineligible for paid maternity leave or severance, as well as the ability to apply for childcare grants. Additionally, they are not protected from violations of minimum wage and overtime pay laws, as well as daily work hour regulations. They are entitled to a weekly rest day, traditional public holiday leave, and unpaid sick leave, but these benefits are rarely enforced (Siripatthanakosol 2016). Additionally, there are concerns about insufficient information shared between employees and employers regarding contracts, pay, terms of employment, legal names, and job expectations (Namsomboon 2021; Kriangsak 2021).

According to a recent study from JELI, there is a sizable and growing market for domestic workers hired through digital platforms in Bangkok and, to a lesser extent Chiang Mai. These systems connect employer households with domestic workers or caregivers. Domestic workers are more likely to use digital platform applications available on-demand (in the same way that Uber drivers or food delivery drivers). These are temporary arrangements for a relatively short period, either at the customer's home or occasionally in hospitals, to accompany patients while family members are at work or in the evenings. They discovered through this study that there is increasing use of other platforms, where families are more likely to seek elder care and form longer-term relationships.

Migrant workers are less likely to use these applications because they make payments using their national ID and banking information. This market is not captured in formal

data because the definitions of work for informal workers, particularly migrant workers, are less well defined. There are concerns that applications will exacerbate unequal power relations between employees and employers by allowing employers to rate employees (and workers do not rate the clients as is the case with other platform services like AirBnB or Ugo). Additionally, software application management systems frequently penalize employees based on customer complaints before providing employees with an opportunity to explain or defend themselves.

## Role of Global Care Chains for Care Provisioning in Thailand

A sizable portion of Thailand's domestic workforce is made up of migrant workers from Myanmar, Laos, and Cambodia, with a relatively small contingent from other Southeast Asian countries. Some of these women are documented with temporary work visas, while others have pre-arranged memorandums of understanding that allow them to work. Others are undocumented. There are numerous vulnerabilities and burdens associated with care work for these women migrants. (Brahm et al., 2021; Rattanapan et al., 2015). For many years, the Myanmar government was hesitant to grant permission for the MOU process, citing concerns about abusive work environments. As a result, women domestic workers from Myanmar have a lower chance of obtaining secure visa status.

Although the practice was technically abolished in 2019, migrant support networks indicate that it continues to be an issue for many female workers, and MOUs remain difficult to obtain (Namsomboon, 2021; Press, 2021). Between 2019 and 2021, between 4% and 10% of Myanmar migrant workers arrived via the MOU process, while an average of 65% and 45%, respectively, of Laotian and Cambodian migrants, arrived via MOUs (Department of Employment, 2021). For Myanmar migrants, the visa environment is more uncertain, as they were more likely to enter under various Cabinet decree decisions targeted specifically at that population. In comparison, male migrant construction workers can be sponsored directly, regardless of their country of origin. They are all relatively vulnerable as a result of their migrant status. While documented migrant domestic workers can be registered with the social security system, it is harder for them compared to Thai domestic workers; regardless, the Social Security Act's provisions do not provide any labour protections regarding hours, minimum wages, days off, or protection from sexual harassment or physical abuse.

Migrant domestic workers are caught in a variety of situations. Brahm Press (2021) reported that these workers were particularly stranded during the COVID-19 health and economic crisis. When employers faced economic shocks, they reduced employee hours, significantly increasing their vulnerability to their own economic shocks. While some workers returned to their home countries, many remained in Thailand and were forced to work in precarious jobs outside of the visa restrictions, putting them at further risk. These women frequently have their own families and thus bear the same unpaid care burdens as their employers on a regular basis but are less likely to have access to formal or informal labour markets or family assistance. Migrant domestic workers were also forced to scramble to care for children during the school closures.

Additionally, they are more likely to encounter discrimination and stigma as a result of their migrant status. There are persistent misconceptions and anti-migrant sentiments. The majority of Thai citizens believe that migrant workers should not be paid the same as national workers and that if they are exploited, they are to blame. Concerning female migrant workers, 40% of Thai believe they should not be paid the same as national workers (Jakkula, 2021). Despite the reliance on migrant women for domestic work and migrant men for construction work, this negative environment remains highly charged. In general, there is widespread misinformation about migrant workers in Thai society and scapegoating (Jakkula, 2021; Press, 2021).

Finally, the mental health burdens associated with juggling the multiple challenges associated with the Myanmar military coup in 2021, pandemic crisis, and the economic fallout are a real concern for Myanmar migrant domestic workers. Domestic violence has increased globally and has permeated migrant communities as well, with few social safeguards and insufficient access to formal health care. Despite the fact that domestic work is performed by migrant women and construction work is performed by migrant men, there are widespread misconceptions about criminality and trustworthiness. Numerous community stakeholders reported that media reports frequently asserted that migrants were the source of COVID-19.

### Overview of Relevant Social Protections and Maternity Leave Provisions

Thailand's Social Security Act is intended to provide a range of benefits to workers, including those with varying employment statuses and worker classifications. Table 15 summarises the Act's provisions and beneficiaries. These benefits are not universal because they apply only to those who are employed, and most community stakeholders indicate that access to these protections is extremely difficult for those in the informal labour market. Revisions that make them more accessible, enforceable, and generous have the potential to have a significant impact on the majority of women in Thailand.

**TABLE 15**  
**Summary of select aspects of the Social Security Act, Revised 2015**

<b>Statue</b>	<b>Process</b>	<b>Source of funds</b>
Article 33	Employers file registration forms for all their workers which links them to the benefits  NOTE: Prior to 2015, domestic workers were specifically excluded from Article 33, but exempting them from the category of 'employee'	Equal financial contributions from firm, employee, and government
Article 39	Article 33 employees who are registered and become unemployed are eligible to apply to continue to be registered and to contribute while unemployed	Employee only registration for the period

**TABLE 15**  
**Summary of select aspects of the Social Security Act, Revised 2015**

Statue	Process	Source of funds
Article 40	Informal workers that are not Article 33 workers can apply to register and contribute but not all benefits will apply to them, and max benefits are much lower.  NOTE: Prior to 2011 this option did not exist.	Worker contributes and government contributes a max of 50% of worker contribution.
<b>Brief summary of benefits for registered Social Security Act contributors</b>		
<ul style="list-style-type: none"> <li>• Maternity benefits: leave for a max of 98 days, 50 days paid 100% and 48 days paid at 50% of earnings.</li> <li>• Child benefits – 600THB for a max of 1 child for Article 33, and 200THB for Article 40.</li> </ul>		<p>The monetary benefits listed are linked to worker earnings history; the value of these benefits is determined by a percentage of earnings, with a max threshold of 50% of recent earnings or for some, a particular threshold/level which is set lower.</p> <ul style="list-style-type: none"> <li>• Injury or sickness benefits</li> <li>• Retirement benefits</li> </ul> <p>Article 33 or 39 only</p> <ul style="list-style-type: none"> <li>• Disability benefits</li> <li>• Death benefits to family</li> <li>• Unemployed benefits</li> </ul>

Source: Social Security Act No. 4 (2015); UNDP & UNICEF (2020)

The majority of workers in the formal sector fall under Article 33, and their employers register them as part of the Social Security system, making them eligible for the relevant benefits. Government employees are entitled to a broader and more generous range of benefits; however, they account for a relatively small proportion of the labour force. It is technically possible for self-employed workers and unpaid family contributing workers to apply for registration and begin making contributions on their own, as permitted by Article 40. There is widespread agreement among community stakeholders that only a small percentage of workers in this category are capable of doing so fully. Barriers include those related to programme information and administrative processes, but most importantly, the contributions of informal sector workers would be quite small, and thus the resulting benefits would be considered negligible. Additionally, Article 40 workers receive fewer and less generous benefits (Kanjanaket 2021, Lertrisanthad 2021, Managarn 2021, Namsomboon 2021, Petrat 2021.) Only 6.5% of self-employed workers and 4.8% of

unpaid family workers are registered for Article 40 benefits, according to NSO data from the 2020 Informal Employment Survey. In comparison, 92% of private-sector employees in the formal sector are registered under Article 33 or 39.

The maternity leave benefit is the primary provider in this set of protections that has the potential to alleviate women's unequal care and domestic work burdens, and it is available only to Article 33 workers. These employees are entitled to 98 days of leave, 49 of which are paid in full by the employer and the remaining days are compensated at 50% of recent earnings. According to multiple stakeholders, many women do not take the full 98 days because they cannot afford to lose 50% of their earnings during the second 49 days. Workers are entitled to a child benefit of 600 THB for a maximum of one child, but Article 40 workers are only entitled to 200 THB (UNDP & UNICEF, 2020). These funds are insufficient to cover care costs, but they do provide some assistance with infant expenses.

# LAW AND POLICY ANALYSIS

The author considered a summary of existing policies that could redistribute or reduce the burdens of unpaid care and domestic work, as well as support women's labour force participation in decent work, based on situational analysis and stakeholder interviews. Table 17 summarizes the existing government initiatives or policies that have the potential to affect women's care and domestic work burdens.

## Law and Policy Gaps

**TABLE 16**  
**Care economy related law and policy gap summary**

Objective	Policy	Beneficiaries	Leadership	Frequency of use	Limitations
<b>Redistribute unpaid work</b>					
	Unpaid paternity leave	Male government officials, whose registered wives have given birth - up to 15 days		Rare	Small share of population
<b>Reduce unpaid work in the household</b>					
<b>Child care</b>	Private day care centres or in house nannies	Middle/high income families in urban areas	Private sector	Rare	Not accessible for most families; rarely available outside of big cities.
	Child care centres	Public employees only	Ministry Offices	Varied	Availability depends on various ministries and their goals
	Universal kindergarten	Families within the area of kindergarten	Ministry of Education (private sector for Bangkok)	Widely used	Quality and teacher training gaps.
	Universal early childhood care centres (ages 2-44 months)	All families eligible.	Ministry of Interior, LAO	78% coverage	Quality, teacher training, centres in appropriate settings; transportation access and of facilities.

Objective	Policy	Beneficiaries	Leadership	Frequency of use	Limitations
<b>Elder and disability care</b>	Social care information services provided by Village Health Volunteers and Home Health Volunteers	Community elders and those with disabilities that reach levels of being bedridden	Ministry of interior, LAO and MSDHS	Uneven, insufficient, irregular	Varied access depends on local administration; availability of volunteers to provide care is limited; minimal ability for community volunteers to shape programs; extra unpaid burden on volunteers
<b>Additional</b>					
<b>Infrastructure</b>	Transportation	Everyone	Ministry of Transport	Uneven	Common transportation issues related to accessing childcare or elder care/supports
<b>Cash allowances</b>	Old age allowance	Elderly over; 600 -1000 baht per month (20-30\$) depending on age;	Ministry of interior, LAO and MSDHS	75% overall	For the poorest it represents primary income; not sufficient to address elder care needs
	Child support grant	Families with children 0-6 years old; THB 600 per month (\$20)	MSDHS	30%	Registration issues for those that would benefit the most
	Disability support	800 THB per month	Ministry of interior, LAO and MSDHS		
<b>Improve female labour force participation</b>					
	Maternity leave, up to 98 days	Registered employees of Social Security Act and employees of public and private organizations	Social Welfare Fund via the Social Security Act and the Department of Labor Protection and Welfare	Employees are entitled to maternity leave of up to 98 days	Domestic workers are not likely to be covered; Informal workers can legally contribute to social security act but 43.5 % of women workers overall are not covered
	Maternity leave up to 150 days	Female government officials	Office of the Civil Service Commission (OCSC)	Used only for female public employees.	

Objective	Policy	Beneficiaries	Leadership	Frequency of use	Limitations
Improve Female Labor Force Participation	Paid maternity leave	Social security fund registrants who are employees of public and private organizations (full pay 45 days from employer and 90 days from social security fund at 50%)			Private firm; social security registered workers only.
	Gender Equality Act 2015	Protect women in the workplace from discrimination	Department of Women's Affairs and Family Development		Lack of employer awareness, slow bureaucratic processes, vague language, limited enforcement; does not protect against women in informal work and women in informal work categories (plus women domestic workers) do not have access to social protections and labour protections

Except for the paternity leave policy for government employees, no policies explicitly address redistributing women's unpaid care and domestic work time-use burden within the household. Due to the fact that this leave is brief and unpaid, it is rarely used. Additionally, gender roles and expectations regarding care and domestic work persist, and there are no existing broad-based government-led campaigns or policies to address this. The goal of reducing care work can be accomplished through the development of infrastructure that makes the work less time consuming or through the engagement of the community, public, or private market services that reduce time spent providing substitutes. The Ministries of Interior and Education have issued directives to local administrative offices on how to organize early childhood care for children ages 2–3 and kindergarten for children ages 4–5. The pre-kindergarten and kindergarten mandates appear to be more effective, as they are attached to existing schools. As previously discussed in the report, access for 2–3-year-olds is significantly more uneven. As a policy, it excludes a sizable portion of the intended population. Both programmes face quality and training challenges. There do not appear to be any policies supporting childcare for children under the age of two, which

means that any care in this area is likely to be available only to wealthy families via informal domestic workers.

Moreover, the Ministry of Interior has issued relatively laxer directives to local administrative offices on how to coordinate volunteers to assist with social and health care for the elderly and disabled. Despite the fact that it is listed in the table, there is no explicit gender or senior citizen-friendly transportation policy. This creates multiple barriers for families to register for and access existing programmes, particularly in rural areas that could help alleviate care burdens by facilitating access to substitutes, particularly early childhood care and visits to health promotion hospitals. Cash assistance programmes are designed to alleviate poverty's income effects on families with children, the elderly, and the disabled. Allowances, in general, are insufficient to finance care substitutes and come with significant bureaucratic and eligibility constraints.

Because of the policy that aims to increase women's labour market participation, formal employees in public and private sectors are eligible for paid maternity leave through the social security system. This policy is accomplished through Social



Security Act programmes that collect contributions from employees, employers, and the government. Unfortunately, as discussed previously, it is inaccessible to the nearly 50% of women workers who work in non-registered informal work arrangements.

Finally, the 2015 Gender Equality Act is a significant step towards codifying principles for eliminating gender-based discrimination. It is not considered a strong enough set of policies due to the relatively vague language and the rarity of enforcement of anti-discrimination regulations.

## Law and Policy Recommendations

Based on estimates from Charmes (2019), women's unpaid care work in Thailand constitutes approximately 4.2% of GDP, with men's unpaid work adding additional 1.3%. The 5R strategy articulated by the ILO (2018) presents a framework to present Thailand-specific measures that hope to address the dynamic between that level of undervalued unpaid care and domestic work on the one hand and its impact on women's access to decent work on the other. Policies and practices that aim to enhance women's economic empowerment without simultaneously burdening them with worse time deficits can radically transform the economy and advance gender Equality. This framework orients policy ideas towards recognizing, reducing, and redistributing care work as well as improving work quality for all care workers, domestic and migrants. It also works to improve the representation of care workers in social dialogue and collective bargaining. Within the context of the COVID-19 era double crises in public health and economic uncertainty, the limited fiscal space should target projects that can generate gender Equality, foster progress on sustainable development goals, and simultaneously contribute to inclusive economic growth.

### Recognize and Value Paid and Unpaid Care Work

- The language of the Gender Equality Act of 2015 should be clarified and the enforcement of the Act should be enhanced. Furthermore, the knowledge of the Act among employers needs to be enhanced.
- Engage in active labour market policies to limit or respond to women's COVID-19 era job losses. Including, consider localized job programmes in multiple provinces in coordination with care service provisions. And consider the use of subsidies to firms to retain women workers as they manage the ongoing school closures.
- Continue to advance the Gender-Based Budgeting plan created with the OECD, currently in preliminary stages. Expand use of existing data sets to conduct policy-relevant empirical analysis. Integrate existing NSO data regarding gender and time use, labour market survey, report on the elderly, children, etc.
- Recalibrate the social and workplace protections to informal workers and those in domestic and care work. Build on COVID-19 era registration techniques to enhance participation, awareness, and benefits of social security registration. Consider incentives for employers to register domestic workers so that they may fully benefit from the benefits. Ratify ILO Convention 189 to affirm rights and protections of domestic workers.
- Enhance the transparency and reliability of migration policies for migrant domestic workers.
- Increase the level of pay for maternity leave to recognize better the lost earnings women face.
- Engage in macro-meso-micro level campaigns to adjust gender-based expectations about care and domestic work. For example, family education efforts to support early childhood care attendance at LAO facilities/schools should be directed at mothers and fathers; this could boost the sense of responsibilities and familial benefits of engaged time spent with children.
- Engage in large-scale recruitment, skill training, and accreditation for care workers in nurseries, private homes, day centres, and nursing homes. Engage in community partnerships with local universities or vocational training programmes and support-localized job placement programmes.

- Ensure labour rights protection for home workers and facility staff in private and public centres, and actively support collective bargaining and social dialogue for domestic workers.
- Support local administration offices to improve the regularity and quality of childcare and eldercare programmes under their authority via the Ministry of Interior. Decentralize the planning of community-level programmes and empower the LAO to fund and regulate community planning as relevant for the region.

### *Eldercare*

- Expand the use of well-paid public sector social workers to supplement local administrative use of community volunteers to coordinate and manage patient health and home care needs.
- Partner with technical school/high schools to train home healthcare workers for the elderly and the disabled.
- Subsidize private or government agencies that hire, train, recruit well-paid care workers.

### **Reduce and Redistribute Unpaid Care Work**

- Provide large-scale investments in care services.
- Raise expectations for universal access to care - including infant care, early childhood care, after-school care, disability care, and eldercare.








### *Childcare*




- Invest in building and staffing childcare facilities to support universal care, especially targeted at the 0-3 age range.
- Provide tax relief and subsidies for private-sector daycare centres.
- Support community-led non-profit daycare centres.
- Support employers to develop workplace care solutions. Consider public-private partnerships for employers to develop care facilities. Train and support employers to conduct needs assessments with employees to ensure flexible family practices meet the care needs.

## Dividends from Care Economy Investments

TABLE 17

### Policy recommendation summary with relevant ministry and SDG targets

	Policy Suggestion	Relevant Ministries	SDG Targets
<b>Recognize and value paid and unpaid care</b>	Enhance Gender Equality Act	Parliament	
	Continue Gender Based Budgeting; Use data sets for gender informed policy	Multiple ministries including Budget Bureau, Dept. of Women's Affairs and Family Development, NSO	SDG 5 Gender Equality <ul style="list-style-type: none"> <li>5.c Gender based budgeting</li> </ul> 
	Enhance social protections of informal workers and domestic by expanding social security eligibility	Ministry of Labour, Parliament	SDG 8 Decent Work 
	Better labour protections and predictable migrant policies for migrant domestic workers	Ministry of Labour, Parliament	SGE 8 Decent Work SDG 10 Inequality  
	Support collective bargaining and social dialogue for care workers and domestic workers	Ministry of Education, Ministry of the Interior (LAOs), Dept of Women's Affairs; MSDHS	SDG 8 Decent Work 
	Enhance pay to 100% of earnings for maternity leave	Ministry of Labour, Parliament	SDG 5 Gender Equality 
	Macro Meso Gender Equality in the Household Campaign	Dept. of Women's Affairs and Family Development; MSDHS	SDG 5 Gender Equality 

	Policy Suggestion	Relevant Ministries	SDG Targets
<b>Reduce and redistribute unpaid care work</b>	Support training programs with local universities and vocational schools to develop pool for child, disability, and elder care workers	Ministry of Education, Ministry of the Interior (LAOs)	<p>SDG 4 Quality Education</p> <ul style="list-style-type: none"> <li>Better early childhood education for children</li> <li>Better education Equality for women</li> </ul> <p>SDG 5.4 Gender Equality</p> <ul style="list-style-type: none"> <li>Replace unpaid care work with paid trained workers</li> </ul> <p>SDG 8 Decent Work</p> <ul style="list-style-type: none"> <li>Supports decent work for care workers</li> </ul> 
	<p>Build and staff government run childcare facilities for ages 0-3 and support additional capacity for early education for 3-4</p> <p>Consider subsidizing private sector and community non-profit organized child care</p>	Ministry of Education, Ministry of Interior (LAOs), Dept. of Women's Affairs and Family Development; MSDHS	<p>SDG 5 Gender Equality</p> <ul style="list-style-type: none"> <li>Reduce unpaid care work with paid trained workers</li> </ul> <p>SDG 8 Decent Work</p> <ul style="list-style-type: none"> <li>Supports decent work for care workers</li> </ul> 
	Expand the use of public sector social workers to complement existing community reliance on Village Health Volunteers	Ministry of Interior (LAOs), Department of Older Persons; MSDHS	<p>SDG 3</p> <ul style="list-style-type: none"> <li>Health and wellbeing of elderly</li> </ul> <p>SDG 5 Gender Equality</p> <ul style="list-style-type: none"> <li>Replace unpaid care work with paid trained workers</li> </ul> <p>SDG 8 Decent Work</p> <ul style="list-style-type: none"> <li>Decent work for care workers</li> </ul> 


	Policy Suggestion	Relevant Ministries	SDG Targets
<b>Reduce and redistribute unpaid care work</b>	Subsidize private agencies that hire, train, and recruit in-home paid care workers	Ministry of Interior (LAOs), Department of Older Persons; MSDHS	<p>SDG 3</p> <ul style="list-style-type: none"> <li>Health and wellbeing of elderly</li> </ul> <p>SDG 5 Gender Equality</p> <ul style="list-style-type: none"> <li>Replace unpaid care work with paid trained workers</li> </ul> <p>SDG 8 Decent Work</p> <ul style="list-style-type: none"> <li>Decent work for care workers</li> </ul> 

Table 17 summarizes the recommendation, the relevant ministerial offices, and the relevant Sustainable Development Goals. It is critical that Thailand avoids backsliding in areas with some momentum and maintains progress in areas with little forward movement as a result of the pandemic. This collection of care burden-related recommendations aims to increase women’s access to quality, decent work. Woetzel et al. (2015) demonstrates that closing gender disparities in the labour force, increasing hours, and possibly shifting to more developed industries can generate up to 8% GDP growth in East and Southeast Asian countries (excluding China). Enhancing women’s economic empowerment increases both the labour force and productivity (Cuberes & Teignier, 2016), which both contribute to growth. Additionally, by enhancing women’s economic empowerment, poverty and income inequality can be significantly reduced. According to the World Bank (2012), growth in women’s labour market earnings and increased participation rates contributed significantly to Latin America’s poverty reduction in the 2000s.

A critical component of this endeavour is redistributing the burden of unpaid care and domestic work within households. Gender roles and conventions regarding who performs care work are shifting. Public campaigns encouraging boys and men to participate more in family work will significantly benefit them, their children, and other family members and increase women’s access to decent work. Increased access to maternity leave directly benefits women’s labour force participation, especially less-skilled women

who frequently also earn less. This contributes to a trajectory of growth that is more inclusive and equitable (Frutter, 2020; Rossin-Slater et al., 2013). The recommendations in this report are directed at providing equal maternity leave coverage to women in the informal sector and the formal sector, which could result in significant job and economic growth.

In comparison to traditional infrastructure investments, care economy investments have the potential to fundamentally alter the labour market for women, thereby generating inclusive economic growth and poverty reduction. This effect occurs both directly through job creation in the care industry and indirectly through providing women with the opportunity to engage in formal work or education and training in order to improve their labour market position (DeHanau & Himmelweit, 2021; Illkaracan et al., 2015; Illkaracan & Kim, 2019). Unpaid care work is a significant contributor to gender disparities in employment quantity and quality, and structural changes in this area have the potential to generate millions of jobs for women. Hansen and Andersen (2014) demonstrated that childcare contributes 2.4% to GDP. Short-term investment costs can be substantial financially; however, they are likely to generate multiplier effects that will pay for themselves over the medium term. Increases in tax revenue and social security contributions, in combination with reductions in welfare programme subsidies and cash transfers to low-income families, have been shown to offset the initial costs (AK Europa, 2013).

Additionally, the employment and income distribution is more favourable to women and low-income households than it is with other traditional investments. According to Apps and Rees (2005), the resulting access to childcare benefits women's labour force participation more than cash transfers do. Subsidizing childcare for private sector providers is especially beneficial for low-income women's income and job growth (Fruttero et al., 2020). A universal provisioning is preferable to household-level subsidies, which may act as a discount for women who already earn more and have better access to regional labour markets (Fruttero et al., 2020; Ilkkaracan et al., 2015).

Integrating care economy recovery projects into the country's less developed regions also has the potential to close fundamental economic gaps between rural and urban areas. Thailand's National Strategy already includes regional economic development outside of major urban areas (NESDB, 2018). UNDP and UNICEF (2020) have already identified 20 growth pole cities and medium-sized towns. Government investments in care infrastructure and agricultural technology have the potential to generate thousands of decent jobs, especially for women, by establishing forward and backward linkages and reducing the need for skip-generation arrangements.

## Suggestions for Care Industry Financing

Gender-responsive budgeting on the care economy will support measures that can lead to resilient and inclusive growth and effective localized recoveries. Prioritizing the care economy can bolster regional growth and facilitate enhanced women's labour market participation in the formal sector. Partnered with active labour market strategies to integrate informal workers into formal markets, this can increase tax revenues and social security contributions.

- Consider developing a dedicated long-term care insurance fund. Such as consider gender-sensitive VAT reforms.
- Repurposing the social security child benefit to help finance care infrastructure.
- Progressive income tax policy including taxing capital gains. The World Bank (2021) identifies a structural tax revenue collection gap that, if closed, could represent additional revenues up to 10% of GDP.
- Consider enhancing Thailand's participation in the growing social bond market. Building on Thailand's issuance of COVID-19 and green bond market issuances.

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# APPENDIX

**TABLE 18**  
**Community stakeholder interviews; June-August 2021**

Organization	Names
Chiang Mai Senior's House	Sommart Troy
Childcare Development Association of Thailand	Nutsinee Kullawanijaya
East-West Center, Hawaii	Yokying, Phanwin
Employers's Confederation of Thailand (ECOT)	Ukkrit Kanjanaket
Foundation for Women (FFW)	Usa Lertsrisanthad
Foundation of Thai Gerontology Research and Development Institute (TGRI)	Phusit Prakongsai
HomeNet Thailand and Foundation for Labour Employment Promotion (FLEP)	Boonsom Namsomboon
INDspace (FFW-Thailand network)	Montagan Indarodom
Just Economy & Labor Institute	Kriangsak Teerakowitkajorn
Map Foundation	Brahm Press
Peace Agenda of Women (PAOW)	Lamai Managarn
Gender and Development Research Institute (GDRI); Women's Movement in Thai Political Reform (WeMove); Association for the Promotion of the Status of Women (APSW)	Ruengrawee Pichaikul
Raks Thai Foundation	Sawai Srisai
Srinakharinwirot Universtiy	Tam, Bui Thi Minh
State Enterprise Employees Union of PTT Public Company Limited	Apsorn Krissanasmit
Thai Elderly Promotion & Health Care Association (TEPHCA)	Oranan Udomphap
Thai Summit Harness Public Company Limited (FFW-Thailand network)	Payap Jangsawat
Thai Volunteer Service	Supawadee Petrat
The Health, Child, Youth and Family Promotion Plan, under The Thai Health Promotion Foundation	Nattaya Boonpakdee
The Indigenous Women's Network of Thailand (IWNT)	Seangrawee Wongyai
Women Worker Unity Group	Tanaporn Wijan

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## United Nations Development Programme Thailand

14th Floor United Nations Building  
Rajadamnern Nok Avenue  
Bangkok 10200, Thailand  
Email: [undp.thailand@undp.org](mailto:undp.thailand@undp.org)  
Tel: +66 2 288 3350

 <http://www.th.undp.org>

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