

## **Stethoscope: Making the care economy equitable, sustainable and visible**

The Covid-19 pandemic has exposed an invisible and long-neglected fact: many women are forced to take on unpaid care work like childcare, elder care and household chores. This unpaid care work forms an entire sector that can be called the “care economy”. It is morally unequal, statistically inaccurate and economically unwise to neglect the sizeable care economy in Malaysia. Thus, this article provides three elaborations on the care economy in Malaysia, and four recommendations to make Malaysia’s care economy more equitable, sustainable and visible.

We describe the care economy in three ways. Firstly, the care economy is predominantly supported by women, and is often either completely overlooked or substantially undervalued in social terms. It is undeniable that unpaid care work provides value by, for example, allowing non-carers the time to engage in other pursuits as basic as working a full-time job or enjoying leisure. Even before the Covid-19 pandemic, a study by Khazanah Research Institute found that women were already delivering 64% more unpaid care work compared to men. The study also found that women dedicated more than double their time multitasking (like caring for a child while doing laundry) than men. This is also known as caregiving’s “time-squeeze”. Therefore, while women disproportionately shoulder the physical, emotional and mental labour of unpaid care work, this value to society is often taken for granted.

Secondly, despite providing significant value to society, the contributions of the care economy are not included in conventional economic estimates, like gross domestic product or labour statistics. Some of the reasons cited are the intangible nature of care and the difficulty in quantifying care in monetary terms. However, back-of-the-envelope calculations indicate the size and importance of the care economy. Only 53% of 6.2 million women of working age actually work, which means there are 2.9 million women who do not have paid jobs. In 2018, more than 60% of these 2.9 million women cited housework, childcare and elderly care as the main reasons for not seeking work. Thus, if these Malaysian women were paid the current average Malaysian monthly salary of RM2,268 for the unpaid care work they do, they would have made RM6.6 billion this year. On a global scale, the estimated monetary value of women’s unpaid labour is calculated to be worth US\$10.8 trillion annually, and even then this figure is conservative.

Thirdly, neglecting unpaid care work can worsen the mental health of caregivers. A survey by the United Nations Development Program (UNDP) in Malaysia found that women between the ages of 35 and 44 were two times more likely than men to report increased difficulty of caregiving due to an increased care burden over the long pandemic period, resulting in higher levels of stress. This phenomenon is not unique to Malaysian women. A recent study in Australia found that rates of clinically significant symptoms of depression and anxiety were higher among women than men. The study found that the higher risk of anxiety and depression among women could be explained in part by their disproportionate burden of unpaid caregiving.

Thus, there is a clear need to make the care economy more equitable, sustainable and visible. We propose four recommendations. Firstly, care work needs to be redistributed and shared with other partners. Generally, there are three institutional care providers: the state, the private sector and families. Thus, any efforts to increase equity in the care economy must involve all three groups. A good

start to tackling the mental burden and all the attendant health impacts predominantly felt by women is for the state to share a bigger portion of care work through both policy and infrastructure improvements.

By providing appropriate, safe and affordable care services through state-funded childcare centres and elderly care centres, the state can help alleviate some of the stress felt by women. To encourage uptake, these care services can also be accompanied with tax incentives (for example, through income tax relief). The private sector can also provide childcare centres in the workplace, which can help relieve some of the stress of early childcare from the mother to a private sector provider. Additionally, such provisions of workplace childcare have the benefit of removing some of the barriers to re-entry into the workforce faced by women after having children.

Secondly, parental leave should be increased for both mothers and fathers. In Malaysia, male government employees are entitled to seven to 14 days of paternity leave. In the private sector, paternity leave is not mandated by statute but rather, often offered by company policy. Although women naturally need more time to recover after labour, insufficient paternity leave reinforces the notion that childcare, and the mental labour of such care, is a woman's concern. An inspiring example is Sweden, with equal parental leaves where both mothers and fathers are entitled to 480 days (16 months) of paid parental leave at 80% of their salary (with a cap), plus 180 bonus days for twins. Swedish fathers are obligated to take at least three of those 16 months, with their parental leave not expiring until the child is eight years old.

By promoting the same amount of parental leave, it would help alleviate some of the mental stress following labour by permitting and encouraging new fathers to organise the home and share in childcare. Indirectly, this equality in parental leave also helps to normalise the joint role of parents in childcare and, by extension, the general unpaid care work around the home together with the mental burden of that caregiving.

Thirdly, employers should be given incentives to provide "flexi-work arrangements". A work-from-home hybrid model, tested during the Covid-19 pandemic, should be maintained even after the pandemic. Allowing flexible hours takes into account the reality that some young parents cannot afford childcare and single parents may not have the time to send their children to childcare centres. This will especially help young mothers transition back to work without worrying about childcare. The flexible-hours model, away from the conventional nine to five, may actually increase work productivity, contrary to traditional perceptions.

Fourthly, the **Department of Statistics Malaysia**, Economic Planning Unit, Ministry of Human Resources and other relevant government agencies can consider piloting a project to collect statistics on the care economy and use these statistics to inform government policy. These statistics will always be imperfect and incomplete, but we need to start collecting the data to understand the scale and size of our care economy. Imaginative policy solutions may include a direct government income support (or we can call it a "subsidy", "salary" or "stipend", whichever is the most appropriate term) for those engaged in the care economy or the ability to participate in Employees Provident Fund schemes.

The phrase, "if it ain't broke, don't fix it", has been used to keep things as they are, especially if they have been working satisfactorily. However, recent studies have shown that informal caregivers are undergoing physical and mental burnout, which negatively impacts the family unit and the economy. By sharing the burden of care with other partners, expanding parental leave, introducing flexi-work

arrangements and collecting statistics to inform policy, we can make the care economy more equitable, sustainable and visible.

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