KHAZANAH RESEARCH INSTITUTE

DISCUSSION PAPER 4/25 | 9 OCTOBER 2025

Unpaid Care Labour under *Care*-pitalism: Critical Policy Perspectives

Christopher Choong Weng Wai

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Unpaid Care Labour under *Care*-pitalism: Critical Policy Perspectives

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Executive Summary

- In Malaysia, care has been increasingly viewed as a profitable economic sector, while the unpaid care labour embedded within it is constructed as an untapped economic resource for capital accumulation. The reconfiguration of unpaid care labour, catalysed by the COVID-19 pandemic as a pivotal moment in the crisis of capitalist life, is articulated as "the care economy" in the new care policy discourse in Malaysia.

- Drawing on critical policy studies and the gendered political economy of Malaysia/Southeast Asia, the paper suggests that the care economy articulation not only reflects a linguistic shift but captures more substantive development in policy thinking oriented towards the commercialisation and commodification of care. The new care policy discourse is underpinned by the political economy of care and gender, where new policy actors construct and perpetuate certain narratives around care through the policymaking process.

- By zooming in on unpaid/informal carers as a subset of unpaid care labour whose position in the healthcare and social care systems remains subordinated, the paper discusses how this group was initially framed in policy discourse as "latent resources" but has since shifted to "untapped economic opportunities" under the rubric of the care economy. The paper makes the argument for the conceptual, legal, and empirical identification of unpaid/informal carers through regularly enumerated surveys, which is important to challenge commonly held assumptions about unpaid care labour.

- More fundamentally, the paper offers an alternative paradigm of looking at unpaid care as a form of social risk, in juxtaposition to the framing of care as untapped economic opportunities. Unpaid care as a social risk is understood as a predictable contingency that societies can and must collectively plan for, with policy responses grounded in shared responsibility and the pooling of life-cycle risks. The paper uses the International Labour Organization's (ILO) 5R framework to consider broad, strategic measures needed to address social risks related to unpaid care.

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1. *Care*-pitalism in Malaysia

The gendered labour of unpaid care has always played a crucial but hidden role in subsidising the economy. However, since the COVID-19 pandemic, women's unpaid care labour has not only heightened and intensified to shoulder the social costs of the pandemic,[1] but care has also been increasingly viewed as a profitable economic sector in Malaysia. The unpaid care labour embedded within it, in turn, is constructed as an untapped economic resource for capital accumulation.

Anchored in an analysis of the gendered political economy of Malaysia (and Southeast Asia), where state development, capitalist transformation, and the feminisation of work are deeply entangled,[2] this paper critically examines how unpaid care labour is being reconfigured in policy thinking and discourse in Malaysia, taking the COVID-19 pandemic as a pivotal moment in the crisis of capitalist life.[3] I bring a set of critical policy perspectives to bear upon what I call the new care policy discourse in Malaysia. In this section, I unpack its political economy dynamics while foregrounding the question of power and the discursive construction of meanings in the policymaking process.

To unravel these critical policy perspectives, in the next section, I first delve into the question of conceptualisation and identification of unpaid care labour. I draw attention to a subset of unpaid care labour that provides long-term care, locating it between an expansive conception of care and a recognition of the stratification (and thus diversity) of care. Focusing on this group as a policy priority, I consider different approaches to identifying unpaid/informal carers while giving a sense of their count and profiles in Malaysia. The empirical insights challenge commonly held assumptions about unpaid/informal care labour.

The subsequent section then interrogates the dominant paradigms of unpaid care, looking at how the policy framing has shifted from "latent resources" to "untapped economic opportunities" since the COVID-19 pandemic. I demonstrate how these framings lead to specific ways of thinking about policy prescriptions, something identified in critical policy studies as the problem-solution pairing. I offer criticisms on why the solutions put forward are inadequate and problematic, but also consider my role as a male policy researcher who is equally susceptible to these criticisms.

Finally, I propose an alternative paradigm that views unpaid care as a form of social risk.[4] Within this paradigm, I use the International Labour Organization's (ILO) 5R framework (recognise, reduce, reward, redistribute, represent) as a mnemonic device to *think with*, and consider solutions that can be paired with the problematisation of unpaid care as a social risk. The conclusion reflects on the significance of the arguments and their implications for research.

[1] Mezzadri (2022)
[2] Elias (2020)
[3] Mezzadri (2022)
[4] Zola (1989); Morgan (2018); Lloyd (2023)

1.1. The new care policy discourse

Care and gender have been making waves as a policy agenda in Malaysia. While care as a policy matter is certainly not new, which can be traced back to the government's aspiration for more systemic incorporation of women into development since the 4th Malaysia Plan 1981-1985, there are also discontinuities that mark the current policy discourse on care. First, care issues have received the attention of new policy actors, namely political parties, subnational governments, think tanks, and development organisations, all of which have devoted resources and space to the question of care, whether in election manifestos, state plans, and policy reports. Second, care issues are largely articulated as "the care economy", with the connotation that care has its own ecosystem of supply and demand, with gaps, and therefore needs to be made more coherent. Third, there is a stronger emphasis on the well-being of care workers, not just care recipients, embedded within a longstanding argument for a shift from institutional to community care. These shifts in how care issues are brought into public discourse encapsulate what I call in this paper as the new care policy discourse.

It is important to situate the new care policy discourse within its political economy context. While underlying demographic and labour market shifts have given impetus to more concerted policy responses to the care crisis,[5] the COVID-19 pandemic was undoubtedly pivotal in escalating care as a major policy agenda in Malaysia. During the pandemic, the strains on the healthcare system were evident, manifested in a nationwide strike organised by contract doctors (known as Hartal Doktor Kontrak) against the government contracting system introduced in 2016.[6] There were also several protests spearheaded by the National Union of Workers in Hospital Support and Allied Services in Peninsular Malaysia against low wages and poor working conditions.[7] The government has similarly subcontracted hospital cleaners to private and government-linked companies. A forthcoming study by the Women's Aid Organisation shows that the well-being of healthcare, social care, and domestic workers sharply decreased during the pandemic and has not recovered to pre-pandemic levels. One-third of the care workers surveyed stated that they intend to leave their positions within five years.[8]

Beyond formal care systems, the pandemic also put a lot of pressure on household- and family-based care. The closures of institutional care centres and retail outlets transferred care responsibilities to the domestic sphere, significantly increasing and intensifying the gendered labour of household production.[9] In addition, border restrictions brought about by the government-imposed Movement Control Order limited access to foreign domestic workers while compounding the challenges of transnational householding. The complications of providing care across borders, while managing the effects of differentiated citizenship status within households,

[5] Fraser (2016)
[6] Jinah et al. (2023)
[7] Chua (2020)
[8] WAO (2025)
[9] Choong (2020)

catalysed a group of mothers, supported by their campaign group Family Frontiers, to file a constitutional challenge against the country's colonial-inherited, sexist citizenship law.[10]

The onset of the pandemic coincided with the collapse of the Pakatan Harapan (PH) government in March 2020. A new coalition, Perikatan Nasional (PN), came to power. But dissatisfaction with the PN government's handling of the pandemic, not delinked from the question of care (as evidenced by the #KitaJagaKita initiative), saw a change of prime minister from Muhyiddin Yassin to Ismail Sabri in August 2021. Continual political wrangling led Ismail Sabri to call for an early general election in November 2022. The two main coalitions vying for political power in the post-Barisan Nasional (BN) era, namely PH and PN, featured "the care economy" in their election manifestos: the former named it *SiagaJaga* or the National Care Economy and Ageing Community Preparedness Plan, while the latter introduced it as *Agenda Care-Economy*. Both manifestos vow to improve the conditions of care workers, whether in terms of giving care allowance or professionalising care work. The PH manifesto views the "caregiving industry" as a non-traditional economic field.

After the unity government was formed in December 2022, primarily made up of PH, BN, Gabungan Parti Sarawak (GPS), Gabungan Rakyat Sabah (GRS), and Warisan (Ostwald, 2023),[11] the policy emphasis on care continued. A month later, when Anwar Ibrahim, the tenth and current prime minister of Malaysia, introduced the concept of Malaysia Madani as the vision of the unity government, he included "the care economy"[12] in his speech. Despite the new concept, the care economy was still tied to the goal of increasing women's workforce participation, articulated by Adam Manaf as the instrumentalization of women's labour for economic growth, a narrative on women and development that goes as far back as the National Policy on Women in 1989.[13] The care economy was reiterated in Anwar's parliamentary speech on the Mid-Term Review of the 12th Malaysia Plan eight months later (September 2023), this time highlighting the "role of women in the care economy [as something that] will also be recognised as an effort to increase their participation in the labour market."[14]

With the federal government setting the tone, more policy actors soon joined the fray. In March 2023, the Asia Foundation, in partnership with the Australian High Commission in Malaysia, organised a "Care Economy Dialogue: Toward a Resilient and Sustainable Care Economy in Malaysia".[15] In May 2024, the Institute of Strategic and International Studies (ISIS) Malaysia published a policy paper titled "Building a cradle-to-grave care economy for Malaysia".[16] The paper was widely cited in the media. Following closely, in July 2024, the United Nations

[10] C. L. Lee and Hezril (2020); AWAM (2021)
[11] Ostwald (2023)
[12] It was referred to as "Ekonomi Ihsan" in the Malay-language speech as opposed to the more usual "Ekonomi Penjagaan". I thank Puteri Marjan for this insight.
[13] Adam Manaf (2024)
[14] Anwar (2023)
[15] The Asia Foundation (2023)
[16] M. H. Lee et al. (2024)

Development Programme (UNDP) produced a report titled "Enabling Investments Into the Malaysian Care Economy".[17] In November 2024, Selangor became the first state government to launch a comprehensive plan on care, officially known as the Selangor Care Economy Policy 2024-2030.[18] The knowledge produced by these new policy actors shares the commonalities of looking at care as a driver and source of economic growth and calling for broader support for care workers (not just care recipients), moored to the preferred option of community over institutional care.

1.2. Critical policy perspectives

While the new care policy discourse has certainly elevated the policy importance of care and generated public interest in the topic and its associated gender dynamics, there are lingering concerns warranting more critical reflections. Here, I use the term "critical" in critical policy in three senses. First, I recognise the discursive character of policies, that is, policymaking as a meaning-making process that is "a product of the very social world it seeks to explain".[19] Second, I see the importance of centring power dynamics in the policymaking process, where policy experts tend "to adopt the system's own definitions of its problems" and may use "their professional authority and technocratic methods to buffer power elites against political challenges from below".[20] Combined, this means that there are always tendencies in policymaking to generate meanings dominated by the interests and understandings of policy elites. Hence, and third, I draw on Critical Agrarian Studies to suggest the need for "critical frameworks that call into question dominant paradigms" as a way of "constructing alternative forms of knowing and of acting in the world".[21] This is also key to challenging intellectual imperialism in policy work, which pushes Global South scholars to do applied research while adopting Global North frameworks.[22]

Drawing on these emphases in critical policy studies, I offer several critical policy perspectives on the new care policy discourse. One, knowledge produced by these new policy actors is not neutral, with "care" framed in particular ways and often with implicit policy implications. This is sometimes described as the problem-solution pairing in policymaking, where "particular problematizations favour certain solutions and preclude others".[23] It suggests that how the care problem is constructed will determine its policy solutions, and reinforces the point that policymakers are not disembedded from the social world they want to understand and hope to make better, relying on "particular constellation of presuppositions… that *pre*structure empirical observations."[24] Moreover, policy actors' framing and categorisation of care may be detached

[17] UNDP (2024)
[18] Selangor (2024)
[19] Fischer (167, 1993); Fairclough (2013)
[20] Fischer (169, 1993)
[21] Edelman and Wolford (962, 2017)
[22] Alatas (2000)
[23] Fairclough (183, 2013)
[24] Fischer (167, 1993)

from a more grounded, everyday understanding of care, as highlighted by Puteri Marjan et al. (2025) in the recent report, *Interwoven Pathways: The Care and Career Conundrum in Women's Empowerment*.[25]

Two, the term "the care economy" as an ecosystem of supply and demand, a subset of the economy, raises the question of what it includes and excludes, and whether there is a risk of delinking care from the broader structures of production, consumption, and distribution in the national/global economy. Differentiating the care economy from the broader economy is ultimately a boundary-making exercise, but the need to maintain a wider conceptualisation of care, which challenges these boundaries, remains crucial for more comprehensive policy formulation. Care and gender policies are ultimately connected with, inter alia, trade, industrial, spatial, transportation, and welfare policies.

Three, the thinking around support for care workers under the rubric of community care lacks clarity. The call to deinstitutionalise care tends to conflate care *in the community* with care *by the community*.[26] Communities are made up of disparate actors with uneven power dynamics, and care by the community is usually shouldered by unpaid (often family-based) carers. Calls to support unpaid carers sometimes sit uneasily and potentially contradict the dominant problematisation of care and its articulation of the care economy. In this paper, I focus on unpaid care labour as a way of bringing together these critical policy perspectives to bear upon the new care policy discourse.

2. Unpaid Care Labour

2.1. Conceptualising unpaid care labour

The term "labour" has a broader conception than "work". Whereas work refers to the concrete activity performed, labour also entails the capacity to work and the ongoing processes of social reproduction that sustain it. Thus, I use the term labour to distinguish it from an employment-biased understanding of work, although I recognise the ILO maintains the term "work" for care that takes place within non-employment contexts (e.g. care within subsistence and voluntary settings). Therefore, while I have chosen to use the term "unpaid care labour" in this paper, I also appreciate how it can be interchangeable with the term "unpaid care work".

Unpaid care labour is central to the Wages for Housework campaign in the 1970s. The unpaid status of housework was seen by feminists who pioneered the campaign as representing a form of exploitation and an injustice.[27] They demanded that the government pay women a weekly wage to confer symbolic recognition of housework as work.[28] This is not so much to entrench women's position in the domestic sphere, but, as succinctly explained by Silvia Federici (1975), "… to

[25] Puteri Marjan et al. (2025)
[26] Lloyd (2023)
[27] Dalla Costa and James (1972); Federici (1975)
[28] Choong (2021)

demand wages for housework does not mean to say that if we are paid we will continue to do it. It means precisely the opposite. To say that we want money for housework is the first step towards refusing to do it…"[29]

But unpaid care labour is broader than housework. It is crucial for the reproduction and sustenance of activism, movements, and protests. Political encampments, for example, have increasingly "included toilets, barricades, cleaning and cooking capacity, waste management and coordination hubs… [and] spaces for everything from caring for children, storing and preparing food and tending to those wounded (for example in clashes with the police) to places for reading and meeting, sleeping, entertainment, massage, prayer, meditation and informal discussion."[30] Community care, usually unpaid, has also been at the heart of supporting pro-Palestinian student encampments in different parts of the world, pressuring universities to divest from investments linked to the ongoing genocide.[31]

Berenice Fisher and Joan Tronto's (1990) classic definition of care as "species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible" extends the practice and imagination of care to a planetary scale.[32] Similarly, Shirin Rai (2024) develops the notion of "depletion" as the human *and* ecological costs of caring, calling for mitigation, replenishment, and transformation in the way we care, not just for each other, but also for nature.[33] Unpaid care labour, which underpins "species activity", is therefore broader than housework and encompasses care for collective practices (activism, movements, protests) and the environment.

While the conception of care labour is broad, it is also not homogeneous. Eleonore Kofman (2012) uses a social reproduction lens to point out "different modalities and trajectories of care in the reproduction of individuals, families, and communities".[34] There are hierarchies of care labour, exemplified by the gendered circuits of migration, "stratified by class, immigration, and citizenship status which in turn determines access to resources for familial reproduction from the state."[35] In the same vein, Rai (2024) notes that, even though women across the world undertake more care labour than men, "these women are classed, raced, and located in deeply unequal ways and therefore experience depletion differently and intersectionally."[36] In Southeast Asia, the labour of foreign domestic workers from the region has been crucial in enabling middle-class women in Malaysia to engage with formal employment, giving rise to racialised/gendered care chains regionally and globally.[37] In other words, we must recognise the unevenness and

[29] Federici (5, 1975)
[30] Jeffries (2018); Grabowska and Rawluszko (2024)
[31] Choong and Adwan-Kamara (2024)
[32] Fisher and Tronto (40, 1990)
[33] Rai (2024)
[34] Kofman (142, 2012)
[35] Kofman (155, 2012)
[36] Rai (2, 2024)
[37] Hochschild (2015); Elias & Louth (2016)

diversity in how unpaid care labour is experienced and practised, which in turn engender distinct policy and political responses that should not be lumped together.

It is within this tension of having an expansive understanding of care while recognising its hierarchies and diversity that I locate a subset of unpaid care labour who provide care to people with long-term care needs, that is, "people with, or at risk of, a significant loss of intrinsic capacity (due to mental or physical illness and disability)".[38] This group warrants further analysis as its position in the healthcare and social care systems remains subordinated in the new care policy discourse. This group of carers provides care outside of paid employment contexts, often for extended periods of time for family members, friends, and other kin relations—its care labour is mystified by notions of love and filial piety.[39] Although long-term care has overlaps with domestic work and childcare more broadly, the duration and nature of care and the level of dependency suggest that policy responses must be tailored to the more specialised needs of this group of carers. This subset of unpaid care labour is also referred to as "informal caregivers", although in the Malaysian context, vernacular use of the latter tends to include people who are engaged for paid services, e.g. home-based nannies. I use the term unpaid/informal carers to refer to this subset of unpaid care labour in the discussion below.

2.2. Identifying unpaid/informal carers

In some countries, unpaid/informal carers, in the sense articulated above, are formally recognised in national legislation. For example, Australia has the Carer Recognition Act 2010, and the United Kingdom (UK) has the Care Act 2014. The term used in these laws is simply "carers". In 2015, Uruguay enacted Law No. 19.353 to establish the National Comprehensive Care System, which recognises unpaid care work.[40] Defining carers in national legislation provides a stronger and clearer basis for identifying unpaid care labour, which remains an important area of work in Malaysia. However, for policy planning and resource allocation purposes, unpaid/informal carers must also be empirically estimated so that they can be concretely identified.

The ILO has been spearheading the work on improving and harmonising different international standards and classification schemes to account for care work, both paid and unpaid. This includes the 19th International Conference of Labour Statisticians (Resolution I) Forms of Work Framework; the International Standard Classification of Occupations (ISCO-08); the International Standard Industrial Classification (ISIC, rev.5); and the International Classification of Activities for Time-Use Statistics (ICATUS-16).[41] While unpaid care work is generally accounted for in these standards/schemes, it is still outside the System of National Accounts (SNA) production boundary, which measures a country's Gross Domestic Product (GDP).[42]

[38] WHO (2022)
[39] Federici (1975); Al-Attas (2019)
[40] UN Women (2019)
[41] ILO (2023)
[42] See KRI (2019) for a longer discussion.

There are currently two approaches for identifying unpaid/informal carers through statistical measures: (i) time diaries and (ii) self-declaration via surveys.[43] The first approach is more indirect, looking at people's time-use activities to see if they meet a set of predefined criteria to qualify as unpaid/informal carers. However, Malaysia and most countries in Asia and the Pacific do not have regularly enumerated and nationally representative time-use surveys.[44] The second approach is more direct and asks specific questions via a survey instrument. For example, the Office for National Statistics (ONS) in the UK asks the following question in Census 2021: "Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?"[45] Respondents are then prompted to exclude activities carried out as part of paid employment.

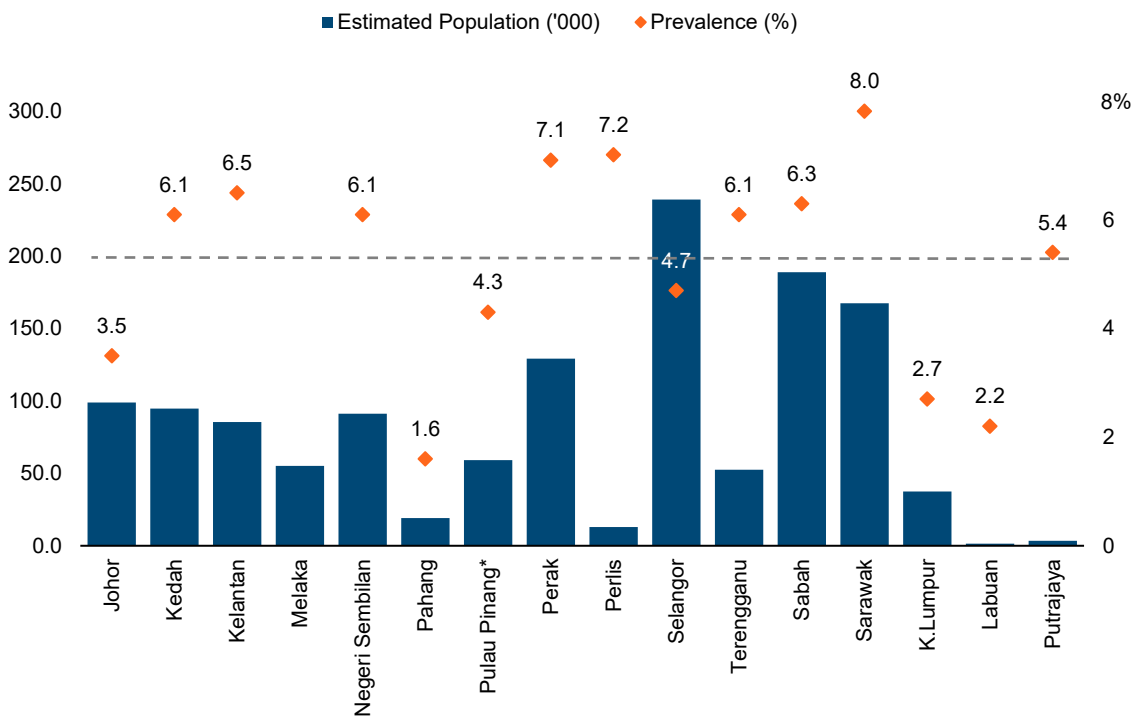
The second approach resembles the one undertaken by the Ministry of Health in Malaysia to estimate the prevalence of informal caregivers. This is part of the National Health and Morbidity Survey (NHMS), which is regularly conducted by the Ministry of Health. Interestingly, the healthcare demand module in 2019 includes questions and information on informal care. The NHMS (2019) defines informal care as "the provision of unpaid care or support to others who need help due to long-term health conditions, to the elderly or to people who were unable to care for themselves due to disability. Informal care could be provided by family members, relatives, friends or neighbours, but excludes care provided by professionals or through organised voluntary services."[46] This definition is similar to the conception of unpaid/informal carers used in this paper.

However, there are differences in how the NHMS questionnaire was operationalised in Malaysia compared with the UK's Census 2021. For instance, the NHMS imposed the conditions that care must be provided in the last 12 months and for a period of at least three months. It required enumerators to read out the type of care before asking the question and excluded respondents aged 13 and above. These conditions are not present in Census 2021, which has kept the duration and type of care broad and does not have an age restriction. Whether these conditions have resulted in the under-reporting of unpaid carers in Malaysia requires further investigation, but the phrasing and design of the question certainly have an impact on the self-identification of carers.[47] A report by OKU Rights Matter states that (unpaid) care partners of the disability community constitute at least 20-30% of the population, much higher than the 5.3% estimate provided in NHMS (2019), as discussed below.[48] Moreover, situating unpaid care in a health survey risks framing care from a medicalised perspective, anchoring it to illness and incapacity while further narrowing the concept of unpaid care.

[43] Urwin et al. (2022)
[44] ILO and UNDP (2018)
[45] ONS (2023)
[46] MOH (2019, 112)
[47] FCI (2023)
[48] HSS et al. (2025)

Notwithstanding these limitations, I use the NHMS (2019) in this paper as the empirical material to give an overview of the count and profiles of informal caregivers (as a subset of unpaid care labour) in Malaysia. I demonstrate how such a survey, despite its limitations, provides useful information that challenges commonly held assumptions about unpaid/informal care labour. In 2019, the estimated total population of informal caregivers stood at 1,336,134, and the prevalence was 5.3% (Figure 2.1). 61.5% of informal caregivers were women (822,339 people; 6.6% prevalence) and 38.5% were men (513,796 people; 4.1% prevalence), revealing the gendered dimension of caregiving. This is consistent with the report by OKU Rights Matter, which finds that the majority of care partners for the disability community are women (HSS et al. 2025).

Figure 2.1 Population/prevalence of informal caregivers in Malaysia, by state, 2019

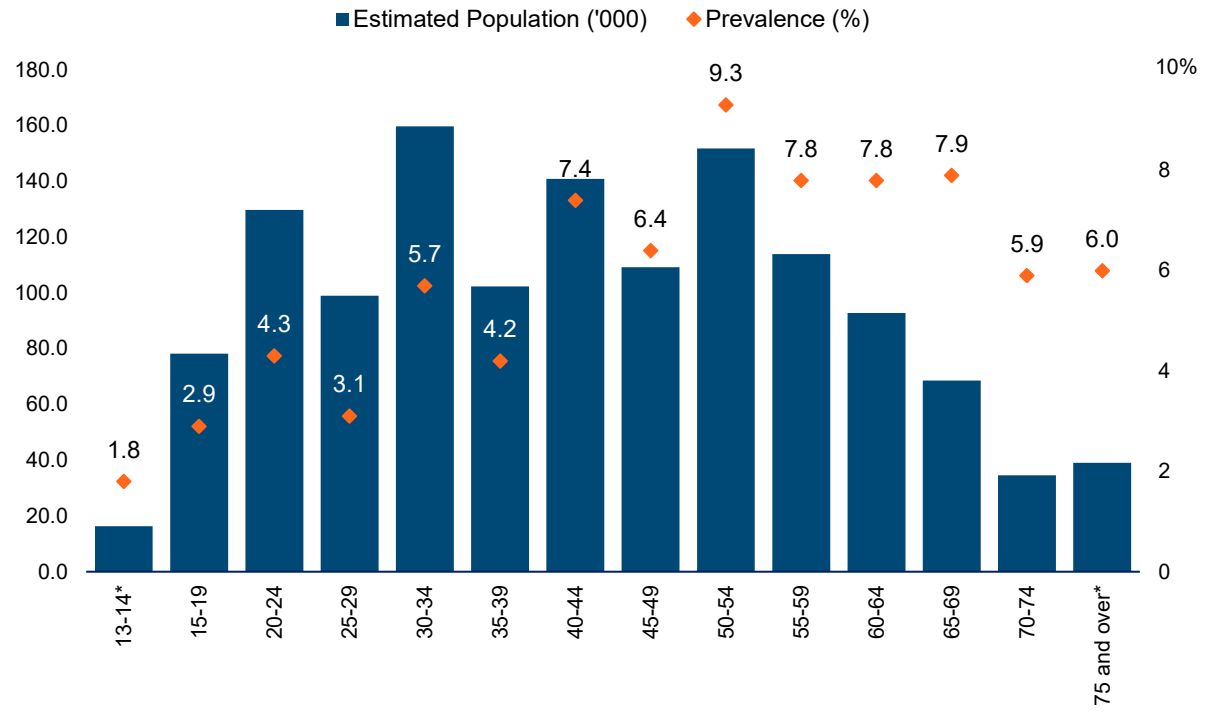


Source: NHMS (2019)

Selangor had the highest number of informal caregivers (239,091), followed by Sabah (188,800) and Sarawak (167,531). However, in terms of prevalence, which is adjusted for state population, Melaka had the highest rate (8.5%), followed by Sarawak (8.0%) and Perlis (7.2%). 10 out of 16 states/federal territories had prevalence rates higher than the national level (Figure 2.1).

Interestingly, there were 94,471 informal caregivers in the age range 13-19 and 234,953 in age groups 60 and above (including those aged 75 and over), suggesting that children and the elderly are not just care recipients but also caregivers (Figure 2.2). Prevalence rates also tended to be higher for those in the older age groups, with the highest prevalence for the 50-54 age group (9.3%).

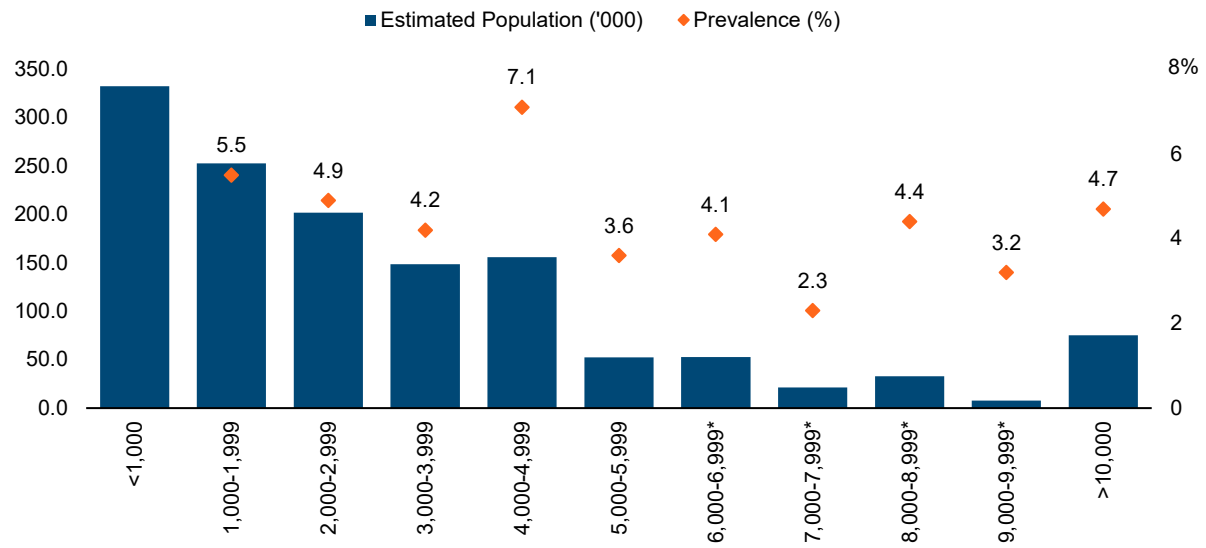
Figure 2.2: Population/prevalence of informal caregivers in Malaysia, by age, 2019



Source: NHMS (2019)

Most informal caregivers were in low-income households, both in terms of estimated population and prevalence (Figure 2.3). The lowest income group, that is, those with household income below RM1,000, had the largest number of informal caregivers (332,544 people or 24.9% of the total) and the highest prevalence (8.1%). The total number of informal caregivers with household income below RM4,999 (close to the maximum B40 household income in 2019 at RM4,850) made up 81.8% of informal caregivers.

Figure 2.3: Population/prevalence of informal caregivers in Malaysia, by household income 2019

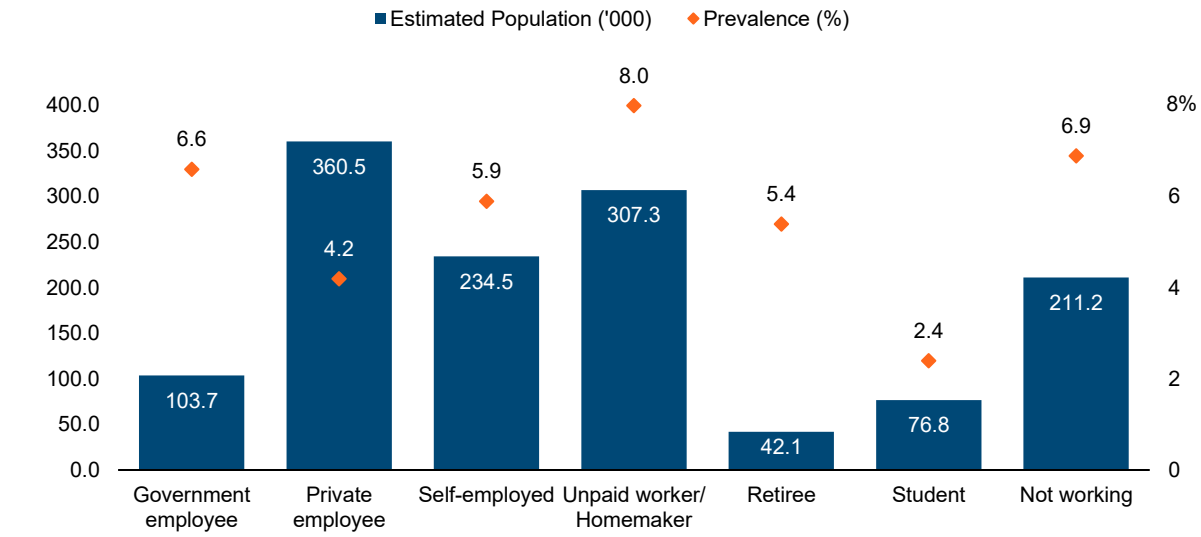


Source: NHMS (2019)

In terms of occupation, the highest prevalence was unpaid worker/homemaker (8.0%), followed by those not working (6.9%), generally those understood as "unemployed"[49] or "outside the labour force". However, a significant number of informal caregivers were also in employment: private employees (360,503 or 27.0% of the total), self-employed (234,525 or 17.6%), and government employees (103,700 or 7.8%)—comprising 52.3% of informal caregivers (Figure 2.4). This means that unpaid care labour persists even after participation in the labour force, pointing to the (gendered) double burden of work and care.[50] More importantly, it suggests that women's participation in the labour force should not be taken as an indication that care issues have been resolved.

[49] NHMS (2019) defines "not working" as those who were unemployed, old age, children, and those who were not working because of health problems.
[50] KRI (2019)

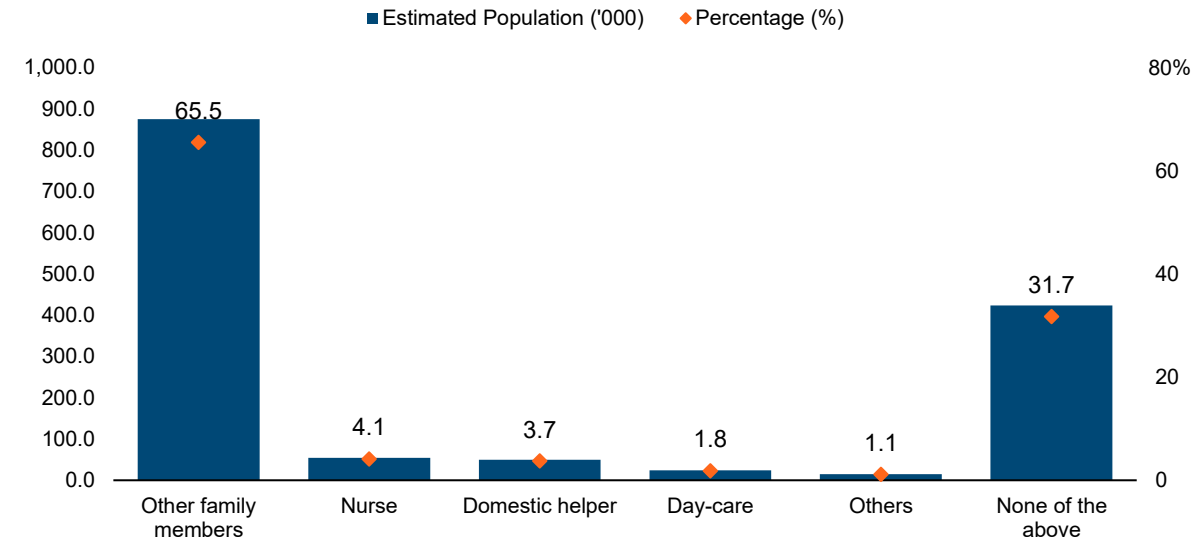
Figure 2.4: Population/prevalence of informal caregivers in Malaysia, by occupation, 2019



Source: NHMS (2019)

85.0% of informal caregivers co-resided with care recipients (household members), and only 16.8% were for non-household members. 65.5% mentioned that they received assistance from other family members (875,097 people), reinforcing the importance of family-based care over institutional care, while a significant percentage (31.7%) chose "none of the above" in terms of assistance received (Figure 2.5).

Figure 2.5: Type of assistance received by informal caregivers in Malaysia, 2019



Source: NHMS (2019)

This quick snapshot shows the importance of examining informal care at the gender-age-income intersections and paying attention to geographical variations. It disrupts preconceived notions of

care, e.g. children and the elderly are care recipients, not caregivers.[51] It further complicates the binary of caregivers and care recipients, as well as the assumption that unpaid/informal carers are primarily done by those outside the labour force or the unemployed. It also demonstrates the importance of co-residence care, which is often assisted by other family members, including those living in other households. These insights point to the salience of having a regularly enumerated survey on informal care, which the government can incorporate into censuses (e.g. UK) or household surveys (e.g. Switzerland), given the limitations of doing so via a health survey as discussed earlier. While data remains important for more informed policies to address issues of unpaid/informal care, it is also insufficient. As mentioned earlier, policy solutions also depend on how unpaid care is framed in policy discourse, a subject I turn to next.

3. Emergence of the Care Economy

3.1. Latent resources

I suggest that unpaid care labour is largely framed as latent resources prior to the new care policy discourse. The latent resources framing is typical of a residualist model of welfare, which, according to Lloyd (2023), views "carers as background resources" and "leaves the state responsible for stepping in to help only when this form of support becomes unavailable."[52] I use the term latent resources (instead of background resources) because I think it more accurately captures the concealed nature of unpaid care labour. Unpaid care is always veiled as something else, and its character as labour is not made explicit but can be drawn upon as and when needed. In the Malaysian context, the labour of unpaid care is often mystified by narratives around the family and women's participation in the labour force.

Unpaid care labour is embedded within the roles of families in supporting Malaysia's modernisation project, particularly the absorption of women into low-wage manufacturing jobs. According to Maila Stivens (2000), this took the form of the "Asian Family" discourse in the 1990s, which revolved around female-centred extended family ties and the notion of filial piety.[53] However, women's unpaid care labour and "the juggling exercise of the double day" were slow to gain recognition.[54] The reliance on family support has also legitimised "low public responsibility for public welfare expenditure".[55] This is further sustained by the discourse on family in Malaysia's five-year development plans, known as Malaysia Plans, shrouded in notions like "strengthening family institutions", "parental involvement", and "time with family", without explicit mention of the labour involved in care and its unpaid status.[56]

[51] See also Puteri Marjan et al. (2025).
[52] Lloyd (2023)
[53] Stivens (2000)
[54] Stivens (2000, 27)
[55] Saidatulakmal (2012, 12)
[56] Malaysia (2016; 2021)

In addition, unpaid care labour is mystified by narratives that link care, constructed as a constraint and something to be overcome, with women's participation in the labour market. The underlying assumption is that institutional and paid forms of care, when made available, can replace women's unpaid care labour and "free" them to take up paid employment. For example, the Mid-Term Review of the Twelfth Malaysia Plan 2021-2025 states that, "The care economy will be leveraged to create an inclusive, efficient and sustainable LTC [long-term care] industry. The creation of a conducive market ecosystem will attract private investment, provide quality care and boost the participation of women in the labour market."[57] Nowhere in the statement is there recognition of the unpaid care labour required to interact with institutional care (e.g. sending to and picking up from care centres, administering prescriptions at home after hospital visits), as well as the gendered unpaid care labour after working hours.

The framing of latent resources invisibilises unpaid care labour and reinforces the idea that household/family-based care is a private activity in which the government should not intervene. It has led to a lack of fiscal resources to remunerate and support the unpaid/informal care provided by household/family members. While there are programmes provided by the Ministry of Women, Family and Community Development (MWFCD) that support unpaid/informal carers, such as Home Help Services, Community-Based Rehabilitation, Pusat Aktiviti Warga Emas (PAWE or Senior Citizens Activity Centre), Unit Penyayang Warga Emas (UPWE or Elderly Caring Unit), and financial assistance for carers of bed-ridden disabled and chronically ill, they are arguably oriented towards supporting care *in the community* rather than care *by the community*.[58]

The above points to how a particular problematisation of unpaid care labour as latent resources has translated into and provided justification for a particular solution, that is, non-intervention in this case. More pertinently, the problem-solution pairing of latent resources has reinforced the binaries of formal/informal, paid/unpaid, and institutional/household care but neglected their crucial relationships and interactions, which are key to maintaining the viability of the entire care system.[59]

3.2. Untapped economic opportunities

With the new care policy discourse, the labour of unpaid care has been made more explicit. In other words, its character as labour and its status as unpaid are increasingly acknowledged, brought into the open, but foregrounded in a specific kind of way as *untapped economic opportunities*. This, I argue, is the new dominant paradigm emerging around care, manifested as "the care economy".[60] This is not to say that the latent resources framing has completely disappeared. As in any paradigm shift, it is often non-linear, overlapping, and incomplete. It also

[57] Malaysia (2023, 1-11)

[58] Refer to Ilyana et al. (2024) for an overview of these programmes.

[59] A cursory survey of journal articles and policy reports on care in Malaysia (1992 to 2025) shows that there are very few research articles that focus on the interactions between unpaid family-based carers and the formal/institutional care systems. I thank Nur Alya Sarah for her research work on this.

[60] Based on the same cursory survey conducted by Nur Alya Sarah, the term "the care economy" only became popular from 2023 (mainly in policy reports).

does not disregard the multiple motives that policy actors have in resorting to this paradigm, including strategic and tactical ones, but the end result is still one of perpetuating and underscoring its dominant status.

The newspaper headlines below, published in 2024, illustrate the untapped economic opportunities framing of unpaid care labour.

Figure 3.1: Newspaper headlines on the care economy in Malaysia

Sources: Bernama (2024b); Hee (2024)

The headline of the News Straits Times article (on the left) captures the remarks of Deputy Economy Minister Datuk Hanifah Hajar Taib. Speaking at a conference organised by private companies, the minister was quoted as saying that "The global market potential from the ageing population is projected to be US$4.56 trillion by 2025… Malaysia can leverage this trend to enhance societal well-being and productivity through new economic sectors such as the caregiver economy."[61] The second headline (on the right), which is from The Edge Malaysia, cites the policy paper by ISIS Malaysia mentioned earlier. The narrative around women's labour force participation is evoked, but this time wrapped around the untapped economic opportunities framing: "As many as 3.2 million people, of whom 98% were women, remained outside of the labour force or engaged in part-time work in order to meet domestic work obligations in 2022… If care constraints were elevated to allow these individuals to participate in the labour force, this would have unlocked 4.9% in GDP growth in the year alone".[62]

The examples above reinforce the critical policy perspective that knowledge produced by policy actors is not neutral and can perpetuate a certain understanding of "the care problem" and anticipate its solutions. Under the framing of untapped economic opportunities, the notion of care as a potential driver and source of economic growth is repeated in the policy reports by Khazanah

[61] Bernama (2024b)
[62] Hee (2024)

Research Institute (KRI), ISIS Malaysia, and UNDP, as well as the Selangor Care Economy Policy 2024-2030 (Table 3.1):

Table 3.1: Articulations of the care economy

Documents	Selected quotes on the care economy
Time to Care: Gender Inequality, Unpaid Care Work and Time Use Survey[63]	"The size of unpaid care work suggests that there is untapped economic potential. The ILO estimates that unpaid care work is equivalent to 9% of global GDP or USD11tr valued at the minimum hourly wage… Investing in the care economy as a productive sector and increasing the size of the formal care sector will increase employment and consequently expand the national economy."
Building a cradle-to-grave care economy for Malaysia[64]	"The care economy is a potential driver of economic growth. If the unpaid care work produced in Malaysian homes every day could be valued in GDP figures, it would create about RM379 billion, accounting for a fifth of the service sector."
Enabling Investments into the Malaysian Care Economy[65]	"Addressing the unmet needs in the Care Economy is now recognized as a new source of economic growth, with the long-term prospect of building a Care Economy hub serving regional demands for quality care."
Selangor Care Economy Policy[66]	"To recognize the care sector as a viable and high-potential economic pillar in Selangor, offering diverse and high-quality care services, supported by good governance from the State Government, while also contributing to income generation and employment opportunities across all levels of society."

The solutions anticipated by this framing involve the commodification and commercialisation of care. These solutions can be analytically separated into two argumentation strands. First, removing care constraints is expressed as something that can "free up" women's labour to join the "productive" workforce, which directly contributes to GDP. This differentiates it from the latent resources framing in that the benefits of addressing care constraints go beyond women's economic empowerment to national economic growth. Second, removing care constraints is not just something done via state spending but also via state investments and/or state-facilitated private investments, because care is assumed to be a profitable sector and the vast pool of unpaid care labour embodies these yet-to-be-realised economic opportunities. A variation of this is to liken the care economy to public infrastructures like ports and railways, which provide the conditions for economic growth.[67] The solutions then call for more investments or private-public partnerships in a sector that is ripe for generating economic returns, portrayed as a win-win solution for capital and (unpaid care) labour.

[63] KRI (2019, 6)
[64] M. H. Lee et al. (2024. 3)
[65] UNDP (2024, 103)
[66] Selangor (2024, 42)
[67] For example, see UNDP (2024).

However, the framing of untapped economic opportunities is problematic because it confuses the call for recognition of unpaid care labour with its commodification and commercialisation. Feminist demands for the measurement of unpaid care labour with time-use surveys are premised on the fact that the value of unpaid care stems from the labour that is expended but not captured in the national accounting system. Household satellite accounts, which put a monetary value on time spent on unpaid care, are meant to provide recognition of the value that is *already* there, generated by the gendered labour of household production. According to Catherine Hoskyns and Shirin Rai (2007), household satellite accounts help to "a) give a more complete picture of what is going on in the economy, recognizing the value of unpaid work; b) track movement between unpaid domestic work and paid labour; c) understand the implications of policies which draw labour from the household sector, or require the availability of voluntary workers; [and] d) assess the gender impact of policies."[68]

The feminist call for recognition via measurement of unpaid care is substantially different from the framing of untapped economic opportunities. For example, ISIS Malaysia (2024) states, "Using standard methods of approximating the market value of domestic work, our analysis indicates that if the unpaid care work produced in Malaysian homes every day were valued in national GDP figures, this would create about RM379 billion in economic value. In fact, unpaid care and domestic work would account for about a fifth of the service sector alongside market services. As a standalone services subsector, it would form the largest sector after manufacturing if valued in GDP."[69] The statement understands value as generated only if it is measured in GDP, not as something that is already there, a product of unpaid care labour. The measurement of unpaid care is viewed as important because it estimates the untapped value of a profitable economic sector and the opportunity costs of not investing in it.

The paired solution of investing in the care economy is similarly problematic, as economic returns can only be generated via (i) increasing the market prices for care, and/or (ii) suppressing the wages of care workers. On increasing the market prices for care, UNDP Malaysia (2024) highlights Sunway Sanctuary, an elderly care facility provided by the Sunway Group, as "an example of how a private sector's Care Economy investment was motivated by the need to design and create value propositions that suits the market's age-specific needs."[70] The starting price, however, is RM8,050 per month and RM8,850 for assisted living. This is out of reach for most households in Malaysia, as the top income threshold of the bottom 80% income group (B80) is RM10,959.[71] It should be added that households can only spend a fraction of their income on care. Using state subsidies (whether on the supply or demand side) to make private sector care more affordable is not only limited in its effectiveness[72] but also uses the metric of profitability rather than needs as the basis of resource allocation.

[68] Hoskyns and Rai (2007, 303)
[69] M. H. Lee et al. (2024, 4)
[70] UNDP (2024, 45)
[71] DOSM (2023)
[72] KRI (2019)

Given the labour-intensive nature of care,[73] the other option of making care affordable while ensuring economic returns is to suppress the wages of care workers. As things stand, the average monthly salaries and wages of paid social care work and residential care were below the national average in 2022.[74] The salary and wage levels of informal care workers remain understudied but are increasingly urgent given the proliferation of mobile application-based care provisions and the incorporation of care workers in these platforms as precarious gig workers. This raises the question of whether unpaid/informal carers are seen as a pool of cheap labour to be exploited for the commodification and commercialisation of care (or the care economy) rather than as workers who deserve decent wages and dignified living.

The problem-solution pairing is a poignant reminder that policy actors are embedded in the social world we are investigating and tend to reflect and maintain dominant paradigms. More importantly, my inclusion of KRI's (2019) report (where I was the lead author), as having the elements of untapped economic opportunities, suggests the need for policy actors to constantly inject critical reflexivity into our work and find the space for internal criticisms and deliberations.

4. Unpaid Care as a Social Risk

4.1. An alternative paradigm

Instead of latent resources and untapped economic opportunities, I suggest that unpaid care labour is better framed as a form of social risk. According to Morgan (2018), this refers to contingencies that arise from unpaid care, "such as unemployment, disability, or illness, placing them [affected individuals] at risk of financial poverty or welfare loss",[75] which can potentially undermine the well-being of risk-bearers. These contingencies are universal in nature, but they are experienced in different intensities and to different extents by individuals and groups at various points in the life cycle, shaped by gender, race, class, age, and other socio-economic characteristics.[76] Addressing social risks comes under the purview of social policy, something envisioned by Malaysia's second prime minister, Tun Abdul Razak, when he launched the country's social security scheme in 1972.[77] Nonetheless, social risk is not only present when social policies are absent; poor policy design and implementation can also engender secondary risks of "poverty, exclusion from employment, injuries and health problems".[78]

Internationally, the ILO Convention on Social Security (Minimum Standards), 1952 (No. 102), sets the minimum standards for nine branches of social security: medical, sickness, unemployment, old age, employment injury, family, maternity, invalidity, and survivors. While there are provisions for family, they tend to be more focused on children and do not address the wider

[73] Ilyana et al. (2024)
[74] Except for men in residential care. See Ilyana et al. (2024) for further analysis.
[75] Morgan (2018, 180)
[76] Morgan (2018); Lloyd (2023)
[77] Abdul Razak (1977)
[78] Lloyd (2023, 128)

social risks associated with unpaid care. In Malaysia, the Social Security Organisation (PERKESO) introduced the Housewives' Social Security Scheme (SKSSR) in 2022, which is based on voluntary contributions and provides protection to housewives for domestic accidents and invalidity. However, this remains inadequate in addressing contingencies that arise from unpaid care, coupled with the fact that the focus on housewives, albeit broadly defined,[79] does not completely overlap with unpaid/informal carers while reproducing a gendered framing of care that reinforces women's role in the domestic sphere. It is worth noting that unpaid/informal care can also be provided by siblings, parents, husbands, children, neighbours, friends, and other kin relations.

Lloyd (2023) points out that "Unpaid care differs from other social risks in that there are two inter-related risk-bearers: the carer and the person who needs care."[80] Unpaid/informal carers who are unsupported or insufficiently supported can face burnout,[81] physical/mental health issues, social isolation, relationship breakdowns, and employment losses.[82] The assumption that the long-term care needs of people with illness and disability can be met by unpaid/informal carers without training and support can lead to inadequate care, and worse, erroneous diagnoses and practices. Furthermore, neglecting the relationships between carers and the people who need care can result in abuse and mistreatment, not only of the elderly and disabled persons[83] but also of disempowered carers. Given the important relationships within the dyads of formal/informal, paid/unpaid, and institutional/household, the depletion of unpaid/informal carers poses a more systemic risk to the entire healthcare and social care systems, impairing their effectiveness, accessibility, and overall viability.

Framing unpaid care labour as a social risk invites solutions oriented towards the pooling of life-cycle risks, as these contingencies affect everyone in uneven ways at different stages of life. Given the systemic risks involved, the pooling of risks must go beyond the household (carers and the people who need care) to include the state, private sector, and civil society/community organisations. While solutions under this framing still entail remuneration and the provision of services for unpaid/informal carers, resource allocation will be determined on the basis of solidarity rather than profitability, affirming KRI's (2021) call "to uphold the principle of solidarity and risk sharing between the government, employers, as well as workers of all categories"[84] in the pursuits of social protection reforms.

[79] A "housewife" is defined in the Housewives' Social Security Act 2022 (Act 838) as "any female, whether married or unmarried, who manages a household, on a full time basis or not, and includes—(a) a wife, divorcee or widow whose marriage has been registered under any written law; or (b) a mother of a child or more including a single mother."
[80] Lloyd (2023, 108)
[81] WAO (2025)
[82] HSS et al. (2025)
[83] Raudah (2021); HSS et al. (2025)
[84] KRI (2021, 87)

4.2. Addressing social risks

In this subsection, I use the ILO's 5R framework as a mnemonic device to discuss broad, strategic measures needed to address the social risks associated with unpaid care. Diane Elson introduced the 3R framework (recognition, reduction, redistribution) at a UNDP seminar in 2009.[85] The framework was later picked up in a policy brief by UNDP[86] and subsequently used by other international organisations. In 2018, the ILO released its influential report "Care Work and Care Jobs: For the Future of Decent Work", adding "reward" and "representation" to the 3Rs.[87] This became known as the 5R Framework for Decent Care Work and was adopted as an ILO resolution during the International Labour Conference in June 2024.

Figure 4.1: ILO's 5R Framework for Decent Care Work

Sources: ILO (2018)

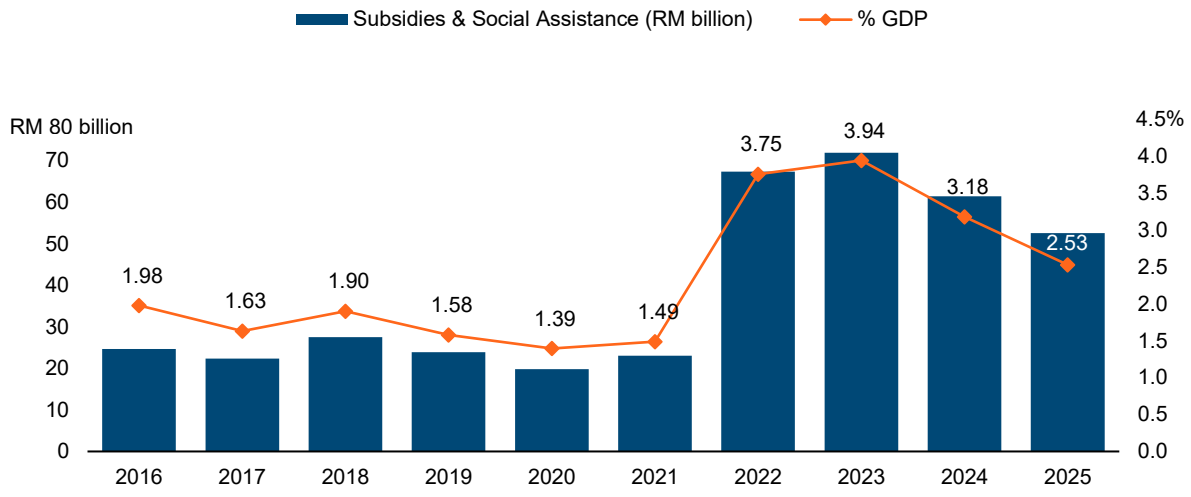
Elson (2017) articulates recognition of unpaid care and domestic work as "understanding how this work underpins all economies and valuing it accordingly".[88] This has translated into works centred around measuring unpaid care and domestic work via time use surveys and valuing them using household satellite accounts.[89] While not discounting the importance of these initiatives, I

[85] Elson (2017)
[86] Fälth and Blackden (2009)
[87] ILO (2018)
[88] Elson (2017, 54)
[89] UN Women (2022)

posit that it is also important to extend recognition beyond statistical work to the material aspects of unpaid care. In this sense, there are four aspects of unpaid/informal carers that warrant recognition: (i) the labour of unpaid/informal carers must be made explicit despite not being carried out within an employment context; (ii) its unsupported, depleting working conditions must be seen as representing a form of exploitation and an injustice; (iii) unpaid/informal carers must be understood as constituting an integral and equal part of the social care and healthcare systems; and (iv) unpaid/informal carers must be acknowledged for their skills and knowledge, but like any other workers, also their needs for training and support. Encoding these aspects in a national legislation, as discussed above, provides the legal (and ethical) basis for why the recognition of unpaid care must be followed by material support.

Material support for unpaid/informal carers can be achieved through strategies aimed at reduction and reward. Reduction strategies tend to focus on improving access to care infrastructure and technological solutions, aimed at decreasing the drudgery of and the amount of time spent on unpaid care, whereas reward is shaped around providing decent work for all care workers.[90] However, reduction and reward must be accompanied by an increase in fiscal resources; otherwise, the financial burden falls back on households. The COVID-19 pandemic, alongside geopolitical tensions and climate change,[91] resulted in a marked increase in subsidies and social assistance spending in 2022 (3.75% GDP) and 2023 (3.94% GDP) (Figure 4.2). A large share of the spending, however, is for fuel and electricity subsidies.[92] In the transition to endemicity, the unity government's rollout of a phased subsidy rationalisation programme has seen a gradual decline in subsidies and social assistance spending.

Figure 4.2: Subsidies and social assistance expenditure, 2016-2025

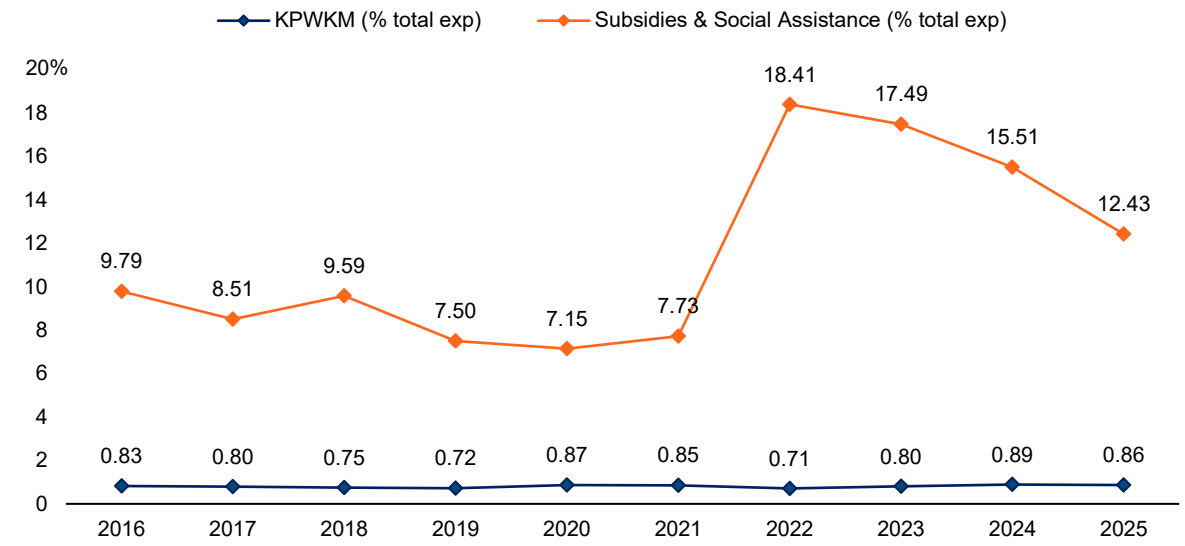


Source: MOF (various years); author's calculations

[90] UN Women (2022)
[91] MOF (2023)
[92] MOF (2023)

Although spending on subsidies and social assistance in 2025 is still estimated to be higher than pre-pandemic levels, the allocation for care, particularly those more relevant to supporting unpaid/informal carers, has remained marginal. If we take the expenditure share of MWFCD as a proxy for care allocation, we can see that the ministry's spending as a percentage of total expenditure has been consistently below one per cent (Figure 4.3). While not all care-related expenditures are parked under MWFCD, a significant portion, that is, women, children, the elderly, PWDs, family, and community development, comes under the purview of the ministry. Moreover, the number of eligible recipients that fall under the ambit of the ministry would have increased due to demographic and labour market dynamics.

Figure 4.3: Expenditure shares of MWFCD and subsidies and social assistance, 2016-2025



Source: MOF (various years); author's calculations

Furthermore, programmes under MWFCD are not tailored towards supporting caring for (unpaid and predominantly family-based) carers via reduction and reward strategies, e.g. carer's allowance, respite care, housing modification, technological provisions, and training/accreditation for family-based carers. Most of the programmes are aimed at care recipients, workers in care centres and institutions, and community care workers, reinforcing the point that policies are more directed at supporting care *in the community* rather than care *by the community*. Tax reliefs for childcare, elderly care, and PWDs are not specific to the needs of carers and can only reach the country's relatively small tax base.[93]

As argued, fiscal resources must be significantly increased to support reduction and reward as material recognition of unpaid/informal care. While fiscal resources can be combined with social insurance,[94] the overall care financing strategy ought to be redistributive. This entails the state, as the principal actor of risk pooling, stepping in to share the care burden of households, underpinned by a progressive revenue-generation strategy that puts the tax and financing burden

[93] Bernama (2024a); MOF (2024b)
[94] KRI (2021)

on the wealthy and the rich, both individuals and corporations. Besides financing, redistributive strategies can also come in the form of affirmative action targeted at male involvement and gender equality in care and domestic work. At present, maternity/paternity leave, flexible working arrangements, and return-to-work programmes are not only confined to workers in the wage system (and thus exclude the growing pool of non-wage workers) but also do not have a strong focus on the gender redistribution of care labour.

Finally, there is a case to be made for increasing the representation of unpaid/informal carers in Malaysia. In the UK, carers are represented by organisations such as Carers UK and Carers Trust. These charitable organisations play a pivotal role in advocating for carers and safeguarding their interests in the policymaking process. They also provide peer support, information, training, and services, sometimes working in tandem with the government and local authorities.[95] Representation is also important in ensuring that carers' voice is reflected in the question of financing for care and resource allocation, so that more specific strategies on recognition, reduction, reward, and redistribution capture the priorities and needs of unpaid/informal carers. In Malaysia, there are organisations that represent housewives (Persatuan Suri Rumah Rahmah Malaysia), social workers (Malaysian Association of Social Workers), and foreign domestic workers (Persatuan Pekerja Rumah Tangga Indonesia Migran or PERTIMIG; Association of Nationalist Overseas Filipino Workers in Malaysia or AMMPO). Although there are overlaps, there is currently no organisation or group that is dedicated to the specific interests of unpaid/informal carers.

5. Implications for Research

In this paper, I have foregrounded a set of critical policy perspectives to bear upon the new care policy discourse in Malaysia. By looking at the COVID-19 pandemic as a key moment in the crisis of care and of capitalist life, I have interrogated new actors in the political economy of care and gender, looking at their power dynamics and the discursive construction of meanings through the policymaking process. Situated within an expansive understanding of care, while not neglecting its stratification and diversity, I have made the argument for the conceptual, legal, and empirical identification of unpaid/informal carers. This is a subset of unpaid care labour whose position in the healthcare and social care systems remains subordinated in the new care policy discourse. This group of unpaid/informal carers were initially framed as latent resources but has since shifted to untapped economic opportunities under the rubric of the care economy. I have called into question this emerging dominant paradigm and offered social risk as an alternative framing of unpaid care, using the ILO's 5R framework as a mnemonic device to *think with*, and consider broad, strategic measures needed to address social risks related to unpaid care.

What are the implications for research? While not intending to be exhaustive, I suggest that there are a few key research priorities pertaining to unpaid care. First, research that features marginalised/grounded/everyday/bottom-up/community experiences, perspectives, and practices, which continues to be a peripheral area of policy research, needs to be prioritised as a

[95] Lloyd (2023)

way of "speaking back" to dominant paradigms and policy prescriptions that can lead to blind spots, distortions, exclusions, inadequacies, and neglect. Second, more work needs to be done to identify unpaid/informal carers through legal and statistical instruments. On the latter, this can take the form of conducting time-use surveys at subnational and community levels, incorporating unpaid/informal care questions in censuses and household surveys, and/or improving self-declaration of informal carers through the NHMS. Third, the 5R framework, rooted in the framing of unpaid care as a form of social risk, must be translated into more specific policies, programmes, and actions, with particular emphasis on the material recognition of unpaid care, financing for care, and representation of unpaid/informal carers in the policymaking process. Finally, critical policy research must approach care policies not just as instruments to realise state-conceived goals, but also as a space for interrogating the power dynamics and discursive effects of policymaking. This is where, I hope, the critical perspectives offered in this paper can be extended beyond care to other policy realms.

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