

Malaysia's rising care needs

Malaysians are living longer and having fewer children. Life expectancy is 77.4 years for women and 72.7 years for men in 2017. This represents a 17.3% growth in life expectancy at birth for women and 15.2% for men from 1970 to 2017.¹ At the same time the Malaysian fertility rate has declined, with the average number of children born to a woman over her lifetime dropping to 2.1 in the period between 2010 to 2015. In 2020, the share of the population aged 65 and above has increased from 3.4 percent in 1970 to 7.2 percent, making Malaysia an aging society. These trends point to Malaysia's rising care burden.

There are three main care service providers – the state, families/households and the market. The government adopts a mix of policy instruments to address care needs of the population, from direct service provision, tax incentives to employment-related measures. Most care policies are targeted at low-income households based on a set of eligibility criteria.

Type of intervention	Instruments of care provision in Malaysia
Monetary benefits	<ul style="list-style-type: none">● Cash assistance to targeted households and care providers
Direct provision of services or in benefits in kind	<ul style="list-style-type: none">● Government funded, operated care services, including children's homes, care and nursing homes for the elderly
Employment-related measures	<ul style="list-style-type: none">● Legislation on employment, including on maternity and paternity leave, provision of flexible work arrangements● Government programmes that encourage flexible work arrangements, employment re-entry opportunities
Incentives to encourage market provision of care services or through care migration	<ul style="list-style-type: none">● Fiscal measures such as tax deduction and financial grants for the private sector to establish childcare centres at the workplace● Labour migration policies that allow for the hiring of migrant domestic workers
Social protection schemes	<ul style="list-style-type: none">● Introduction of social protection schemes that target women outside the formal labour market who provide unpaid care● Expansion of the coverage social protection schemes to include domestic workers

¹ Khazanah Research Institute, Time to Care: Gender Inequality, Unpaid Care Work and Time Use Survey, Available at: https://www.krinstitute.org/assets/contentMS/img/template/editor/Publications_Time%20to%20Care_Full%20report.pdf

Unpaid care provision in Malaysia

The burden of caregiving outside the labour force falls predominantly and disproportionately on women. This has serious implications for gender gaps across a range of labour market indicators, including on the rate of labour force participation among women and wage disparity between men and women. Women's participation typically peaks at the 25-29 age group and decrease gradually. This means that older women are less likely to participate in the labour force when compared to their younger counterparts. Women either do not return to the formal labour force after having children or older women drop out of the formal labour market to manage care and domestic responsibilities. In 2021, according to the Malaysia Labour Force Survey, the main reason for not seeking work in Malaysia² (45.2 per cent) was housework or family responsibilities.

When women do work, they are more likely to experience a "double burden" stemming from their responsibilities at work and providing unpaid care. Although a gendered division of labour where there is a male primary wage earner and a female carer is the cultural ideal, this is rarely realised; women tend to be at least partially involved in the labour market. The rising cost of living means many households struggle to meet their needs on a single income.

Substantial amounts of unpaid care have implications on both the care giver and the care recipient. It is often assumed that unpaid care work can be easily performed by untrained persons at home and those without specialised skills. But, good quality child care and early childhood education as well as care provide to the elderly require skills and training. Further, unpaid care work is often undervalued and unrecognised. The costs to caregivers, often women, regularly go unnoticed. As mentioned above, unpaid care work affects women's participation, employment and wages in the labour market.

The existence of substantial amounts of unpaid care work has implications for the quality of care. By leaving a large portion of care work to the unpaid, informal sector, we assume that unpaid care work is unskilled and can be performed by untrained workers at home. However, we know that good quality early childhood education and geriatric care require skills and training. In addition, unpaid care work tends to be socially unrecognised and undervalued, with little consideration for terms and conditions of such work. Such excessive unpaid care work, where the costs are absorbed by the providers, further reduces the quality of care services provided. This creates a vicious cycle of care deficits for both the providers and recipients of care.

Employment-related care policies

The Employment Act 1955 is the principal legislation on rights at work in Malaysia. The legislation apply to individuals who earn a monthly wage of RM4,000/month and below, employees who engaged in or supervise manual labour, operate or maintain vehicles, who are engaged to work on Malaysian registered vessels and domestic workers (referred to as domestic employees in the legislation). The Employment Act contains several "family-friendly" provisions which are intended to alleviate the needs for formal and informal care workers.

² Department of Statistics Malaysia, Labour Force Survey Report, Malaysia, 2021, Available at: https://www.dosm.gov.my/v1/index.php?r=column/cthemebByCat&cat=126&bul_id=L1kxcjNmdDduMXBHUII2VGlweCsxQT09&menu_id=Tm8zcnRjdVRNWWlpWjRlbmtlaDk1UT09

It should also be noted that in 2021 Malaysia's female labour force participation rate is stood at 55.9 percent while the female employment-to-population ratio was at 53.8 percent.³ As fewer women are represented in the workforce, fewer women are likely to benefit from employment-related care policies.

Maternity and paternity leave

As of January 2023, a female employee is entitled to a minimum of 98 days of paid maternity leave, which can commence up to 30 days before the date of delivery. Malaysian labour laws also protect female employees from unlawful termination because of her pregnancy. Her employer is prohibited from terminating her employment or giving notice of termination except on the grounds of wilful breach of contract of service, misconduct or closure of the employer's business. It is the employer who has the burden of proving that the female employee was not terminated on the grounds of her pregnancy.

Meanwhile, a male employee is entitled to seven consecutive days of paid paternity leave for each confinement period, up to five confinements. This entitlement is subject to the male employee being employed by the same employer for at least 12 months immediately preceding the commencement of the paternity leave and having notified his employer of his spouse's pregnancy at least 30 days prior to the date of expected confinement, or as early as possible after the birth. The disparity in maternity and paternity leave entitlements highlights the gender roles women and men play in childcare and reinforces the gender stereotype that mothers are primary caregivers and would shoulder the larger proportion of care work.

A wider parental or carer leave that takes into consideration the diversity of life or family situations is not available. This leaves out many individuals who have care responsibilities, for example for adopted children, ageing parents or family members and other dependents.

Flexible working arrangements

The Employment Act 1955 also provides for "Flexible Work Arrangement" (FWA). It allows an employee to request from an employer in writing for flexible arrangements related to hours of work, days of work or place of work. The employer has the discretion to approve or refuse the application and inform the employee in writing of the decision. If the application is refused, the employer must state the ground of such refusal.

Additionally, the government has encouraged the use of flexible paid working hours among employers. The FWA@Workplace initiative is one of the government's efforts to encourage organisations to adopt flexible work arrangements as the way of working. It provides a complimentary FWA readiness assessment to assist organisations in assessing their maturity and readiness of their FWA to implement a more comprehensive and sustainable FWA policy based on key indicators. Organisations will receive a report that provides their scores and a high-level implementation recommendation. There will also be a FWA workshop aimed to equip the employer with the technical know-how to implement FWA.

³ Department of Statistics Malaysia, Principal Statistics of Labour Force, Malaysia Fourth Quarter 2022

Care infrastructure and policies

Childcare

Childcare services in Malaysia are provided by the formal and informal sectors. Childcare in the informal sector may be paid and unpaid. To transfer the unpaid care work of childcare that is often shouldered by women to the formal care economy, the Government of Malaysia has implemented a policy mix of providing incentives to encourage the establishing of more child care centres and subsidies to support lower-income families with the costs associated with accessing early childhood care and education services. The Child Care Centre Act 1984 and the Child Care Centre Regulations 2012 regulate the licensing and registration of childcare centres in the country.

There are four categories of child care centres in Malaysia:-

- Workplace Childcare Centre
These are childcare centres established at workplaces or provided by the employer at a suitable premise for the convenience of their employees. Private sector employers are incentivised to provide workplace childcare centres. Incentives include a 10% tax exemption on the cost of building the childcare centre for a period of 10 years. Additionally, employers are also entitled to tax deduction on expenditure incurred for the provision and maintenance of childcare centres at the workplace and for childcare allowance provided to employees.
- Institutional-based childcare centres
These are childcare centres which cater and serve 10 or more children at one particular period. They are typically run by the private sector or non-governmental organisations.
- Community-based childcare centres
These childcare centres are referred to as “Taska Dalam Komuniti”, set up in urban and rural areas to benefit low-income families. The government provides a grant of RM55,000 to establish community-based childcare centres.
- Home-based childcare centres
These are childcare centres which receive between four and nine children at a particular period.

A fifth type of childcare centre are those established or operated by the federal or any state government. These are typically established to provide childcare services to vulnerable sections of the population.

The government provides a subsidy of RM180 per month to civil servants earning less than RM5,000 a month for each child below 4 years old sent to a childcare centre operated at their workplace or community facility. The subsidy is also provided to parents working in the public and private sector who send a child to a child care centre registered with the Social Welfare Department. The subsidy is only provided to urban households with a per capita monthly income (which is the total income of all members divided by number of members) of below RM800 and rural households with per capita income of below RM500 are eligible for the subsidy.

According to the National Child Data Centre (NCDC), there were 4,338 registered childcare centres in Malaysia as at January 2019, many of which are not operating at full capacity.⁴ A research by the Khazanah Research Institute found that despite the number of childcare centres, there is still a need

⁴ Khazanah Research Institute, Time to Care: Gender Inequality, Unpaid Care Work and Time Use Survey, Available at: https://www.krinstitute.org/assets/contentMS/img/template/editor/Publications_Time%20to%20Care_Full%20report.pdf

to provide the appropriate type of childcare centres that meet the needs of parents.⁵ Many parents cite the availability of workplace-based childcare centres as the type of support working women require from employers. Additionally, formal childcare costs may be unaffordable to many families,⁶ driving them to use caregivers in the informal sector.

Aged care

The share of the population aged 65 and above in Malaysia has increased from 3.4 percent in 1970 to 7.2 percent in 2020, making it an aging society according to the common definition of having more than 7 percent of the population age 65 and above. This is a result of demographic transition, moving from high fertility and mortality to low fertility and mortality. Aging can lead to an increase in financial or care pressures for older persons as care recipients and family members as informal caregivers. Care provided by family members play a critical role in the provision of aged care in Malaysia. However, this traditional arrangement is weakening as household structure changes from large and multi-generation families toward smaller nuclear ones.⁷

The Government of Malaysia has highlighted the importance in promoting inclusive, productive and healthy aging. The National Policy for Older Persons and the Plan of Action for Older Persons were introduced in 2011 to achieve that. The policy document focuses on the well-being of older persons and on how to create an environment that allows older persons to be independent with dignity, high sense of self-worth and respected by optimising their potential through healthy, positive, active, productive and supportive aging.

- Productive aging is defined as the capacity of older persons to contribute through paid or voluntary work that brings meaning and satisfaction.
- Healthy aging refers to efforts toward a healthy lifestyle, a better health system, and the creation of an environment and community which prioritizes health.

Malaysia's other development plans have also incorporated aging as a priority. For example, the 11th Malaysia Plan included a sub-strategy for "enhancing the living environment for the elderly". It highlights initiatives such as providing elderly-friendly infrastructure, the streamlining of social protection, enhanced research capacity to support active aging, and the expansion of lifelong learning for older persons.

Malaysian legislation such as the Care Centers Act 1984, the Private Health Facilities and Services Act 1998, and the Private Aged Healthcare Facilities and Services Act 2018 regulate the processes for licensing, approval, and enforcement for residential and day care facilities. However, they do not regulate the standard of care provision.

⁵ Khazanah Research Institute, Time to Care: Gender Inequality, Unpaid Care Work and Time Use Survey, Available at: https://www.krinstitute.org/assets/contentMS/img/template/editor/Publications_Time%20to%20Care_Full%20report.pdf

⁶ Ibid

⁷ The World Bank, Silver Lining Productive and Inclusive Aging for Malaysia, Available at: <https://documents1.worldbank.org/curated/en/287981606116408851/pdf/A-Silver-Lining-Productive-and-Inclusive-Aging-for-Malaysia.pdf>

Types of aged care services and facilities in Malaysia

Malaysia aged care system provide a range of care services through several service delivery models⁸:

- Publicly owned, financed and operated care services
The Government has provided institutional care through care homes known as Rumah Seri Kenangan (“RSK”) and Rumah Warga Tua (“RWT”) and nursing homes known as Rumah Ehsan (“RE”). It has also introduced home help services, activity centers (Pusat Aktiviti Warga Emas or PAWE), and transport services (Unit Penyayang Warga Emas or UPWE), as well as promoted health awareness and provided health care services for older persons. These services are usually targeted at the destitute or those with specific needs.
- Privately owned and financed, for profit care services
Private for-profit care facilities provide a range of regulated and unregulated services. They may be care homes, nursing homes or private day-care centres. Some provide care services for the aged that are unregulated, including live-in or daily care, mobile care, community care and retirement villages.
- Private not-for-profit and mixed models
In this model, private provision of services is financed through public grants and/or public donations and delivered by non-governmental organisations.

The World Bank estimates that institutional aged care covers only a very small portion of older persons in Malaysia. Public aged care facilities is estimated to cover only 0.4 percent of estimated older persons with functional limitations for activities of daily living (ADL). Private residential care homes are estimated to cover less than 5 percent of potential demand.⁹ Meanwhile, the formal home and community-based aged care services cover less than 1 percent of older persons with ADLs functional limitations. These services typically provide home visits and food services and cover less than 6,000 persons, mostly in urban areas.

Type of care	Public/government service providers	Private and non-governmental service providers
Institutional care	Care homes: Rumah Seri Kenangan (RSK), Rumah Warga Tua (RWT) Nursing homes: Rumah Ehsan (RE)	Care homes Nursing homes Retirement villages
Home and community-based care	Activity centers: Pusat Aktiviti Warga Emas (PAWE) Home help and transport services: Unit Penyayang Warga Emas (UPWE)	Daycare centres Home and community-based care

The small coverage of both public and private aged care services indicates that most aged care needs are unmet or met informally through home care provided either by hired domestic workers or family

⁸ Ibid

⁹ Ibid

members. This comes with economic and personal consequences such as lower female labor market participation.¹⁰ Public care homes and nursing homes are usually accessed by destitute older persons while well-off families are likely to purchase care services from the private sector. Low-income or middle-income families who cannot access public aged care services and do not have the financial means to pay for private sector services would have to rely either on informal care providers or unpaid care by family members.

The people providing aged care

The World Bank estimates that there were 388,000 aged care workers in 2017 in Malaysia.¹¹ The number includes personal care workers, domestic workers and health workers. Nearly 40 percent of personal care workers and domestic workers in aged care are 40 years old and above; a large majority of them are women. Most personal care workers and health workers involved in aged care are Malaysian citizens. In contrast, 93.6 percent of domestic workers are migrant workers. This means that changes and restrictions in labour migration policies and/or immigration policies can impact the availability of aged care service provision.

Many aged care workers and family members providing care to older persons also lack the required skills. Aged care is multi-faceted and require skills such as physiotherapy, diet and nutrition and emotion management. Current labour migration policies provide only for the hiring of women migrant domestic workers. This can exclude male care workers. Further, the job title of “domestic worker” does not encapsulate fully the work of a care worker or accurately describe their professional skills and tasks.

Care-related social protection policies

Social safety nets for unpaid caregivers

There has been growing recognition that caregivers performing unpaid care work, particularly caregivers outside the formal labour market, have limited access to social safety nets. This has a negative impact of the ability to participate in the formal labour market in the future, financial security and access to healthcare services. To mitigate this, The Government of Malaysia introduced several policies targeted at increasing the access of “housewives” to social protection schemes that are provided to formal sector workers. These policies are clearly targeted at women, reflecting the gendered features of unpaid work and the socio-economic disadvantages or risks women face in this regard.

Below are the key social protection programmes in Malaysia that target women who are unpaid care providers.

Housewives’ Social Security Scheme

The first of these is the introduction of the ‘Housewives’ Social Security Scheme’ (SKSSR), to include “housewives” into the national social security scheme, administered by the Social Security Organisation (SOCSO). The implementation of SKSSR began on 1 Dec 2022 and is aimed at providing

¹⁰ Ibid

¹¹ Ibid

social security protection to housewives against domestic accidents and invalidity while managing the household.¹²

Under the SKSSR, a woman, whether married or unmarried, who manages a household on a full-time or part-time basis, including a wife, mother, divorcee, widow or a single mother aged 55 and below, can opt-in for the scheme by contributing RM120 to cover a period of 12 consecutive months. Only Malaysian citizens and permanent residents can subscribe to the SKSSR. A subscriber is entitled to domestic accident protection benefits and invalidity protection benefits.

The contribution may be made by the woman herself or by her husband. The principle of 'Once in, Always in' applies to the SKSSR for husbands who choose to make contributions for their wives. This refers to the requirement that the annual contribution is made continuously by the husband on behalf of his wife. A fine of up to RM10,000 and/or a prison term of up to two years may be imposed on a husband who fails to make the contribution. The exception for the 'Once in, always in' principle is divorce or the loss of capacity to make the contribution because of loss of income.

Retirement savings fund for women

The i-Suri scheme was introduced in 2018 as a way of addressing the adverse impact that women spent outside the labour form by providing a pension. This scheme allows women (housewives and female heads of household including widows, divorcee and single women) under the age of 60 to voluntarily contribute to the Employees' Provident Fund (EPF), a retirement savings fund for private employees and non-pensionable public sector employees. Women who are registered in the e-Kasih (a government national database that collects data on low-income families for the purposes of planning, implementation and monitoring of poverty reduction programs) and who make a contribution under the i-Suri scheme will receive a matching contribution from the government.

During the first phase of implementation (August- December 2018)¹³, those who are eligible can make a minimum contribution of RM5 a month into a retirement savings account that is then matched by a RM40 contribution from the government. In the second phase which started in 2019, the government's contribution increased to RM50, of which RM10 will go towards contribution to SOCSO. As at July 2019, there were 321,313 women registered in the e-Kasih database. In the third phase of the i-Suri scheme, 2% of a husband's EFP contribution is entered into the wife's account. The third phase of this scheme is voluntary and has yet to be implemented.

The i-Suri is a voluntary opt-in scheme and often dependent on the agreement of a husband to make consistent contributions. The scheme is also only available to women and target their roles as "housewives", thus reinforcing gender stereotypes.

Domestic workers in Malaysia

The ILO Domestic Workers Convention, 2011 (C189) defines domestic workers as individuals who perform work in or for a household and do so within an employment relationship. They may work

¹² SOCSO, Housewives' Social Security Scheme, Available at:

<https://www.perkeso.gov.my/en/our-services/protection/housewife-social-security-scheme.html>

¹³ Gabungan Persatuan-Persatuan Pengguna Malaysia and Bank Negara Malaysia, i-Suri Untuk Kebajikan Suri Rumah, *Ringgit*, Available at:

<https://www.bnm.gov.my/documents/20124/1/c4860f68-78b0-05c8-88b5-a83c79e7dc91/>

fulltime, part-time or on an hourly basis, and may or may not reside in the employer's home. A domestic worker may also be employed by a single household or have multiple employers.

There is no data available on the number of domestic workers in Malaysia.

Employment law governing domestic work

The Employment Act 1955 defines a domestic worker (referred to as domestic employee in the legislation) as “a person employed in connection with the work of a private dwelling-house and not in connection with any trade, business, or profession carried on by the employer in such dwelling-house and includes a cook, house-servant, butler, child's nurse, valet, footman, gardener, washerman or washer-woman, watchman, groom and driver or cleaner of any vehicle licensed for private use.”

Unlike other workers who fall within the coverage of the Employment Act 1955, domestic workers are excluded from key labour law provisions including those that relate to the annual leave, sick leave, public holiday entitlements, overtime wage and maternity benefits. In addition, domestic workers are also excluded from other laws aimed at protecting workers from exploitative conditions, including those that govern the payment of minimum wages and national standards of employer-provided accommodation.

The exclusion of domestic workers from national labour rights protections and minimum wage entitlements reflects a broader and deeper undervaluation of domestic work; it is seen as not “real” work with value and worthy of rational economic calculations. The lack of protection enables the lack of accountability of employers, especially in situations where domestic workers are subject to substandard work and living conditions as well as exploitation.

Migrant domestic workers

As of September 2022, Malaysia employs over 90,000 migrant domestic workers.¹⁴ Immigration regulations dictate that only women from an approved list of countries may be employed as a migrant domestic worker.¹⁵ They are Indonesia, Thailand, Cambodia, Philippines, Sri Lanka, India, Vietnam, Laos and Nepal. To be eligible for employment, migrant domestic workers must be aged between 21 and 45 years old and undergo and pass a medical examination and a security clearance. Malaysian labour laws do not regulate the minimum work conditions or scope of work for the domestic work sector. Such policies enable Malaysian households to be dependent on domestic workers to cover all types of care including to care for children, the elderly, post-natal care, and to care for family members with disabilities or chronic diseases. These care needs are provided in addition to basic household chores that domestic workers are expected to perform. As a result, live-in domestic workers often work long hours without any form of overtime payment legislated for workers earning below RM4000 in monthly wage.

Some countries of origin such as Indonesia and the Philippines regulate employment conditions for their nationals working as domestic workers through bilateral agreements with Malaysia. The terms of such bilateral agreements are not legally binding. The Visit Pass (Temporary employment) or “work

¹⁴ Data.gov.my, Statistik Pekerja Asing Aktif Mengikut Jantina bagi Sektor Pembantu Rumah Sehingga 30 September 2022', Available at: https://www.data.gov.my/data/ms_MY/dataset/statistik-pekerja-asing-aktif-mengikut-tahun-bagi-sektor-pembantu-rumah/resource/0c1f4025-da7c-49e0-a822-176260677bdd

¹⁵ Immigration Department of Malaysia, Foreign Domestic Helper (FDH), Available at: <https://www.imi.gov.my/index.php/en/main-services/foreign-domestic-helper-fdh/>

permit” of a migrant domestic worker is valid for a 12-month period, and may be renewed annually for a period of up to 10 years. A migrant domestic worker has limited labour market mobility once placed with an employer; she can only change her employment in exceptional circumstances.

As a result, the recruitment process and terms of employment as well as the working and living conditions of a migrant domestic worker are vastly varied. Work conditions such as long work hours, the lack of a paid day off, poor living conditions, working double jobs, limited freedom of movement, non-payment of wages as well as violence and harassment experienced by migrant domestic workers in Malaysia are well-documented.

It should be noted that there is also a large number of undocumented migrant domestic workers who perform paid domestic and care work in the informal economy. The exact number of this group of workers cannot be determined.

Social protection for domestic workers

Social Security Organisation Scheme

Since 1 June 2021, coverage under the national social protection scheme (SOCSO) has been extended to domestic workers under the Employees’ Social Security Act 1969 and the Employment Insurance System Act 2017. The expansion of social security coverage to domestic workers had occurred in the midst of the COVID-19 pandemic, when the heightened workload of domestic workers put a spotlight on the risk they face in the course of their employment.

To be covered, the employer of a domestic worker must register the domestic worker into the scheme. Under the scheme, domestic workers who are Malaysian nationals, permanent residents and temporary residents will be protected under SOCSO’s Employment Injury Scheme, Invalidity Scheme and Employment Insurance Scheme. Migrant domestic workers are excluded from the Invalidity Scheme which provides benefits to employees who suffer from invalidity or death due to any cause and not related to employment. Migrant domestic workers are also excluded from the SOCSO’s Employment Insurance Scheme, a government insurance programme that provides financial aid and employment assistance to workers who have lost their jobs.

Foreign Workers Hospitalisation and Surgical Insurance Scheme

As part of the requirements to employ a migrant domestic worker and for the renewal of work permit, employers are required to sign on to a Foreign Workers Hospitalisation and Surgical Insurance Scheme (SPIKPA). SPIKPA is a yearly renewable hospital and surgical insurance scheme designed to reduce the financial burden of the employer of migrant workers in the event of hospital admission of their foreign workers to a Non-Corporatised Malaysian Government Hospital due to an accident or illness. The cost of the insurance premium for migrant domestic workers is borne by the employer.

Organising of domestic workers

There are no registered trade unions for the domestic work sector in Malaysia. In 2007, the Malaysian Trades Union Congress attempted to register a national domestic Workers’ Association, but the application was rejected without clear reasons. In 2014, a second attempt to register the Domestic Workers’ Association at the Registrar of Societies of Malaysia was similarly rejected.¹⁶

¹⁶ Verna Dinah Q. Viajar, *Trade Unions in Transformation Organizing Migrant Domestic Workers in Malaysia: Ways out of Precarity*, Friedrich Ebert Stiftung, February 2018, Available at: https://www.academia.edu/39490685/Trade_Unions_in_Transformation_Organizing_Migrant_Domestic_Workers_in_Malaysia_Ways_out_of_Precarity

Without a registered trade union, spaces and opportunities to organise formally are limited. This is exacerbated by the characteristics of domestic work – the seemingly private and dispersed nature of the workplaces of domestic workers, individualised contracts between the domestic worker and the employer and the lack of control domestic workers have over their working conditions or job scopes.

This has limited the ability of domestic workers – national and non-national – to participate directly in policy discourse and advocate for broader protection of their labour rights and equal access to essential services. Despite these limitations, the organising of migrant domestic workers has occurred to an extent. The Association of Nationalist Overseas Filipino Workers in Malaysia, AMMPO), a Filipino domestic workers organisation and Persatuan Pekerja Rumah Tangga Indonesia Migran (PERTIMIG), an Indonesian domestic workers organisation have both successfully established themselves as domestic worker associations in Malaysia. Although not formally registered as an association or a trade union under Malaysian laws, these organisations have mobilised and organised domestic workers through micro-level organising.

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