

Budget 2021: A Better Country for Women

Recommendations to safeguard women's employment, safety from gender-based violence and health in post-pandemic Malaysia



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This report by Women's Aid Organisation is co-authored by Natasha Dandavati (Pillar 1 and 3) and Yap Lay Sheng (Pillar 2), with research assistance by Rati Mujumdar and input provided by Yu Ren Chung, Sumitra Visvanathan, Shazana Agha and Rusni Tajari. To mainstream gender-responsive budgeting in Malaysia, Women's Aid Organisation and ENGENDER Consultancy are jointly organising a series of webinars, offline workshops and other advocacy activities around the theme. Our work is generously funded by Yayasan Sime Darby, who bear no responsibility for the contents of this report.

About WAO

Since 1982, Women's Aid Organisation has provided free shelter, counselling, and crisis support to women and children who experience abuse. We help women and their children rebuild their lives, after surviving domestic violence, rape, trafficking, and other atrocities. Learning from women's experiences, we advocate to improve public policies and shift public mindsets. Together, we change lives. For enquiries, you may contact us at info@wao.org.my.

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Summary

Budget 2021 must stem the erosion of gender equality progress caused by the pandemic in Malaysia. During the pandemic, the setbacks for women in Malaysia are especially pronounced in three areas, including safety from gender-based violence, in employment, and in the healthcare system.

First, the lockdown and the enforced confinement at home has left many at risk of domestic violence. Budget 2021 must prioritise spending to improve law enforcement and support services for gender-based violence survivors:

- 1 Set up a shared RM30 million inter-agency fund to train first-responders, including police, medical and welfare officers for gender-based violence survivors.
- 2 Earmark RM50 million to improve existing shelters and build new ones for gender-based violence survivors.
- 3 Devote RM5 million to operate and improve 24-7 telephone crisis service in Malaysia, including both public and NGO-operated emergency hotlines.
- 4 Make available a separate annual fund of RM20 million to combat gender-based violence in our disaster management response.

Second, the gender gaps in employment have widened because of the pandemic. Sectors with high concentration of women workers, such as tourism, hospitality and the services industries were hardest hit due to global travel restrictions and the lockdown.

At the same time, the additional unpaid care work when families were confined at home made it more difficult for women workers to devote the time required for paid work. Budgetary policies must close these persistent gender gaps in employment:

- 5 Prioritise subsidised adult education and lifelong learning programmes for women after their career break to close the gender gap in labour force participation rate.
- 6 Increase public investment in the care economy, especially by increasing the publicly-operated childcare centres, and by increasing producer subsidies to operators.

- 7 Introduce means-tested childcare and elderly care services subsidies for households to relieve the cost burden for the poor.

- 8 Carry out amendments to the Employment Act to make the workplace more family-friendly, including prohibiting discrimination against employees and job-seekers, introducing a 7-day paternity leave, increasing paid maternity leave to 90-days, protecting workers' right to flexible work arrangements.

Third, we must emerge from this crisis with a stronger healthcare system for the vulnerable, especially at-risk women, by:

- 9 Strengthening the capacity of primary healthcare providers in responding to cases of domestic violence, and gender-based violence.
- 10 Ensuring the full and continuous functioning of all One-Stop Crisis Centers across the country, including budget for training and for adequate numbers of specialised staff.
- 11 Designing a national strategy to reduce the maternal mortality rate, as part of a long-term plan to improve the sexual and reproductive healthcare for women and girls—which has been set back by the lockdown.

Introduction

It will take 99.5 years to close the global gender gap, according to projections by the World Economic Forum's Global Gender Gap Report 2020.¹

In the same report that ranks the gender gap for 153 countries, Malaysia placed at 104 globally, behind all its peers in ASEAN except Myanmar.

Clearly, much work is yet to be done to bring about gender equality in Malaysia, and even much of the limited progress we made towards gender equality has been eroded by the COVID-19 pandemic.

During the pandemic, the setbacks for women in Malaysia are most pronounced in some areas, including the rise in gender-based violence, disproportionate impact on women's employment, hindered access to rights and justice mechanisms, limited access to healthcare serving the needs of women and girls, and the increase in unpaid care work.

These vulnerabilities are not distinct from one another. Often, they reinforce, intersect with and exacerbate one another. For example, at-risk women who are paid less often take on more unpaid care work, face more income instability, and become more vulnerable to gender-based violence; they also experience reduced access to rights and justice frameworks that might close these gaps.

If left unattended, these existing inequalities may be compounded, trapping at-risk women in interlocking cycles of poverty and violence.

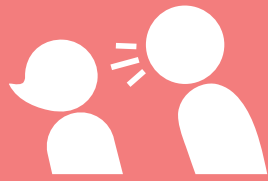
Hence, it is critical that the budget for 2021, as well as any subsequent rounds of stimulus measures and supplementary budgets, utilise a gender lens to ensure that social spending reaches the most vulnerable groups of our population, including at-risk women.

The need for gender-responsive budgeting

Gender-responsive budgeting (GRB) is critical to ensuring that gender equality considerations are taken systematically into account in tax and spending decisions. According to the Economic and Social Commission for Asia and the Pacific (ESCAP), gender-responsive budgeting:²

- Recognises that budgets are not neutral and have different benefits on and impacts to men and women.
- Incorporates a gender perspective and analysis into all stages of the budget cycle in order to ensure that women and girls benefit equally from government expenditure.
- Promotes gender equality by analysing who gets the most benefit from government revenue, who has the greatest and least tax burden, and what the impact of government spending is on things like the unpaid care burden on women.
- May involve increasing spending in certain sectors that benefit women and girls and reduce inequality.

Gender responsive budgeting has been used by countries all over the world and has taken various forms. For example, the Philippines implemented gender responsive budget policy initiatives as early as 1995 with its Gender and Development Budget, and this has resulted in gender-specific planning in government departments and their respective agencies and bureaus.³ Other governments have adopted gender-informed resource allocations, in which gender equality is used as a metric in determining specific policy decisions and budgetary allocations. South Korea, for example, increased funding of programmes that aim to reduce the burden of domestic work for women, allowing them greater opportunities to participate in the work force.⁴



Part I

Access to law enforcement and
crisis support services for gender-
based violence survivors

Pillar I Access to crisis support services for gender-based violence survivors

Access to tailored and gender-sensitive crisis support services is critical for survivors of gender-based violence (GBV), not only for their immediate safety and protection, but to ensure their longer-term wellbeing and ability to reintegrate into society as engaged citizens.

The budget must strengthen three types of critical support services for survivors:

- First responders—including the police and welfare department—who are equipped to respond to survivors of GBV;
- Crisis shelters with sufficient resources and trained personnel to cater to GBV survivors; and
- A 24-7 crisis hotline with operators who are trained to respond to GBV in the major languages of the country.

1 Set up a shared RM30 million inter-agency fund to train first-responders, including police, medical and welfare officers for GBV survivors

Based on WAO's firsthand knowledge of helping survivors during the lockdown, some who escaped their abusive homes to seek help from the police station, only to be told to return after the MCO period had ended. Such an experience is traumatic for survivors and poses a direct threat to their safety and well-being by forcing them to return to their abusive home.

This problem reflects several gaps in our institutional response:

First, many members of society, including law enforcement officials, still think of domestic violence as a private, family matter. This perception manifests in harmful victim-blaming behaviours, whereby the responsibility for the wrongful act is placed on the survivors rather than perpetrators.

It is important that every front-line police officer is well trained on the DVA, the Garis Panduan, and other relevant laws and procedures, as well as how to appropriately interact with domestic violence survivors. It must be emphasised, for example, that consistent with the law, protection must be the first priority and that reconciliation is

not under the purview of the police. Additionally, it must be emphasised that domestic violence is a crime, and survivors should not be blamed.

Second, Investigating Officers dealing with domestic violence cases are overworked, sometimes working 24-hour shifts. There is a need for a greater allocation for dedicated police officers to deal specifically with cases of gender-based violence.

Third, there is also a lack of supporting personnel, such as counselors, to assist front-line officers, and a lack of specialised staff equipped to deal with the unique needs of survivors of domestic violence.

An inter-agency fund should be used to:

- ▶ Increase the number of staff for the PDRM D11 unit—the Sexual/Domestic Violence/Child Abuse Investigation Division—to increase the number of police officers specifically tasked with responding to sexual and domestic violence, as well as to increase the long-term retention and create institutional expertise in the area of GBV response;
- ▶ Providing support to these officers in handling cases, including access to counsellors to deal with traumatised survivors;
- ▶ Ensure training of every police precinct across the country in GBV response and referral, with the training curriculum designed by the National Domestic Violence Committee in collaboration with NGOs specialising in GBV response.
- ▶ Strengthen the referral pathways between JKM, police officers, the courts and other NGO partners, especially taking cognisance of the pandemic and lockdown conditions.
- ▶ Include a module on gender issues and responding to gender-based violence in existing induction programmes for all first-responders.
- ▶ Adapt services to COVID-19, including strengthening remote protection (e.g. regular SMS) and judicial services for survivors.

Countries globally have doubled down on spending to strengthen institutional responses to GBV ...

▶ In 2019, Australia's Prime Minister announced the largest ever Commonwealth investment in the prevention and response to violence against women and children through a \$328 million allocation for 2019-2022.⁵ This included \$82 million for frontline services.⁶

▶ New Zealand's 2020 budget includes \$183 million over four years for the Ministry of Social Development to ensure access to specialist family violence services, including \$19.9 million towards specialised multi-agency response from the Police, Justice, and Health departments.⁷

This builds on New Zealand's 2019 Wellbeing Budget package of \$320 million over four years towards protection and response related to family violence and sexual violence, including \$79.8 million towards safe, consistent, and effective responses to family violence and \$32.8 million towards improving the criminal justice system to better respond to victims of sexual and family violence.⁸

2 Earmark RM50 million to improve and increase shelter capacity and support services for GBV survivors

Under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), to which Malaysia is a party, the government has an obligation to address domestic violence, including through the provision of sufficient numbers of safe and adequately equipped shelters for women, their children, and other family members.

Temporary shelters are an important pillar of crisis support for survivors of gender-based violence, especially if survivors have been displaced from their long-term residences.

According to international best practices developed by the Council of Europe, countries should have one family place in a women's shelter per 10,000 inhabitants as a minimum standard.

However, we have a critical deficit in number of shelters per capita. According to a WAO study, Malaysia has roughly one family place per 72,538 inhabitants, which is far below the recommended

standard.

In addition, WAO has also found that available government-run shelters are not fully utilised, suggesting a gap in existing response and referral mechanisms, as well as services provided.

The needs of DV survivors are multiple and complex as they deal with the physical, emotional, social, and financial fallout from abuse, which requires tailored social services for their needs. Malaysia has a ratio of one social worker for every 8,756 Malaysians, far behind the ratio of several developed countries such as the United States, the United Kingdom, Singapore and Australia (figure 1).

As a result of this lack of trained social workers, our study found that existing services in the shelters specifically serving the needs of DV survivors are limited. Many shelters lack the funding necessary to be able to offer specialised services.

An RM50 million fund should be used to:

▶ Construct new GBV shelters, especially in underserved areas, and by identifying empty and unused government houses, as well as identifying unused properties from the hospitality industry, and allocating funds for their conversion to GBV shelters;

▶ Strengthen the institutional referral pathways from police, JKM, judiciary to both publicly-run shelters and NGO-operated shelters. Law enforcement and support services must be integrated to better serve survivors.

▶ Train qualified social workers, and offer tailored social services that will aid in a GBV survivor's process of recovery.

▶ A separate fund should also be designated for temporary financial assistance for GBV survivors who are in some form of transition from crisis shelter to permanent housing, whether or not they are in transitional housing provided under a government scheme.

3 Devote RM5 million to operate and improve 24-7 telephone crisis service in Malaysia, including both public and NGO-operated emergency hotlines

The COVID-19 pandemic laid bare the inadequacy of our support system for survivors of

There is one social worker to residents in

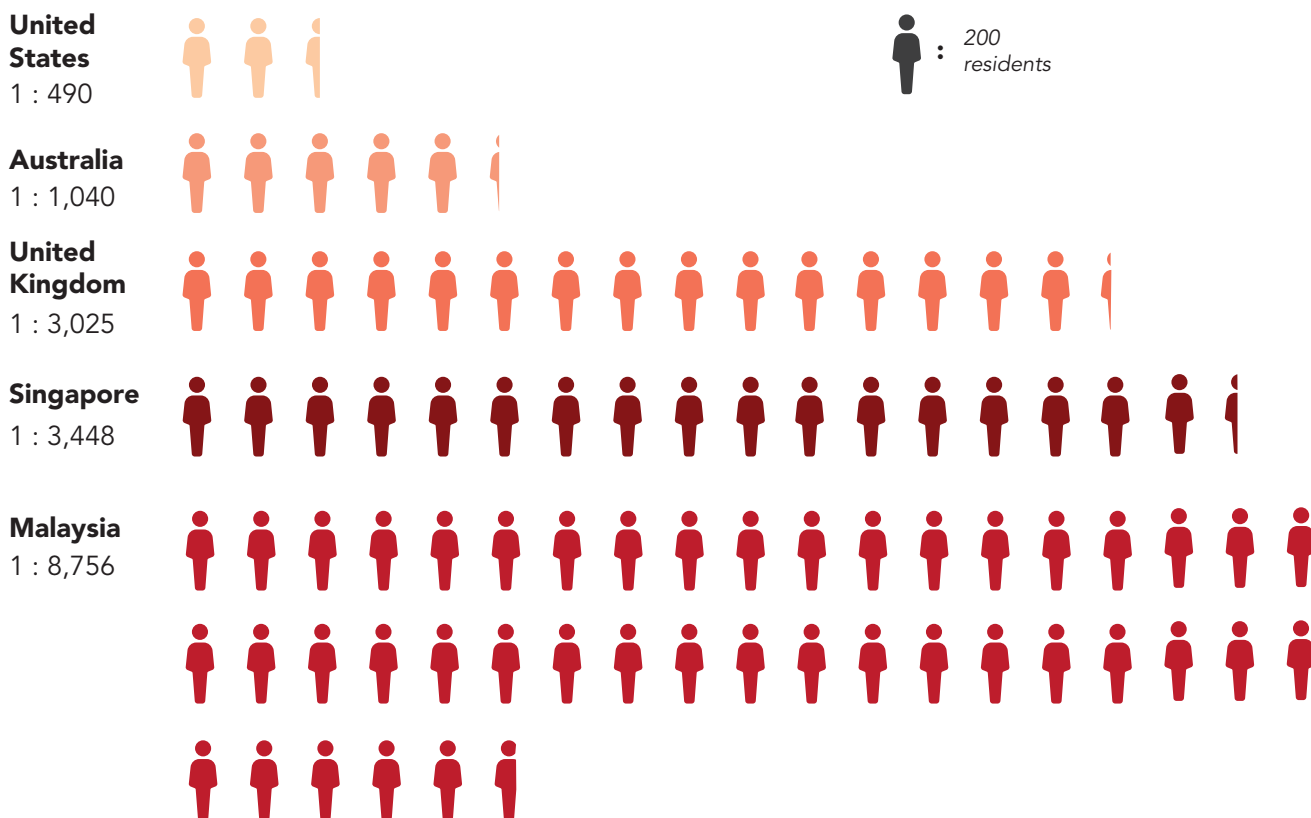


Figure 1 Ratio of social workers to residents in five countries, 2019. Source: *Annuaire, Y Azril (2020, Oct 9) 'New Bill granting social workers professional status set for Dec tabling.'* Malay Mail Online.

GBV. During the Movement Control Order (MCO), cases of domestic violence significantly increased in Malaysia. During this period, survivors were trapped at home with their perpetrators, at the same time as crucial support services were disrupted. Women's Aid Organisation (WAO) experienced a spike in inquiries to our telephone and SMS/Whatsapp hotline from individuals seeking help for domestic violence (figure 2).

One of the most crucial services that was disrupted during the MCO was the overwhelming of the emergency responders behind 15999 Talian Kasih hotlines. As the national crisis hotline for psychosocial support services, including for domestic violence and child abuse, the hotline is oftentimes the first place survivors go to seek assistance and critical information during crises.

It is therefore critical that the hotline be operational 24-7, and that it be staffed with individuals knowledgeable on responding to gender-based violence and child abuse, as well as equipped to handle inquiries at least in the four major languages. The hotline should also have the capacity to refer individuals to support services in other languages as needed.

We need to support government and NGO crisis hotlines in this country by allocating funds to:

- ▶ Conduct a national evaluation of the Talian Kasih Hotline, with the goal of identifying gaps in reaching GBV survivors.
- ▶ Train Talian Kasih operators specialised in GBV response.
- ▶ Upscale Talian Kasih to be resourced with additional hotline operators.
- ▶ Support NGOs already running and looking to upscale existing GBV crisis hotlines, or looking to establish new crisis hotlines.
- ▶ To enable approved NGO crisis hotlines to be administered toll-free, in partnership with the Malaysian Communications and Multimedia Commission (MCMC).

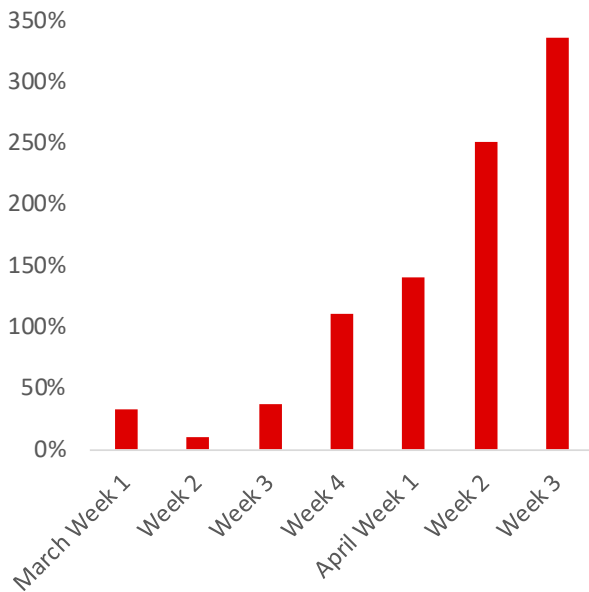


Figure 2 Percentage increase in WAO Hotline & TINA activities in comparison to an average week in February. *Source: WAO internal calculations, 2020*

4 **Make available a separate annual fund of RM20 million to combat GBV in future crises in our disaster management response**

Additionally, in anticipation of crises in the future, it is critical that an emergency response fund is set aside each year with a built-in gender component that recognises the particular vulnerabilities of women and children during disasters.

During times of crisis, this fund must be used to quickly ramp up the capacity of the Talian Kasih hotline with an additional reserve of hotline operators.

The emergency response fund will also be used to build awareness around gender-based violence and child abuse, and of channels of assistance for survivors of such violence. The absence of an institutional response system often deters survivors from reporting abuse, especially so during the disruption of public services during emergencies.

Publicly funded shelters are an important component of many countries' response to GBV ...

- ▶ As part of Australia's overall multi-year 2019-2022 budget allocation of for GBV, \$78 million was allocated to provide safe places for people impacted by family and domestic violence.^{9 10}
- ▶ New Zealand's 2020 Budget included \$142 million for service supporting victims of family violence.¹¹
- ▶ Since 1999, South Korea has a specific budget for counselling centres and shelters, and survivors' medical expenses. In 2009, the allocation for this was \$27 million USD.^{12 13}

Many publicly-funded telephone hotlines are the first resource for GBV survivors in times of crises ...

- ▶ Between 2019-2022, Australia's budget allocation for their national hotline for sexual assault, domestic, and family violence counselling is \$64 million.¹⁴
- ▶ The National Domestic Violence Hotline in the United States, created through the Violence Against Women Act received an allocation of USD9.25 million and USD10.25 million in 2018 and 2019 respectively.¹⁵

The extra funds for disaster management response will be used to:

- ▶ Increase capacity to respond to gender-based violence via the Talian Kasih hotline
- ▶ Disseminate critical resources, food aid, provide temporary accommodation services for survivors of GBV during times of national crises.
- ▶ Increase awareness of public services, and alternative referral pathways, if routine services have been disrupted by national emergencies or disasters.



Part II

Safeguarding women's
employment after the
pandemic

Pillar III Safeguarding women’s employment in Malaysia after the pandemic

The pandemic has highlighted the importance of both formal and informal care work in relieving the stress of the pandemic on society.

From the increase in routine domestic work as families are confined to their homes, to the extra care burden when schools, early childhood programs and elderly long-term care facilities are temporarily shuttered, to the importance of underpaid essential occupations in the health and social services sector, women in Malaysia are disproportionately implicated.

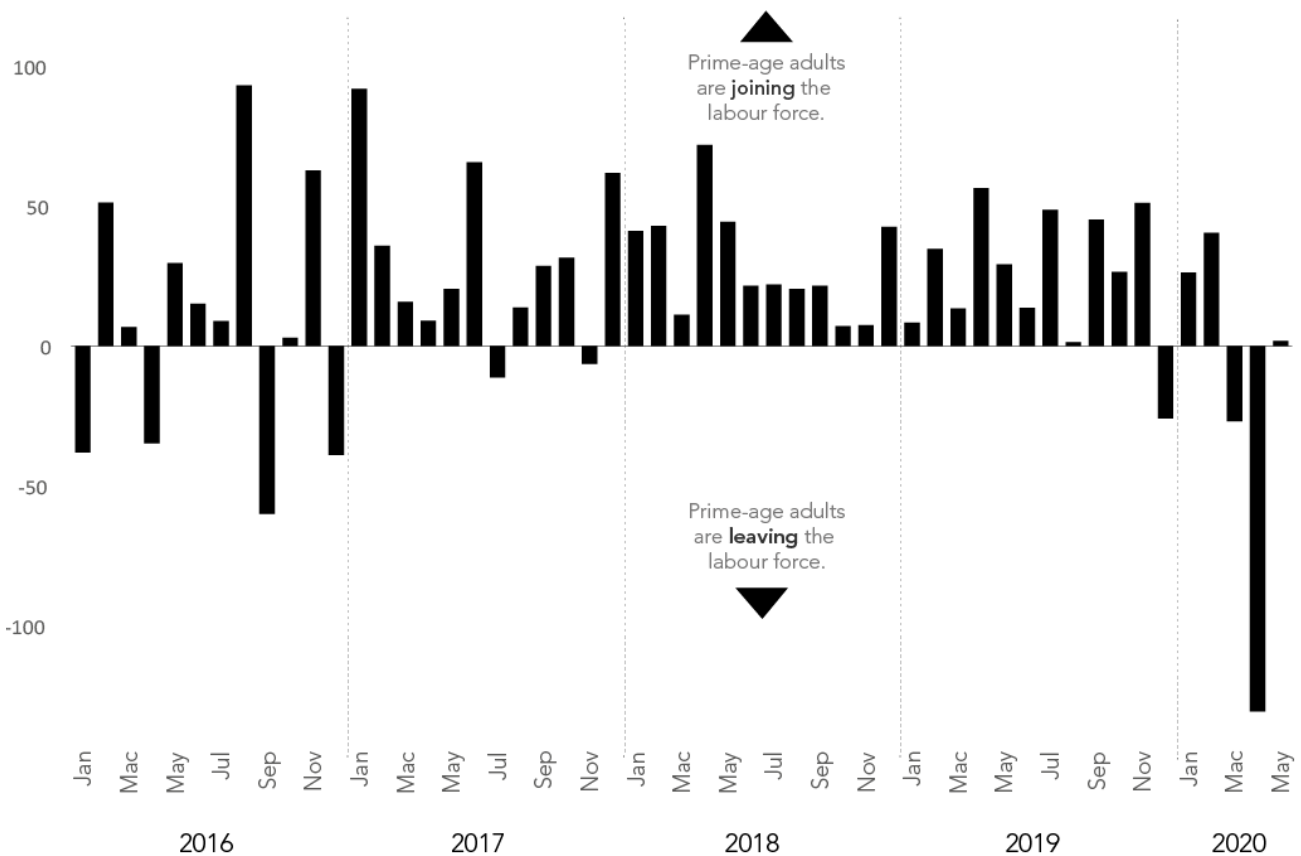
The latest labour force survey confirms the negative consequences of the pandemic for women’s employment. Between January and April 2020, a net total of 200,000 prime-age workers had already left the labour force (refer

to figure 3). This is the fastest rate of decrease in the economically active population that we have witnessed in recent years.

Amongst this group, most individuals cite care obligations as the primary reason for giving up employment. Due to their lesser status in the labour market than men, women are also more likely to give up seeking employment once retrenched.

An extended period of not working also leaves many women with a loss of skills, lost productive years and lower earning potential in the long term, further reinforcing the view that women’s employment is secondary to the “breadwinner” within the household.

To prevent this slide in gender equality progress, care policies and measures to safeguard women’s employment have to be put at the heart of Malaysia’s 2021 budgetary response to the pandemic.



The number of prime-age workers who have given up employment has spiked, the majority of whom cite caregiving and family obligations for quitting the labour force.

Figure 3 Net change in monthly population in the labour force, 2016-2020. Source: Monthly Principal Statistics of Labour Force (April 2020), DOSM

	Female			Male		
	2016	2017	2018	2016	2017	2018
	81.5	80.2	80.5	87.9	86.7	87.1
≤ 24	63.6	62.6	65.8	68.1	64.7	68.5
25 - 34	87.2	86.8	86.4	94.4	94.4	95.1
35 - 44	89.0	86.7	86.4	98.8	98.9	99.1
≥ 45	71.6	68.7	68.7	77.9	74.5	71.8
Degree	87.3	86.1	85.9	90.7	89.5	88.9
≤ 24	76.2	78.1	79.4	83.2	76.9	77.2
25 - 34	89.5	88.6	88.4	94.2	95.3	95.3
35 - 44	92.0	89.0	88.9	99.3	98.9	98.9
≥ 45	78.1	77.6	76.7	79.9	75.4	73.8
Diploma	75.3	73.8	74.4	85.2	83.8	85.3
≤ 24	59.2	57.0	60.0	64.0	61.5	66.3
25 - 34	84.3	84.4	83.6	94.6	93.4	94.9
35 - 44	84.4	83.5	82.9	98.2	99.0	99.4
≥ 45	64.1	58.0	59.1	74.9	73.1	68.6

The LFPR for female graduates in their early prime adulthood (25-44 yo) has declined between 2016-2018, in contrast to LFPR for their male counterparts.

Table 1 Labour force participation rate for graduates in Malaysia, by age group, by sex and by tertiary education. *Source: Graduates Survey 2020, Department of Statistics Malaysia*

5 Prioritise lifelong learning programmes for women after their career breaks to close the gender gap in labour force participation rate

As the recession deepens over the next quarter(s), more women are expected to drop out of the labour market, eroding the already-small gains made in female labour force participation in Malaysia over the past decade.

This reality is further reinforced by the recently released Graduate Survey 2020 by DOSM. Men and women with tertiary education face different gendered outcomes in the labour market. A female degree-holder in her young prime (25-44 yo) is today less likely to participate in the labour force compared to in 2016, in contrast to her male counterpart (refer to Table 1).

The government had previously introduced

significant back-to-work policies and financial incentives to encourage women's participation in the world of work, including a 12-month tax exemption for women returning to work after a break of at least two years. The missing puzzle piece is lifelong learning opportunities that are integral to enable a woman's re-entry into the labour market, especially after a long career break.

However, existing lifelong learning initiatives lack both the breadth of coverage and depth of training offered, as well as suffer from the lack of a central coordinating agency. These programmes include the Housewives Enhancement and Reactivate Talent Scheme (HEARTS) initiative by Human Resources Development Fund (HRDF), Career Comeback Programme by TalentCorp, Single Mother Skills Incubator and Women Entrepreneurship incubator by KPWK, run by different ministries.

Moreover, the employer grant scheme by HRDF, Malaysia's largest adult education and training fund, only provides employer subsidies to train full-time workers, effectively excluding women on their career break, non-standard employees such as self-employed workers, and the workforce outside the formal sector. Women also face specific barriers to lifelong learning, including a lack of time or financial resources.

In the short term, the government should:

- ▶ Scale up the HEARTS programme by HRDF, improve the targeting of the programme for homemakers and other women on their career break in order to reach at least 10,000 women annually from the current 1000.¹⁶
- ▶ Implement the government's previous commitment to increase TVET night-time classes for enrollment by adult workers and non-workers.¹⁷
- ▶ Ensure that Development of Women Entrepreneurs Initiative (DeWI) by KPWKM is updated according to the needs of the modern digital economy, and is developed according to the most updated 'Critically Endangered Occupations List' provided by MOHR.

In the longer term, the government must commit spending on a mass adult learning programmes that are accessible and affordable, ensuring that:

- ▶ Provide sufficient subsidies (up to 50% of fees) for courses to be affordable;
- ▶ Be sensitive to adult women and mothers' time constraints;
- ▶ Does not discriminate based on one's employment history, or length of career break;

Since 2015, Singapore has prioritised post-tertiary formal learning programmes for working-age adults

- ▶ The SkillsFuture Credit offers direct subsidies of S\$500 to all Singapore citizens over the age of 25 for a pre-approved list of courses. This sum can be used for continuing education courses in local tertiary institutions, as well as short courses provided by providers such as Udemy, Coursera, and edX.

Between 2015 and 2017, the subsidy has been used by over 285,000 Singaporeans.¹⁸

6 Increase public investment in the care economy to achieve universal ECCE, especially by increasing the public provision of childcare, and by providing producer subsidies to operators.

Women's employment is intimately tied to the availability, affordability and accessibility of childcare facilities in the country.

In 2017, 58% of the working-age female population cite "family responsibilities" as the primary reason they quit the labour force, a huge contrast to only 3.2% of men who fall within the same category.¹⁹

A major reason for this gap is due to the outsized importance of Informal care arrangements within households in Malaysia. A study has found that amongst working mothers with children under 6, informal care provided by grandparents, relatives or parental care is the predominant form of care arrangement (refer to figure 5). Overall, in 2018, only 6.9% of all children below the age of four in Malaysia are enrolled in any childcare service.²⁰

Our care economy significantly lags behind other developed countries. In Malaysia, the share of social care workers who are non-clinical workers comprise a small percentage of the overall health and social services sector, pointing to the huge gap in the provision of care work services in the formal, public health system. The number of social care workers (including residential, home and community care workers) have remained very small, never exceeding one-fifth of total employment in the sector over the past decade (refer to figure 4). This is not the case in other countries such as Germany, where social care workers comprise 41.2% of total employment in the health and social services sector.²¹

In terms of childcare centres by types, the market is dominated by privately-run institutions care, with publicly-owned centres coming in at a distant second (refer to figure 6 below). At 727 government-owned centres, direct support for the care sector is minimal.

The COVID-19 crisis will lead to the collapse of the already small formal early childhood care and education sector (ECCE) in Malaysia. The government should step up support for ECCE providers facing a looming collapse as children are withdrawn from programmes en masse even after the resumption of normal operations in the post-MCO period. A viable ECCE sector is essential for a strong post-pandemic recovery, as robust employment growth after the economic

A snapshot on the care economy in Malaysia ...

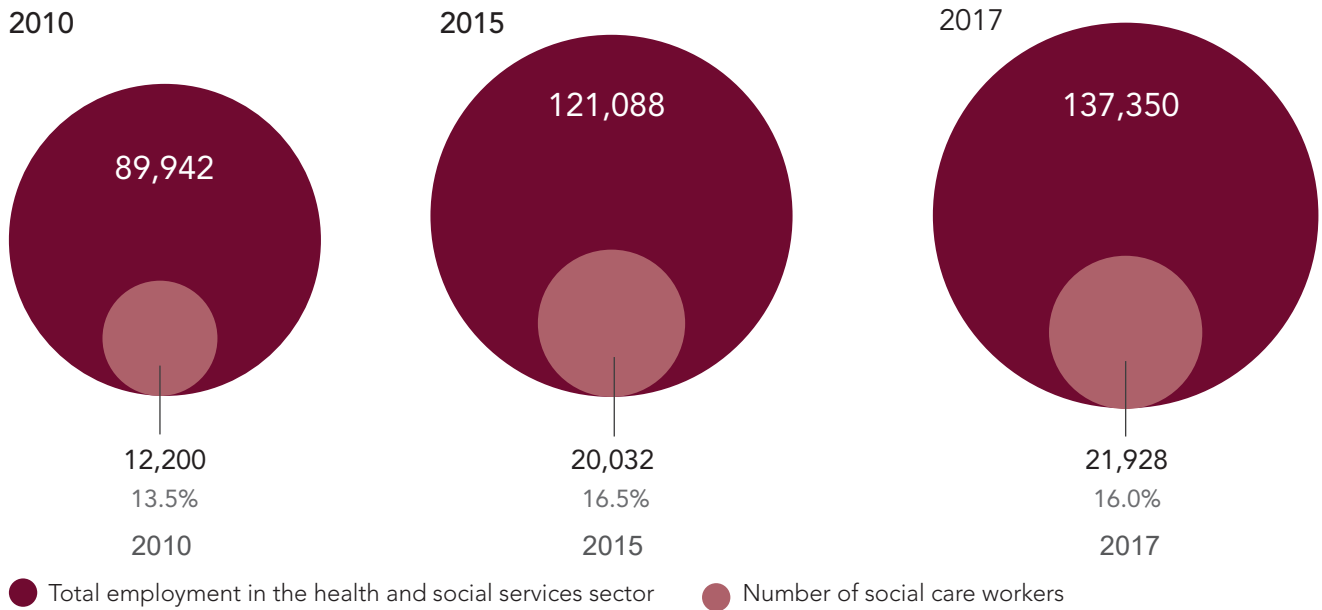
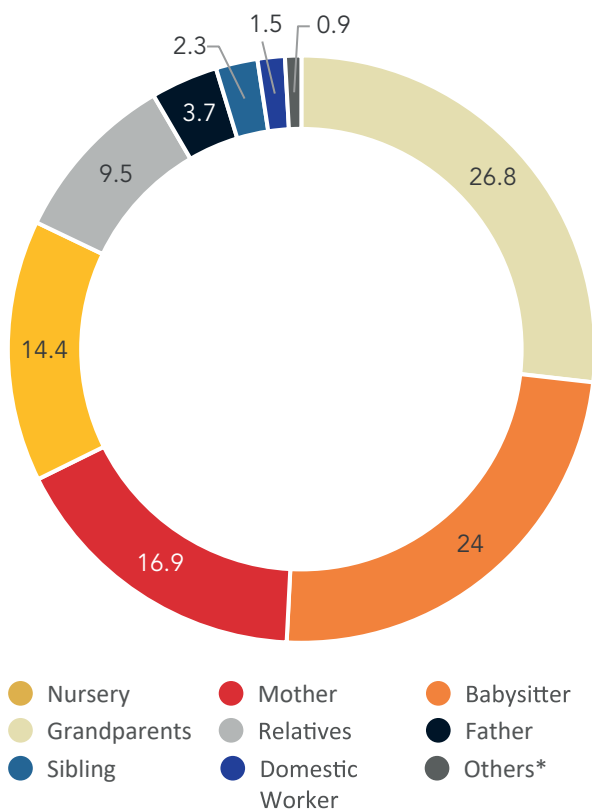
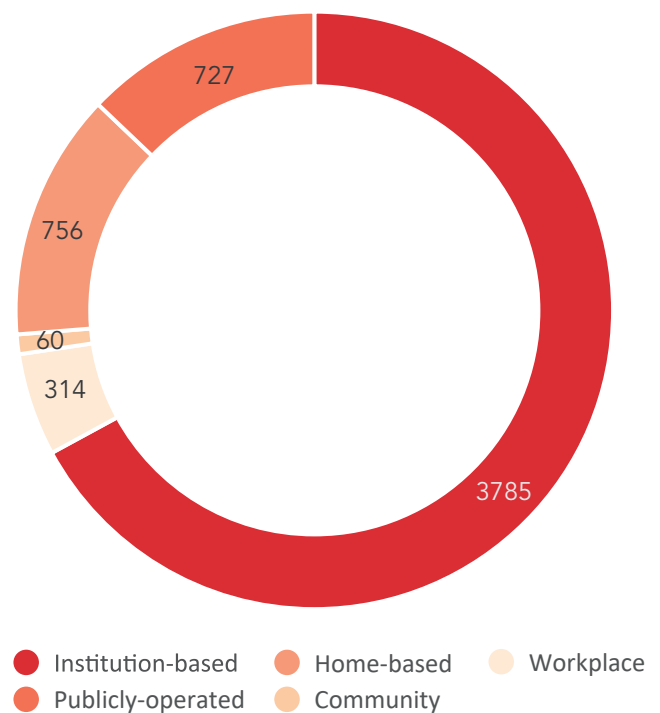


Figure 4 Social care workers, including social workers, childcarers, mobile health workers, long-term care providers comprise a small percentage of formal employment in the health and social services sector. *Source: Author's calculations derived from Annual Economic Survey 2018, Department of Statistics Malaysia (DOSM)*



* Including pre-school or no caregiver

Figure 5 Care arrangements for working mothers with children under six, 2014
Source: Fifth Malaysian Population and Family Survey (MPFS-5), National Population and Family Development Board (LPPKN), 2014



Institution-based refer to private operators with >10 children, community centres refer to centres with >10 children and receive some government subsidies

Figure 6 Number of childcare centres in Malaysia, by type (classification according to Childcare Centre Act 1984), 2019
Source: National Child Data Centre, retrieved from <https://ncdc.upsi.edu.my/> on 1st July 2020.

crisis is possible only if the working-age population is not saddled with unpaid care duties.

A mixture of policies can help improve the mix of publicly-subsidised childcare in the market:

- ▶ Commit more spending to public childcare facilities, with a target of reaching the OECD average of 30% of all centres operated as public services.
- ▶ Launch startup grants for childcare operators, and ensure that operators on public assistance adhere to a cap in fees.
- ▶ Consider doubling the RM5,000 direct support in the Penjana package for operators currently struggling because of the pandemic.

7 Institute pro-poor means-tested Early Childhood Education and Care consumer subsidies to relieve the cost burden for the poor

Our current policies are poorly geared towards alleviating the cost burden for poorer households. This is because childcare support in Malaysia comes in the form of a tax exemption of up to RM 2,000 for childcare expenditure. This was recently increased to RM 3,000 for the assessment period 2020-2021 in the Penjana stimulus package.

Such targeting effectively redistributes public childcare expenditure to well-off families and excludes poorer households with no tax liabilities. Although the government has also balanced this with a RM 800 direct subsidy for mobile childcare services (babysitters) in the recent Penjana package, this measure is temporary (ends August 2020), indiscriminately applied to all households regardless of income.

The government should shift childcare support towards low-income families, while gradually phasing out the current regressive tax support for childcare. The rationale behind this gradual shift is that sharply eliminating the existing support would only damage the incentives for maternal employment, while also eliminating support for other middle-income households.

In terms of work status, single working parent households are most prevalent in B40 households, yet existing childcare policies are poorly tailored to this low-income group (figure 7). At the same time, female-headed households are over-represented in the B40 category, making

affordable and accessible childcare an urgent priority for this disadvantaged group (figure 8). Providing childcare support for poor households enable parent(s) to take up additional hours of paid work, effectively lifting the disposable income for B40 households.

According to the recently released Household Income and Expenditure Survey 2019 (HIES), pre-primary education and care expenditure as a proportion of household expenditure is disproportionately high.

A mixture of policies can help improve the targeting of childcare support, with a focus on community-based and home-based childcare:

- ▶ Introduce a means-tested childcare subsidy for B40 households, of up to 20% of fees. This subsidy must be scaled according to the different cost of childcare in different geographical regions.
- ▶ Introduce a cap to fees for childcare operators who rely on producer subsidies, or have received startup grants from the government.
- ▶ Strengthen the provision of public childcare services in low-income neighbourhoods and in rural areas where there is a lack of private operators.
- ▶ Additional funds have been announced in the Penjana package to train care workers. This scheme should be continued for the fiscal year 2021, making sure that at least half of the new care practitioners are trained to provide community-based and home-based child care workers.

8 Carry out amendments to the Employment Act to make the workplace more family-friendly

A survey carried out by TalentCorp in 2018 found that despite a strong commitment by firms to supporting work-life practices, the extent of implementation of actual flexible work arrangements often falls short. Only 48% of Malaysian firms offer an option of 'flexi hours,' 34% offer the possibility of leaving early from work and, dismally, only 16% offer a work from home choice. This is in stark contrast to the 60% of European workers who can easily take one or two hours off each working day to attend to personal matters.²²

In 2019, there were some proposals to ensure

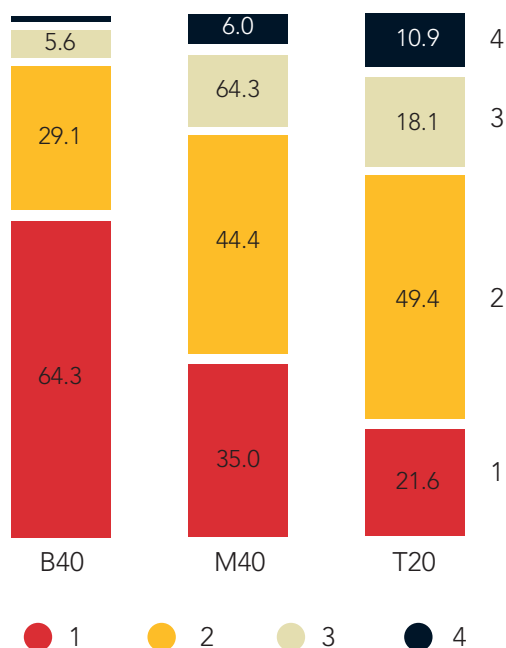


Figure 7 Percentage of households by number of income earners, 2014 (%)

Source: Khazanah Research Institute (2014) based on Household and Income Survey 2014, DOSM

this right for workers through amendments to the Employment Act. While working towards these legislative amendments, the government should play an active role in shaping social dialogue between firms and employees in regulating work hours as a short-term, immediate measure during the crisis.

Besides friendly work-life practices, family-friendly facilities and benefits can improve a working parent's ability to balance work and family commitments. Budget 2020 had previously expanded childcare facilities in the public sector, especially the public healthcare and education sectors. We call for this support to be extended to the private sector, where the same TalentCorp report has highlighted that only 5% of Malaysian firms have on-site childcare facilities and only 6% of firms offer any childcare subsidies, despite the corporate tax incentives put in place to encourage this practice.

While maternity leave with employment protection is already widespread, Malaysia has only just begun to study the possibilities of compulsory paternity leave. These efforts, however, have been stalled by larger political changes and delayed parliamentary sessions. We repeat our call for the immediate amendment to the Employment Act to enshrine 7-days paternity leave for fathers, while working towards increasing this benefit in the future.

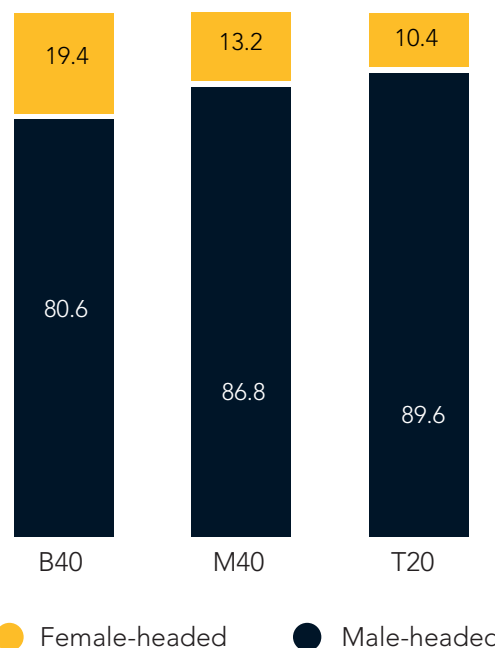


Figure 8 Percentage of households by gender of household heads, 2014 (%)

Source: Khazanah Research Institute (2014) based on Household and Income Survey 2014, DOSM

It is likely that workplace gender discrimination will become more pronounced over the next months, as struggling firms demand more from their workers. The government must formulate a plan to ensure the smooth operations of the Industrial Court under extended social distancing conditions in post-MCO Malaysia in order to ensure redress is still available to workers who are also primary caregivers and facing unfair dismissals.

In this critical time, we need workplaces that are compassionate towards the predicament of their workers, especially those who are also primary caregivers.



Part III

Investment in Women's Health

Pillar II Investment in Women's Health

In Malaysia, hospitals and health centres are the places where domestic violence survivors most frequently go to seek help—even ahead of police stations and NGOs.²³ It is critical that the response of the healthcare system is tailored to identify and to respond to the unique needs of survivors of domestic violence and other gender-based violence.

Gender-based violence can be the underlying cause of various clinical conditions, particularly those related to sexual and reproductive health and mental health.

Hence, addressing gender-based violence is also critical in the management of these clinical conditions. Allocating adequate resources both for the primary healthcare response as well as the emergency healthcare response to gender-based violence should be a budgetary priority for the year 2021.

9 Strengthening the capacity of primary healthcare providers in responding to cases of domestic violence, and gender-based violence

Primary healthcare centres, in particular, are uniquely positioned to detect and respond to domestic violence, as they are survivors' first point of contact with the health system. Of 882 women seeking treatment at primary care clinics in Kuala Lumpur, 22% reported experiencing domestic violence, according to a 2019 study.²⁴ For comparison, 9% of ever-partnered women in Peninsular Malaysia have experienced domestic violence, according to a 2014 Universiti Sains Malaysia study.²⁵

Despite this, there is currently no systematic response mechanism to domestic violence at the primary care level. Although hospitals and health centres are the places that domestic violence survivors most frequently go to seek help for abuse, some survivors perceive that healthcare professionals only treat injuries and diseases and do not provide help for domestic violence.²⁶ As a result, survivors, who may already be in contact with a healthcare professional, miss the opportunity to access further support for domestic violence.

92.4% of women who sought treatment at primary care centres in Selangor reported that they had never been asked by their doctor about domestic

violence. At the same time, 67.3% said they would be willing to tell their doctor if they were experiencing domestic violence.²⁷

26.2% of primary care clinicians at University Malaya Medical Centre had never screened their patients for domestic violence, while 68.9% only asked about domestic violence "at times". Barriers to asking about domestic violence include lack of time, "concern about offending the patient", and being "unsure of how to ask."²⁸

These gaps underscore the need at the primary healthcare level for providers to be trained to recognise, respond to, and refer cases of domestic violence.

10 Ensuring the full and continuous functioning of all One-Stop Crisis Centers across the country, including budget for training and for adequate numbers of specialised staff

In addition to ensuring that response to gender-based violence at the primary healthcare level is adequately resourced, it is also critical for the government to ensure that, at the emergency level, the One Stop Crisis Centres (OSCCs) across the country have the resources to operate. OSCCs are an integrated resource for survivors of gender-based violence—including domestic violence, rape, and sexual assault—where they can seek medical treatment, make a police report, and get social welfare assistance all at the same location.

While the integrated OSCC model has been a trailblazing and effective approach, the implementation of the OSCC model has differed between hospital settings, dependent on factors such as budget constraints, a lack of training, and a lack of specialised staff.²⁹ Given the criticality of the OSCC service in facilitating access to tailored healthcare services, as well as access to protection, justice, and support services, it is vital that OSCCs around the country are able to operate continuously and at full capacity.

11 Designing a national strategy to reduce the maternal mortality rate, as part of a long-term plan to improve the sexual and reproductive healthcare for women and girls—which has been set back by the lockdown

In the context of the COVID-19 pandemic, women’s healthcare needs, including access to sexual and reproductive health, have been further marginalised by health authorities who deemed such services secondary. During the MCO, all LPPKN clinics were closed, preventing subsidised access to family planning and reproductive health services for large numbers of women and girls. Future disaster management policies must make budgetary provisions for the smooth operation of these services to prevent their disruption during times of national crises.

Another area of concern related to women’s health during the pandemic is maternal health. Even before the crisis, the reduction of the maternal mortality rate across different states in Malaysia has been uneven (refer to fig 2 & 3). The pandemic has and will only put further stress on an already strained healthcare system, especially with regard to prenatal and postpartum care, and thus increase maternal mortality. A long-term investment to arrest the alarming decline in maternal healthcare in Johor, Melaka, Sarawak, Kedah, Negeri Sembilan is critically needed.

The pandemic has endangered the health of women and girls in many ways besides through the risk of COVID-19 itself. A post-pandemic budget must provide for sufficient public investments in women’s healthcare in order to rebuild a more resilient, more inclusive and holistic healthcare system.

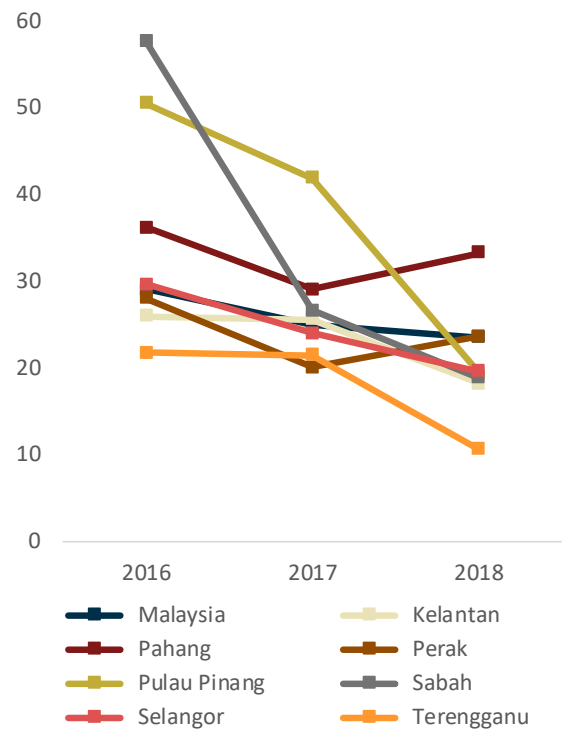


Figure 9 Maternal mortality rates have decreased in most states but ...

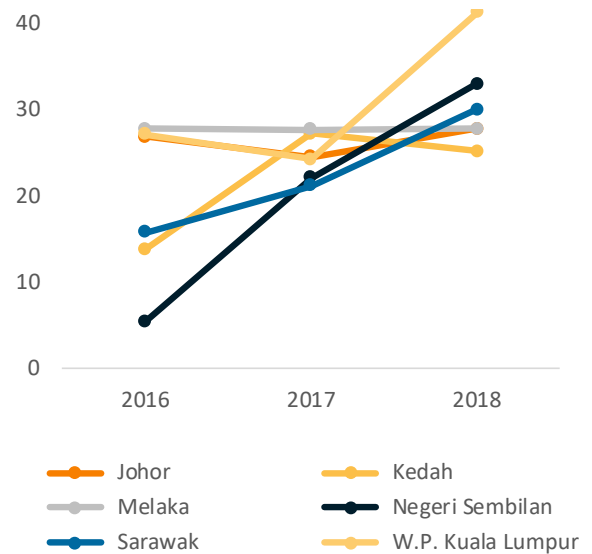


Figure 10 ... but have increased in a significant number of states, at alarming rates. Source: DOSM, 2018. Data for Perlis, W.P. Labuan and W.P. Putrajaya is missing.

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