Unpaid Care Work and Unpaid Domestic Work in Malaysia: A Maqasid Shariah Analysis of SDG 5.4

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ABSTRACT

Unpaid care work and unpaid domestic work support family well-being; however, time-use measures alone do not explain whether care arrangements expand empowerment or produce equitable welfare. In relation to Target 5.4 of the Sustainable Development Goals (SDG 5.4), this article analyses patterns of time allocation between women and men in Malaysia, assesses their implications through Kabeer's empowerment framework, comprising resources, agency, and achievements, and undertakes an assessment based on the Maqasid al-Shariah framework. The study employs qualitative document analysis, complemented by descriptive analysis of aggregate data from the Department of Statistics Malaysia (DOSM) for the 2025 reference year. The core dataset comprises 47 coded sources, supplemented by 20 additional sources for updating and triangulation. Coding preceded the Maqasid mapping and the application of four questions concerning the benefit, its recipients, the costs or harms involved, and the parties bearing such costs. Women allocate an average of six hours and seven minutes per day to total unpaid care and domestic work, compared with four hours and 20 minutes for men, representing a gender gap of one hour and 47 minutes. For unpaid care work specifically, the gap is 41 minutes. The synthesis identifies four themes: health and cognitive burden; employment and economic security; education and training; and agency. The findings demonstrate that maslahah (benefit/welfare) and mafsadah (harm) may coexist when the needs of recipients are met through non-negotiable burdens or when costs are transferred to less-protected parties. The article's contribution lies in integrating evidence on time allocation, empowerment analysis, and Maqasid-based assessment. Policy implications focus on monitoring care and empowerment outcomes, improving work–care compatibility, expanding access to support and protection, and addressing the risks associated with the transfer of care burdens.

Keywords: Unpaid care work; unpaid domestic work; Maqasid al-Shariah; women's empowerment; SDG 5.4

INTRODUCTION

Target 5.4 under SDG 5 (Gender Equality) refers to the recognition and appreciation of unpaid care work and unpaid domestic work. This is pursued through the provision of public services, infrastructure, and social protection policies, as well as the promotion of shared responsibility within households and families, as appropriate to national circumstances (United Nations 2015; International Labour Organization [ILO] 2024b). Progress towards this target is monitored through Indicator 5.4.1, which measures the proportion of time spent on unpaid domestic and care work by sex, age, and location (United Nations Statistics Division [UNSD] 2026). However, while time-use data can demonstrate patterns of time allocation (Choong et al. 2019; UNSD 2026), they cannot fully capture the lived experience of care (Doucet 2023; Folbre 2023) and should not be treated as a standalone measure of overall progress towards Target 5.4 (United Nations 2015; UNSD 2026).

Unpaid care and domestic work are essential to human well-being (Razavi 2007), although they are often rendered invisible within conventional economic measures (Folbre 2006; Razavi 2007). The provision of care is not solely the responsibility of families or households; rather, it also involves the state, markets, and the non-profit sector (Razavi 2007; United Nations Development Programme [UNDP] 2024; ILO 2024b). In this context, differences in the amount of time allocated by women and men constitute an important issue, as such

inequalities are associated with women's position in employment (Ferrant et al. 2014) and remain a key concern under Target 5.4.

At the global level, women perform 76.2 per cent of total hours of unpaid care work (Addati et al. 2018). This disparity in time use has implications for women's participation in the labour market (Ferrant et al. 2014; Choong et al. 2019; World Bank 2019). In 2018, an estimated 606 million women and 41 million men were outside the labour force due to unpaid care responsibilities (Addati et al. 2018). The ILO (2024d) further reported that the corresponding estimates for 2023 had increased to 708 million women and 40 million men. Thus, the disproportionate burden of unpaid care borne by women (Addati et al. 2018; Choong et al. 2019; Boo 2021; Chelliah et al. 2023b; UNDP Malaysia 2024) also constrains their participation in the labour market (Ferrant et al. 2014; Addati et al. 2018; Choong et al. 2019; World Bank 2019; UNDP Malaysia 2024).

In Malaysia, official data for the 2025 reference year indicate that the Malaysian population aged 15 years and above allocates an average of five hours and 12 minutes per day to unpaid care and domestic work. Disaggregated by sex, women allocate an average of six hours and seven minutes per day to unpaid care and domestic work, compared with four hours and 20 minutes for men. Specifically, for unpaid care work, the average time allocated is two hours and 12 minutes for women and one hour and 31 minutes for men (Department of Statistics Malaysia [DOSM] 2026). Nevertheless, these data provide only a general picture and do not explain the factors influencing the distribution of time or the differences in experiences across households.

This national picture is broadly consistent with previous studies in Malaysia. Women allocate more time to unpaid care work than men (Choong et al. 2019). A study by Hossain et al. (2005) of rural Muslim Malay families further found that mothers spent more time than fathers on infant-care activities, including cleaning, feeding, and playing. In addition, research by Boo (2018, 2021, 2025) indicates that the division of housework and childcare between women and men in Malaysia remains unequal, although its relationship with gender norms and levels of religiosity varies according to context and gender.

Chelliah, Boo, and Karupiah (2023b) reported that housework and childcare were undertaken more extensively by women than men, both before and during the COVID-19 pandemic in Malaysia. However, gender differences in these responsibilities were not uniform across all ethnic groups (Chelliah et al. 2023b). Although previous studies employed different samples and research designs (Hossain et al. 2005; Boo 2018, 2021, 2025; Choong et al. 2019; Chelliah et al. 2023b), the overall evidence, including DOSM data, indicates that gendered time allocation remains an important issue to be examined in the Malaysian context.

The United Nations Development Programme (UNDP) Malaysia (2023) examined investment opportunities in the care economy. This development was followed by an assessment by UNDP Malaysia (2024) of the gap between care needs and the care services available. The study also examined policy, workforce, and financing issues within Malaysia's care economy. Subsequently, to strengthen the care sector in Malaysia, the Ministry of Women, Family and Community Development (KPWKM) (2025) launched the *Malaysia Care Strategic Framework and Action Plan 2026–2030* as a five-year national agenda.

These developments demonstrate that care-related issues are receiving increasing attention in national policy and are no longer viewed solely as family responsibilities. Nevertheless, the studies and policy plans introduced to date cannot yet be regarded as evidence of actual changes in the time burden of care, economic opportunities, or the well-being of caregivers and care recipients. Further assessment is therefore necessary to examine their implications for time allocation, women's empowerment, and the welfare generated through care.

Time allocation also influences the space available to women to exercise choice and achieve valued outcomes. Kabeer's (1999) empowerment framework provides a basis for assessing these implications through the dimensions of resources, agency, and achievements. In addition, Maqasid al-Shariah provides a foundation for evaluating care arrangements under SDG 5.4. The Maqasid al-Shariah approach assesses a given situation in terms of the maslahah (benefits) achieved and the mafsadah (harms) prevented (Ibn Ashur 2006), while

upholding justice (Kamali 2008). Such an assessment is not confined to individuals but extends to families, the wider Muslim community, and humanity as a whole (Attia 2007).

Auda (2008) further strengthens this approach through a systems perspective that takes multiple dimensions into account. In the context of development, human well-being is likewise not limited to material needs but encompasses spiritual and non-material dimensions (Chapra 2008). Accordingly, this article does not employ Maqasid to legitimise care as an exclusive obligation of women. Rather, Maqasid is used to assess whether care arrangements protect the religion, life, intellect, lineage, and wealth of both caregivers and care recipients. The analysis also examines the distribution of responsibilities and the support available.

Previous literature provides both empirical evidence and a normative basis for such an assessment. Unequal time allocation in unpaid care work is associated with labour-force participation, wages, and job quality (Ferrant et al. 2014; Addati et al. 2018; Choong et al. 2019; World Bank 2019). Policies and institutional support also play a role in the distribution of care responsibilities (Razavi 2007; Addati et al. 2018; Choong et al. 2019). At the same time, a greater unpaid workload among employed women is associated with mental health problems (Seedat & Rondon 2021; Ervin et al. 2022; Chelliah et al. 2023a). Existing research therefore indicates that the distribution of unpaid work time needs to be examined alongside economic position, the division of responsibilities, and women's well-being. However, studies on SDG 5 from a Maqasid perspective have adopted different emphases.

Isman and Kaltsum (2022) situate SDG 5 within the dimension of ḥifẓ al-nafs, while Wan Nor Anas and Wan Khairuldin (2025) propose gender justice as an alternative to gender equality in assessing SDG 5 based on Maqasid. Mustofa et al. (2025), meanwhile, discuss the integration of Maqasid with the SDGs more broadly and associate SDG 5 with ḥifẓ al-nafs through indicators of gender-based violence and women's access to reproductive health services. However, empirical evidence, institutional roles, and Maqasid-based assessment continue to be examined largely in isolation. Based on the sources reviewed, no study has yet been identified that integrates DOSM data for the 2025 reference year, Kabeer's (1999) empowerment framework, and a Maqasid-based assessment specifically focused on Target 5.4.

This study analyses patterns of time allocation for unpaid care and domestic work between women and men. The implications of these patterns for women's empowerment are assessed through Kabeer's (1999) framework, comprising resources, agency, and achievements. Care arrangements within the context of Target 5.4 are also evaluated based on Maqasid al-Shariah. The contribution of this article lies in integrating evidence on time allocation, empowerment analysis, and Maqasid-based assessment. The article does not claim to develop an index, instrument, or validated model representing Malaysia. The analysis also distinguishes between official statistics, document synthesis, and Maqasid-based assessment to ensure that the conclusions remain proportionate to the available evidence.

LITERATURE REVIEW

SDG 5.4: Unpaid Care Work and Unpaid Domestic Work

Distinguishing between unpaid care work and unpaid domestic work is important for the analysis. For SDG Indicator 5.4.1, unpaid care work encompasses the care and instruction of children, as well as the care of sick, elderly, or persons with disabilities within households and families (Folbre 2006; Razavi 2007; Addati et al. 2018; UNSD 2026). In contrast, unpaid domestic work includes activities such as food preparation, cleaning, household maintenance, and household management (Addati et al. 2018; Choong et al. 2019; UNSD 2026).

In the care economy literature, care work encompasses direct care that is personal in nature and involves interaction with care recipients, whereas indirect care includes activities such as cooking and cleaning (Addati et al. 2018). Folbre (2006) further emphasises the time and financial responsibilities associated with caring for dependants. This distinction indicates that, in the measurement of SDG 5.4.1, unpaid domestic work can be retained as a distinct statistical category, even though some of its activities are conceptualised as indirect care within the care economy literature (Choong et al. 2019).

Time-use studies enable unpaid work, which is often under-recorded in conventional economic statistics, to be measured and compared (Addati et al. 2018; Choong et al. 2019; Charmes 2019). An analysis of 19 countries indicates a general pattern in which women typically allocate more time to unpaid domestic and care work, while men devote more time to market work (Rubiano-Matulevich & Viollaz 2019). Globally, women account for an estimated 76.2 per cent of total unpaid care work, spending approximately 3.2 times as much time on such work as men (Addati et al. 2018). However, the amount of time devoted to unpaid care work varies according to socioeconomic characteristics and household circumstances (Charmes 2019).

Such comparisons of time allocation capture only the amount of time spent and do not fully represent the forms and characteristics of care work undertaken (Seymour et al. 2017; Choong et al. 2019; Folbre 2023; Doucet 2023). Care that occurs simultaneously with other activities, such as caring for children while cooking, may result in some care time being omitted from measurement (Choong et al. 2019; UNSD 2026). The responsibilities of caring, supervising, and managing care needs cannot necessarily be captured as distinct activities (Folbre 2023). Differences between mothers and fathers in the division of childcare also vary according to the type of task, whether routine or non-routine care, as well as the national context (Craig & Mullan 2011).

Moreover, Doucet (2023) emphasises that care cannot be fully explained through measures of time alone, as it also involves relationships and processes that occur within different contexts. Household work involves not only the performance of tasks but also a cognitive burden, including anticipating needs, identifying options, making decisions, and monitoring their implementation (Daminger 2019). Beyond mental responsibilities, the experience of caregiving is also associated with whether caregivers perceive that they have a choice in assuming care responsibilities. In unpaid care for older adults, caregivers' emotional stress and physical strain have been associated with a lack of choice in assuming caregiving responsibilities (Tarter et al. 2022).

Overall, the evidence indicates that comparing time allocation between women and men is important for identifying inequalities in the distribution of work (Addati et al. 2018; DOSM 2026). However, the amount of time alone does not capture the full extent of differences between women and men (Offer & Schneider 2011; Craig & Mullan 2011), the nature and forms of care work (Folbre 2023; Doucet 2023), or whether caregivers have a choice in assuming care responsibilities (Tarter et al. 2022).

Measurement through time-use data is important for recognising unpaid care work (Choong et al. 2019), but such recognition needs to be followed by efforts to reduce the care burden and redistribute care responsibilities (Elson 2017; Addati et al. 2018). Elson (2017) introduced the 3R approach—Recognition, Reduction, and Redistribution—which emphasises the recognition, reduction, and redistribution of unpaid domestic and care work.

More specifically, recognition refers to acknowledging the importance of unpaid domestic and care work to the economy and society. Reduction aims to lessen the burden through infrastructure and services, while redistribution involves reallocating responsibilities more equitably between women and men. However, the provision of care is not confined to households; it also involves the market, the public sector, and the non-profit sector, including voluntary and community organisations (Razavi 2007).

In the ILO report, Addati et al. (2018) further developed this approach through the *5R Framework for Decent Care Work*, which retains *recognize, reduce,* and *redistribute* for unpaid care work while adding *reward* for paid care work and *represent* for care workers. Subsequently, the 5R framework was adopted by UN Women (2022) in its analysis of paid and unpaid care work. In 2024, the International Labour Conference adopted the Resolution *concerning decent work and the care economy*, positioning the 5R framework as a guide for integrated care policies and systems grounded in international labour standards and social dialogue (ILO 2024c).

The emphasis on remuneration and representation of domestic workers demonstrates that the redistribution of care must take into account the working conditions, protection, and voice of those performing such work (ILO 2024a). Accordingly, a reduction in the burden borne by one party does not necessarily indicate a more equitable distribution if the responsibility is merely transferred to other women or to the community (Razavi

2007), or to care workers who receive inadequate remuneration, protection, and representation (Addati et al. 2018; ILO 2024a). The issue is therefore not merely who performs care work, but also how responsibilities are distributed (Razavi 2007; Choong et al. 2019), and whether such arrangements expand or constrain caregivers' resources, choices, and achievements (Kabeer 1999; Tarter et al. 2022).

Women's Empowerment in SDG 5.4

The distribution of care and domestic responsibilities has implications for women's empowerment. Economic position is one factor associated with the division of labour between partners within households. Based on data from Australia and the United States, Bittman et al. (2003) found that the amount of time women allocated to housework decreased as their contribution to family income increased, up to the point at which their contribution was equivalent to that of their partners. Conversely, when women contributed more than half of the family income, the division of housework exhibited a more traditional pattern. This pattern was observed only among a small proportion of the couples studied. These findings suggest that women's economic position alone is insufficient to explain the division of housework between partners.

Beyond economic factors, among Malay couples in Malaysia, the division of housework and childcare is also shaped by cultural and religious norms that emphasise men's role as breadwinners and women's role as household managers (Boo 2021). Interestingly, higher levels of religiosity among Muslim men are positively associated with the amount of time they devote to housework and childcare (Boo 2025). Therefore, the division of household work is associated not only with economic position (Bittman et al. 2003), but also with gender norms and levels of religiosity (Boo 2021, 2025). This is important for assessing empowerment because access to resources needs to be evaluated alongside women's ability to negotiate responsibilities and achieve valued outcomes (Kabeer 1999).

Unequal distribution of care and domestic responsibilities can constrain women's opportunities to participate in and remain engaged in economic activities. At the global level, this effect is reflected in ILO estimates for 2023, which indicate that 708 million women and approximately 40 million men were outside the labour force due to unpaid care responsibilities (ILO 2024d). The relationship between care responsibilities and women's economic participation is also evident in Malaysia.

The OECD (2024) identifies the burden of unpaid care work as one of the major barriers to women's economic participation in Malaysia. This burden reduces the amount of time women can devote to economic activities and affects their productivity in the formal labour market. Meanwhile, a survey of firms in Malaysia indicates that care responsibilities are among the barriers to hiring women. Firms also emphasise the importance of flexible working arrangements and childcare support in helping workers balance work and family demands (World Bank 2025).

This perspective is further supported by UNDP Malaysia (2023), which states that an unequal distribution of care responsibilities can limit women's opportunities to pursue educational, economic, and employment goals outside the home. Although these sources differ in scope, types of evidence, and analytical focus, care responsibilities not only demand time (OECD 2024) but are also associated with women's economic opportunities (UNDP Malaysia 2023; OECD 2024; ILO 2024d) and the support mechanisms that facilitate their participation (OECD 2024; World Bank 2025).

Beyond economic participation, the distribution of care and domestic responsibilities is also associated with women's well-being and opportunities. The burden of care is not merely a matter of the total amount of time allocated; simultaneous activities also need to be taken into account (Choong et al. 2019). In the United States, mothers in dual-earner families spend more time engaging in multiple activities simultaneously than fathers, particularly in housework and childcare. Mothers' simultaneous activities at home and in public settings are associated with negative emotions, stress, psychological strain, and work–family conflict (Offer & Schneider 2011).

Ervin et al. (2022) examined 19 studies involving 70,310 working adults and found that unpaid work was associated with poorer mental health among women, whereas the relationship was less clear among men.

These findings should be interpreted with caution because the results varied across studies and the methodological quality of the studies ranged from low to moderate. Beyond its effects on well-being, the unequal distribution of unpaid care and domestic work in ASEAN is among the drivers of women's time poverty and affects their access to education, employment, career advancement, and public participation (UN Women 2024). Therefore, unpaid work should not be assessed solely in terms of the amount of time spent, but also in terms of the quality of time (Seymour et al. 2017) and women's capacity to exercise choice and achieve valued outcomes (Kabeer 1999).

The assessment of arrangements concerning unpaid care and domestic responsibilities renders empowerment a distinct analytical concern from the mere unequal distribution of work. The empowerment framework is employed to assess how arrangements concerning care and domestic responsibilities affect women's capacity to make strategic choices (Kabeer 1999). Kabeer (1999) conceptualises women's empowerment as a process through which women who have previously been denied the capacity to make strategic choices acquire that capacity. This process encompasses three interrelated dimensions: resources, agency, and achievements. Resources include material, human, and social resources.

Access to these resources is shaped by rules, norms, and power relations within families, markets, states, and communities. Agency refers not merely to formal decision-making but also to the capacity to define goals and act upon them through negotiation, bargaining, reflection, or resistance. Achievements need to be considered alongside the choices available to women. Differences in outcomes alone do not demonstrate that women lack the capacity to exercise choice; such a conclusion is warranted only when the outcomes result from constraints that limit their available choices (Kabeer 1999).

When this framework is applied to care arrangements in the present article, income is analysed as a material resource, while care services, working arrangements, and family support are considered potential resources (Kabeer 1999; OECD 2024; World Bank 2025). Women's ability to negotiate care responsibilities is analysed as a form of agency (Kabeer 1999), while well-being, including mental health, as well as educational, economic, and public participation opportunities, are analysed as domains of achievement (Kabeer 1999; Ervin et al. 2022; UNDP Malaysia 2023; UN Women 2024).

Household resources help explain how the division of domestic work varies by gender (Chelliah et al. 2023b) and norms (Boo 2021), while policy and firm-level sources indicate that such arrangements are also associated with economic opportunities (OECD 2024; UNDP Malaysia 2023) and forms of care support (OECD 2024; World Bank 2025). However, these sources do not yet establish a complete chain from the division of work to women's resources, agency, and achievements (Boo 2021; Chelliah et al. 2023b; OECD 2024; World Bank 2025; UNDP Malaysia 2023). This is the function of the Kabeer analysis in this article (Kabeer 1999).

Time-use gaps, norms, the division of labour, economic opportunities, and care support are discussed separately (Choong et al. 2019; Boo 2021; Chelliah et al. 2023b; OECD 2024; World Bank 2025; UNDP Malaysia 2023). Kabeer's framework (1999: 435–440) is employed to assess the relationships between women's resources, agency, and achievements, as well as their capacity to make strategic choices. For the purposes of this article, a Maqasid-based assessment is employed to examine the benefits and harms of care arrangements (Attia 2007) from a multidimensional perspective (Auda 2008), including the parties who receive the benefits or bear the burdens (Razavi 2007). This assessment is discussed in the following section.

Maqasid Al-Shariah as an Analytical Foundation

Maqasid al-Shariah refers to the objectives of the Shariah in achieving benefit (maslahah) and preventing harm (mafsadah) (Ibn 'Abd al-Salam 1991; al-Shatibi 1997). In classical scholarship, religion, life, intellect, lineage, and wealth constitute fundamental human interests that need to be protected (al-Ghazali 1993; al-Shatibi 1997). Ibn 'Ashur (2006) explains that among the objectives of the Shariah is the preservation of social order, alongside freedom and equality. In discussions of human development, these five fundamental interests should be understood as interconnected and continuously strengthened, rather than merely preserved (Chapra 2008).

Attia (2007) discusses the role of reason, human nature (fitrah), and experience in identifying and validating the Maqasid. Drawing on Ibn ‘Abd al-Salam, he explains that benefits, harms, and their underlying causes in worldly life can be identified, among other means, through human needs, experience, and customary practices (‘urf). Where such matters are not yet known, their clarification should be sought through appropriate evidence (Ibn ‘Abd al-Salam 1991; Attia 2007).

Auda (2008), meanwhile, critiques approaches that focus solely on a single element or dimension. He argues that fiqh represents human understanding of the Shariah texts and should therefore be examined holistically, taking into account the relationships among different elements, the circumstances involved, and the objectives to be achieved (Auda 2008). Based on this discussion, this article employs Maqasid to assess the purposes, benefits, and harms emerging from the findings (Ibn ‘Abd al-Salam 1991; Attia 2007). Maqasid is not used as a statistical measure or as a substitute for evidence derived from data and documents. Rather, each theme is assessed through the five fundamental interests (al-Ghazali 1993; al-Shatibi 1997), based on the interests that are actually affected (Ibn ‘Abd al-Salam 1991; Attia 2007), without automatically assigning each theme to a single category (Auda 2008).

The literature linking Maqasid al-Shariah with development includes studies that map the relationship between development goals and Maqasid, as well as studies that examine specific development issues through this framework. Isman and Kaltsum (2022) mapped 17 SDGs onto five dimensions of Maqasid and placed Goal 5, namely gender equality, under ḥifẓ al-nafs. Their study employed content analysis of the literature and focused on the alignment between the SDGs and Maqasid categories. However, the study did not assess how the benefits and harms associated with a particular development issue are distributed among the parties involved.

Mustofa et al. (2025), meanwhile, argue that the SDG framework, which focuses on quantitative indicators and material achievements, gives insufficient consideration to spiritual and ethical values. They propose integrating Islamic values to strengthen moral, social, and environmental considerations in sustainable development. Specifically in relation to SDG 5, Wan Nor Anas and Wan Khairuldin (2025) assess the gender equality framework through Maqasid and propose that, in Muslim-majority countries, the framework should be refined towards gender justice. Although their study lists unpaid care and shared domestic responsibilities as one of the targets under SDG 5, the issue is not examined in detail in their analysis. The documentary study also does not employ time-use data.

Relevant local literature, meanwhile, addresses family institutions, family financial management, and the contribution of waqf to women. Wan Ahmad et al. (2021) employ Maqasid, particularly the preservation of lineage (ḥifẓ al-nasl), to discuss human continuity, family stability, and the quality of descendants’ moral development. Mohammad et al. (2022) discuss Islamic financial management as a means of preparing families to cope with financial pressures during the COVID-19 pandemic. Suhaimi (2021) found that waqf projects benefit women in education, health, economic empowerment, and welfare. The latter two studies do not employ Maqasid al-Shariah as their primary analytical framework (Mohammad et al. 2022; Suhaimi 2021). Accordingly, this article uses them as sources on family financial management and waqf support for women (Mohammad et al. 2022; Suhaimi 2021), rather than as examples of the application of Maqasid al-Shariah.

Overall, these studies discuss Maqasid al-Shariah, family institutions, family finances, and waqf support for women (Isman & Kaltsum 2022; Mustofa et al. 2025; Wan Nor Anas & Wan Khairuldin 2025; Wan Ahmad et al. 2021; Mohammad et al. 2022; Suhaimi 2021). However, none of them connects the distribution of time spent on domestic and care work with women’s empowerment or assesses how the benefits and burdens arising from such arrangements are distributed through a Maqasid-based approach (Isman & Kaltsum 2022; Mustofa et al. 2025; Wan Nor Anas & Wan Khairuldin 2025; Wan Ahmad et al. 2021; Mohammad et al. 2022; Suhaimi 2021).

Mapping development goals onto Maqasid categories indicates the interests associated with a particular issue, but does not determine whether the distribution of time, benefits, and burdens within care arrangements is equitable. Isman and Kaltsum (2022), for example, associate gender equality with ḥifẓ al-nafs through a mapping between the SDGs and Maqasid. In contrast to this mapping approach, Wan Nor Anas and Wan Khairuldin (2025) assess gaps in SDG 5 through several Maqasid categories. Auda’s (2008) systems approach,

meanwhile, emphasises an assessment that considers the relationships among multiple elements rather than focusing on a single element. Accordingly, this article does not adopt a single Maqasid category as the sole basis for evaluating care arrangements (Auda 2008).

This is particularly important in the context of care because its provision involves households, markets, the public sector, and the non-profit sector. The arrangements among these institutions influence who provides care and who bears its costs (Razavi 2007). For this article, the central issue is how care arrangements should be evaluated, rather than merely which Maqasid category is invoked. The assessment begins with social evidence concerning care conditions, consistent with Attia's (2007) emphasis on empirical investigation and the examination of social realities. The influence of culture, religion, and ʿurf on gender assumptions is examined as an element of the social context, drawing on the discussion by Duderija (2016) and evidence concerning Malay couples in Malaysia provided by Boo (2021). A Maqasid audit then assesses the benefits, harms, and interests affected (Attia 2007), as well as the distribution of responsibilities and costs between care recipients and caregivers (Razavi 2007).

Time-use data, the empowerment framework, and Maqasid al-Shariah are employed to address interconnected questions concerning time allocation, women's empowerment, and the distribution of benefits and burdens within care arrangements. Official Malaysian data record the average and percentage of time allocated to unpaid domestic and care work by sex (Department of Statistics Malaysia 2026). Kabeer's framework conceptualises empowerment through the relationship between resources, agency, and achievements. Within this framework, access to resources or particular outcomes must be considered alongside the choices and constraints faced by women, rather than being treated as evidence of empowerment in isolation (Kabeer 1999).

An assessment of empowerment must also take into account how care is provided and which parties bear its burdens. Care is provided through families or households, markets, the public sector, and the non-profit sector, including voluntary and community organisations (Daly & Lewis 2000; Razavi 2007). In the case of unpaid care work, women bear a substantial share of the direct and indirect costs of care, including the opportunity costs associated with lost opportunities for paid employment (Razavi 2007; Folbre 2014), while the benefits of care are also enjoyed by society as a whole (Folbre 2014). The 5R framework encompasses the recognition, reduction, and redistribution of unpaid care work, as well as the reward and representation of paid care workers, as a guide for policy and action (Addati et al. 2018; UN Women 2022).

In the literature linking Maqasid al-Shariah with the SDGs, Isman and Kaltsum (2022) examine the alignment between the SDGs and the five dimensions of Maqasid. Mustofa et al. (2025), meanwhile, discuss the challenges and opportunities of integrating Maqasid with the SDGs in sustainable development, while Wan Nor Anas and Wan Khairuldin (2025) analyse SDG 5 and propose a shift from gender equality towards gender justice. Although these studies make different contributions, none integrates Malaysian time-use evidence with Kabeer's empowerment framework and a Maqasid-based assessment of Target 5.4 (Isman & Kaltsum 2022; Mustofa et al. 2025; Wan Nor Anas & Wan Khairuldin 2025).

Based on this gap, the article uses time-use data to elucidate differences in the amount of time allocated to domestic and care work in Malaysia (Department of Statistics Malaysia 2026). These differences are interpreted through the dimensions of resources, agency, and achievements within Kabeer's (1999) framework, before the purposes, benefits, harms, and distribution of benefits and burdens are assessed through a Maqasid-based approach (Ibn ʻAbd al-Salam 1991; Attia 2007; Razavi 2007). Findings from the data and documents provide the basis for the Maqasid-based assessment (Ibn ʻAbd al-Salam 1991; Attia 2007), rather than being replaced by it.

METHODOLOGY

This study employs qualitative document analysis (Bowen 2009), supported by descriptive analysis of official secondary data from DOSM (2026). The unit of coding is the document segment relevant to the objectives of the article (Saldaña 2021). For this article, such segments include statistical figures, empirical findings, policy statements, or Maqasid-based considerations. Each type of source serves a distinct function: statistics describe patterns of time allocation; empirical studies provide findings on the issues under investigation; policy

documents explain the institutional context; Kabeer (1999) guides the analysis of empowerment; and Maqasid scholarship provides the basis for the Maqasid-based assessment (Attia 2007; Auda 2008). This functional separation ensures that Maqasid sources do not replace social evidence, while coding decisions and the use of sources are documented through an audit trail (Nowell et al. 2017).

The focused search covered sources published between 2018 and July 2026. Methodological and foundational theoretical works, including Kabeer (1999) and foundational works on Maqasid, were used outside this publication period. Sources were identified through official institutional portals, journal websites, repositories, and scholarly search engines using Malay and English terms related to care work, time use, SDG 5.4, women's empowerment, and Maqasid. Source selection considered the relevance, authenticity, credibility, accuracy, and representativeness of the documents (Bowen 2009).

Accessibility, methodological transparency in empirical studies, and the function of each source within the analysis were also considered. The search was not conducted as a systematic review and was not intended to provide comprehensive coverage. The complete reference list comprises 67 sources. The core document set contains 47 coded sources. A further 20 sources were subsequently added for updating and source triangulation (Bowen 2009; Nowell et al. 2017). These additions did not alter the initial coding structure.

The primary descriptive data were drawn from data published by DOSM from the 2025 National Health and Morbidity Survey (NHIS) for the population aged 15 years and above. The data were compared by sex for total unpaid domestic and care work, as well as for domestic work and care work separately (DOSM 2026). Hours and minutes were converted into minutes; the absolute gap was calculated as women's time minus men's time, while the relative gap compared with men was calculated by dividing the gap by men's time and multiplying the result by 100.

The percentage of daily time was checked by dividing the average daily time by 24 hours and multiplying the result by 100, in accordance with the formula for Indicator 5.4.1 (UNSD 2026). These calculations used figures published by DOSM (DOSM 2026), rather than microdata or newly constructed official indicators. The study did not re-estimate sampling errors or conduct new cross-tabulations based on the data.

The analysis was conducted in two stages. The first stage involved coding using a combination of deductive and inductive approaches (Braun & Clarke 2006; Saldaña 2021). Initial codes were developed from the objectives of the article, SDG Target 5.4, and Kabeer's (1999) concepts of resources, agency, and achievements, and were subsequently reviewed and adapted based on the content of the documents. The second stage assessed the emerging themes through a Maqasid-based approach. Themes were identified from the documents before being assessed through Maqasid; Maqasid categories were not used to generate the initial themes. The assessment considered evidence of benefits and harms within each theme, as well as the relationships among the interests affected, rather than treating each category in isolation (Attia 2007; Auda 2008).

To avoid automatic matching, the most directly affected fundamental interest was identified for each theme, while other interests were recorded only when there was clear evidence that more than one interest was affected. In this article, *maslahah* is interpreted by assessing the benefits received by care recipients alongside caregivers' well-being and their capacity to negotiate care responsibilities. *Mafsadah* is recorded when such benefits depend on an unequal distribution of burdens, constraints on caregivers' agency, or deterioration in their well-being and opportunities (Ibn 'Abd al-Salam 1991; Attia 2007; Kabeer 1999; Razavi 2007). This Maqasid-based assessment is used to interpret the benefits and harms within care arrangements (Ibn 'Abd al-Salam 1991; Attia 2007), rather than to establish causal relationships.

Four Maqasid-based audit questions were developed as the analytical procedure for this article. The procedure integrates the assessment of benefits and harms within Maqasid scholarship (Ibn 'Abd al-Salam 1991; Attia 2007; Chapra 2008), an assessment that considers multiple interests and intended objectives (Auda 2008), the distribution of benefits and burdens within care arrangements (Razavi 2007), and the 5R framework for unpaid care work and paid care workers (Addati et al. 2018). The four questions are: **What benefits are generated? Who receives these benefits? What burdens or harms arise? Who bears them?** The answers are recorded

across caregivers, care recipients, and care workers, as well as at the levels of families, employers, communities, and the state, to assess whether the documents indicate that burdens are reduced or transferred to other parties. The four questions and the accompanying matrix are not validated measurement instruments and do not generate scores.

The rigour of the analysis was strengthened through source triangulation and an audit trail documenting the development of codes, themes, and analytical decisions (Bowen 2009; Nowell et al. 2017). Contradictory evidence was also reviewed before the themes were finalised. Maqasid literature was not used to validate statistical figures or factual statements; rather, it was used separately in the Maqasid-based assessment. Claims and citations were checked by matching figures and factual statements with their original sources, while the correspondence between in-text citations and the reference list was verified for all 67 reference entries.

This study uses publicly available documents (Bowen 2009) and published DOSM data (DOSM 2026). The data were used without accessing microdata or personally identifiable information. The outcome of the study is a synthesis that combines document analysis with a Maqasid-based assessment of the benefits and harms identified from the evidence (Ibn ʻAbd al-Salam 1991; Attia 2007; Auda 2008). This design does not generate evidence of causal relationships, a validated measurement instrument, or an assessment of policy impacts.

Table 1: Data Collection and Analysis Process

Component	Implementation	Output	Control
Research Design	Qualitative document analysis supported by descriptive analysis of official secondary data from DOSM (Bowen 2009; DOSM 2026).	Synthesis derived from document analysis and data analysis.	Not evidence of causal relationships.
Coding Unit and Source Functions	Coding based on segments containing statistical figures, empirical findings, policy statements, or Maqasid-based considerations; coding principles were guided by Saldaña (2021). The function of each source was differentiated.	Evidence segments and their respective sources were recorded.	Maqasid literature was not used to validate statistical figures or factual statements.
Evidence Base	Focused search covering sources published between 2018 and July 2026. The core document set comprised 47 coded sources, while 20 additional sources were used for updating and triangulation.	47 sources coded; 20 additional sources used for updating and triangulation.	The study was not a systematic review; the additional sources did not alter the initial coding structure.
DOSM Data and Calculations	Published DOSM data from the 2025 National Health and Morbidity Survey were compared by sex. Hours and minutes were converted into minutes; absolute and relative gaps were calculated, while the percentage of daily time was checked using the 24-hour formula for Indicator 5.4.1 (DOSM 2026; UNSD 2026).	Comparison of women's and men's time allocation to unpaid domestic and care work.	Calculations used published figures rather than microdata or newly constructed official indicators; no re-estimation of sampling errors or new cross-tabulations was conducted.
Stage 1: Coding	Initial codes were developed from the article's objectives, SDG Target 5.4, and the concepts of resources, agency, and achievements. Codes were reviewed and adapted based on document content (Braun & Clarke 2006; Kabeer 1999: 435–440).	Findings were interpreted through resources, agency, and achievements.	Maqasid categories were not used to generate the initial themes.
Stage 2: Maqasid-	Emerging themes were assessed through Maqasid. Four author-developed audit questions	A benefits-and-burdens matrix	Fundamental interests were not

Based Assessment	examined the benefits generated, the parties receiving the benefits, the burdens or harms arising, and the parties bearing them (Ibn 'Abd al-Salam 1991; Attia 2007; Chapra 2008; Auda 2008; Razavi 2007; Addati et al. 2018).	covering caregivers, care recipients, and care workers, as well as families, employers, communities, and the state.	matched automatically; the matrix does not generate scores and is not a validated measurement instrument.
Rigour and Study Limitations	Source triangulation and an audit trail documenting codes, themes, and analytical decisions (Bowen 2009; Nowell et al. 2017); contradictory evidence, claims, and citations were also reviewed.	A verifiable record of the analytical process and sources.	Published data and document analysis were not treated as evidence of causal relationships or policy impact.

Source: Summary of the article's analytical procedures developed based on Bowen (2009), Braun and Clarke (2006), Saldaña (2021), Nowell et al. (2017), Kabeer (1999), Ibn 'Abd al-Salam (1991), Attia (2007), Chapra (2008), Auda (2008), Razavi (2007), and Addati et al. (2018); data and calculations refer to DOSM (2026) and UNSD (2026).

The use of aggregate DOSM statistics provides an appropriate basis for identifying the population-level gender gap in unpaid care and domestic work; however, it limits the capacity of the study to examine within-group heterogeneity. In particular, aggregate estimates cannot establish whether the observed gender difference is similarly distributed across income groups, age groups, ethnic groups, geographical locations, household structures, or employment statuses. The present study therefore treats the published estimates as descriptive population-level evidence and does not infer that all Malaysian households experience the same pattern of care allocation. Micro-level analysis would require access to respondent- or household-level observations and appropriate statistical procedures, including weighted estimates and, where justified by the research questions and sampling design, multivariate or interaction analysis. Such analysis is beyond the scope of the present study but represents an important direction for future empirical research.

FINDINGS

Gendered Time Allocation in SDG 5.4

Official 2025 data show that women allocate more time than men to overall unpaid care and unpaid domestic work, as well as to each type of work separately. The overall average is 6 hours 7 minutes for women compared with 4 hours 20 minutes for men, representing a gap of 1 hour 47 minutes. Based on the rounded figures, the relative gap is estimated at 41.2 percent, while the largest relative gap is observed for unpaid care work, at 45.1 percent (DOSM 2026).

Care involves a relationship between caregivers and care recipients (Addati et al. 2018). In childcare, responsibilities such as supervision and management are not fully captured through specific care-activity categories in time-use data (Folbre 2023). DOSM time-use data record average time and the percentage of time allocated by sex (DOSM 2026), but do not provide measures of caregivers' demands, agency, achievements, or the fairness of care arrangements. The time-use differences are therefore further examined through the dimensions of resources, agency, and achievements (Kabeer 1999), while the fairness of care arrangements is assessed through a Maqasid-based approach.

Table 2: Average Daily Time and Time Gaps for SDG Indicator 5.4.1 by Sex, Malaysia, 2025

Category	Women	Men	Gap between Women and Men	Relative Gap Compared with Men
Total unpaid care and unpaid domestic work	6 hours 7 minutes (25.5%)	4 hours 20 minutes (18.1%)	1 hour 47 minutes	41.20%

Unpaid care work	2 hours 12 minutes (9.2%)	1 hour 31 minutes (6.3%)	41 minutes	45.10%
Unpaid domestic work	3 hours 55 minutes (16.3%)	2 hours 49 minutes (11.8%)	1 hour 6 minutes	39.10%

Note: The data refer to the population aged 15 years and above. Time represents average daily time, while the percentages in parentheses indicate the share of a 24-hour day (DOSM 2026; UNSD 2026). The gap between women and men is calculated as women's time minus men's time, while the relative gap compared with men is calculated by dividing the gap between women and men by men's time and multiplying the result by 100. The values in the two gap columns are author calculations and should be interpreted as estimates because DOSM independently rounds estimates to one decimal place (DOSM 2026).

Source: DOSM (2026)

The data in Table 2 compare average time spent on unpaid care work and unpaid domestic work by sex, rather than agency, achievements, or the fairness of care arrangements (DOSM 2026). Therefore, the following section interprets these time differences through the relationship between resources, agency, and achievements (Kabeer 1999), before assessing the distribution of benefits and burdens through a Maqasid-based approach.

Resources, Agency and Achievements

Document coding identified four themes: health and cognitive burden; employment and economic security; education and training; and agency. These themes were derived from empirical studies, literature reviews, and policy documents, and were subsequently interpreted through the relationships among resources, agency, and achievements within Kabeer's (1999) framework. Published time-use data from DOSM (2026) were used to describe gender differences in time allocation, while the four themes emerged from the document analysis. Therefore, this analysis does not establish a causal relationship between differences in time allocation and the identified themes. The themes were subsequently used in the Maqasid-based assessment.

The health and cognitive burden theme indicates that unpaid work is associated with poorer mental health among working women (Ervin et al. 2022). Gender differences in the amount of time allocated to unpaid work have likewise been discussed as an issue associated with women's mental health (Seedat & Rondon 2021). In dual-earner families in the United States, mothers' simultaneous engagement in multiple tasks was associated with negative emotions, stress, and work–family conflict (Offer & Schneider 2011). A study of 12 married Indian women who were working in Malaysia during the COVID-19 pandemic found that most participants undertook domestic work while balancing paid and unpaid work responsibilities (Chelliah et al. 2023a).

The majority of participants also reported stress because they perceived domestic work as a woman's responsibility (Chelliah et al. 2023a). Cognitive work includes anticipating needs, identifying options, making decisions, and monitoring implementation (Daminger 2019). Measuring care through time-use data requires careful attention to the concepts and methods of measurement (Folbre 2006; Doucet 2023). With regard to parental childcare in the United States, Folbre (2023) shows that activity-based measures do not fully capture responsibilities related to supervision and management.

The employment and economic security theme encompasses findings that caregivers with heavier care responsibilities tend to work shorter hours, while those bearing the heaviest care responsibilities are more likely to withdraw from paid employment (Lilly et al. 2007). Unpaid care work constitutes a barrier to women's participation in paid employment (Addati et al. 2018; ILO 2024d) and makes it more difficult for them to remain in and advance within the labour force (Addati et al. 2018). Unequal care responsibilities have also been associated with gender gaps in labour-force participation, wages, and employment quality (Ferrant et al. 2014).

Periods during which women withdraw from paid employment to provide care may also undermine their pension entitlements (Elson 2017). In Malaysia, unpaid care responsibilities have been identified as a barrier to women's economic participation (OECD 2024), while firm-level surveys have highlighted flexible working arrangements and childcare support as important measures to help workers balance work and family demands

(World Bank 2025). Care-related leave and care services provide formal support, but gaps in legal provisions and difficulties in accessing services continue to constrain the effectiveness of such support (ILO 2022).

The education and training theme shows that care responsibilities can constrain women's opportunities to access education, training, and employment (UN Women 2024; UNDP Malaysia 2023; ILO 2024b). In ASEAN, the effects include women's and girls' access to education and employment, career advancement, and participation, while in Malaysia, the unequal distribution of care responsibilities limits women's opportunities to pursue educational, economic, and employment goals outside the home (UN Women 2024; UNDP Malaysia 2023).

Globally, the proportion of young women who are not in employment, education, or training is higher than that of young men and is associated with unpaid care work (ILO 2024b). The relationship between unpaid care work, education, and gender equality has also been discussed by Marphatia and Moussié (2013). Accordingly, these findings position education and training as opportunities that may become constrained when care responsibilities are concentrated among women (ILO 2024b). The documents reviewed do not provide Malaysia-specific measures of the effects of care responsibilities on women's education or training.

The agency theme examines women's ability to make strategic choices and negotiate care responsibilities, including those related to employment (Kabeer 1999). The findings of Bittman et al. (2003) show that the relationship between women's contribution to household income relative to their partners and the division of domestic work is not uniform. A study of Malay couples in Malaysia likewise associates cultural and religious norms that shape gender roles with unequal divisions of domestic work and childcare (Boo 2021).

Taken together, the four themes demonstrate that time-use measures alone are insufficient to capture the full experience of care (Seymour et al. 2017; Doucet 2023). Women's empowerment is instead interpreted through the relationship among resources, agency, and achievements (Kabeer 1999). Access to economic resources and support from institutions and families needs to be considered alongside women's scope to make and exercise choices, which is shaped by norms and power relations (Kabeer 1999). Achievements associated with these four themes include mental health and time pressure (Ervin et al. 2022; Offer & Schneider 2011; Chelliah et al. 2023a), employment participation and continuity (Lilly et al. 2007; Addati et al. 2018), economic security through wages, employment quality, and pension entitlements (Ferrant et al. 2014; Elson 2017), as well as educational and employment opportunities (UN Women 2024; UNDP Malaysia 2023). For young women, unpaid care work is also associated with being outside employment, education, or training (ILO 2024b). Therefore, a reduction in care time can only be interpreted as empowerment when it is accompanied by changes in women's resources, agency, and achievements (Kabeer 1999).

Maqasid Shariah-Based Assessment of Care Arrangements

The Maqasid-based assessment of the four document themes links health to ḥifẓ al-nafs (preservation of life), cognitive burden, education, and training to ḥifẓ al-ʿaql (preservation of intellect), employment and economic security to ḥifẓ al-māl (preservation of wealth), and family and lineage to ḥifẓ al-nasl (preservation of lineage). The mental health and cognitive burden experienced by caregivers may implicate both ḥifẓ al-nafs and ḥifẓ al-ʿaql simultaneously. The relationships between health, employment, and education and SDG 3, SDG 8, and SDG 4, respectively, are consistent with the mapping proposed by Isman and Kaltsum (2022), while Mustofa et al. (2025) emphasise the need to incorporate ethical, social, and spiritual considerations into discussions of development.

The connection between family and lineage and ḥifẓ al-nasl is supported in the context of family institutions by Wan Ahmad et al. (2021). Religion, life, intellect, lineage, and wealth are used as the initial analytical categories (al-Ghazali 1993; al-Shatibi 1997). Additional connections are recorded only when the document themes provide clear evidence to support them, consistent with Auda's (2008) emphasis on the interrelationship among multiple dimensions. This mapping represents the authors' Maqasid-based assessment of the document themes, rather than a classification generated from DOSM data.

The subsequent assessment focuses on the benefits of care and the burdens borne by caregivers. Benefits to care recipients are examined in terms of whether care meets their needs and supports their well-being (Razavi

2007; Addati et al. 2018). For caregivers, unpaid work is associated with poorer mental health among women (Ervin et al. 2022; Seedat & Rondon 2021). Caregivers with substantial care responsibilities have been found to work shorter hours, while those bearing the heaviest responsibilities are more likely to leave paid employment (Lilly et al. 2007).

Unequal distribution of unpaid care work is also associated with gender gaps in wages and employment quality (Ferrant et al. 2014). Unequal care responsibilities may likewise constrain women's educational opportunities in ASEAN and Malaysia (UN Women 2024; UNDP Malaysia 2023). Kabeer's (1999) agency dimension is used to assess constraints on caregivers' strategic choices; in the context of caring for older adults, adverse health effects are more pronounced among caregivers who feel that they have no choice in accepting caregiving responsibilities (Tarter et al. 2022).

The four-question audit matrix developed in this article is based on a synthesis of considerations of benefits and harms within the Maqasid framework, an examination of the interests affected, and an assessment of how benefits and burdens are distributed within care arrangements (Attia 2007; Chapra 2008; Auda 2008; Razavi 2007; Addati et al. 2018). Care recipients are understood as direct beneficiaries when their needs and well-being are supported (Razavi 2007; Addati et al. 2018), while family members who are able to continue their employment or education are understood as indirect beneficiaries. Caregivers, meanwhile, are identified as parties bearing the burden when caregiving responsibilities are concentrated upon them, including financial burdens, lost opportunities, and forgone income, which are disproportionately borne by women (Razavi 2007; Folbre 2014; Addati et al. 2018).

The relationship between caregiving and labour market participation, paid working hours, wages, and employment quality is also taken into consideration (Lilly et al. 2007; Ferrant et al. 2014; Addati et al. 2018). The relevant actors and responsibilities are assessed at the levels of the family, employers, community, and state, as an authorial adaptation of Razavi's (2007) care diamond, which encompasses the family or household, the market, the public sector, and the non-profit sector, including community and voluntary providers. The identification of beneficiaries and burden-bearing parties in this matrix represents the authors' Maqasid-based assessment of the document themes, rather than evidence of causal relationships measured by DOSM.

The matrix produces three patterns. First, benefits to care recipients may coexist with harms to caregivers, including risks to mental health (Ervin et al. 2022; Seedat & Rondon 2021), loss of opportunities and income (Razavi 2007; Folbre 2014; Addati et al. 2018), constraints on choice (Kabeer 1999; Tarter et al. 2022), and effects on employment (Lilly et al. 2007; Ferrant et al. 2014; Addati et al. 2018). The simultaneous consideration of benefits and harms is consistent with the Maqasid literature (Ibn 'Abd al-Salam 1991; Attia 2007; Chapra 2008). Second, longer periods of caregiving are not classified as mafsadah solely on the basis of their duration, because time-use measures do not capture the full range of caregiving demands (Choong et al. 2019; Doucet 2023; Folbre 2023).

The assessment also considers caregivers' choices (Kabeer 1999; Tarter et al. 2022), the support available to them, and the consequences for both caregivers and care recipients (Razavi 2007; Addati et al. 2018). Third, a reduction in caregiving time is not considered maslahah when the needs of care recipients are compromised (Razavi 2007; Addati et al. 2018) or when the burden is transferred to parties with fewer choices and less protection (Kabeer 1999; Razavi 2007; Addati et al. 2018). These three patterns represent the authors' Maqasid-based assessment of the document themes, rather than evidence of causal relationships measured by DOSM.

Table 3: Maqasid-Based Assessment Matrix of Benefits, Burdens, and Harms in Care Arrangements

Document Theme	Benefits and Beneficiaries	Burdens or Harms and Those Bearing Them	Affected Maqasid Interests	Conditions for Maslahah	Risk of Harm or Burden Shifting
Health and Cognitive Burden	The needs and well-being of care recipients	Risk of poorer mental health among working women (Ervin et al. 2022).	Ḥifẓ al-nafs; ḥifẓ al-ʿaql	The needs of care recipients are met without	The burden becomes concentrated on or

	are supported (Addati et al. 2018; Razavi 2007).	Simultaneous tasks may be accompanied by stress and negative emotions among mothers (Offer & Schneider 2011). Cognitive work includes planning, decision-making, and monitoring (Daminger 2019).		compromising caregivers' mental health, cognitive capacity, or ability to exercise choice.	transferred to family members or care workers with fewer choices and less protection (Razavi 2007; Addati et al. 2018).
Employment and Economic Security	The needs of care recipients are supported, while family members who are able to remain in employment receive indirect benefits (Razavi 2007; Addati et al. 2018).	Caregivers with substantial caregiving responsibilities have been found to work shorter hours, while those with the heaviest responsibilities are more likely to leave paid employment (Lilly et al. 2007). Unequal care work is also associated with wage and employment-quality gaps (Ferrant et al. 2014).	Ḥifẓ al-māl	Care arrangements enable caregivers to remain in paid employment, maintain income, and obtain adequate protection.	Loss of income or opportunities is concentrated on caregivers or transferred to less-protected care workers (Razavi 2007; Addati et al. 2018).
Education and Training	The needs of care recipients continue to be supported (Addati et al. 2018; Razavi 2007).	Educational and training opportunities may be constrained by caregiving responsibilities (UN Women 2024; UNDP Malaysia 2023).	Ḥifẓ al-ʿaql	Caregivers have sufficient time, access, and genuine opportunities to pursue education or training.	Caregivers' educational or training opportunities become increasingly restricted, or responsibilities are transferred without adequate support.
Agency	The needs of care recipients are met through an agreed division of responsibilities without restricting caregivers' strategic choices (Kabeer 1999).	Strategic choices and negotiation over the division of responsibilities may be constrained by gender norms within households (Kabeer 1999; Bittman et al. 2003).	According to the most directly affected interest	Caregivers have reasonable choices, a voice in the allocation of responsibilities, and the ability to reassess care arrangements.	Responsibilities become concentrated on less-powerful parties or are transferred to parties with less protection (Razavi 2007; Addati et al. 2018).

Note: The beneficiaries, burden-bearing parties, conditions for maslahah, and risks of burden shifting represent the authors' Maqasid-based assessment of the document themes through consideration of benefits and harms (Attia 2007). They do not constitute findings of causal relationships derived from DOSM data. The primary Maqasid interest is determined based on the interest most directly affected, while additional linkages are recorded when supported by the document themes (Auda 2008).

Source: Authors' analysis based on the documents and sources cited in the table.

Towards Empirical Indicators of Maqasid-Based Welfare

The present study deliberately distinguishes Maqasid-based normative evaluation from empirical measurement. Maqasid al-Shariah is employed to assess whether identified care arrangements generate maslahah, prevent mafsadah, protect relevant human interests, and distribute benefits and burdens in a manner

consistent with justice. It is not treated as a statistical variable, and the four-question audit developed in this study does not constitute a validated measurement instrument. This distinction is necessary because normative judgements concerning welfare cannot be inferred solely from the amount of time spent on caregiving.

Future research could nevertheless build an empirical measurement framework informed by the Maqasid assessment developed in this study. Such a framework could identify measurable indicators corresponding to the conditions through which relevant interests are protected or undermined. For example, ḥifẓ al-nafs could be examined through indicators of caregiver physical and psychological well-being; ḥifẓ al-ʿaql through cognitive burden, access to education and training, and opportunities for intellectual development; ḥifẓ al-māl through employment continuity, income security, pension protection, and access to paid care support; and ḥifẓ al-nasl through the quality, continuity, and sustainability of family care arrangements. These indicators should not be assumed to represent the Maqasid categories automatically. Rather, their conceptual and empirical validity would need to be established through theoretical justification, expert assessment, instrument development, and statistical validation.

A future Maqasid-based welfare framework should therefore operate through a two-stage process. The first stage would empirically measure conditions, outcomes, and distributions of benefits and burdens. The second stage would normatively evaluate those empirical findings through Maqasid principles concerning maslahah, mafsadah, justice, protection of human interests, and the avoidance of harmful burden transfer. Such a design would preserve the normative character of Maqasid al-Shariah while allowing its implications to be investigated through transparent and testable empirical evidence.

DISCUSSION

The Meaning of the Time-Use Gap and Measurement Limitations

The comparison of average time-use data published by DOSM (2026) shows a 1-hour-and-47-minute daily gap between women and men in total unpaid care and unpaid domestic work. Women spend an average of 6 hours and 7 minutes per day on such work, compared with 4 hours and 20 minutes for men. This difference indicates that, on average, women devote more time to unpaid care and domestic work. The time-use pilot study by Choong et al. (2019) likewise found that women allocated more time to unpaid care work than men. Boo (2021) and Chelliah et al. (2023b) similarly demonstrate that domestic work and childcare are more heavily undertaken by women than by men.

However, time duration alone cannot capture the full range of forms and demands involved in caregiving. The recorded duration may encompass different types of tasks and modes of caregiving, including routine or non-routine care and care performed jointly or independently (Craig & Mullan 2011). Care performed simultaneously with a primary activity may also be underestimated when secondary activities are not included in average time calculations (UNSD 2026). In addition, responsibilities such as supervising and managing care may not necessarily appear as distinct caregiving activities (Folbre 2023). The recorded time-use gap therefore demonstrates a difference in the amount of time allocated by women and men (DOSM 2026). However, this duration does not capture the full range of forms and demands of caregiving, including differences in task types, simultaneous caregiving activities, and responsibilities for supervising and managing care (Craig & Mullan 2011; UNSD 2026; Folbre 2023).

The time-use gap demonstrates differences in the allocation of time between women and men, but time duration alone does not indicate the extent to which individuals have agency in determining how their time is allocated. Eissler et al. (2022) distinguish between the amount of time spent and agency in determining how time is allocated, while Kabeer (1999) emphasises that empowerment should be assessed through the relationship among resources, agency, and achievements, as well as the choices available to women.

The importance of choice is further demonstrated by Tarter et al. (2022), particularly in the context of caring for older adults, where a lack of choice in accepting caregiving responsibilities is associated with emotional distress and physical strain. Therefore, longer caregiving time does not in itself indicate lower empowerment,

just as reduced caregiving time does not necessarily indicate greater empowerment. The implications of the time-use gap for women's empowerment must therefore be assessed through resources, agency, and achievements (Kabeer 1999; Eissler et al. 2022).

The Time-Use Gap from the Perspective of Women's Empowerment

The time-use gap cannot be explained solely by the availability of resources. Within Kabeer's framework, resources constitute a prerequisite for the capacity to make choices and must be considered alongside agency and achievements (Kabeer 1999). In Malaysia, access to affordable childcare remains a constraint on women's economic participation (OECD 2024), while flexible working arrangements and childcare assistance have been identified as forms of support for balancing work and family responsibilities (World Bank 2025).

The division of domestic work and childcare is also influenced by gender norms associated with culture and religion (Boo 2021). The relationship between religiosity and men's time allocation likewise differs by gender, with a positive association among men and a negative association among women (Boo 2025). Therefore, from an empowerment perspective, the availability of resources must be accompanied by the space and capacity to make and exercise strategic choices (Kabeer 1999).

Agency within care arrangements concerns the space available to make and negotiate choices regarding the distribution of responsibilities (Kabeer 1999). Economic resources alone do not necessarily produce a more equitable division of domestic work, as gender norms also influence the allocation of responsibilities within households (Bittman et al. 2003; Boo 2021). The acceptance of caregiving responsibilities does not necessarily indicate that caregivers have meaningful choice in accepting them; this must be assessed alongside the choices available to caregivers (Kabeer 1999; Tarter et al. 2022). In this article, agency is assessed through the capacity to negotiate the division of tasks, express preferences, and reassess care arrangements when circumstances change, drawing on Kabeer's (1999) conceptualisation of agency.

Furthermore, achievement should be assessed through outcomes related to employment, health, and education. Heavy caregiving responsibilities can constrain women's participation in and continuity of employment (Ferrant et al., 2014; Lilly et al., 2007; Addati et al., 2018), while unpaid care work is associated with poorer mental health among women (Seedat & Rondon, 2021; Ervin et al., 2022). Unpaid care work may also limit educational opportunities (Marphatia & Moussié, 2013; UN Women, 2024), while in the Malaysian context, the unequal distribution of caregiving responsibilities has been associated with women's educational, economic, and employment opportunities (UNDP Malaysia, 2023). However, such achievements should not be interpreted as measures of empowerment in isolation, as their significance depends on the choices available to women (Kabeer, 1999). Therefore, changes over time become meaningful from an empowerment perspective only when assessed in conjunction with resources, agency, and achievements (Kabeer, 1999).

Assessing Care Justice Based on Maqasid Al-Shariah

The Maqasid-based assessment in this article demonstrates that *maslahah* (benefit) and *mafsadah* (harm) may coexist when the benefits of caregiving to one party are accompanied by burdens imposed on another. Unlike the mapping of the SDGs onto the dimensions of Maqasid (Isman & Kaltsum, 2022), broader discussions on the integration of Maqasid and the SDGs (Mustofa et al., 2025), and analyses of SDG 5 through the Maqasid framework (Wan Nor Anas & Wan Khairuldin, 2025), this article focuses specifically on SDG 5.4 and examines how benefits, burdens, and responsibilities are distributed. The mapping of themes onto the dimensions of Maqasid is used to identify the interests that are affected, but it is not regarded as evidence that a caregiving arrangement is just. The subsequent assessment considers the relationship between the affected interests and the objectives to be achieved (Auda, 2008), consistent with the view that the dimensions of well-being within Maqasid are interdependent and mutually reinforcing (Chapra, 2008). Accordingly, the assessment does not stop at categorical matching but examines whether caregiving benefits can be achieved without concentrating burdens or transferring harm to other parties.

Benefits of caregiving to recipients do not, in themselves, demonstrate comprehensive *maslahah* when caregivers simultaneously experience adverse effects on their health, employment, or freedom of choice. Unpaid care work is associated with poorer mental health among women (Ervin et al., 2022), while heavy caregiving responsibilities can adversely affect participation in and continuity of employment (Lilly et al., 2007; Addati et al., 2018). Freedom of choice is also important because the acceptance of caregiving responsibilities does not necessarily indicate that caregivers possess genuine choices (Kabeer, 1999; Tarter et al., 2022). The four audit questions developed in this article assess the benefits generated, the beneficiaries, the burdens or harms arising, and the parties who bear them. This assessment integrates considerations of benefit and harm (Attia, 2007), the interrelationship between affected interests (Auda, 2008; Chapra, 2008), and the distribution of benefits and burdens within caregiving arrangements (Razavi, 2007). On this basis, *ḥifẓ al-nasl* is not assessed in isolation when *ḥifẓ al-nafs*, *al-ʿaql*, or *al-māl* are also affected. Prolonged caregiving is not considered *mafsadah* merely because of its duration; the assessment also takes into account caregivers' choices, the support available to them, and the well-being of care recipients (Kabeer, 1999; Razavi, 2007; Tarter et al., 2022).

The assessment should also examine whether reducing the burden on one party merely transfers responsibilities or harm to another. Care provision involves families or households, markets, the state, and the non-profit sector, including communities, with the division of work, costs, and responsibilities distributed across these institutions (Razavi, 2007). The 5R framework emphasises that the redistribution of unpaid care work should be accompanied by appropriate rewards and representation for paid care workers (Addati et al., 2018; UN Women, 2022; ILO, 2024a). Leave entitlements and care services are also among the forms of support available to workers with family responsibilities (ILO, 2022). Accordingly, the Maqasid-based assessment in this article examines whether the needs of care recipients are met without constraining caregivers' freedom of choice (Kabeer, 1999; Attia, 2007), and without transferring burdens or harms to caregivers, care workers, or other less-protected parties (Razavi, 2007; Addati et al., 2018; ILO, 2024a).

POLICY IMPLICATIONS

The *Malaysia Care Strategic Framework and Action Plan 2026–2030* establishes monitoring through the delivery of care services, workforce development, policy alignment, and stakeholder collaboration (KPWKM, 2025). This article proposes that monitoring should also encompass changes in care time, health, employment continuity, access to support, caregiver agency, and the well-being of care recipients. Flexible working arrangements under Sections 60P–60Q of the Employment Act 1955 [Act 265], together with childcare support, are important in helping workers balance work and family responsibilities (World Bank, 2025). At the same time, the redistribution of unpaid care work should be accompanied by attention to the remuneration and representation of paid care workers (Addati et al., 2018; UN Women, 2022; ILO, 2024a). Accordingly, access to services, caregiver protection, and the working conditions of care workers should be assessed jointly to ensure that reducing the burden on one party does not simply transfer the burden to another (Razavi, 2007).

Policy assessment should trace the benefits and costs across caregivers, care recipients, and the institutions involved in care provision (Razavi, 2007). Comparisons based on participant characteristics are appropriate only when the research design and available data support such analysis. i-Suri is a voluntary contribution programme for eligible eKasih women, with government incentives designed to strengthen retirement savings (Employees Provident Fund [EPF/KWSP], n.d.). Therefore, this article uses i-Suri as an example of retirement savings support based on the programme's function (EPF/KWSP, n.d.), rather than as evidence of the provision of replacement income, leave entitlements, or care services.

These recommendations require implementation data and cost analysis before specific policy options can be assessed. This article does not prescribe a particular delivery model, level of expenditure, or programme package; rather, it emphasises the assessment of changes in time use, empowerment, well-being, and the distribution of benefits and burdens among the parties involved (Kabeer, 1999; Razavi, 2007). The Maqasid-based assessment is employed to examine benefits, harms, and the potential transfer of burdens (Attia, 2007; Auda, 2008), rather than as evidence of policy impact. The assessment priorities and the corresponding limitations of the conclusions are summarised in Table 4.

Table 4. Proposed Empirical and Normative Dimensions for Future Monitoring of SDG 5.4

Empirical dimension	Possible empirical indicators	Kabeer dimension	Relevant Maqasid interest	Normative question
Care burden	Hours of unpaid care; simultaneous care; time poverty	Achievement	ḥifẓ al-nafs	Is the care burden sustainable?
Cognitive burden	Planning, anticipating, monitoring, coordination	Agency	ḥifẓ al-ʿaql	Is cognitive capacity being excessively burdened?
Economic security	Income, employment continuity, working hours, pension	Resources/Achievement	ḥifẓ al-māl	Does caregiving undermine economic security?
Agency	Negotiation, decision-making, choice, ability to modify care	Agency	ḥifẓ al-nafs / al-māl / al-nasl	Is caregiving genuinely negotiated?
Education	Training participation, educational time	Achievement	ḥifẓ al-ʿaql	Does care constrain development of human capability?
Family welfare	Care-recipient well-being, family functioning	Achievement	ḥifẓ al-nasl	Are family needs adequately protected?
Support	Childcare/eldercare access, affordability, social support	Resources	Multiple	Does support reduce burden without transferring it?
Burden transfer	Transfer to other women, low-paid workers, community	Agency/Achievement	Multiple	Who ultimately bears the cost?

Note: This table represents a synthesis of the author's analysis and does not constitute an official set of indicators or an impact assessment. Caregiver agency refers to the capacity to make strategic choices, including negotiating caregiving responsibilities (Kabeer, 1999). i-Suri is used as an example of retirement savings support for eligible eKasih women.

Source: DOSM (2026), Kabeer (1999), KPWKM (2025), Employment Act 1955 [Act 265], ss. 60P–60Q, Razavi (2007), Addati et al. (2018), Employees Provident Fund [KWSP] (n.d.), UN Women (2022), ILO (2024a), and World Bank (2025).

LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

Several limitations should be considered when interpreting the findings of this study. First, the analysis relies on aggregate time-use statistics published by the Department of Statistics Malaysia (DOSM) for the 2025 reference year. These data are appropriate for identifying population-level differences in the amount of time allocated to unpaid care and unpaid domestic work, but they do not permit analysis of heterogeneity across individual caregivers and households. In particular, the present study does not estimate differences by household income, age, ethnicity, geographical location, household structure, or employment status. Nor does the aggregate dataset allow the analysis of how these characteristics interact with gender in shaping the distribution and experience of unpaid care work. Accordingly, the reported gender gap should be interpreted as a population-level difference rather than as a uniform pattern experienced by all Malaysian women and men.

Future research should therefore utilise Malaysian micro-level time-use data, where available, to examine the distribution of unpaid care and domestic work across different socioeconomic and demographic groups. Such analysis could examine income gradients, age and life-course differences, ethnic variation, urban–rural location, household composition, and employment status. Household income would be particularly important

because access to market-based care services, domestic assistance, transportation, housing infrastructure, and flexible employment may vary substantially across income groups. Similarly, age may influence caregiving responsibilities according to life-course position, while household structure may determine the availability of alternative caregivers and the concentration of care responsibilities within particular household members. Employment status should also be examined because the opportunity costs of unpaid care may differ between full-time employees, part-time workers, self-employed persons, unemployed individuals, homemakers, and retirees.

Second, the present study does not contain primary data from caregivers or care recipients. The document analysis identifies evidence concerning health, cognitive burden, employment, education, and agency, but these dimensions are not directly measured among Malaysian caregivers in the present dataset. In particular, aggregate time-use statistics cannot adequately capture the cognitive and relational dimensions of care, including anticipating needs, planning care, making decisions, coordinating services, monitoring care, and managing competing responsibilities. They also provide limited evidence concerning whether caregivers perceive their responsibilities as freely chosen, negotiated, imposed, or reassessed when household circumstances change.

Future empirical research should therefore incorporate primary data from caregivers to examine these dimensions directly. A mixed-methods design would be particularly appropriate because quantitative time-use measures can establish the magnitude and distribution of unpaid care work, while qualitative interviews or focus groups can illuminate how caregivers experience, interpret, negotiate, and respond to those responsibilities. A sequential explanatory design could first identify statistically significant differences in care time across socioeconomic and household groups and subsequently use qualitative interviews to explain why these differences occur and how they affect caregivers' resources, agency, and achievements. Alternatively, a convergent mixed-methods design could collect time-use and qualitative data concurrently and integrate the findings during interpretation.

Such a design would also strengthen the application of Kabeer's empowerment framework. In the present study, resources, agency, and achievements are used as an analytical framework for interpreting evidence from existing studies and policy documents rather than as directly measured variables. Future research could operationalise these dimensions empirically. Resources could include household income, individual income, access to childcare and eldercare services, social support, employment flexibility, social protection, and access to education or training. Agency could be assessed through caregivers' participation in decisions concerning the allocation of care responsibilities, their capacity to negotiate with household members, their ability to refuse or modify caregiving tasks, and their perceived freedom to pursue employment, education, or other valued activities. Achievements could include employment continuity, income security, educational participation, time poverty, subjective well-being, and other outcomes that reflect the opportunities available to caregivers.

Third, future research should develop measurable indicators for empowerment and Maqasid-based welfare outcomes while maintaining a clear distinction between empirical measurement and normative evaluation. This distinction is important because Maqasid al-Shariah in the present study functions as an analytical and normative framework rather than as a statistical measurement instrument. The four-question audit developed in this study—concerning the benefits generated, the beneficiaries, the burdens or harms arising, and the parties bearing them—does not generate scores and has not been presented as a validated national index. Future studies could build on this analytical procedure by developing and validating empirical indicators that correspond to measurable dimensions of caregiver welfare, agency, and the distribution of care burdens.

A possible empirical framework could distinguish between two analytical layers. The first layer would consist of empirical indicators measuring observable or reportable outcomes, such as care hours, time poverty, employment continuity, income security, access to care services, caregiver health, cognitive burden, educational participation, social support, and decision-making capacity. The second layer would constitute the normative Maqasid-based evaluation, in which these empirical findings are assessed in terms of the protection and enhancement of relevant human interests, including ḥifẓ al-nafs, ḥifẓ al-ʿaql, ḥifẓ al-māl, and ḥifẓ al-nasl.

This separation would prevent the normative categories of Maqasid from being treated as if they were directly observable statistical variables while still allowing empirical evidence to inform the assessment of maslahah and mafsadah.

Fourth, comparative research across Southeast Asian countries would provide an important extension of the present Malaysian analysis. The gendered distribution of unpaid care work may reflect not only individual or household characteristics but also differences in labour markets, social protection systems, public care infrastructure, cultural norms, household structures, and state involvement in care provision. Comparative analysis could therefore determine whether the patterns identified in Malaysia are distinctive or form part of broader regional patterns. Such research could compare countries according to differences in care policies, female labour-force participation, urbanisation, household composition, income distribution, and access to formal care services. A comparative Southeast Asian approach would also enable researchers to examine whether similar levels of unpaid care time produce different empowerment and welfare outcomes under different institutional and cultural arrangements.

Taken together, these directions would extend the present study from population-level description and normative assessment towards a more empirically grounded account of the distribution, experience, and consequences of unpaid care work. The resulting research agenda would retain the conceptual contribution of integrating SDG 5.4, Kabeer's empowerment framework, and Maqasid al-Shariah while strengthening the empirical basis through micro-level data, primary caregiver evidence, validated indicators, and cross-country comparison.

CONCLUSION

Analysis of the data for the 2025 reference year shows that women allocate more time than men to unpaid care work and unpaid domestic work, with a calculated gap of one hour and 47 minutes per day (DOSM, 2026). This gap indicates a difference in average time allocation but does not, in itself, determine women's empowerment. The synthesis presented in this article demonstrates that the significance of this gap should be assessed in conjunction with mental health, employment and economic outcomes, educational and training opportunities, and caregivers' capacity to negotiate caregiving responsibilities. Therefore, time-use evidence under SDG 5.4 should be evaluated through the relationship between resources, agency, and achievements, rather than treated as a standalone measure of empowerment (Kabeer, 1999).

The Maqasid-based assessment demonstrates that maslahah and mafsadah may coexist when the benefits of caregiving to recipients are accompanied by burdens or constrained choices for other parties (Attia, 2007; Kabeer, 1999). Meeting the needs of care recipients should therefore be assessed alongside caregiver agency and protection, as well as the working conditions of paid care workers. A caregiving arrangement cannot be regarded as comprehensively beneficial when its benefits depend on non-negotiable burdens or when reducing the burden on one party transfers costs or harm to those with fewer choices or weaker protection (Razavi, 2007; Addati et al., 2018). Accordingly, care justice requires benefits, burdens, and responsibilities to be assessed across families, markets, communities, and the state (Razavi, 2007).

The policy implication of this analysis is that monitoring SDG 5.4 should encompass not only changes in time use but also access to support, caregiver agency, the well-being of care recipients, and the risk of burden transfer. The contribution of this article lies in its analysis linking time-use evidence in Malaysia with resources, agency, and achievements (Kabeer, 1999). The analysis is then extended through a Maqasid-based assessment using four questions concerning the benefits generated, the beneficiaries, the burdens or harms arising, and the parties who bear them. This approach constitutes an analytical procedure developed by the author and is not an index, validated instrument, or national model. The study's limitations include the use of aggregate data, the absence of primary data from parties involved in caregiving, and the lack of cost analysis and policy impact evaluation. Future research should test the applicability of this analytical procedure across different types of care and social groups by integrating time-use data with primary data from caregivers, care recipients, paid care workers, employers, and policy implementers.

The principal limitation of this study is that the available evidence is aggregated at the population level and therefore cannot capture the heterogeneity of caregiving experiences across income, age, ethnicity, location, household structure, or employment status. The study also does not contain primary evidence from caregivers concerning agency, cognitive burden, negotiation, or lived experience. Consequently, the findings should be understood as a population-level synthesis rather than as evidence that all Malaysian caregivers experience the same forms or consequences of unpaid care work.

Future research should address this limitation through Malaysian micro-level time-use data combined with primary data from caregivers and, where appropriate, care recipients and paid care workers. A mixed-methods design would enable quantitative analysis to identify patterns across socioeconomic and household groups while qualitative interviews or focus groups could explain how caregivers experience and negotiate these responsibilities. Such research would allow Kabeer's dimensions of resources, agency, and achievements to be operationalised as measurable empirical constructs rather than interpreted solely from secondary evidence.

Future studies should also distinguish clearly between empirical measurement and normative Maqasid-based evaluation. Empirical indicators could measure care burden, cognitive burden, access to resources, employment continuity, educational opportunities, agency, caregiver well-being, and the well-being of care recipients. These findings could then be subjected to a separate Maqasid-based assessment of maslahah, mafsadah, justice, protection of human interests, and the distribution of benefits and burdens. The development and validation of such indicators would represent an important methodological extension of the present analytical framework.

Finally, comparative research across Southeast Asian countries could determine whether the patterns identified in Malaysia are specific to the Malaysian institutional and cultural context or form part of broader regional patterns. Such comparison would strengthen understanding of how care systems, social protection, labour markets, household structures, and cultural norms shape the relationship between unpaid care, empowerment, and welfare. In this way, the present study provides a conceptual and analytical foundation for a broader empirical research programme linking SDG 5.4, women's empowerment, and Maqasid al-Shariah across different social and institutional contexts.

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