Families on the Edge

Mixed methods longitudinal research on the impact of the COVID-19 crisis on women and children in lower income families

Issue 1: The immediate impact of the Movement Control Order period

August 2020
Introduction

In May 2020 UNICEF and UNFPA jointly commissioned the Families on the Edge study to explore the impact of the COVID-19 crisis on women and children in low income urban families in Malaysia. This report is the first in a series of reports under the Families on the Edge project and describes the immediate socio-economic impact of the COVID-19 crisis on a group of 500 families with children in Kuala Lumpur’s low-cost flats, as well as preliminary insights on the relevance, adequacy and accessibility of key COVID-19 mitigation policies and other critical social services for this particularly vulnerable group. Future reports are expected to monitor the extent to which these families recover and offer critical insights for the general public and policymakers as Malaysia aims to ‘build-back-better’.

Background and objectives

The first confirmed case of COVID-19 was detected in Malaysia on 24th January 2020. On 18th March the government introduced a robust Movement Control Order (MCO) which is widely acknowledged to have been effective in controlling the spread of the virus: by end of July 8,976 people had contracted the disease in Malaysia and 125 people had died. However, the MCO has been extremely disruptive to social and economic life. Unemployment went up to 4.9% in June 2020 which is the highest in 30 years, and higher than during the Global Financial Crisis of 2008 (3.7%), and the Asian Financial Crisis of 1998 (3.4%). GDP has contracted by 17.1% in the second quarter of 2020 (DOSM, 2020), which was the lowest growth ever recorded since the Asian Financial Crisis.

As bad as these aggregate impacts are, it is also increasingly recognised at a global level that the COVID-19 crisis, like other economic crises before it, is likely to impact hardest on the most vulnerable. Data from the pre-COVID-19 period suggests this is also likely to be the case in Malaysia where it has been estimated that around two-thirds of job losses will fall on low skilled workers (MIER, 2020).

Yet even before the crisis, low income families were struggling to cope with the high cost of living. For example, between 2014 and 2016, households with monthly incomes below RM5,000 were forced to cut back on consumption of food despite spending more money on it (KRI, 2018). A recent UNICEF study among low income families in Kuala Lumpur’s PPR flats also found that around half of households had recent experience of being unable to afford sufficient food and 15% of households experienced this every month (UNICEF, 2018). Meanwhile, about 1 in 2 of employed labour force is not covered by employment-based social protection (EPF, 2019; DOSM, 2019); 3 in 4 Malaysians find it a challenge to raise RM1,000 of immediate cash for emergencies (BNM 2016); and about 1 in 3 Malaysians can only cover a week’s worth of expenses, at most, should they lose their source of income. (BNM, 2016). There are also concerns regarding the well-being of households, a study conducted in early April 2020 showed that almost half of the respondents self-reported experiencing varying levels of anxiety, depression (45%), and stress (34%) (The Centre, 2020).

In response to these socio-economic risks, the Government of Malaysia introduced a wide range of policy measures to mitigate the socio-economic impact of COVID-19, including RM45Bn to mitigate the impact of COVID-19 on households and businesses (MOF, 2020).

However, little is yet known about the impact of the COVID-19 crisis on different social group or about the relevance, adequacy and accessibility of these mitigation measures for the lowest income families. There is a particular gap in the evidence on the impact of COVID-19 on women and children in low income Malaysian families, groups that have been shown to be particularly affected elsewhere. It is also yet to be seen whether wider social protection and social service systems are in a position to provide adequate support to vulnerable groups over the longer-term, thereby ensuring a robust and inclusive recovery process.

UNICEF and UNFPA therefore commissioned the Families on the Edge study to address these critical evidence gaps. In doing so, UNICEF and UNFPA aim to further deliver on their commitment to supporting the development of short-, medium- and long-term social and economic policy responses to the COVID-19 crisis and, in doing so the study aims to make a significant contribution to securing the realisation of Malaysia’s national development targets.

References:

Khazanah Research Institute (KRI). 2018. State of Households 2018:

Different realities. pp. 195

UNICEF & UNFPA | Families on the edge | August 2020
The photographs featured in this document were taken by the children from the surveyed households to document their family life during the Movement Control Order (MCO). Details of this photography activity can be found in page 34.
Overview of the study

The purpose of this study is to support the Government of Malaysia’s efforts to mitigate the direct and indirect impacts of COVID-19 on vulnerable groups through the generation of high quality evidence and promotion of stakeholder dialogue on short-, medium- and long-term policy solutions.

Families on the Edge will be implemented over a period of at least 6 months beginning May 2020. Multiple rounds of quantitative and qualitative data collection will be undertaken over this period to allow the study to track the short-to-medium socio-economic impacts of the COVID-19 crisis on participating women and children in low-income urban families including their interaction with changing policy and social service responses. It is envisaged that the study will respond to emerging evidence, exploring specific issues in more detail over time.

This first study assesses changes in a range of indicators between December 2019 (prior to the emergence of COVID-19 in Malaysia) and towards the end of the Movement Control Order in May and June 2020.

This study has four main objectives:

1. Measure the impact of the COVID-19 crisis on the finances of the households
2. Collect evidence on its impact on psychosocial wellbeing and experiences.
3. Explore the relevance, adequacy and accessibility of COVID-19 mitigation policies and programmes for low income households as well as access to broader social services
4. Document the life of women and children living in low-income, high-density urban communities during the MCO, through the eye of the children of that community

Socio-economic study

- **Number of households interviewed**: 500
- Respondents were the heads of households
- To be conducted at least four times
- Focuses on the financial situation

Wellbeing interviews

- **Number of households interviewed**: 30
- Most respondents were mothers or female head of households
- To be conducted every month
- Focuses on the households’ general wellbeing

Collect evidence on its impact on psychosocial wellbeing and experiences.
Photography and videography project to visualize the impact of COVID-19 as seen by children. Details are in page 34.

Location of interviewed households in Kuala Lumpur
1. Profile of study participants

**Survey 1: Socio-economic Survey**

**Households**

On average, a household has 5.5 members.

3 in 4 households have 3 to 6 members.

2 in 3 households less than 2 children (below 18 years old), with 2.2 children per household on average.

3 in 10 households have three generations.

7% of households have the grandparent as the primary caretaker of the child.

About 40% of household members are children, and about 3 in 4 are school-age children.

29% of households contain members with chronic diseases or persons with disabilities.

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**Figure 1.1: Distribution of household members (%)**

- Less than 3: 1%
- 3-6: 74%
- 7-10: 24%
- More than 10: 2%

**Figure 1.2: Total children by age group (%)**

- Children below 5: 16%
- 5-6 years: 36%
- 7-12 years: 40%
- 13-17 years: 8%

**Figure 1.3: Distribution of children (0-17 years) living in a household (%)**

- 1-2 children: 65%
- 3-4 children: 31%
- 5-6 children: 4%
- More than 6 children: 1%

**Figure 1.4: Generations in a household (%)**

- Two generations: 71%
- Three generations: 29%
8% of total household members have chronic diseases or are persons with disabilities. 3% of persons with disability household members are registered with the Department of Social Welfare. 3% of the households have at least 1 pregnant woman (aged 15-49 years).

**Heads of households**

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<thead>
<tr>
<th>Figure 1.5: Head of household by gender (%)</th>
<th>Figure 1.6: Head of household by ethnicity (%)</th>
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<tr>
<td><img src="image" alt="Bar chart" /></td>
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<tr>
<td>80% Male</td>
<td>70% Malay</td>
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<tr>
<td>20% Female</td>
<td>20% Indian</td>
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<td>5% Chinese</td>
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<tr>
<th>Figure 1.7: Head of household by marital status (%)</th>
<th>Figure 1.8: Single parents by gender (%)</th>
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<td><img src="image" alt="Bar chart" /></td>
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<tr>
<td>76% Married</td>
<td>75% Female</td>
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<tr>
<td>10% Widowed</td>
<td>25% Male</td>
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<td>8% Divorced</td>
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<td>4% Separated</td>
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<td>2% Single</td>
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<th>Figure 1.9: Head of household by age groups (%)</th>
<th>Figure 1.10: Educational attainment of HoH and spouse (%)</th>
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<td><img src="image" alt="Bar chart" /></td>
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<tr>
<td>3% 20-29</td>
<td>11% Diploma</td>
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<td>28% 30-39</td>
<td>13% Degree and above</td>
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<td>31% 40-49</td>
<td>3% SPM</td>
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<tr>
<td>28% 50-59</td>
<td>3% Lower secondary and below</td>
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<tr>
<td>8% 60-69</td>
<td>31%</td>
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<tr>
<td>2% 70-79</td>
<td>53%</td>
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3 in 5 HoH are between 30 - 49 years old. Average age: 46 years old. Roughly 9 in 10 of the HoH and the spouse have low educational attainment.
2. Profile of study participants

Survey 2: Wellbeing interviews

- **30 households**
- **RM1,560**
  Average HoH earnings (2019)
- **5.8**
  The average number of household members.
- **2.4**
  The average number of children per household.
- Gender: 97% female; 3% male.
- Ethnicity: The households are 100% Malay.
- Average age: 46 years old.
- Occupation: Majority are homemakers.
- 40% of the respondents are single mothers.
- 23% households have at least one person with disabilities.

Surveyed households

- **72** Number of children
- **174** Total household members
More households headed by females among B20 households at national level compared to low-cost flats. About half of the low-cost flat heads of households have secondary education, lower than at national level.

Slightly higher percentage of household with 4 members in low-cost flats compared to B20 households at national level. The percentage of households headed by single parents are almost similar comparing to the national average.

Figure 1.11: Comparison between heads of households in low-cost flats and B20 households by gender, education, household size, and marital status (%)
3. Financial expectations

Only 10% of heads of households expect their financial status to be better in the next 6 months. Female-headed households are more pessimistic, with only 2% expecting their financial status to be better in the next 6 months.
4. Employment and earnings

1 in 4 heads of households were unemployed during the MCO, which is higher than last year, and 5 times higher than the national average.

More than half of the employed HoH do not have labour market protections, and the figure is higher among female HoH (57%).

Majority of those who lost their jobs have no employment protection.

References:
About 4 in 10 HH have at least one unemployed member, and the figure is higher among female-headed HH (1 in 2).

1 in 4 children live in the households that has at least one unemployed person, an increase from 5% in 2019. The percentage is higher among children who live with female HoH.

Majority of HoH experienced worsening earnings during the MCO.

Figure 4.4: Households with unemployed household member during MCO (%)

Figure 4.5: Percentage of children by female headed HoH employment status 2019 and 2020 (%)

Figure 4.6: How is your earnings level at present compared to the end of 2019? (%)
Roughly 1 in 3 HoH worked less during the MCO.

Total monthly median earnings of the HoH dropped by 1/3 to RM1,000.
“We (old people) went out looking for jobs... Anything that we can do to gain some income... But it’s impossible... God, it’s really hard, we are severely affected.”

– Ms., R., 46, Online seller
5. Expenditure

Households spend less (education -84%, rent -39%, transport -39%, food -4%).

Figure 5.1: Average expenditure per month, December 2019 and June 2020 (RM)

On average, the HH consume more eggs (+50%), rice (+40%), and instant noodles (+40%), and less on snacks and sweets (-62%), fruits (-40%).

Figure 5.2: Expenditure during the MCO by food category (%)
Households with HoH who earned below RM2,000 per month tend to spend more on eggs and instant noodles relative to the other higher earnings group, and less protein and rice.

“Obviously we reduced our food intake. Need to be frugal... Normally, we cook fried rice, and we have it for both lunch and dinner... We have to eat less food.”

– Ms. H., 33, housewife. Husband runs a burger stall.
“We spent accordingly, within our means.”

- Ms N., 44, husband works as a driver
6. Savings

3 in 4 are unable to save.

Among those who were able to save, only 1 in 6 has enough savings to last more than three months. Among female HoH, only 5 in 100 have enough savings to last more than 3 months.

“I have to borrow from ‘Along’ to pay for my mother’s medical bills... Around RM2,000... I don’t have anything to pawn anymore.”

- Mr. N., 51, unemployed.
A sizable number of households were already facing financial difficulties prior to the MCO, and this has worsened during the MCO. Government assistance have helped mitigate their fiscal constraints.

The number of households that depended on government assistance increased.

“We can’t depend on anybody else or the government during this period … We need to ask what we can do for the country, not what can the country do for us. …I am grateful right now.”

- Ms H., 55, unemployed, previously worked in the private sector.
The majority of households received cash assistance.

Although there are various government assistance provided during MCO, cash assistance is regarded as the most useful.

“I used the assistance to buy the necessities, milk, and children’s things. Mostly to address basic needs.”

- Mr. S., 40, contract worker
Households prefer sustainable assistance rather than just one-off cash handouts. Both formal and informal support are available to the households, although there are some constraints.

1. Wish list:
Many of the respondents indicated that assistance that is more sustainable is optimal and not depend on handouts, such as assistance to be fully employed. There is also request for increase in the amount of assistance, and for longer-term aids.

2. Formal Support from the Government/ NGO:
Almost all respondents received aids from govt (BPN, BSH, baitulmal), NGOs and community organisations. JKM aids continued for family with OKU or elderly.

Most of them received aids in the form of either cash or food stocks (rice, sugar etc).

They are no major misuse of the aids on smoking or drinking.

3. Informal supports:
Many of the working adult children chipped in to help the family.

The community is also one of the support pillars, with the respondents reveal that they shared food and resources and help each other during the MCO.

There are incidence where accessing aids is a problem. Among the difficulties with accessing aids include illiteracy, procedural issues, unqualified due to registration of business with SSM, logistical issues, and ‘cronyism’.
8. Education

Only 8 in 10 children use online learning.

However, about 2 in 5 have insufficient equipment, especially children from female-headed households.

The incidence of not having enough equipment among households in low-cost flats is higher than KL (23%) and Malaysia (29%).


“I monitor my children... I ask them about their WhatsApp conversation with their teacher... My husband also monitors them and makes sure the children are studying.”

- Ms. H., 43, factory worker.
Education and use of technology

Almost all of households with school-going children are able to follow remote learning through technology. Most used technological platforms for school learning are WhatsApp and Google Classroom.

As for the issues in managing children’s education, the households reported insufficient devices to go around between children. Many households do not have personal computers and rely on mobile phones of adults.

The use of internet data is a cost on parents but free 1GB has helped.

Furthermore, parents may not be able to adequately supervise when children are using the devices (due to limited resources of time and knowledge).

“… it’s all the connection, sometimes (they get) disconnected… and sometimes even his teacher’s connection is bad.”

- Ms. Z., 49, unemployed, previously small business owner.

“My school-going children use WhatsApp to receive information from the school [...] They need to take turns using the phone.”

- Ms. F., unemployed.
9. Health

1 in 4 reported that their health status has worsened, and close to 1 in 5 reported it has gotten better.

Figure 9.1: Current HoH health status in comparison to December 2019 (%)

About one third of HoH found it more difficult to receive medical assistance during the MCO, and it is much harder for the poorest households.

Figure 9.2: During the MCO, is it more difficult for you to receive medical assistance that you had before the outbreak? (%)

Figure 9.3: Difficulties receiving medical assistance, by earnings group (%)
Despite the MCO, households still have access to antenatal and postnatal care. Most accessed the services at public hospitals/clinics.

![Location for antenatal and postnatal care, December 2019 (%)](image)

![Location for antenatal and postnatal care, June 2020 (%)](image)

While health services are generally accessible, there are cases of mental stress and concern of the children’s well-being.

There is no major incidence of reported difficulties in accessing government hospital due to movement restriction, or inability to pay for private clinic.

Generally, all respondents are able to meet the medical appointments despite the MCO, although there is a case of an OKU child who unable to attend to the appointment.

Mental health related issues include feeling of stress and anxiety due to economic implications of the MCO, and children’s anxiety of being in confined spaces and not going to school.

A few respondents tried to counsel the children about the importance of staying in. Many respondents expressed their concerns about their children’s health and wellbeing when school re-opens in the near future. A few are sceptical if social distancing and practicing good hygiene can be implemented in schools.
“It feels livelier since everyone is at home.”

- Ms. B., 41, housewife.
10. Wellbeing

Mental health is a major concern, with 2 in 3 HoH being emotionally distressed, especially among female-headed households.

More than 40% said they are afraid of their family’s future.

Almost 7 in 10 HoH were not aware of parental support services. Female-headed households are less likely to be informed of parenting support services compared to male-headed households.
Despite numerous challenges, low income households have adopted the new normal and remained resilient.

Responses to financial constraints

The respondents continually found alternative work and businesses such as casual work, starting small home-based businesses, or changing their business model. Family members also chipped in to help.

In terms of finances, they have drawn from their pension funds (EPF), pawned their valuables, borrowed from other family members, neighbours, or even "Along". Most reported having to be very prudent if not frugal with their spending, with most of the expenses going towards food.

Responses to children’s education

The respondents supervise their children’s education at home. If the parents are busy, they ask their older children to supervise the younger ones. They normally supervise their children’s homework, even if at times they felt inadequate for the task.

Responses to emotional issues

The respondents reported that they communicated with each other at home or got in touch with extended family members online. They continuously advised and motivated their children, such as telling them to be patient and accepting of the circumstances.

Behavioural/attitudinal changes

Generally, the respondents displayed more prudent behaviour ("berjimat-cermat") or relied on spiritual activities to cope, such as through praying. They became more involved in community mobilization and were proactive in advising or cautioning their family on health and cleanliness matters.
“It feels really hard thinking about job loss or having no income... Because our lives are so hard right now.”

– Ms N., 48, husband is unemployed.
Discussion

This first round of data suggests that, as elsewhere, low income families in Malaysia appear to particularly severely affected by the COVID-19 crisis. They not only appear to be more likely to have become unemployed or face cuts to their working hours but also more likely to face challenges in accessing certain social services, including health care and home-based learning.

The capacity to cope with the COVID-19 crisis among these families is further constrained by low levels of savings, limited access to employment-based social security and the presence of people in need of care in these households, such as persons with disabilities, chronic illnesses and the elderly.

Female-headed households have been shown to be exceptionally vulnerable, with higher rates of unemployment and lower rates of access to social protection. Children in these households appear to be particularly vulnerable to long-term negative impacts, as evidenced by higher rates of challenges in accessing effective e-learning during the most intense period of the crisis.

There is a deterioration of dietary quality within low income families, which has the potential to further aggravate Malaysia’s worsening child nutrition outcomes. Special attention may need to be paid to ensure that their nutritional status is protected and that a widening of disparities in educational outcomes are avoided. All children must have adequate access to learning.

Healthcare for the lowest income households remains one of the greatest challenges. Further measures may therefore need to be put in place to strengthen the long-term indirect public health impacts of the COVID-19 crisis, with additional attention paid to avoid worsening health among more vulnerable communities. Particular attention may also be needed to strengthen access to, and uptake of, high quality mental health services, recognizing that mental health, physical health, learning, and productivity are all intimately related.

Although temporary COVID-19 mitigation measures (such as the BPN) helps, sustaining the wellbeing of vulnerable families and ensuring their recovery will likely require significant strengthening of Malaysia’s mainstream social protection framework. Consideration should also be given to reducing existing barriers to access for the most vulnerable, recognizing that administratively demanding procedures risk excluding many of those that most in need, including children whose long-term life chances are at risk.

This study has highlighted the considerable resilience of women and children living in difficult circumstances. They frequently expressed their desire to rebuild their livelihoods, including grasping new opportunities that the ‘new normal’ presents to them. There is clearly considerable demand for proactive labour market interventions that support people to get back into employment. Many respondents also reported experiencing a range of improvements in wellbeing and family relationships during the MCO period.

Policymakers should also consider responding to this fresh demand for policies and practices that are more supportive of family life and wellbeing.
Looking forward

The first round of data collection under Families on the Edge has generated a number of issues that demand more in-depth research. These include:

1. Vulnerable employment which rendered lack of social protection among low-income households in Kuala Lumpur.
2. The particular vulnerability of women and children in single-worker (and particularly female-headed) households.
3. Impact of COVID-19 on people with disabilities and adequacy of mitigation policies and social services for this group.
4. Increased food insecurity, changing dietary patterns and associated implications for malnutrition.
6. The impact of COVID-19 on psychosocial wellbeing and availability of, and uptake of, mental health services.
7. Barriers to accessing social protection that continue to be faced by a significant minority of families.

The Families on the Edge study will aim to adapt its methodology over the coming months to generate further insights on these issues and provide a platform for stakeholder dialogue on potential policy solutions.
Ten children from the areas surveyed were selected to participate in the photography and videography programme.

The objective of this voluntary exercise is to complement the qualitative and quantitative surveys, by documenting the life of a child in these communities during the COVID-19 crisis, as seen by the children themselves.

Each of the children received a smartphone, and they were given weekly themes, such as education, leisure time, food, and other topics to document. All the photos in this report were taken by these children.

The photographers are:

1. Acip (13 years old)
2. Rishivarthini (14 years old)
3. Hanson (13 years old)
4. Nethra (13 years old)
5. Sara (13 years old)
6. Ashariah (13 years old)
7. Batrisyah (13 years old)
8. Khadijah (13 years old)
9. Nanthasha (17 years old)
10. Taufiq (13 years old)

More photos can be found in the UNICEF and UNFPA Malaysia website.
Methodology

Quantitative Survey (Socio-economic)

Sampling method: Restricted Area Sampling
1. The sampling is designed to capture a sample of 61,713 households in low-cost flats under Kuala Lumpur City Hall (DBKL).
2. Sample size: 500 head of households
3. 4.36% margin of error at 95% confidence level

Questionnaire design: Structured questionnaire

Data collection: Telephone interviews with HoH that have at least one child aged 18 and below

Rounding of estimates: The calculation of certain categories may not always be the same between tables due to independent rounding. The differences however were insignificant. Percentages shown in the charts were computed from actual absolute figures and may not always add up exactly to 100 per cent because of the rounding method used.

Quantitative Interviews (Wellbeing)

Sampling method: Purposive sampling

Questionnaire design: Semi-structured questionnaire

Data collection: Telephone interviews with 30 selected HoH’s spouse or single parent within the household

Location of the respondents

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Acknowledgements

We would like to thank the 10 amazing children who participated in the project’s photography programme and provided all of the photographs featured in this report:
Acip (13 years old), Rishivarthini (14), Hanson (13), Nethra (13), Sara (13), Ashariah (13), Batrisyah (13), Khadijah (13), Nantasha (17), and Taufiq (13).

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We also would like to extend our appreciation to the Ministry of Women, Family, and Community Development (KPWKM), Ministry of Housing and Local Government (KPKT), and Economic Planning Unit (EPU), for their valuable comments and suggestions.

Our gratitude goes to all our respondents.

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