

Addressing Malaysia's nutrition crisis post-COVID-19:

Time for nutrition-focused social protection.



Key messages

- With stunting and wasting at 21.8 and 9.7% respectively in 2019, Malaysia was experiencing a malnutrition crisis even prior to COVID-19.
- The COVID-19 pandemic has directly resulted in a severe economic crisis that will exacerbate food and nutrition insecurity.
- People who are already exposed to critical food and dietary deprivations before COVID-19 are most vulnerable to food insecurity.
- Food and nutrition insecurity are linked to malnutrition, where children in households with food insecurity were more likely to be malnourished.
- Beyond the consequences for individuals and families, food and nutrition insecurity has been linked to long-term economic effects such as higher health care expenditures, lower educational achievement, lost productivity, lower earnings in adulthood and increased risk of poverty later in life.
- Strengthening child-sensitive and nutrition-focused social protection is essential to reducing vulnerability, building resilience, and mitigating the impacts of COVID-19 crisis and should be a top policy priority.



UN0247945 - UNICEF/UN0247945 Noorani

Daughter helping her mother to prepare family meal at her home in a palm plantation.

deepening the gap of food inequality between populations and classes. The social and economic crisis triggered by the COVID-19 crisis poses malnutrition risks, especially among those who are already exposed to critical food and nutrition deprivations before COVID-19. A comprehensive strategy includes initiatives that cover public health, social security, and economic recovery, and food and nutrition security are needed to mitigate the impact of the pandemic.

Introduction

The COVID-19 pandemic has directly resulted in a severe economic crisis and further exacerbating food and nutrition insecurity. The pandemic has disrupted global food supply chains, and the movement's restrictions have caused almost every step of the distribution channels of agriculture disrupted. The disruption in food production and food-related logistics and services poses a great challenge for the food system's ability to provide sufficient, affordable and nutritious food for everyone. The consequences are likely to hit the poorest and most vulnerable groups,

Understanding the consequences of COVID-19 for food and nutrition security in Malaysia

Intensive public health efforts have been redirected towards fighting the COVID-19 pandemic, but less attention has been paid to nutrition during the pandemic. COVID-19 has contributed to system disruptions, which could impact all Malaysians, especially women and children. Many nutrition services such as maternal nutrition, infant and young child feeding counseling, school feeding, child growth screening and screening

for undernourished children have been partially or completely disrupted. Disruption of feeding programmes and critical preventive care services is likely to result in rising acute malnutrition and child mortality.

The COVID-19 pandemic has also brought economic insecurity contributes to food and nutrition insecurity.

The outbreak of the COVID-19 pandemic will lead to a slowdown in the economy, leading to higher unemployment. According to the DOSM, the unemployment rate in March rose sharply to 3.9%, where a total of 546.6 thousand workers in Malaysia have been affected by the crisis. Furthermore, 2.7 million own-account workers are at risk of loss of employment¹. Income is likely to be affected and this will respond by purchasing the cheapest calories they can find to feed their families. A recent study among low-income families in the urban area found that the COVID-19 crisis has modified their spending on food due to reduced income. Majority of them (53%) has lower their food intake due to concerns about affordability. For example, many have replaced their protein intake from animal-based to eggs as an inexpensive option (Figure 1)². The affordability of fruits may also decrease as the income level decreased, which may directly reduce the fruits intake among the affected households. Changes in dietary patterns during the COVID-19 crisis could contribute to a rising threat of food and nutrition insecurity.

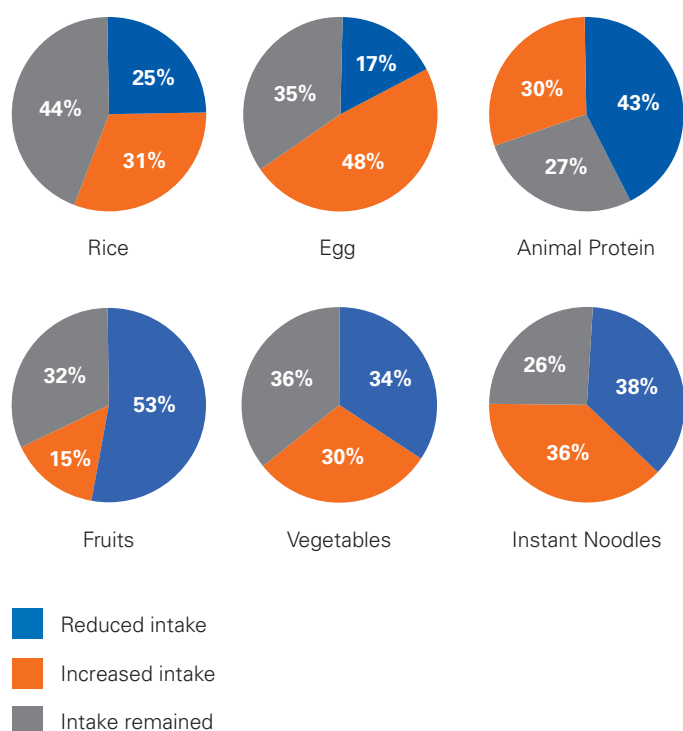


Figure 1: Expenditure by food categories among household experienced reduced income during the movement control order period.



Baby Andrian Victor, 2-month old, on a weight scale in a clinic in a rural place.

People who are already exposed to critical food and dietary deprivations before COVID-19 are most vulnerable to food insecurity.

Before the onset of the COVID-19 pandemic, about 4.88 million (25.0%) of adults in Malaysia were already identified as food insecure. According to the Malaysian Adult Nutrition Survey (MANS) in 2014, 25.5% (4.98 million) of people reported food variety insufficiency while 21.9% (4.26 million) reported meal size reduction due to financial constraints in the past twelve months. Food insecurity has also been reported among children. About 4 million children (23.7%) were experiencing food insecurity in terms of reliance on a limited number of cheap foods, and 20.8% (3.5 million) of households reported an inability to feed children with a variety of foods due to financial constraint³. The World Food Programme forecasted that the COVID-19 pandemic would double the number of people facing food crises unless swift action is taken⁴. Based on the current prevalence of food insecurity, an estimated 9.76 million or 30% of the Malaysian population is expected to suffer from food insecurity due to the COVID-19 pandemic.

Food and nutrition insecurity are linked to malnutrition, where children in households with food insecurity were more likely to be malnourished.

This can affect children's physical as well as mental and cognitive development. The prevalence of stunting among children under five years was three times higher than the average rate found in other upper-middle-income countries, and the rate was increasing even before the COVID-19 crisis (from 17.7% in 2015 to 21.8% in 2019)⁵. Besides stunting, food insecurity has been associated with other forms of malnutrition, such as wasting, overweight, obesity and anemia. Malaysia's malnutrition rate among children is likely to be exacerbated by the COVID-19 pandemic as a result of increased poverty and food insecurity as well as suspension of school feeding programmes. Indeed, prevention must start as early as possible since children in Malaysia already have a high prevalence of malnutrition. Health system response for nutritional care during and after the crisis need to be strengthened.



UN0248191 - UNICEF/UN0248191/Noorani

Children enjoying a nutritious meal prepared from carrots, winter melon, chicken and rice at a Community Learning Centre.

Beyond the consequences for individuals and families, food insecurity has been linked to long-term economic effects such as higher health care expenditures, lower educational achievement, lost productivity, lower earnings in adulthood and increased risk of poverty later in life. Food insecurity contributes to nutrition deficits is also linked to detrimental to the overall health, physical, mental and cognitive development of children in the short and long term. The health implications will be carried through into adulthood. This may increase health care utilization and increased health care costs due to multiple chronic diseases and poor mental health. The effects are a prominent part of the cycle of food insecurity, poor health and poverty.

Child-sensitive social protection schemes are important to close the gaps in the current systems and support all families in reducing vulnerabilities, building resilience, and mitigating the impacts of COVID-19 crisis. Although food security has been supported through social protection schemes, the measures are to provide temporary support. Children are often being left out in various social protection schemes. The COVID-19 pandemic has deepened food and nutrition insecurity leading to an increase in malnutrition especially among children in Malaysia. Therefore, child-sensitive social protection schemes should be considered a key policy instrument to support families with children.

Nutrition-sensitive social protection is needed to mitigate the impacts of the pandemic

Nutrition needs to be at the core of social protection schemes to ensure food accessibility among the most vulnerable.

Tailored nutrition-sensitive social protection programmes with different transfer modalities such as in-kind, cash or vouchers,

and public food distribution systems should be designed to ensure access to diverse, balanced and nutritious meals. It will be worth considering channeling a higher share of transfers to the bottom 20 who are the most vulnerable to food insecurity. Besides, any food aid through government or community-based programmes should include nutritious foods and reach those who need it most. Any donations, marketing and promotions of unhealthy foods should not be sought or accepted during the crisis. It is also essential to develop a real-time food security monitoring system to provide timely data to measure the pandemic's unfolding effects and keep track of those suffering from hunger and malnutrition. The data is critical to maintain intentional focus attention where the risk is most acute and ensure that stimulus packages reach the most vulnerable.

Integrated social protection programmes that include training and awareness-raising may improve nutritional knowledge and promote healthy eating practices. Although the Government of Malaysia has initiated social protection through cash transfers to protect the lower-income households affected by the COVID-19 crisis, global research suggests that long-term nutrition benefits are often only achieved when these programmes are well-coordinated with complementary nutrition-focused interventions. For example, an effective communications campaign using conventional forms of broadcast media and digital platforms such as social media and mobile payment applications can be used to improve nutrition knowledge and behaviors during the crisis. Communications will also need to focus more precision on specific groups and areas with relatively low coverage rates.

School children from low-income families missed out on school meals due to school closures because of COVID-19.

One school meal may represent roughly one-third of their daily calories, and for families with several children in school, missing out on school meals may mean a substantial amount of money. Therefore, it is important to ensure that children continue to receive financial support for meals, even though schools are closed. An alternative solution such as food parcels for collection or delivery or voucher schemes can be adopted to ensure that children eligible for benefits-related free school meals continue to get free school meals.

In longer-term, social protection programmes need to be adapting to support the most vulnerable during COVID-19 to protect and promote nutritious, safe, affordable and sustainable diets.

Based on prior experience, it is essential to adapt and scale up nutrition programmes to save lives and avoid major increases in child wasting as medium-term consequences of containment measure and the pandemic's socio-economic impact. Proper nutrition helps prevent wasting among infants, young children and mothers from families and communities affected by the COVID-19 pandemic. For those vulnerable communities in food-insecure areas or limited access to foods, scale-up prevention interventions including fortified foods, nutrient supplements, or cash is needed, especially for families with children under two years, pregnant women and breastfeeding mothers. Apart from food and financial aids, coordination between national/sub-national governments and the nutrition sector to develop platforms to support early detection of wasting is also critical.

Recommended priority actions

The impacts of the COVID-19 pandemic may well be felt for years; therefore, structural reforms to the social protection system to make poverty reduction among children and families should be the top policy priority.

Although the Government of Malaysia has launched robust social protection schemes, nutritional support is not adequately considered. Food and nutrition-sensitive programmes need to be integrated into social protection systems to protect food access and improve nutrition outcomes during a health crisis. Women and children especially those from low-income households, should be at the top of the priority list. It is also critical to ensure continuity of nutrition services, particularly the early detection of malnutrition and maternal nutrition programmes. Investments in nutrition-sensitive COVID-19 response need to be leveraged to mitigate the long-term impact and protect our nation's wellness.

Endnotes

1. Department of Statistics Malaysia. 2020. Malaysian Economic Statistics Review Vol. 1/2020. https://www.dosm.gov.my/v1/uploads/files/1_Articles_By_Themes/External_Sector/MESR/Malaysia_Economic_Statistics_Review-Vol-1-2020.pdf.
2. United Nations Children's Fund. 2020. 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.
3. Zainuddin et.al. 2016. National Health and Morbidity Survey 2014: Malaysian Adult Nutrition Survey (MANS) Vol. II : Survey Findings. 10.13140/RG.2.1.4039.9769.
4. United Nations World Food Programme. 2020. COVID-19 Will Double Number of People Facing Food Crises Unless Swift Action is Taken. <https://www.wfp.org/news/covid-19-will-double-number-people-facing-food-crises-unless-swift-action-taken>.
5. Institute for Public Health (IPH), National Institutes of Health, Ministry of Health Malaysia. 2020. National Health and Morbidity Survey (NHMS) 2019: Vol. I: NCDs – Non-Communicable Diseases: Risk Factors and other Health Problems.