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Sabah Child Wellbeing Index

Study Report

May 2026

Acknowledgements

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Contents

Foreword

UNICEF Malaysia

Selamat Sejahtera and warm greetings,

The Sabah Child Wellbeing Index marks a significant milestone as it provides a comprehensive, multidimensional picture of how children in Sabah are growing, learning and experiencing their daily environments, especially those who are often disenfranchised such as undocumented or stateless children. The Index itself is not only a statistical tool; it is a collection of more than four thousand stories of children across Sabah – their voices, their dreams, and their aspirations.

UNICEF Malaysia extends its sincere appreciation to Unit Perancang Ekonomi Negeri (UPEN) Sabah for its leadership and partnership in developing the Index. UPEN Sabah played a pivotal role in guiding the indicator selection process for the index as well as in convening key government agencies, community partners, civil society organizations, families and children themselves for our study engagements, ensuring a truly participatory process to define what wellbeing means for Sabah.

The findings show areas of positive outcomes and development, with many children in Sabah benefiting from access to healthcare services and meaningful activities in school. Many children themselves shared that they have regular opportunities to play, learn, and participate in their communities.

However, the Index also demonstrates challenges that require urgent attention and coordinated action. Basic needs such as access to nutritious food, adequate housing and internet connectivity remain unmet for many families. Too many children experience discrimination and bullying, which affects children's sense of safety and belonging. These challenges are interconnected and often compounded for children who are undocumented or stateless, living with disabilities, or residing in rural and underserved communities.

The thresholds applied in this Index are intentionally rigorous. Guided by the Convention on the Rights of the Child, wellbeing is assessed against the full realization of children's rights, not minimum survival standards or relative comparisons. The findings therefore reflect the high standard to which every child is entitled. We commend the Sabah State Government for embracing such a holistic evidence-driven approach. By setting this standard, the Index provides an objective baseline to guide progress and strengthen accountability.

The Sabah Child Wellbeing Index is not an endpoint. It is an evidence base to inform policy, planning and investment decisions across sectors. It underscores the need for coordinated action in health, nutrition, protection, education, and social protection, recognizing that children's wellbeing cannot be advanced through isolated interventions.

Every child in Sabah has the right to survive, to grow up healthy, to be protected, and to participate. The responsibility now is collective. We call upon the Government of Sabah and all UNICEF partners to join us in translating this evidence into concrete policy and programme action, so that every child is able to realize their full potential.

Robert Gass
UNICEF Representative
in Malaysia

Foreword

Unit Perancang Ekonomi Negeri Sabah

Selamat Sejahtera and Salam Sabah Maju Jaya,

In collaboration with UNICEF, the development of the Sabah Child Wellbeing Index (SCWI) marks an important milestone for the State Government as we deepen our commitment to advancing the wellbeing of every child through rigorous, data-driven and forward-looking development planning. For the first time, Sabah has a comprehensive, multidimensional picture of how our children are growing, learning and experiencing their daily environments. Aligned with national aspirations under the Rancangan Malaysia Ke 13 (RMK13) **and the strategic pillars of the Hala Tuju Sabah Maju Jaya (SMJ) roadmap**, this Index strengthens our capacity to design policies based on robust evidence and to ensure accountability in delivering meaningful outcomes for children.

The findings reveal several encouraging developments that reflect the strengths of Sabah's families, communities and institutions. Notably, 92.3 per cent of children aged 0 to 17 reported having access to healthcare. Mental health indicators are similarly strong: 95.6 per cent of children aged 3 to 17 met the mental wellbeing threshold, with children aged 3 to 12 exceeding 97 per cent. In early childhood, 93.3 per cent of children aged 0 to 5 received adequate early stimulation and responsive care, reflecting the enduring strength of Sabah's caregiving traditions.

The Index also highlights children's strong engagement in learning and community life. Close to 78 per cent of children feel belonged in school, while 87.4 per cent of children aged 6 to 17 participate in extracurricular activities. Encouragingly, more than 97 per cent of adolescents view their education as relevant to their lives, and over 85 per cent of children express pride in their cultural or religious heritage. These strengths provide a strong foundation for progress.

At the same time, the Index provides an honest reflection of potential deprivations where further attention and intervention are needed. Issues such as food insecurity, gaps in housing adequacy, exposure to bullying, and online digital safety risks highlight the need to continue strengthening social systems and service delivery mechanisms. These challenges are interconnected and require multisectoral responses to ensure that no child is left behind.

This is in line with RMK13's emphasis on *menaikkan lantai*—raising the floor and quality of life—and strengthening social systems. The insights from the report also contribute to the State's long term human capital agenda **under the SMJ framework**, ensuring that investments in child wellbeing translate into a stronger, more resilient workforce that can sustain Sabah's future growth.

The Index offers valuable guidance for prioritizing investments in nutrition, early childhood services, safe learning environments, protection systems, digital inclusion, and community based services, particularly in geographically isolated areas where development gaps persist.

As we chart the way forward, the State will enhance inter-agency coordination to translate these findings into concrete action. This includes improving data systems, scaling child-sensitive interventions, and ensuring that every programme reaches children and families across urban and rural Sabah. We will continue collaborating closely with the Federal Government, UNICEF, academia, civil society and local leaders to build solutions that are locally grounded and sustainable.

Every child in Sabah deserves to grow up healthy, safe, confident and empowered. With shared responsibility, strengthened evidence, and unwavering commitment, we can build a Sabah where every child reaches their full potential.

Sabah Maju Jaya.

Sekian, terima kasih.

Datuk Jasmine Teo
Pengarah, UPEN Sabah

List of abbreviations

AF Method	Alkire-Foster Method
ALC	Alternative learning centre
CBO	Community-based organization
CBR	Community-based rehabilitation
DUN	Dewan Undangan Negeri (State Assembly); also refers to a constituency
JKKK	Jawatankuasa Kemajuan dan Keselamatan Kampung (Village Development and Security Committee)
MODA	Multiple Overlapping Deprivation Analysis
NHMS	National Health and Morbidity Survey
SCWI	Sabah Child Wellbeing Index
SPRI	Social Policy Research Institute
UNICEF	United Nations Children's Fund
UPEN	Unit Perancang Ekonomi Negeri (State Economic Planning Unit)
UPPM	Unit Pemimpin Pembangunan Masyarakat (Community Development Leader Unit)

Executive summary

The Sabah Child Wellbeing Index (SCWI) provides Sabah's first comprehensive baseline of child wellbeing, aligned with the Convention on the Rights of the Child and the Sustainable Development Goals. It was developed to address significant data gaps, particularly for children who are undocumented, stateless or with disabilities; groups often absent from national surveys but disproportionately affected by systemic barriers.

The SCWI measures multi-dimensional wellbeing among children aged 0 to 17 in Sabah, capturing both general and vulnerable populations such as undocumented or stateless children and children with disabilities.

It was developed through a participatory and rights-based approach, ensuring that the perspectives and needs of diverse groups were reflected in its design.

Unlike some indices that generate a single aggregate score, the SCWI does not collapse all findings into one number. This is intentional. The SCWI is a composite of multiple indicators, each measured against an evidence-based 'threshold' that defines the minimum level of wellbeing expected for children in Sabah. These thresholds allow us to assess when children are 'meeting' or 'not meeting' specific aspects of wellbeing, and to examine both the 'breadth' of deprivation (how many dimensions a child is deprived in) and its 'intensity' (how deeply they are affected within each domain). For example, a child might have access to healthcare but still be deprived in nutrition or protection. Presenting the domains separately helps policymakers see where action is most needed and prevents the oversimplification of child wellbeing into a single score.

The study engaged 4,441 children and caregivers across all divisions[1] of Sabah, using a two-phase approach with both random and purposive sampling. Phase 1 employed random household sampling to generate representative population estimates, while Phase 2 applied purposive sampling through community-based outreach to capture the experiences of under-represented groups such as undocumented or stateless children, and children with disabilities. This dual approach ensured both representativeness and inclusivity, allowing the SCWI to reflect the realities of diverse childhoods in Sabah, including those most often excluded from national data.

Analysis was conducted using the Alkire-Foster (AF) method and Multiple Overlapping Deprivation Analysis (MODA) to measure deprivation in six core domains: health, growth and nutrition, learning, play and rest, safety and protection, and connectedness and voice.

While the study found that many children in Sabah enjoy positive wellbeing outcomes particularly in areas such as caregiving, early learning, and basic hygiene, significant gaps remain particularly in adolescent wellbeing, food security, digital inclusion, and access to protection services.

The SCWI findings reveal that child wellbeing challenges in Sabah are not isolated, but overlapping, with many children experiencing multiple deprivations simultaneously across key areas such as safety, learning, and nutrition. Some of the starkest deprivations were found in adolescent health, food security, and digital inclusion. While children aged 0 to 2 years consistently showed the highest wellbeing scores, undocumented or stateless children had the lowest outcomes across nearly every domain. Adolescents, particularly girls, reported significant gaps in sexual and reproductive health knowledge and services, highlighting an urgent need for age-appropriate and responsive programming.

1 In this report, 'division' refers to Sabah's five administrative regions: Pantai Barat, Pedalaman, Kudat, Sandakan, and Tawau.

Summary of key findings across SCWI domains

Figure 1. Child wellbeing by domain

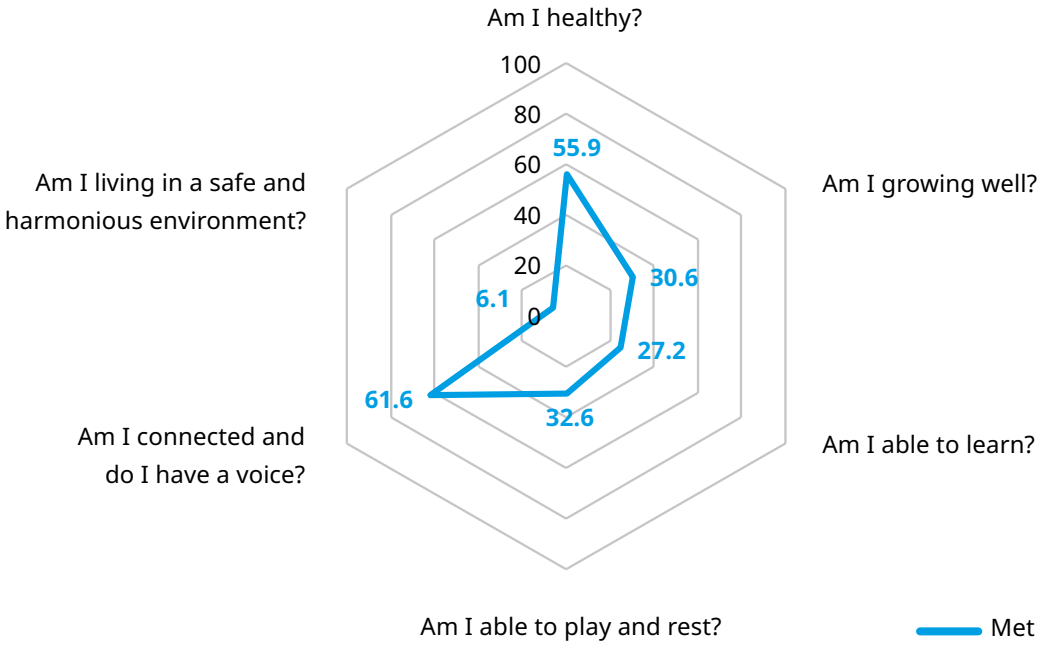

Table 1. Summary of key findings: All domains (and % of children meeting threshold)

	% meeting threshold	Key strengths	Key areas for improvement	Group with the highest proportion of children meeting threshold	Group with the lowest proportion of children meeting threshold
Domain 1 **Am I healthy?**	**55.9%**	Mental health (3-17 years) (95.6%) Access to healthcare (0-17 years) (92.3%)	Sexual and reproductive health needs (15-17 years) (31.8%) Up to date/ completed vaccines for 0 to 23 months (for all age groups) (73.6%)	0 to 2 age group (74.5%)	Undocumented or stateless children (0.6%)

	% meeting threshold	Key strengths	Key areas for improvement	Group with the highest proportion of children meeting threshold	Group with the lowest proportion of children meeting threshold
Domain 2  Am I growing well?	30.6%	Access to development checks (83.4%)	Consumption of nutritious food (≥6 months) (31.4%)	Children with registered disabilities (NB: Purposive sampling may have introduced bias) (100%)	Undocumented or stateless children (19.1%)
Domain 3  Am I able to learn?	27.2%	Relevance of education (97.2%) Access to a variety of activities at school (87.4%) Support for homework (80.4%)	Access to information (34.6%) School education completion (75.6%)	3 to 5 age group (41.8%)	Undocumented or stateless children (2.7%)
Domain 4  Am I able to play and rest?	32.6%	Child satisfaction with opportunities for recreation (6-17 years) (95.9%) Parental satisfaction with availability of play material and spaces (82.7%)	Access to inclusive playtime (40.2%) Engagement in daily activities (3-17 years) (49.5%) Adequate sleep (61.5%)	0 to 2 age group (75.1%)	3 to 5 age group (2.8%)

	% meeting threshold	Key strengths	Key areas for improvement	Group with the highest proportion of children meeting threshold	Group with the lowest proportion of children meeting threshold
Domain 5 Am I connected and do I have a voice?	61.6%	Early stimulation and responsive care (0-5 years) (93.3%) Supported in making personal decisions (13-17 years) (81.4%) Sense of belonging to school (77.2%) and the community (81.2%)	Understood and able to express opinion at home, school and other social environments (42%)	0 to 2 age group (93.6%)	13 to 17 age group (19.6%)
Domain 6 Am I living in a safe and harmonious environment?	6.1%	Child marriage (99.3%) Improved sources of drinking water and sanitation (78%) Protection from violence and crime (69.5%) Proximity of home to vital infrastructure (59.2%)	Food security (28.2%) Adequate housing (41.4%) Social environment free from bullying and discrimination (56.8%)	0 to 2 age group (20.7%)	13 to 17 age group (1.6%)

Findings from the purposive sample cannot be generalized to the wider population, and children with certain disabilities may still be under-represented due to accessibility barriers. Nevertheless, the inclusion of these groups provides critical insights that complement representative data and help illuminate inequities that would otherwise remain invisible.

Policy recommendations

The SCWI findings call for an integrated, equity-focused approach to advancing child wellbeing in the state. Despite strong caregiving norms and promising early childhood stimulation rates, children in Sabah continue to face challenges across multiple, overlapping domains, particularly those who are undocumented or stateless, children with disabilities, or those in rural and underserved areas. The SCWI underscores the importance of coordinated, cross-sectoral strategies that address both structural gaps and emerging needs, while ensuring that every child has the opportunity to thrive.

Key policy directions include improving childhood vaccination coverage, especially in rural areas and among undocumented or stateless children; strengthening access to health and development services for young children, particularly those with disabilities; and addressing adolescent wellbeing through responsive sexual and reproductive health education, psychosocial support, and safe platforms for participation. Findings also highlight the urgency of inclusive and sustained access to quality education, alongside improved housing, water, sanitation, and public services. Tackling food insecurity; enhancing safety in homes, schools, and communities; and ensuring that children's voices are reflected in planning and decision-making are equally vital. To ensure equity, these interventions must be supported by disaggregated, localized planning that uses data broken down by division, district, age, gender, disability, and documentation status, enabling targeted solutions. A priority is the development of robust, digitalized data systems that can monitor progress, track intersecting deprivations, and guide responsive policymaking.

Together, these priority areas support a potential road map for improving the wellbeing of all children in Sabah. They reflect both the multidimensional nature of child wellbeing and the need for context-sensitive, inclusive policies that leave no child behind.

The SCWI underscores the importance of coordinated, cross-sectoral strategies that address both structural gaps and emerging needs, while ensuring that every child has the opportunity to thrive.

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Part 1
Introduction and methodology

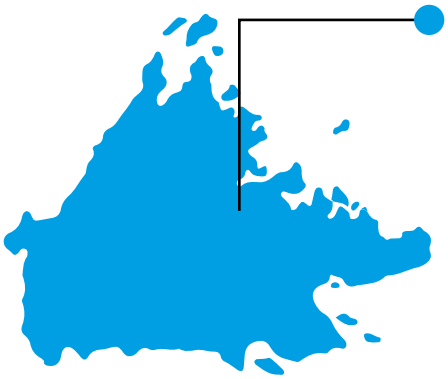
Introduction

The purpose of this report is to present the methodology, main and supplementary data collection phases, results, discussion and policy recommendations of the Sabah Child Wellbeing Index (SCWI) study. In addition to providing a detailed record of the research process, the report identifies limitations and shortfalls encountered and presents policy recommendations for the way forward. This ensures transparency and provides valuable insights to improve future data collection efforts and subsequent analysis, laying a strong foundation for understanding and enhancing child wellbeing in Sabah.

Background of the SCWI project

Sabah has a population of 3.4 million, including 1.06 million children. The state faces some of Malaysia's highest rates of child vulnerability, with a large presence of undocumented or stateless children[2], high poverty, and persistent service access barriers.

Figure 2. The SCWI was developed to define and measure child wellbeing in Sabah, providing a baseline to guide targeted policy interventions



Sabah has
1.06mil
children

Many face **vulnerabilities** such as **statelessness, poverty, disability, limiting access to education, healthcare**, and **protection**

Disparities are the **most severe for undocumented or stateless children and rural children**, often excluded from national surveys and policies, leaving their needs invisible.

These realities demand a **child-centred, rights-based approach** aligned with **Malaysia's CRC commitments** and the **2030 SDGs**.

To address this, the Sabah Child Wellbeing Index (SCWI) was created to define and measure child wellbeing across six domains, providing a first-of-its-kind baseline.

Aim

To develop and calculate a comprehensive Child Wellbeing Index for Sabah to provide actionable policy recommendations

Objectives

- **To design a contextualized SCWI** that reflects the unique needs and circumstances for all children in Sabah
- **To measure and analyse child wellbeing**, to identify key areas, and concerns affecting children in Sabah
- **To develop actionable policy recommendations** to address child wellbeing in Sabah

2 Exact figures for stateless children in Sabah are unknown due to lack of formal data. For more information, see the United Nations Country Team's *Research paper series on the undocumented population in Sabah: Synthesis paper and policy recommendations* (United Nations Country Team (UNCT) (2024). Consistent with the Sabah UNCT studies, the report refers to high numbers of undocumented persons while acknowledging that statelessness figures remain unknown. UNCT recommends reviewing and simplifying documentation systems and providing basic legal identity for children born in Sabah to reduce protection risks.

These issues are compounded by geographic and demographic challenges, particularly for vulnerable children such as those with disabilities, those from indigenous populations, and undocumented or stateless children (Ministry of Home Affairs Malaysia, 2016; United Nations Children's Fund Malaysia, 2023).

Understanding and mitigating these vulnerabilities are crucial steps towards enhancing the overall welfare of all children in the region. As Sabah's first holistic baseline of child wellbeing, the SCWI aims to approach these issues by providing comprehensive data and insights to improve child wellbeing in Sabah.

As part of its country plan, UNICEF Malaysia, in partnership with Unit Perancang Ekonomi Negeri (UPEN) Sabah, initiated the development of the SCWI – to define and measure the state of child wellbeing in Sabah, helping to identify areas of insufficiency and guide targeted policy interventions. The SCWI reflects the priorities and needs of the local population in Sabah, and is well-aligned with the 2030 Sustainable Development Goals. This first-of-its-kind survey provides an in-depth baseline of children's wellbeing, defining relevant domains and capturing data for various age groups in a single survey. It is hoped that the state will adopt and build on this baseline for continuous monitoring of these domains and indicators over time.

The development of the SCWI is also timely, given the government of Malaysia's continued strengthening of national institutions to monitor and enhance child rights in Malaysia.

Malaysia has shown a commitment to child rights by acceding to the Convention on the Rights of the Child (CRC) and implementing the Child Act 2001, which works alongside other protective legislation.

In 2019, Malaysia appointed its very first Children's Commissioner, with an office housed under the Human Rights Commission of Malaysia (SUHAKAM). Operating as an arm of SUHAKAM focused on child rights, the Office of the Children's Commissioner (OCC) was equipped with statutory duties and powers under the SUHAKAM Act 1999 including education and promotion, complaints, monitoring and investigations, as well as research, legal and policy advisory for the Government. This mandate extended to child rights across Malaysia, with the SUHAKAM Sabah and Sarawak branches working collaboratively with the OCC. In 2023, amendments to the SUHAKAM Act 1999 were passed to enhance the specific duties and powers of SUHAKAM for child rights. The amendments introduced the role of Chief Children's Commissioner, as well as two Children's Commissioners, in addition to equipping the institution with powers to receive complaints on child rights directly from children and to adopt mechanisms to integrate child participation in decision making. In August 2025, the Chief Children's Commissioner and two Children's Commissioners, as well as an additional Commissioner with children's portfolio, were appointed. These developments are crucial for the monitoring and enhancement of child rights in Malaysia, and signal Malaysia's continued commitment to ensuring a child-centred approach in policy and law-making.

In addition, Malaysia's most recent review by the UN Committee on the Rights of the Child (CRC) – highlighting state obligations on non discrimination, birth registration, inclusive education, and protection systems – represents a key national milestone. These developments underscore the urgency and relevance of developing a state level monitoring tool such as the SCWI to track child wellbeing and ensure alignment with Malaysia's CRC commitments.

Literature review

Understanding child wellbeing

The conceptualization and measurement of child wellbeing have evolved significantly over the past few decades. Global frameworks and regional adaptations have emphasized a shift away from single-dimensional indicators, such as monetary poverty or school enrolment, to a more holistic view that considers children's physical, emotional, cognitive and relational needs. UNICEF's multidimensional approach defines child wellbeing not only in terms of survival, but also in terms of the ability to thrive through secure relationships, supportive environments,

and meaningful participation in family, school, and community life (United Nations Children's Fund, 2021).

In the Malaysian context, this broader understanding of child wellbeing is reflected in national commitments to the CRC, which Malaysia acceded to in 1995, and the Child Act 2001, which grounds these commitments in national law (Ministry of Women, Family and Community Development Malaysia, 2001). However, ongoing reservations on core CRC articles, particularly those concerning non-discrimination, birth registration, and compulsory education, highlight important areas where child rights and wellbeing are yet to be fully realized (United Nations Children's Fund Malaysia, 2019a).

The Department of Statistics Malaysia's Well-Being Index (MyWI) recorded an overall score of 119.2, indicating an improvement of 19.2 per cent since 2000, across economic and social wellbeing, for Sabah in 2022, broadly aligned with national trends in economic and social wellbeing. However, this aggregate measure does not capture the specific realities of children, particularly those who are undocumented, stateless, or living with disabilities.

Vulnerable populations in Sabah

Sabah has a unique child demographic and vulnerability profile compared to Peninsular Malaysia. With over a quarter of its population comprising non-citizens and many residing in rural or hard-to-reach areas, structural barriers to accessing health, education, and protection services are common. Patterns of limited access to health, education, and social services among undocumented or stateless children reflect findings from the Sabah UNCT studies (United Nations Country Team (UNCT), 2024). Sabah also records the highest poverty rates among all the states in the country; in Sabah in 2022, 19.7 per cent of households were living in absolute poverty, significantly higher than the national average (6.2 per cent) (DOSM, 2022).

The complexity of statelessness and undocumented status, particularly for children born in Sabah to parents from the Philippines or Indonesia, has been well-documented (United Nations Children's Fund Malaysia, 2023).

These children often live without legal identity, which affects their access to basic rights and protections, and results in fear of arrest or detention due to real and documented risk (United Nations Children's Fund Malaysia, 2014).

Children with disabilities face similar challenges. While national disability registration figures stand at just 1.6 per cent of the population, this is widely believed to be an undercount due to stigma, data collection methodology and access barriers (United Nations Children's Fund Malaysia, 2014). The National Health and Morbidity Survey (NHMS 2019) estimated a disability prevalence of 11.1 per cent for adults and 4.7 per cent for children aged 2 to 17, and the NHMS 2022 reported a prevalence of 7.4 per cent of children experiencing developmental delays. DOSM reports 736,607 registered persons with disability living in Malaysia, equivalent to 2.2 per cent of the national population. Data specific to children with disabilities in Sabah is unavailable, reflecting broader gaps in disability-disaggregated data collection.

Conceptual frameworks and models of child wellbeing

Several conceptual frameworks have influenced the development of child wellbeing indices globally. One foundational approach is Sen's Capability Approach, which emphasizes the freedom to achieve valuable life outcomes and has underpinned multidimensional measures of wellbeing and poverty (Sen, 1999). Similarly, the Basic Needs Theory and Quality of Life models have shaped frameworks by incorporating physical, emotional, and relational dimensions of wellbeing (Diener et al., 1999).

In line with these models, the Organisation for Economic Co-operation and Development (OECD) developed a comprehensive framework in 2021 that outlines four levels of analysis: child outcomes (e.g., health, education, and cognitive development), children's behaviours and relationships, the settings and environments children inhabit (e.g., family, school, and community), and public policies affecting children (OECD, 2021). This layered model is particularly significant for its life-course approach and emphasis on dynamic, child-centred indicators.

The Child Health Accountability Tracking Technical Advisory Group (CHAT) framework presents a focused health and development lens, classifying child wellbeing into acute conditions and prevention, child development and promotion, and chronic conditions, disabilities, and violence. Though narrower in scope than the OECD framework, this framework emphasizes integration of child health indicators and supports cross-national comparability.

UNICEF's synthetic child wellbeing index (UNI26), originally applied to high-income countries, and its adaptation by Prada and Sánchez into the CWI14, offer another model focused on transforming national wealth into child wellbeing. These indices employ composite indicators across health, education, social and labour, and gender dimensions and emphasize inequality and distribution, which are especially relevant in a context like Sabah.

The PERMA model proposed by Seligman (2011) highlights subjective aspects of wellbeing: positive emotion, engagement, relationships, meaning, and accomplishment. This model was used in a study examining children's wellbeing in Southeast Asia, including Malaysia (Bin Aedy Rahman & Yuda, 2022). The inclusion of subjective wellbeing is supported by Ben-Arieh and Frønes (2007), who argue that subjective perceptions must be integrated with objective indicators to provide a complete picture.

Child wellbeing indices in practice

In Malaysia, wellbeing indices have been developed at the family level (National Population and Family Development Board (LPPKN), 2019). Prior to the start of the SCWI, Sarawak, the other state in East Malaysia, also launched their implementation of the Sarawak Child Wellbeing Index. Both indices aim to provide data to inform policy and monitor progress against the Sustainable Development Goals (SDGs) by localizing global indicators.

Participatory approaches have also played a key role in contextualizing child wellbeing measures. Sen's Capability Approach emphasizes participation as a means to determine what matters most to a community (Sen, 1999). Participatory methods align with decolonial critiques of development and research, allowing local populations to define wellbeing in their own terms (Lansford et al., 2020). For example, a study exploring children's wellbeing on Gaya Island used the Good Childhood Index to assess ten domains of subjective wellbeing, including family, friends, school, and time use, reinforcing the importance of children's perspectives in wellbeing assessments (Mahali et al., 2019).

The Canadian Index of Child and Youth Well-being provides another participatory and holistic model, recognizing nine interdependent domains of life and emphasizing the need to adapt indicators to children's developmental stages and diverse realities (United Nations Children's Fund Canada, 2019). This aligns with the premise of the SCWI, which recognizes the need for a locally relevant and age-sensitive approach.

The Sabah Child Wellbeing Index

The SCWI draws upon the strengths and lessons of these global and regional frameworks while addressing the distinct realities of Sabah's children. A multidimensional and equity-focused model is critical in capturing disparities, particularly among vulnerable groups. The integration of participatory methods ensures that the voices of children, caregivers and local leaders shape what is measured and valued.

A key limitation in many global models is their reliance on national-level data, which often mask subnational disparities. The SCWI's use of primary data collection, including both objective indicators and self-reported outcomes, allows for a granular understanding of child wellbeing across Sabah's diverse divisions[3]. It is hoped that this index will support not only evidence-based policy, but also community-led advocacy for children's rights and wellbeing.

3 See footnote 1 for the definition of 'division' in this study.

Aims and objectives

The SCWI aims to design a contextualized index reflecting the realities of children in Sabah; measure and analyse multidimensional wellbeing; and develop actionable policy recommendations to strengthen child wellbeing across the state.

Methodology

Desk review

A desk review was conducted to evaluate international best practices, compare indices of countries with prior experience, and draw on lessons learned in those countries, as well as examine Sabah-specific understandings of the wellbeing of children, the challenges faced and the necessary dynamics. The researchers focused on the context for children, including vulnerable groups in Sabah, definitions, models and conceptual frameworks of child wellbeing. This included existing conceptual frameworks for calculations of child wellbeing indices and their thresholds to support the research on how to approach this within the Sabah context. In addition, existing applications and methodologies for wellbeing indices from different countries were integrated in the review, along with methodological approaches on indicator choice, aggregation, weighting of indicators and handling missing values.

Given that the study aimed to use participatory methods and to inform policy recommendations, the review included past applications of child wellbeing indices and participatory measurement approaches to identify lessons relevant for Sabah.

The full desk review was completed at the beginning of the study.

Figure 3. Methodology: The SCWI combined quantitative and qualitative methods, ensuring rigour and inclusivity

Framework Design	Two-Phased Sampling	Survey Design	Data Collection & Monitoring	Data Analysis
Reviewed international frameworks (CRC, SDGs, MODA, child wellbeing indices). **Held workshops with Sabah** stakeholders to adapt and define domains and indicators.	**Phase 1:** Household survey of the general population, designed to be representative. **Phase 2:** Targeted survey of vulnerable groups (undocumented or stateless children, and children with disabilities) to ensure their realities were included.	**Developed questionnaires** for children (0–17 years) and their caregivers. **Piloted with 30 participants** to refine questions. **Enumerators trained:** in-person for Phase 1, online for Phase 2 (with CSO support).	**Fieldwork carried out** across Sabah, with support from village heads and community networks. Used tablets with KoboToolbox, GPS tagging, and built-in quality checks. UNICEF conducted random spot checks for data accuracy.	**Thresholds for wellbeing set** based on expert workshops and benchmarks. Analysed using two methods: **Alkire-Foster** (for multidimensional wellbeing) and **UNICEF MODA** (for child deprivation). Results broken down by age, gender, division, disability, and undocumented or stateless status.

Contextualization and design workshop

Following the desk review, a SCWI contextualization workshop was conducted to identify the domains and indicators that Sabah stakeholders, including parents and adolescents, felt were most relevant to children living in Sabah. Participants included representatives from government agencies, civil society organizations, community-based groups, and frontline service providers, as well as parents and adolescents from both rural and urban areas. Initially, adolescent participation in the contextualization workshop was limited, so a dedicated follow-up online session was conducted to ensure their voices and perspectives were meaningfully included. Insights from these sessions, combined with findings from the desk review, informed a draft SCWI framework. This draft was presented for further development at the SCWI design workshop, which was composed of a subset of contextualization workshop participants to ensure a feedback loop and a truly participatory process.

The finalized SCWI framework is depicted in Figures 4 and 5, and the details can be found in Annex 1.

This index was finalized after input and approval from the Social Policy Research Institute (SPRI), and the UNICEF Malaysia country team, including technical specialists in health, education, disability, and social policy, and was presented to the Technical Working Group through multiple engagements, including the annual review meeting with UPEN Sabah in February 2025, a follow-up presentation in June 2025, and the final presentation in August 2025. The Technical Working Group comprised representatives from UNICEF, UPEN Sabah, and state agencies such as the Department of Social Welfare, the Department of Statistics Malaysia, the Department of Health Sabah and the Department of Education Sabah.

Figure 4. Finalized SCWI design

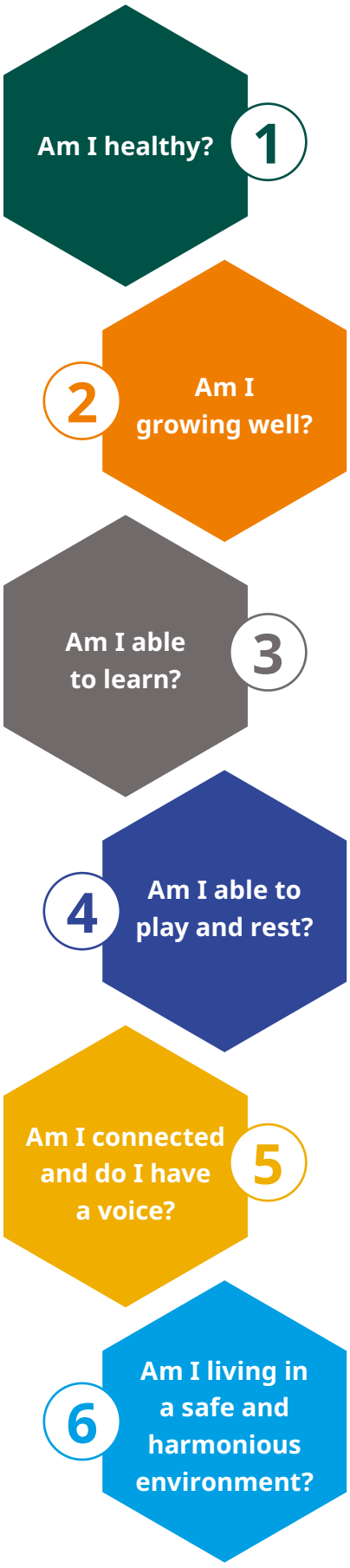


Figure 5. Domains and their respective indicators

Survey design

The survey consisted of two components: a household questionnaire capturing household information and caregiver demographics, as well as separate child questionnaires tailored to age groups (0–2, 3–5, 6–12, and 13–17 years). The first three age groups were answered by the caregiver, while the 13 to 17 age group survey was directed to the adolescent.

A pilot survey was completed to ensure that the survey was feasible, comprehensible and accurate. The pilot was conducted with 30 participants and provided useful feedback. The pilot identified challenges with administering the questionnaires for adolescents with disabilities who have difficulty communicating. After consultations with UNICEF specialists, it was decided that in such cases, the

enumerators would ask a parent for the information instead, to ensure inclusiveness, rather than skipping the survey due to the lack of the capacity to communicate/consent. Results showed that the language of the survey was easy to understand, albeit lengthy when translated into Bahasa Malaysia. It was also concluded that the length of the survey was appropriate. No major changes were suggested to the survey, which can be found in Annex 2.

Enumerator training

Enumerators underwent a comprehensive, face-to-face full-day training for Phase 1 of the data collection, including modules on research ethics and cultural sensitivity.

Training allowed enumerators to conduct surveys in the local language and handle sensitive topics appropriately. Phase 2 enumerators were trained in a three-hour intensive training online, with supervision as the data collection started.

Survey participant recruitment and data collection

A two-phase sampling strategy was applied. In Phase 1, structured multi-stage random sampling was used to generate a representative sample at the divisional level, drawing households from randomly selected villages within State Legislative Assembly areas. In Phase 2, purposive sampling was employed to capture children from vulnerable groups, namely those who were undocumented, stateless, or living with disabilities, with outreach facilitated by civil society partners and community-based enumerators.

All data were collected using KoboToolbox on tablets, with real-time uploads, built-in skip logic, and dual-language (English/Bahasa Malaysia) support to ensure quality, inclusivity, and subgroup relevance (e.g. gender-specific questions for adolescents on sexual and reproductive health and rights (SRHR)).

Two-phase approach: Random and purposive sampling for inclusive coverage

Initially, the study design planned for random sampling to be used for the general population, while children from vulnerable populations would be reached through purposive sampling. Both components were originally intended to occur concurrently as the data collection teams moved through the various divisions in Sabah. However, while efforts were made to include purposive sampling alongside the main survey, the concurrent implementation of both random and purposive sampling proved challenging. As a result, insufficient numbers were achieved in the initial phase, which required a second phase with boosted and more targeted efforts to reach the intended purposive sample.

Undocumented or stateless children, and other marginalized children, are typically hard to reach and often missing from national surveys. To maintain our commitment to including these groups in our study, we extended the sampling frame, ensuring that the SCWI reflects the realities of all children in Sabah. As a result, purposive sampling was carried out separately in Phase 2, a few weeks after the completion of Phase 1. The key differences between the two phases include the sampling methodology and the nature of enumerator training. Phase 2 relied on community-based organizations (CBOs), with training conducted online and less direct supervision, as teams were geographically dispersed. Due to these methodological differences, the analysis of the two phases was approached separately. In some areas, detailed below, the Phase 2 data could not be included in the overall analysis because the sampling design did not permit generalizability.

Data collection for the Sabah Child Wellbeing Index.

Data monitoring and quality assurance

A comprehensive system was in place to track progress, verify survey locations, and conduct regular audits, including UNICEF field checks, to ensure data quality and subgroup representation. Data were collected and stored securely using KoboToolbox with encryption, controlled access, and anonymization of sensitive information, in line with international data protection standards. See Annexes for details.

Threshold determination

The selection of domains and indicators for the SCWI framework was informed through a participatory, community-grounded process. Two workshops were conducted with children, adolescents and parents, using age-appropriate activities and focus group discussions to identify and prioritize key areas of child wellbeing. Analysis of the outputs from these sessions were benchmarked against the CRC and compared against indicators examined in other countries. This subsequently informed the initial drafting of the SCWI framework. A validation workshop, involving a subset of participants from the original workshops, confirmed agreement on the selected domains and indicators. Thresholds for each indicator were then developed using a combination of approaches: existing scientific literature, national and international guidelines, and insights from the preliminary workshops were used where available. In addition, expertise was sought from UNICEF's experts on mental health, disability and nutrition. Where no clear precedent or empirical data existed, thresholds were determined using a normative approach based on what was deemed developmentally and contextually appropriate. A series of technical discussions between PEMANDU Associates, UNICEF, and the Social Policy Research Institute (SPRI), further refined and finalized the thresholds.

For full transparency, Annex 4 includes a table that sets out the thresholds for each domain alongside their indicators, with an explanation of the rationale and supporting evidence behind each determination.

Data analysis

Child wellbeing is multidimensional, spanning education, health, protection, participation, and emotional and social domains, each of which reflects distinct rights and experiences. Collapsing these dimensions into a single number risks oversimplifying the complex realities of children's lives and obscuring disparities that may be critical for

policy and programming. Results should therefore be interpreted at the indicator and domain level, with attention to how they overlap and interact across dimensions. This approach allows for a more nuanced understanding of wellbeing, showing both areas of strength and areas where children face deprivation, without masking variation within a single summary score.

Descriptive analysis

Descriptive analysis of the SCWI dataset was conducted using the Alkire-Foster (AF) method, a robust multidimensional measurement approach derived from Sen's capability framework. This method was chosen because it allows for the identification of unmet wellbeing at the individual level and enables decomposition across subgroups and dimensions, making it highly relevant to inform policies. The AF methodology has been widely adopted for multidimensional poverty and wellbeing studies due to its ability to capture both the breadth and intensity of deprivation.

Each child in the dataset was assessed across multiple dimensions of wellbeing. Thresholds (cut-offs) were established for each indicator and dimension as described in the first section, representing the minimum level of wellbeing considered sufficient. A child was classified as experiencing insufficient wellbeing in a particular indicator if their response fell below the agreed threshold. Conversely, responses at or above the threshold indicated sufficient wellbeing. For example, in the 'Play and Rest' domain, one indicator assessed whether children regularly engaged in a variety of daily activities, such as play, socialising, or homework, over the past two weeks. A child was considered to have sufficient wellbeing on this indicator if they participated in at least four of these activities 'Always' or 'Very often'; those participating in fewer were classified as experiencing insufficient wellbeing.

Each child's status across the various indicators within each domain is then assessed against the overall domain threshold to determine if they met the domain wellbeing. While indicator thresholds were reported for all children, only complete cases were included in determining domain threshold.

As the data collection occurred in two distinct phases with Phase 1 using random sampling for the general population, and Phase 2 employing purposive sampling to reach vulnerable groups such as undocumented or stateless children and children with disabilities, the datasets were analysed separately due to differences in population focus, sampling design, and data quality oversight. Phase 2 data provided valuable insight into the circumstances of hard-to-reach children but could not be combined with Phase 1 for aggregate or state-level domain analysis due to limitations in generalizability.

Therefore, only Phase 1 data was used to calculate overall domain-level wellbeing thresholds and statewide deprivation patterns, while Phase 2 findings were presented descriptively. All dimensions were weighted equally, in line with the principles of the Convention on the Rights of the Child, which emphasizes the holistic nature of child wellbeing. Analysis was conducted at both the state-wide level and disaggregated by key subgroups including age, gender, division, disability, and documentation status.

Results were presented as counts, proportions (per cent) and 95 per cent confidence intervals for the proportion of children with unmet and met wellbeing status for each indicator and domain. Adhering to contemporary best practice in numerous disciplines, including health and medical sciences, measures of null hypotheses significance testing are not included in the results (Wasserstein & Lazar 2016, Greenland, Senn, Rothman et al 2016). Whether differences matter is a judgement made based on real-world substantive expertise and not using the arbitrary 'cut-off' of statistical significance.

Results for children who are undocumented or stateless and those with disabilities are presented as counts and proportions (per cent).

In addition to the AF method, Multiple Overlapping Deprivation Analysis (MODA) was applied to further examine joint distributions of unmet wellbeing needs across multiple dimensions. This enabled the identification of the most common patterns of overlapping wellbeing insufficiency among children.

Two summary measures were generated:

1. Wellbeing headcount ratio (H): The proportion of children who experienced insufficient wellbeing in at least one dimension.
2. Average deprivation intensity (A): Among those experiencing insufficient wellbeing, the average proportion of dimensions in which they were deprived.

Study population

The study population comprises 4,441 children, which exceeds the proposed sample size of 2,800 children determined at inception phase. Of the total study population, 3,734 children were sampled in Phase 1 and 707 children were sampled in Phase 2 of data collection.

Table 2. Study population

Subgroup	Targeted number (households)	Realized number
Total number of households	2,000	2,216 (Phase 1 + Phase 2)
Divisions		
Pantai Barat	620	825
Pedalaman	300	232
Kudat	140	152
Sandakan	400	406
Tawau	540	601
Rural-urban ratio	**55:45**	**54:46**

Subgroup	Targeted number (children)	Realized number
Total number of children	2,800	4,441 (Phase 1 + Phase 2)
Age groups		
0 to 2 years	700	505
3 to 5 years	700	646
6 to 12 years	700	2,489
13 to 17 years	700	801
Gender		
Female	1,260	2,063
Male	1,260	2,378
Other	280	-
Marginalized subgroups		
Documented	350	3,850
Undocumented (stateless)	350	591
Undocumented (other)	350	50
Children with registered disabilities	300	274

Study limitations

There were several logistical limitations that affected the SCWI study, which could have implications for data quality and representativeness. Physical and environmental challenges during fieldwork may have influenced data completeness and respondent accessibility. In many rural areas, enumerators faced difficulties reaching households due to hazardous terrain, flooded pathways, and poor road infrastructure. These constraints sometimes resulted in missed appointments or incomplete household coverage, particularly in remote or less accessible villages.

Data collection challenges also emerged in relation to participation contact. For example, some households were difficult to locate due to the lack of detailed addresses, and initial contact attempts were frequently delayed or unsuccessful. In some cases, enumerators reported being mistaken for scammers, which led to hesitancy and non-response, particularly among undocumented or stateless families. This distrust may have resulted in non-participation by certain groups, potentially biasing the data toward families more open to or familiar with official survey processes.

Some constraints were linked to the sampling strategy and respondent characteristics. Although efforts were made to include undocumented or stateless children and children with disabilities through purposive sampling in Phase 2, access remained uneven across divisions. This was especially apparent in earlier phases of the survey, where logistical issues limited collaboration with community-based organizations (CBOs), resulting in lower representation of undocumented or stateless families in some areas. Consequently, the data may under-represent the most hidden or isolated members of these vulnerable populations. Adolescent participation posed another challenge. As most adolescents were at school during survey hours, the number of direct self-responses from this group was lower than anticipated. In some cases, caregivers responded on behalf of adolescents. While this adaptation was necessary to reduce missing data, it introduces potential response bias, especially for indicators measuring adolescent perception, voice and agency. This challenge was taken into account and transparency was ensured during the analysis, results and discussion process.

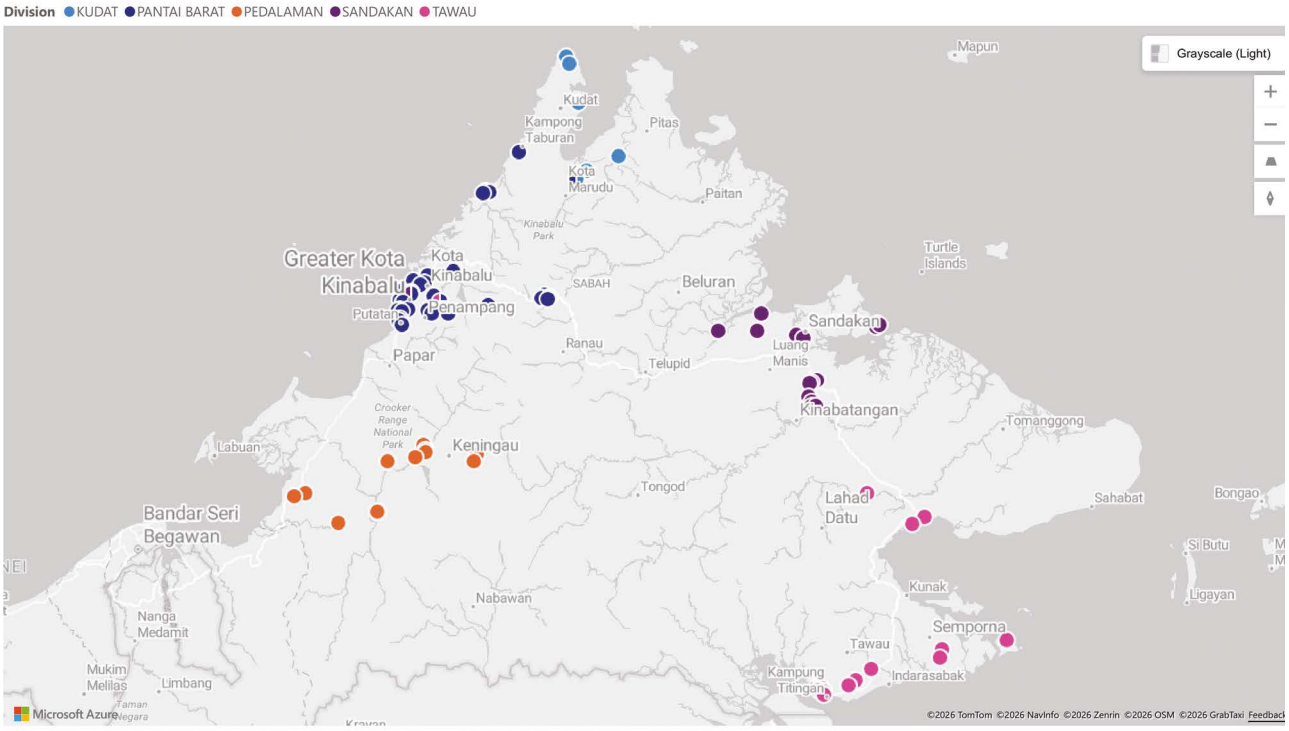
The sampling design, based on proportional random selection, ensured representation at the divisional level but did not produce district-level estimates. As such, certain individual districts, including some of the poorest, were not directly sampled. However, the randomized approach did capture a range of districts across the socioeconomic spectrum, meaning the findings remain representative at the division level. Together, these limitations suggest that while the SCWI provides a comprehensive and representative snapshot of child wellbeing in Sabah, some areas, especially those involving the most marginalized children, should be interpreted with caution.

Data collection monitoring by UNICEF.

Part 2
Results and findings

Geographical coverage

Figure 6. Geographical coverage of the SCWI: Phase 1 data collection



Demographic overview

Demographics

A total of 4,441 children were surveyed across the five administrative divisions in Sabah. The age distribution of the sample shows that the largest proportion of children were aged 6 to 12 years (41.1 per cent), followed by those aged 13 to 17 years (32.2 per cent). Children aged 3 to 5 years made up 14.6 per cent of the sample, while those aged 0 to 2 years comprised the smallest group at 12.1 per cent. This distribution is largely due to the number of years in each category.

Adolescents aged 13 to 17 years were classified as either present or absent in the household. Approximately one third of the sample (31.8 per cent) included an adolescent who was present, while 68.2 per cent of households had no adolescent present at the time of the survey. How this was approached in terms of data collected and analysis is described after this overview.

The gender distribution was balanced, with 53.7 per cent boys and 46.3 per cent girls in the total sample. A majority of children resided in rural areas (58.6 per cent), compared to 41.4 per cent who lived in urban areas.

Children were surveyed from five divisions: Pantai Barat had the highest representation, accounting for 40.1 per cent (1,499) of the total sample. Tawau

Table 3. Results: Demographic overview

Group	Kudat		Pantai Barat		Pedalaman		Sandakan		Tawau		Total	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
Age group (years)												
0 to 2	40	*13.1*	172	*11.5*	45	*9.5*	81	*14.1*	112	*12.7*	450	*12.1*
3 to 5	35	*11.5*	229	*15.3*	67	*14.1*	86	*14.9*	128	*14.6*	545	*14.6*
6 to 12	124	*40.7*	650	*43.4*	185	*39.0*	214	*37.2*	363	*41.3*	1536	*41.1*
13 to 17	106	*34.8*	448	*29.9*	178	*37.5*	195	*33.9*	276	*31.4*	1203	*32.2*
Gender												
Female	137	*44.9*	686	*45.8*	216	*45.5*	290	*50.4*	400	*45.5*	1729	*46.3*
Male	168	*55.1*	813	*54.2*	259	*54.5*	286	*49.6*	479	*54.5*	2005	*53.7*
Urban	0	*0.0*	690	*46.0*	99	*20.8*	227	*39.4*	530	*60.3*	1546	*41.4*
Rural	305	*100.0*	809	*54.0*	376	*79.2*	349	*60.6*	349	*39.7*	2188	*58.6*
Undocumented or stateless	0	*0.0*	47	*7.9*	1	*0.2*	97	*16.3*	450	*75.6*	591	*100.0*
Registered and unregistered disability	12	*3.3*	168	*45.8*	42	*11.4*	60	*16.4*	85	*23.2*	367	*100.0*

1. Percentages are shown in italics.

2. As weighting was used to generate representative estimates, the total number of children may not match the exact number of survey respondents. Some children may be weighted slightly higher and others slightly lower to ensure the sample accurately reflects Sabah's population structure. As a result, the summed totals in weighted tables can appear slightly larger or smaller than the actual number of children surveyed.

followed with 23.5 per cent (879), Sandakan accounted for 15.4 per cent (576), Pedalaman made up 12.7 per cent (475), Kudat represented 8.2 per cent (305). This was estimated using the proportions of populations of each division.

Across all the administrative divisions, children aged 6 to 12 years formed the largest number of children sampled in the study, ranging from 37.2 per cent in Sandakan to 43.4 per cent in Pantai Barat. Adolescents aged 13 to 17 years comprised a significant proportion in each division as well, particularly in Pedalaman (37.5 per cent) and Kudat (34.8 per cent). The younger age groups (0 to 5 years) formed a smaller share in each division, averaging between 9 per cent and 15 per cent respectively.

The gender split within divisions was consistent with the overall trend, with male children comprising slightly over half of each division's population. Male representation ranged from 49.6 per cent in Sandakan to 55.1 per cent in Kudat, while female representation ranged from 44.9 per cent in Kudat to 50.4 per cent in Sandakan.

Vulnerable groups were included in the study, particularly undocumented or stateless children and children with disabilities.

Household characteristics

The household survey in Phase 1 (n=1,892) showed that the highest education level attained in households was most commonly secondary

school (n=1,126; 60.0 per cent), followed by tertiary education (n=363; 18.9 per cent) and primary school (n=243; 12.9 per cent), while 149 households (7.6 per cent) reported none, don't know, or other; and 11 (0.6 per cent) reported trade education. Most main adults were married (n=1,665; 88.0 per cent), with 147 widowed (7.8 per cent), 52 divorced (2.7 per cent), 27 single (1.4 per cent), and fewer than five recorded as other. Ownership or legal tenure of the home was reported in 1,666 households (88.3 per cent), while 223 (11.5 per cent) did not have ownership or tenure and fewer than five responded 'Don't know'. In relation to housing affordability, 1,109 households (58.2 per cent) reported difficulty paying for housing costs while still affording other basic needs, and 1,200 households (63.1 per cent) reported reducing spending on other needs to meet housing costs in the past 12 months. A total of 1,334 households (70.6 per cent) were reported as not overcrowded, while 558 (29.4 per cent) were reported as overcrowded.

The undocumented or stateless population

In Sabah, the lines between statelessness and undocumented status are often blurred due to a complex mix of historical migration, administrative barriers, and legal ambiguities. While statelessness refers to the absence of any nationality from any country, undocumented status describes the lack of official papers such as birth certificates or identity cards. In practice, children born to undocumented parents whether migrants or from indigenous groups are excluded from civil registration systems and they often inherit their parents' unclear status whether as undocumented or stateless or even both. These children face the same consequences: exclusion from formal education, healthcare, and legal protections, leaving them vulnerable to lifelong marginalization (United Nations Children's Fund Malaysia, 2019b).

For this study, 591 children were recorded as stateless, including 369 undocumented children. On the other hand, only 59 children were undocumented without being identified as stateless. These classifications were based on caregiver self-identification, reflecting how families understood and reported their child's legal status.

Given the overwhelming overlap and the likelihood of misclassification due to limited caregiver understanding of legal terms, we have grouped stateless and undocumented children into a single category for analysis. This approach ensures more inclusive representation of all children facing legal invisibility and rights deprivation, while reducing the risk of undercounting due to definitional confusion, though it is important to note that statelessness carries distinct and more severe implications, as stateless children lack state protection or recognition from any country.

We define this combined group as children who (1) were identified as 'stateless' or reported having 'no document' in the documentation question, and/or (2) identified as 'stateless' in the nationality question. This inclusive definition captures both undocumented and stateless children, including those who may hold non-citizenship documents (e.g. a UNHCR card) but remain without legal nationality. While combining these categories may limit specificity in some policy recommendations, it allows for stronger advocacy and programmatic responses to children experiencing shared forms of exclusion.

Children with disabilities

As part of the commitment to inclusive data collection, this study aimed to identify two distinct groups of children with disabilities:

(1) **Children with registered disabilities**
Children were categorized as having a registered disability if the caregiver responded 'Yes' to a direct question regarding whether the child had a diagnosed or formally recognized disability. This classification relied on caregiver knowledge and pre-existing identification within the household or community.

(2) **Children with unregistered disabilities**
To identify children who may have an unidentified, unregistered disability, but who are not formally recognized or registered as children with disabilities, we used internationally validated tools i.e. the Washington Group Child Functioning Module (CFM) for children aged 3 to 5 years and the Washington

Group Short Set (WG-SS) for children aged 6 to 17 years. All questions were answered by caregivers with the exception of adolescents aged 13 to 17, who self-reported unless unable to provide consent, in which case the caregiver responded on their behalf.

Based on the Washington Group guidance, a child was categorized as having a disability if they were reported to have 'A lot of difficulty' or 'Cannot do at all' in at least one functional domain.

A total of 367 children with either a registered or unregistered disability were included in the survey. This comprised 274 children with registered disabilities (74.7 per cent) and 93 children with unregistered disabilities (25.3 per cent). Of the children with registered disabilities, 150 were surveyed in Phase 1, while 124 were surveyed in Phase 2.

Adolescent participation and sample considerations

While the survey design prioritized self-reporting by adolescents aged 13 to 17, lower than expected participation during data collection required some reliance on caregiver responses. This resulted in variation in denominators across indicators, depending on whether adolescent or proxy responses were used. For domain-level analysis, only direct adolescent self-reports were included. Further details on adolescent participation, proxy use, and sample flow are provided in Annex 5.

Note on interpreting results

Undetermined values refer to cases where the caregiver or adolescent responded with 'Prefer not to answer' or 'Don't know' to one or more questions relevant to the indicator. These responses made it impossible to assess whether the threshold was met.

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1
Am I healthy?

Indicators

- Access to healthcare
- Up-to-date/completed vaccines for 0 to 23 months
- Mental health needs
- Menstrual health (girls)
- Sexual and reproductive health (15-17 years)
- Perceived health (13-17 years)

Table 4. Key findings: Am I healthy?

Overall % of children who met the threshold for wellbeing in this domain	**55.9%**
Strongest indicators	Mental health (3-17 years) (95.6%) Access to healthcare (0-17 years) (92.3%)
Indicators that require attention	Sexual and reproductive health needs (15 to 17 age group) (31.8%) Completed basic vaccinations by age 23 months (asked of all age groups) (73.6%)
Group with the highest proportion of children meeting threshold	0 to 2 age group (74.5%)
Group with the lowest proportion of children meeting threshold	Undocumented or stateless children (0.6%)

Key takeaways Am I healthy?

Just over half of children (55.9%) met the overall health threshold, with younger children faring better than adolescents.

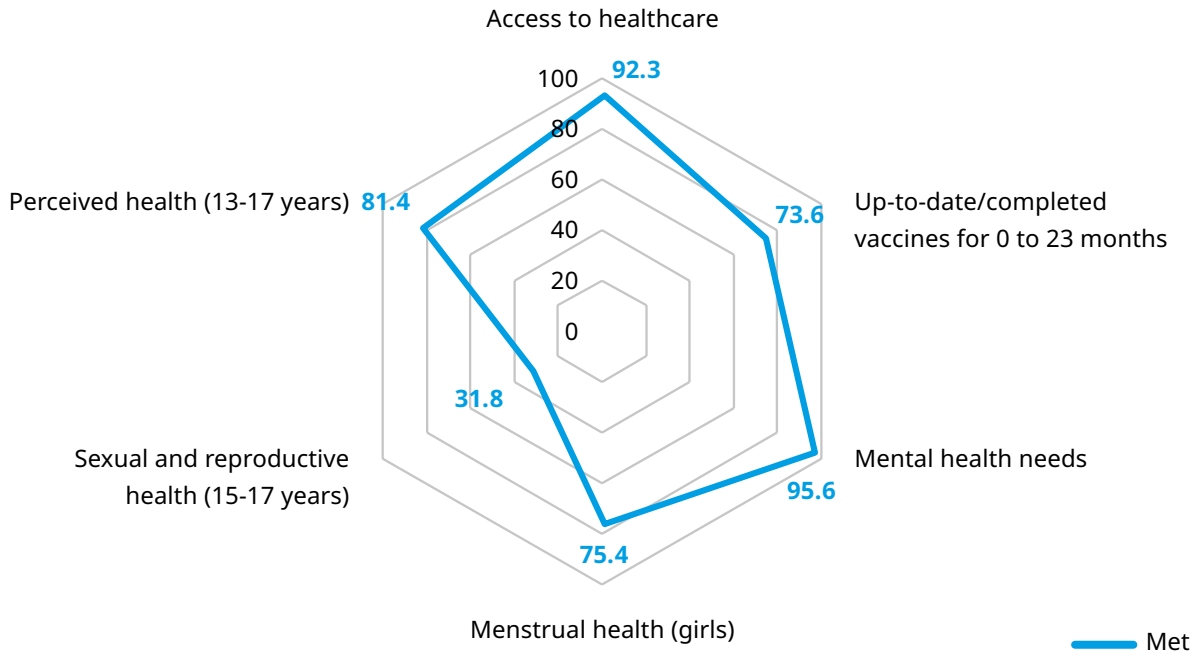
Access to healthcare is high (92.3%), but vaccination completion by 23 months remains low (73.6%).

Adolescents face the greatest gaps, especially in sexual and reproductive health (only 31.8 per cent met needs).

Undocumented or stateless children, and children with disabilities are disproportionately excluded from healthcare access.

Regional disparities persist, with Tawau and Pantai Barat showing the lowest health outcomes.

Figure 7. Distribution of health outcomes based on indicators



Domain description

The threshold for this domain varies by age and gender to reflect the evolving physical, emotional, and developmental health needs of children and adolescents. For children aged 0 to 2 years, the threshold includes access to healthcare and completion of age-appropriate vaccinations, which are essential during early childhood. For those aged 3 to 5 years, the threshold, in addition to access to healthcare (and vaccinations), also includes mental health needs, recognizing the importance of early emotional development. From ages 6 to 12, the threshold remains the same for boys: access to healthcare and mental health support. While for girls, it additionally includes menstrual wellbeing to account for the onset of puberty and related health needs. Among adolescents aged 13 to 17, thresholds further expand to include self-assessment of health, recognizing the growing capacity for health perception and self-awareness during this stage. For boys aged 13 to 14, the threshold comprises access to healthcare, vaccinations, mental health support, and self-perceived health; for girls in the same age group, menstrual wellbeing is included as an additional requirement. Finally, for adolescents aged 15 to 17, reproductive health becomes a critical component. Boys in this age group must meet the criteria of healthcare access, vaccination, mental health support, self-assessed health, and reproductive healthcare access. Girls aged 15 to 17 must also meet all of these criteria, including menstrual wellbeing and access to reproductive health services, acknowledging the importance of reproductive rights during late adolescence.

Indicator breakdown

Access to healthcare (0 to 17 years)

Out of 3,096 children surveyed, 92.3 per cent met the criteria for access to healthcare, indicating they have reliable access to healthcare services; 0.1 per cent of responses were undetermined. Children who were found to not have adequate access made up 7.5 per cent. Equitable access to health was defined by asking if, in the last 12 months, in the event of illness, or for routine health checks, the child was able to access healthcare, as well as if the child was eligible

for government-subsidized healthcare or covered by health insurance. Responses to the latter question revealed some confusion, with several respondents appearing to interpret 'health insurance' as referring only to private insurance. As all Malaysian children are eligible for government-subsidized healthcare, it was agreed that this threshold would be considered met if the child was Malaysian, regardless of the insurance response.

Children aged 0 to 2 years and aged 6 to 12 years presented the highest access rate, of 92.9 per cent (0.2 per cent undetermined). Among children aged 13 to 17 years 92.0 per cent met the threshold; while 91.4 per cent (0.2 per cent undetermined) of children aged 3 to 5 years have access.

Gender differences were minimal, with 92.2 per cent of male children (0.2 per cent undetermined) and 92.6 per cent of female children (0.1 per cent undetermined) meeting the access threshold. By location: 94.7 per cent of rural children had adequate access, compared to 89.1 per cent [CI: 87.0-90.9] of urban children (0.3 per cent undetermined). This counterintuitive finding may reflect the particular context in Sabah, where government health clinics and outreach services are widely available in rural areas. By contrast, in urban areas, barriers such as higher service demand, cost, long waiting times, and administrative requirements may reduce effective access for children, even when facilities are geographically closer.

By division, Pantai Barat and Kudat recorded the highest levels of access, with 97.8 per cent and 97.6 per cent of children, respectively, meeting the healthcare access indicator criteria. Pedalaman and Sandakan followed closely with 96.6 per cent and 92.7 per cent (0.3 per cent undetermined), while the lowest access was observed in Tawau, where only 79.7 per cent of children (0.4 per cent undetermined) had adequate healthcare access.

Access to healthcare was notably lower among certain population groups. Among undocumented or stateless children, 2 per cent met the indicator threshold, while 0.7 per cent were undetermined. Among children with registered disabilities, 82.9 per cent met the threshold, indicating a moderate gap in access. However, access was substantially lower for children with unregistered disabilities, with only 41.9 per cent meeting the threshold.

Completed vaccinations by 23 months (0 to 17 years)

This indicator measures how many of the children surveyed (all age groups) have had completed vaccines for 0 to 23 months. Of the children surveyed (n=3,734), 73.6 per cent met the threshold for having completed their vaccinations.

Across age groups, children aged 0 to 2 years and 3 to 5 years presented the highest proportions meeting the threshold, 76.8 per cent and 75.1 per cent respectively, while other age groups scored similarly; 6 to 12 age group, 73.6 per cent, and 13 to 17 age group, 72.2 per cent.

Rural and urban populations reported 69.2 per cent of children from urban households meeting the threshold, as opposed to 76.6 per cent of rural children. Overall, 75.3 per cent of girls met the threshold, compared to 72.1 per cent of boys.

Across divisions, the highest proportion of children meeting the threshold was found in Pedalaman, 79.5 per cent, followed by Kudat, 77.2 per cent, and Pantai Barat, 77.2 per cent, Sandakan, 75.4 per cent, and Tawau, 61.0 per cent.

Among undocumented or stateless children, only 9.4 per cent were found to have met the threshold. Of the children with registered disabilities, 64.6 per cent of children met the thresholds, while 49.5 per cent of those with unregistered disabilities met the thresholds.

Mental health (3 to 17 years)

Of the 2,432 children surveyed across the included age groups, 95.6 per cent met the threshold related to their mental health needs.

By age group, 97.6 per cent of children aged 3 to 5 and 98.8 per cent of those aged 6 to 12 met the threshold. However, there was a decrease in the 13 to 17 age group, with 92.9 per cent meeting the threshold.

Gender differences were as follows: 96.7 per cent of boys and 94.4 per cent of girls met the threshold. Among children living in urban areas, 94.8 per cent met the threshold, compared to 96.2 per cent in rural areas.

Across divisions, the highest proportions of children meeting the threshold live in Pantai Barat, 96.8 per cent, and Pedalaman, 97.6 per cent, with slightly lower percentages in Kudat, 92.3 per cent, Sandakan, 95.0 per cent, and Tawau, 94.0 per cent.

Among undocumented or stateless children, 94.9 per cent met the mental health threshold. Children with registered disabilities had a slightly lower rate, with 93 per cent meeting the threshold, while a higher proportion of children with unregistered disabilities did so (97.8 per cent).

Menstrual health (girls, 12 to 17 years)

Among the girls surveyed that had answered 'Yes' to beginning menarche (n=909), 75.4 per cent were found to have met the threshold for menstrual health, while 21 per cent have unmet needs, and 2.3 per cent fall into an undetermined category. The threshold for menstrual health was measured by whether the caregiver or girl reported that the girl had ease of access to menses material and participated in activities during menses.

Significant differences were observed between the different age groups. Among girls aged 6 to 12 years, 88.5 per cent met the threshold for menstrual health (1.5 per cent undetermined), compared to just 59.9 per cent of girls aged 13 to 17 (5.6 per cent undetermined).

In addition, girls in urban areas reported a higher level of unmet needs as per determined thresholds, 24.8 per cent (2.7 per cent undetermined), compared to 18.0 per cent in rural areas (2 per cent undetermined).

When disaggregating the results by divisions, the highest proportion of girls meeting thresholds live in Pedalaman, 89.5 per cent (1.1 per cent undetermined), and Kudat, 84.7 per cent, with a decline in Sandakan, 73.0 per cent (2.3 per cent undetermined), Tawau, 76.9 per cent (1.3 per cent undetermined), and Pantai Barat, 72.2 per cent (3.6 per cent undetermined).

Of children with registered disabilities, 80.8 per cent met the threshold, while 18 out of 26 children with unregistered disabilities met the threshold. Among undocumented or stateless children, 70.7 per cent (8.3 per cent undetermined) met the threshold.

Sexual and reproductive health (15 to 17 years)

This indicator focuses on adolescents between the ages of 15 and 17 and the threshold is met if the adolescent reports feeling that they have enough information to make informed decisions about sexual health and contraception, if they are comfortable discussing their sexual and reproductive health needs with a trusted adult or healthcare provider and if they know where to access reproductive health services and information if needed.

Among adolescents aged 15 to 17 years (n=207), 67.4 per cent did not meet the threshold for this indicator, while 31.8 per cent did (0.5 per cent undetermined). Among girls, 31.9 per cent met the threshold compared to 31.7 per cent of boys (1 per cent undetermined). For location, 33.9 per cent of urban adolescents met the indicator, compared to 30.2 per cent of rural adolescents (0.9 per cent undetermined).

Across divisions, the highest number of adolescents meeting the threshold live in Pedalaman,10 out of 16 adolescents, while other divisions had lower levels: Sandakan 33.3 per cent, Tawau 33.8 per cent, Kudat three out of seven adolescents, and Pantai Barat 26.1 per cent (1.5 per cent undetermined).

Among undocumented or stateless children, 71.9 per cent did not meet the threshold. Similarly, 81.3 per cent of children with registered disabilities and 75 per cent of those with unregistered disabilities also fell below the threshold.

Perceived health (13 to 17 years)

The self-perception of health indicator gauges if the child feels healthy physically and mentally to do the things they enjoy doing and asks adolescents (13 to 17) to select a statement that best applies to this. Those who met the threshold for this indicator would select that they always or usually feel healthy and can do things they enjoy, or they feel okay most of the time and can do many of the things they enjoy.

Those who did not meet the threshold would select that they sometimes feel unwell and can't always do the things they enjoy, or they often feel unwell and are unable to do things they enjoy.

Among adolescents that were present at the time of survey (n=351), 81.4 per cent met the threshold for this indicator. A total of 80.5 per cent of girls and 82.2 per cent of boys met the threshold (1 per cent undetermined). Among adolescents, 81.5 per cent in urban areas and 81.4 per cent in rural areas met the indicator (0.9 per cent undetermined).

Across divisions, the highest proportion of adolescents meeting this indicator was observed in Pedalaman, 23 out of 25 adolescents (92.4 per cent), with declines in Sandakan, 83.3 per cent [CI: 74.7-89.3], Pantai Barat, 80.7 per cent, Tawau, 78.2 per cent, and the lowest proportion in Kudat, 79.1 per cent.

Among the undocumented or stateless population, 81.5 per cent met the threshold for this indicator.

Similarly, 89.3 per cent of children with registered disabilities met the threshold, and 61.5 per cent of children with unregistered disabilities did so.

Overall domain results

Using the threshold described in Figure 8, 55.9 per cent of children met the threshold in the health domain, while 43.8 per cent of children did not meet the threshold (0.1 per cent undetermined). Looking at the different age groups, 74.5 per cent of children aged 0 to 2 and 72.7 per cent of children aged 3 to 5 met the threshold. Furthermore, 71.2 per cent of children aged 6 to 12 met the threshold. A significant decline is seen in the adolescent group (13 to 17), where only 20.8 per cent (0.3 per cent undetermined) met the threshold for health.

Among rural children, 58.6 per cent (0.1 per cent undetermined) met the threshold, compared to 52.1 per cent (0.2 per cent undetermined) of urban children. By gender, 56.7 per cent (0.1 per cent

undetermined) of girls and 55.3 per cent (0.1 per cent undetermined) of boys met the threshold.

Across divisions, Pedalaman showed the highest proportion of children meeting the health domain threshold, 70.8 per cent, closely followed by Kudat, 62.3 per cent. Pantai Barat was slightly lower, 57.3 per cent (0.1 per cent undetermined), with a more significant decline in Sandakan, 53.5 per cent (0.2 per cent undetermined), and the lowest proportion observed in Tawau, 45.9 per cent (0.1 per cent undetermined).

Among undocumented or stateless children, only 0.6 per cent of children met the threshold for health. Among children with registered disabilities, 50 per cent met the threshold while only 35.7 per cent of children with unregistered disabilities did.

Discussion

Am I healthy?

The overall health domain results show that while 55.9 per cent of children in Sabah met the health threshold, significant disparities persist. Health outcomes were strongest among younger children (0 to 5 years), with sharp declines observed during adolescence (only 20.8 per cent of the 13 to 17 age group met the domain threshold).

This decline is partly due to the increasing number of indicators required for older children, which reflects the more complex and layered health needs that arise during adolescence, such as mental health, self-perceived wellbeing, and sexual and reproductive health, rather than a simple elevation of the threshold.

In addition to core indicators such as access to healthcare, vaccination, and mental health needs, adolescents also had to meet thresholds for self-perceived health and, for those aged 15 to 17, sexual and reproductive health (SRH). While 81.4 per cent of adolescents met the self-perception of health threshold, only 31.8 per cent met the SRH threshold. This indicates a clear gap in adolescent health support, particularly in addressing the complex and evolving sexual and reproductive health needs of this age group. Mental health thresholds were generally well met, but a small decline was noted among adolescents (92.9 per cent) compared to younger children (>97 per cent), warranting closer attention to adolescent psychosocial support. Across all indicators, adolescents consistently lagged behind other age groups, underscoring the critical need for adolescent-specific health programmes, an area that has gained increasing recognition and emphasis in recent years.

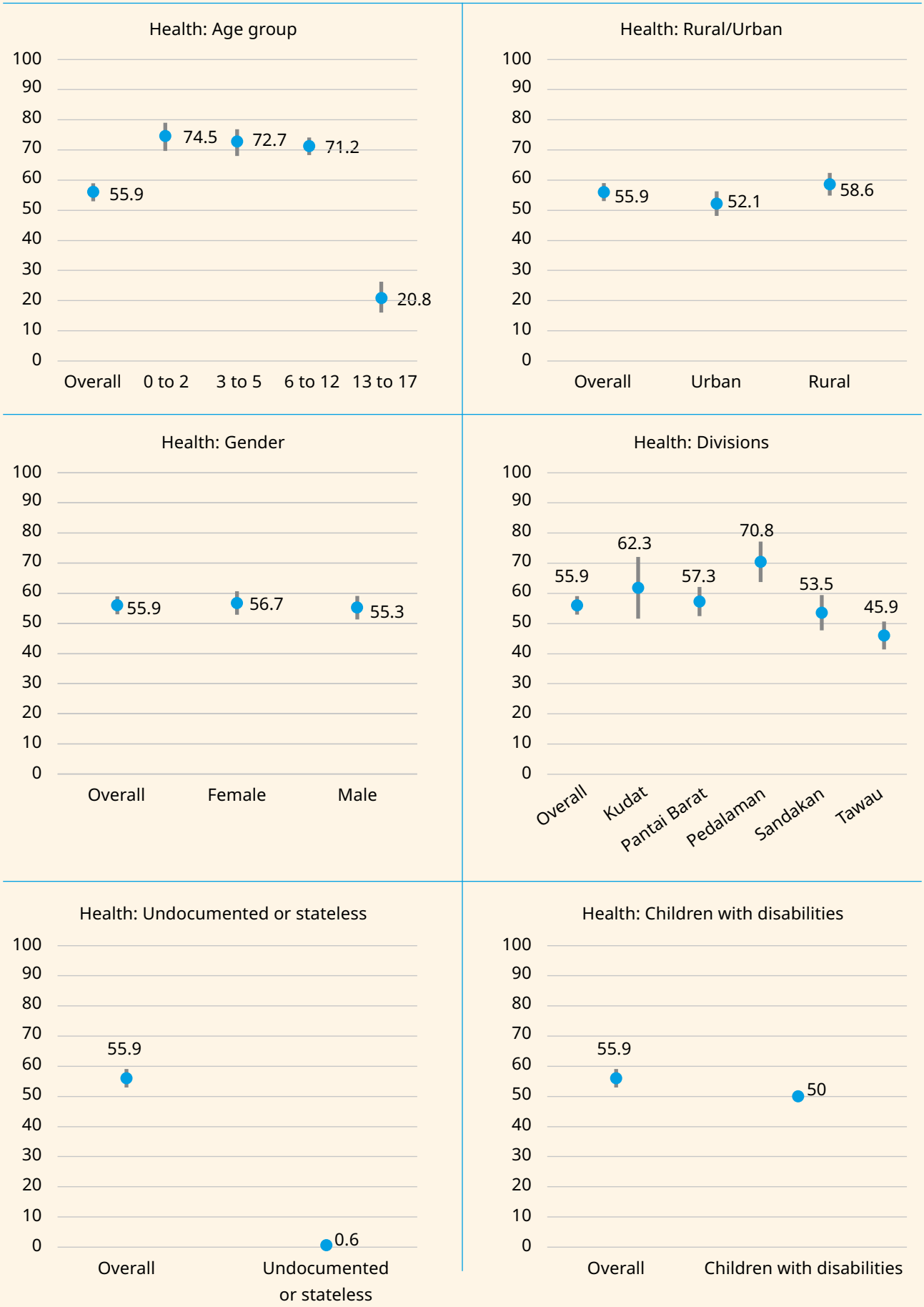
For infants and young children (0 to 5 years), high rates of healthcare access and mental health indicators suggest strong foundational service availability. However, only 73.6 per cent of all age groups were fully vaccinated, indicating gaps in immunization coverage despite physical access to health services.

While no significant gender or rural-urban disparities were observed overall, some results were notable. In Tawau, access to healthcare was the lowest across all divisions (79.7 per cent) and completed vaccination rates were also lowest at 61 per cent. This may reflect the cumulative impact of geographic remoteness, poor transportation infrastructure, and high levels of population mobility, all of which have been shown to hinder healthcare access and immunization uptake in other remote and underserved regions. In contrast, Pantai Barat recorded the lowest proportion of adolescents aged 15 to 17 meeting the threshold for sexual and reproductive health (26.1 per cent), indicating a considerable gap in adolescent-responsive SRH information and services in the division.

Vulnerable populations

As described above in the background, access to health for undocumented or stateless children was expected to be impacted as lack of documentation (e.g. birth certificates or MyKad) means they are unable to access public healthcare at citizen rates or free vaccinations; non-citizen fees are significantly higher for any registration or service fee. In addition, given their lack of proper documentation, this population also fears arrest and detention. In the SCWI study, 10.1 per cent (n=29) reported a reason for not accessing healthcare to be fear of discrimination, while 23.3 per cent reported fear of

Figure 8. Overall health domain results



arrest and detention. The most common reason for not accessing healthcare was no documentation/ unable to register. A study looking at undocumented or stateless children in plantations found that the main challenges are the limited availability of clinics and lack of documentation which leads to prohibitive costs for basic healthcare, and a reluctance to access services due to fear of being identified as undocumented (UNICEF EAPRO, 2023). Access to care for this population stood at 2 per cent, with vaccination coverage at 9.4 per cent. Overall, only 0.6 per cent of children who were undocumented or stateless met the health threshold, compared to 55.9 per cent of the general population in Phase 1.

For children with disabilities, key barriers to healthcare extend beyond physical inaccessibility, and may also include communication challenges, stigma, and lack of awareness among health workers. These dimensions were not directly assessed in the survey, but are well-documented in the broader literature. While Sabah does operate community-based rehabilitation (CBR) centres, these are not health facilities and provide only limited services to a small proportion of children, and are often minimally staffed and under-resourced (Mohd Salleh et al., 2022). This suggests that targeted, low-cost interventions, such as improving physical accessibility and modestly increasing staffing at CBR centres could yield significant improvements in health access for this group. Within our sample, identified through civil society organization (CSO) networks, which may imply higher awareness or access to resources, 82.9 per cent of children with disabilities met the threshold for access to health services. However, other health indicators were notably lower for this group, including vaccination coverage and sexual and reproductive health, with only 18.7 per cent (n=16) meeting the latter threshold. Overall, only 50 per cent of children with disabilities achieved the health domain threshold, underscoring the layered and intersecting challenges they face across childhood and adolescence. Further disaggregation by age and sex would be needed to fully understand whether health needs are being met across different stages of childhood.

2
Am I growing well?

Indicators

- Exclusive breastfeeding (<6 months)
- Consumption of nutritious food (≥6 months)
- Access to developmental checks

Table 5. Key findings: Am I growing well?

Am I growing well? Key findings	
Overall % of children who met the threshold for wellbeing in this domain	**30.6%**
Strongest indicators	Access to development checks (83.4%)
Indicators that require attention	Consumption of nutritious food (≥6 months) (31.4%)
Group with the highest proportion of children meeting threshold	Children with registered disabilities (NB: Purposive sampling may have introduced bias) (100%)
Group with the lowest proportion of children meeting threshold	Undocumented or stateless children (19.1%)

Key takeaways Am I growing well?

Only 30.6 per cent of children met the growth and development threshold, with the lowest outcomes in the first five years of life.

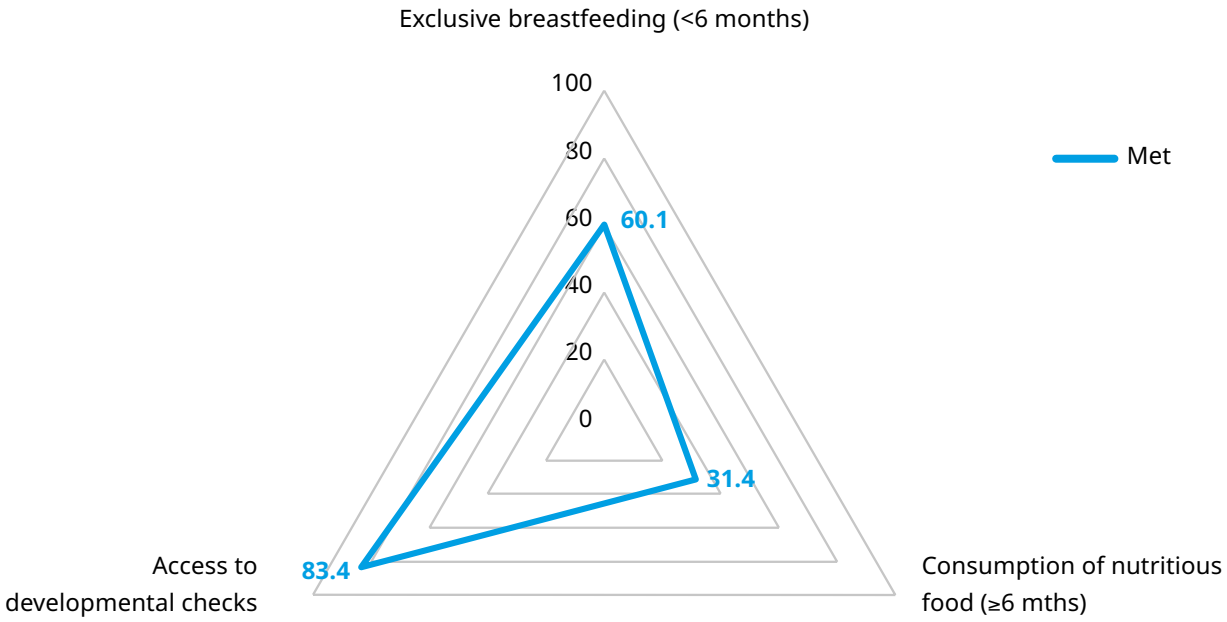
Exclusive breastfeeding rates (60.1%) met national targets, but were lower in urban areas compared to rural.

While most young children received developmental checks (83.4%), attendance declined sharply by age 4 to 5 years.

Only 31.4 per cent of children had a diverse diet, with the poorest outcomes among toddlers aged 6 months to 2 years.

Undocumented or stateless children had the lowest overall outcomes (19.1%), highlighting systemic barriers to growth and development.

Figure 9. Distribution of growth and development outcomes



Domain description

A total of 30.6 per cent of children surveyed (n=3,096) met the threshold for this indicator of growth and development. Threshold criteria varied by age group and are as follows: for infants under six months, the child must have been exclusively breastfed and completed the required developmental checks to meet the threshold. For children older than six months and up to five years, meeting the threshold required both adequate nutritious food consumption and completion of developmental checks. Development checks were measured according to the recommended development checks as per Ministry of Health (MOH) guidance. For children aged 6 to 17 years, the threshold was met if the child was reported to have sufficient nutritious food consumption.

Indicator breakdown

Exclusive breastfeeding (0 to 5 months)

Among children under 6 months, 60.1 per cent (n=51) were exclusively breastfeeding, meeting the threshold for growth and development for this age group. Fourteen out of 22 girls met this threshold, while 18 out of 29 boys met the threshold. Eleven out of 21 children in this age group were exclusively breastfed in the urban population, while 21 out of 30 children living in rural areas met this indicator threshold. While divisional data are available, the sample sizes were small and should be interpreted with caution. Reported exclusive breastfeeding rates include two out of two children in Kudat, 19 out of 21 children in Pantai Barat, six out of nine children in Sandakan, 5 out of 13 children in Tawau, and zero out of six children in Pedalaman. Similarly with undocumented or stateless, four out of six met the threshold, while three out of three children with registered disabilities did so. No children with unregistered disabilities were included for this indicator.

Access to development checks (0 to 5 years)

Access to development checks was based on the recommended check-ups outlined in MOH guidance, with 83.4 per cent of children meeting this threshold. Across age groups, the highest adherence to developmental checks was observed among children under 6 months of age, 96.1 per cent, followed closely by those aged 6 months to 1 year, 95.6 per cent, and 1 to 2 years, 90.0 per cent. Among older age groups, 79.2 per cent of children aged 3 to 4 years met the threshold, while adherence declined further among four- to five-year-olds, with only 69.0 per cent meeting the threshold for developmental checks.

There were no gender disparities observed, with 85.1 per cent of boys meeting the threshold compared to 81.3 per cent of girls.

Minor urban-rural disparities were found, with 85.2 per cent of rural children and 80.8 per cent of urban children meeting the threshold. At divisional level, Kudat presented the highest proportion of children meeting the threshold for this indicator, 91.0 per cent. Pedalaman and Pantai Barat showed comparable numbers with 87.3 per cent and 88.6 per cent respectively. Lower proportions were identified in Sandakan, 77.0 per cent, and Tawau, 74.8 per cent.

Among the undocumented or stateless children, only 33.1 per cent (0.7 per cent undetermined) met the threshold for development checks. Children with registered disabilities fared better, with 92.2 per cent meeting the threshold, while 56.7 per cent of children with unregistered disabilities met the threshold.

Consumption of nutritious foods (6 months to 17 years)

This indicator was measured based on caregiver and adolescent responses about the variety of foods consumed by the child over the previous two days. To meet the threshold, a child must have consumed at least one item from each of the following food groups: egg and/or flesh food, fruits or vegetables, and grains. Of the children included in this indicator (n=3,045), 31.4 per cent met the threshold.

The lowest proportion of children meeting this threshold was observed for the 6 months to 2 years age group (20.0 per cent). Other age groups showed similar results, with 35.4 per cent of children aged 3 to 5 years, 36.1 per cent of children aged 6 to 12 years, and 29.1 per cent of adolescents aged 13 to 17 years meeting the threshold.

Gender disparity was minimal with 30.9 per cent of girls and 31.8 per cent of boys meeting the threshold. Similarly, 31.2 per cent of urban children and 31.6 per cent [CI: 29.0-34.3] of rural children met the threshold.

Across divisions, the highest proportions of children to meet the threshold was in Tawau, 34.6 per cent, followed by Sandakan, 31.7 per cent, Pantai Barat, 31.3 per cent, Pedalaman, 29.2 per cent, and Kudat, 24.1 per cent.

Of the undocumented or stateless children included, 78.6 per cent met the threshold for consumption of nutritious foods, while all children with registered disabilities (n=87) and unregistered disabilities (n=23) received adequate feeding.

Among children aged 6 months to 2 years, dietary diversity varied substantially across food groups. Breast milk was consumed by 71.3 per cent, showing that breastfeeding remained common at this age. Grains, rice, and tubers were the most widely consumed complementary food group, reported by 74.7 per cent of children. In contrast, only 21.1 per cent consumed legumes, nuts, or seeds, highlighting a gap in protein-rich plant-based foods.

A moderate consumption of animal-source foods was found: 54.5 per cent of children consumed meat, 44.5 per cent consumed eggs, and 48.2 per cent consumed dairy products. Fruits and vegetables were unevenly represented: 50.9 per cent consumed vitamin A-rich fruits and vegetables, while only 32.2 per cent consumed other types of fruits and vegetables. Very few children consumed foods outside of these categories, with only 12.5 per cent eating ‘other’ foods.

These findings highlight that while breastfeeding and staple foods are widespread, there are notable gaps in the inclusion of legumes, nuts, seeds, and diverse fruits and vegetables, which are important for balanced nutrition during this critical developmental window.

Among three- to five-year-olds, most consumed grains (86.2 per cent) and meat (91.1 per cent), while just under half consumed dairy (47.4 per cent) and fewer ate legumes, nuts, or seeds (29.4 per cent). Similar patterns were observed for 6- to 12-year-olds, with consistently high intake of staples and meat but limited fruits (57.6 per cent) and dairy (37.4 per cent). Adolescents had the least diverse diets, with marked drops in fruit (53.0 per cent), dairy (25.5 per cent), and legumes/nuts (22.4 per cent).

Alongside these foods, a large share of children consumed sweets (71.3 per cent among 3 to 5 years, declining to 56.9 per cent among 13 to 17 years), savoury snacks (59-63 per cent across all ages), and sweet drinks (55-62 per cent). Fast food intake was low (5-8 per cent).

Overall, diets appear adequate in staples and meat but less so in fruits, dairy and legumes, with high intake of snacks and sugary foods, particularly among younger children.

Overall domain results

For this domain, 30.6 per cent of children surveyed met the overall threshold. When disaggregating the results by age, only 23.1 per cent of children aged 0 to 2 years met the threshold, indicating significant gaps in early child nutrition and development.

In addition, 28.5 per cent of children aged 3 to 5 years met the threshold for this domain. Older age groups showed slightly better outcomes, with 29.1 per cent of adolescents aged 13 to 17 and 36.1 per cent of children aged 6 to 12 years meeting the threshold.

Gender similarity was observed with 30.1 per cent of girls and 31.0 per cent of boys meeting the threshold. Moreover, 30.5 per cent of urban children and 30.7 per cent of rural children met the threshold.

Across divisions, 33.7 per cent of children in Tawau met the threshold, followed by Pantai Barat 31.0 per cent, Sandakan 29.9 per cent, Pedalaman 27.4 per cent, and Kudat 24.3 per cent. Among children of undocumented or stateless status, 19.1 per cent met the threshold for growth and development. All of children with registered (n=88) and unregistered disabilities (n=19) met the threshold.

Discussion

Am I growing well?

One in three children (30.6 per cent) in this study met the overall threshold for healthy growth and development, a pattern particularly concerning in the early years. Only 23.1 per cent of children aged 0 to 2 and 28.5 per cent of children aged 3 to 5 were 'growing well', with slight improvements in middle childhood (36.1 per cent) and adolescence (29.1 per cent). These findings point to a need for sustained investment in early childhood health and nutrition, especially in the first five years, which are critical to long-term development.

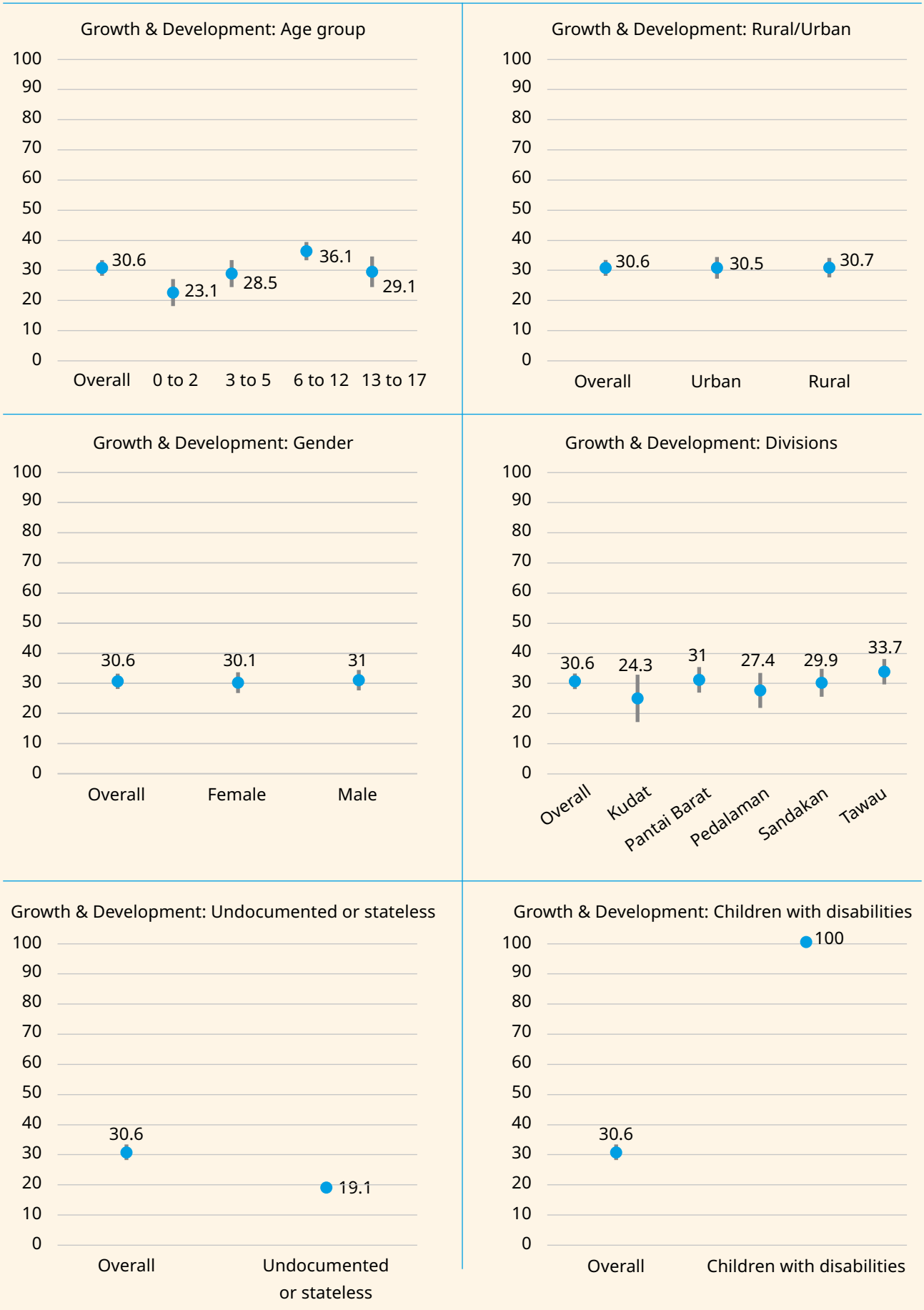
One of the most protective factors in early childhood is exclusive breastfeeding. In this study, 60.1 per cent of infants aged 0 to 5 months were exclusively breastfed, in line with national targets set by the MOH in line with WHO recommendations, which call for at least 50 per cent of infants aged 0 to 5 months to be exclusively breastfed. However, differences between urban and rural locations suggest that breastfeeding may be more difficult to sustain in urban areas, where just over half (51.4 per cent) of infants were exclusively breastfed compared to 65.9 per cent rural areas. This could reflect employment pressures or reduced familial and community support for breastfeeding in more urbanized settings. These trends indicate the need for greater support for breastfeeding, especially for urban-based mothers.

Most young children under 5 (83.4 per cent) received the recommended developmental check-ups through health facilities. However, the proportion of children attending check-ups declined as children aged; 96.1 per cent of infants under six months met the threshold compared to 69 per cent of children aged 5 years. These check-ups are critical opportunities to monitor children's health and development and to provide guidance and support to caregivers. Declining attendance rates among older pre-schoolers highlight a need to sustain engagement beyond infancy, through health education, outreach, or routine reminders. Divisionally, check-up coverage was highest in Kudat (91 per cent), Pantai Barat (88.6 per cent) and Pedalaman (87.3 per cent), with lower rates in Sandakan (77 per cent) and Tawau (74.8 per cent).

Despite high rates of growth monitoring, children across Sabah are not getting enough nutritious food to support healthy development as per thresholds set by the SCWI.

Only 31.4 per cent of children aged 6 months to 17 years had consumed a diverse diet in the two days

Figure 10. Overall growth and development domain results



prior to the survey. This figure was lowest among toddlers aged 6 months to 2 years, with one in five children consuming foods from at least four different food groups. At this age, it is critical for development to establish healthy eating patterns. Older children fared slightly better, but rates remained low throughout childhood and adolescence. There were no meaningful differences in terms of diet diversity between boys and girls or between urban and rural areas, suggesting that poor access to nutritious food may be a generalized challenge for many families. Across divisions, children in Sandakan (31.7 per cent) and Tawau (34.6 per cent) were most likely to have eaten a diverse diet, while those in Kudat (24.1 per cent) were least likely.

Interestingly, 78.6 per cent of undocumented or stateless children and 100 per cent of children with disabilities met the threshold for nutritious food consumption, a surprising finding given the documented vulnerabilities of these groups. Social desirability bias, where caregivers report what they believe is the 'right' answer, may partially explain this result. However, it does not fully account for the perfect scores among children with disabilities. One possible explanation is that children with disabilities may be more closely monitored by caregivers or may be connected to support services, such as NGOs or community-based rehabilitation (CBR) centres. It is also possible that families of children with disabilities prioritize nutrition as part of managing the child's health needs. Nonetheless, the finding warrants cautious interpretation and may point to gaps between perceived and actual nutritional adequacy.

Overall, however, undocumented or stateless children had the lowest outcomes of any group in the study, with just 19.1 per cent meeting age-specific growth and development criteria. As described above, similar barriers relating to financial constraints, fear of arrest and detention would result in the children not being able to access services that supported growth and development.

These results are consistent with the 2022 NHMS survey, which found that more than one in four children under 5 in Sabah were stunted and one in five were underweight, supporting evidence of chronic undernutrition in the state.

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3
Am I able to learn?

Indicators

- Access to education (3-17 years)
- Access to a variety of activities at school (for children 6-17 years attending school)
- Access to information (6-17 years)
- Support with homework (6-17 years)
- Relevance/Usefulness of education (13-17 years)
- School education completion (13-17 years)

Table 6. Key findings: Am I able to learn?

Am I able to learn? Key findings	
Overall % of children who met the threshold for wellbeing in this domain	**27.2%**
Strongest indicators	Relevance of education (97.2%) Access to a variety of activities at school (87.4%) Support with homework (80.4%)
Indicators that require attention	Access to information (34.6%) School education completion (75.6%)
Group with the highest proportion of children meeting threshold	3 to 5 age group (41.8%)
Group with the lowest proportion of children meeting threshold	Undocumented or stateless children (2.7%)

Key takeaways Am I able to learn?

Only 27.2% of children met the learning domain threshold, with a steep decline from early childhood (41.8%) to adolescence (20.3%).

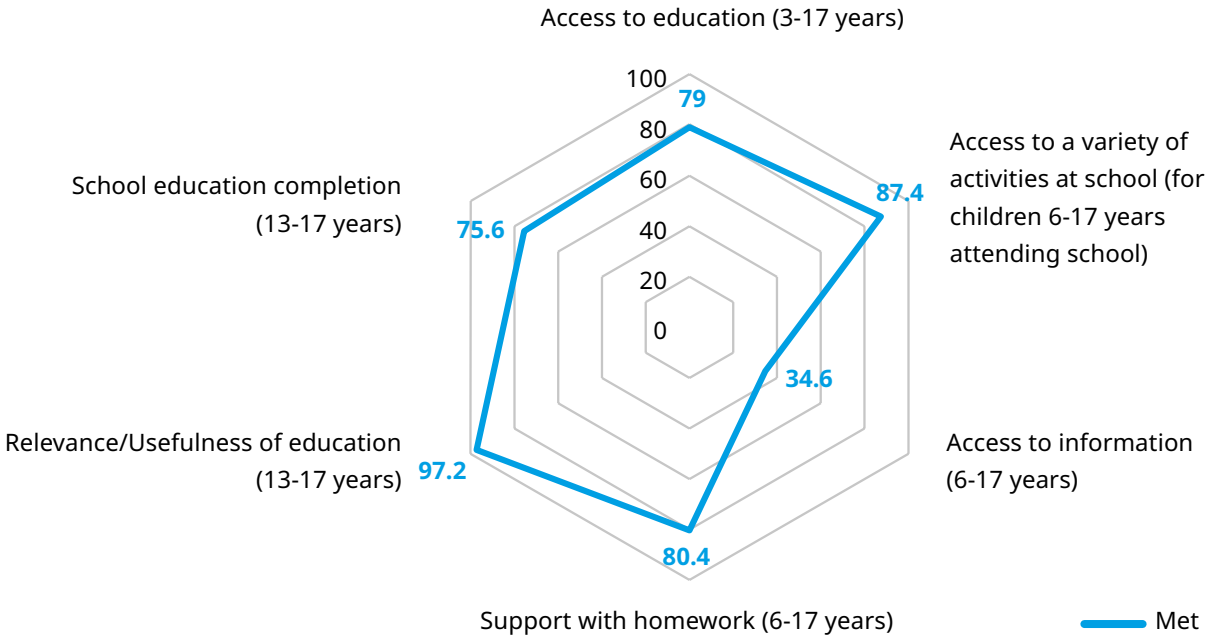
School attendance is strong (79%), but broader learning wellbeing lags behind due to gaps in digital access, homework support, and school completion.

Adolescents face the greatest challenges: while 97.2% perceive education as useful, only 75.6% meet school completion and intention thresholds.

Undocumented or stateless children are almost entirely excluded from educational wellbeing, with only 2.7% meeting the threshold.

Regional disparities persist, with Pantai Barat performing best (32.4%) and Kudat the lowest (16.5%).

Figure 11. Distribution of education outcomes based on indicators



Domain description

For the education domain, the threshold was designed using a stepwise approach based on the child's age. For children aged 3 to 5 years, the threshold was met if the child attended an early childhood education programme. For children aged 6 to 12 years, the threshold included school attendance, access to a variety of activities at school, and access to either or both information and homework support. For adolescents aged 13 to 17 years, the criteria built upon the 6 to 12 age group by additionally requiring an either positive perception of the usefulness or relevance of education or access to a variety of extracurricular activities, and an intention to complete school.

All age groups had the option to indicate attendance at schools appropriate for children with disabilities, as well as for refugee, undocumented, or stateless children.

Indicator breakdown

Access to education (3 to 17 years)

This indicator measures whether the child is currently attending an appropriate school for their age and ability. Overall, 79.0 per cent of children met the indicator for access to education.

Differences were found across age groups, with only 41.8 per cent of three- to five-year-olds meeting the threshold, compared to 93.1 per cent of children aged 6 to 12 years, and 81.6 per cent of adolescents aged 13 to 17 years. These patterns reflect Malaysia's policy of mandatory, free primary education, which helps explain the particularly high attendance rates among children aged 6 to 12 compared to younger and older age groups.

Among girls, 80.4 per cent met the threshold, compared to 77.9 per cent of boys. Among urban children, 78.9 per cent met the indicator threshold, while 79.1 per cent of rural children did so.

Across divisions, proportions ranged between 67.9 per cent and 86.6 per cent. The highest school attendance rate was found in Pantai Barat, where 86.6 per cent of children met the threshold, followed by Pedalaman with 80.3 per cent, Sandakan with 78.2 per cent, Kudat with 73.9 per cent, and the lowest in Tawau, where 67.9 per cent of children met the threshold.

Among undocumented or stateless children 35.6 per cent met the threshold. Seventy-nine per cent of children with registered disabilities met the threshold, while 51.2 per cent of children with unregistered disabilities did so.

Access to a variety of activities at school (6 to 17 years)

This indicator applied to school-going children aged 6 to 17 years (n=1,894) and assessed whether they had access to a variety of school-based activities such as sports, music, and arts clubs. Overall, 87.4 per cent of children met the threshold, indicating widespread availability of co-curricular opportunities. Access was higher among adolescents aged 13 to 17 years, with 94.9 per cent meeting the threshold compared to 80.6 per cent of children aged 6 to 12 years. Among girls, 86.9 per cent met the indicator, compared to 87.8 per cent of boys. In rural areas, 87.0 per cent of children met the threshold, while 88.0 per cent of urban children did so. By division, the highest proportion of children with access was recorded in Sandakan at 90.2 per cent, followed by Tawau at 88.0 per cent, Pantai Barat at 87.4 per cent, Kudat at 86.3 per cent and Pedalaman at 81.2 per cent.

Among undocumented or stateless children, 72.9 per cent met the threshold for access to a variety of activities at school. Among children with registered disabilities, 72 per cent met the threshold, and 51.3 per cent of children with unregistered disabilities did so.

Access to information (6 to 17 years)

This indicator applied to six- to 17-year-old age groups and measured a child's access to information and technology by assessing their connectivity and available devices. A child is considered to have met the threshold if they have access to at least one source of technology or information, such as a mobile phone, laptop, tablet, radio, television or landline, along with reliable internet access.

Among children aged 6 to 17 years (n=2,739), 34.6 per cent met the threshold for access to information and technology; 38.4 per cent of children aged 6 to 12 years compared to 32.0 per cent [28.5-35.7] of adolescents aged 13 to 17 years. Among urban children, 41.2 per cent met the threshold, compared to 30.0 per cent of rural children. Among girls, 36.6 per cent met the threshold, compared to 32.9 per cent of boys.

At the divisional level, respectively 44.1 per cent and 43.0 per cent of children living in Sandakan and Tawau met the threshold, followed by Pantai Barat (35.4 per cent), Pedalaman (18.0 per cent), and Kudat (11.3 per cent).

Among undocumented or stateless children, 21.7 per cent met the threshold for access to information. Among children with registered disabilities, 41.2 per cent met the threshold, and 27 per cent of children with unregistered disabilities did so.

Support with homework (6 to 17 years)

This indicator applied to children aged 6 to 17 years and measured whether they had received help with their homework in the two weeks preceding the survey. Among the total sample (n=1,709), 80.4 per cent of children met the indicator threshold. When disaggregated by age, 85.4 per cent of children aged 6 to 12 years received homework help, compared to 73.7 per cent of those aged 13 to 17 years.

Among girls, 80.9 per cent reported receiving homework help, compared to 79.9 per cent of boys. Among urban children, 78.4 per cent met the threshold, while 81.7 per cent of rural children did.

At the divisional level, most regions reported similar proportions of children receiving homework support: Kudat (85.4 per cent), Tawau (86.3 per cent), Pedalaman (83.9 per cent), and Pantai Barat (79.7 per cent). However, Sandakan showed a noticeably lower proportion, with only 72.3 per cent of children meeting the indicator threshold.

Among undocumented or stateless children, 63.6 per cent met the threshold for this indicator. Among children with disabilities, 72.1 per cent met the threshold and 64.9 per cent of children with unregistered disabilities did so.

Relevance/Usefulness of education (13 to 17 years)

This perception question was posed to schoolgoing adolescents (13 to 17 years) to understand if they felt

the things they were learning at school were relevant and useful for their lives outside school, such as preparing them for the future or helping with everyday life.

Of the schoolgoing adolescents surveyed (n=279), 97.2 per cent perceived their education as relevant and useful. Girls and boys perceived this similarly, with 97.6 per cent of girls and 96.8 per cent of boys meeting this threshold. Similar results are observed when comparing urban and rural populations, with 98.0 per cent and 96.6 per cent respectively.

Across divisions, comparable proportions of children met this threshold, including Pantai Barat (98.9 per cent), Pedalaman (95.0 per cent), Sandakan (98.0 per cent), and Tawau (97.1 per cent). Kudat reported a noticeably lower proportion of children who perceived their education as relevant and useful (at 76.1 per cent).

All children who were undocumented or stateless (n=57) met the threshold for this indicator. All 18 children with registered disabilities met the threshold, while 8 out of 10 children with unregistered disabilities met the threshold for this indicator.

School completion and intention to complete school education (13 to 17 years)

This indicator applies specifically to adolescents aged 13 to 17 years and measures both actual school completion and the intention to complete secondary education. For adolescents aged 13 to 15, the threshold is met if they have completed primary school and express an intention to complete secondary education. For those aged 16 to 17, they must have completed both primary and lower-secondary education, in addition to expressing an intention to complete upper-secondary education. All components must be satisfied for a child to meet the indicator threshold. Among schoolgoing adolescents aged 13 to 17 years (n=351), 75.6 per cent met this indicator threshold. Gender differences were minimal, with 74.2 per cent of girls and 76.7 per cent of boys meeting the threshold. Urban-rural differences were also small, with 77.3 per cent of urban adolescents meeting the threshold compared to 74.4 per cent of rural adolescents. Across divisions, the highest proportion of adolescents meeting the threshold was observed in Pedalaman, with 23 out of 25 meeting the threshold, followed by Pantai Barat at 80.3 per cent (81 out of 101). Sandakan reported 75.2 per cent (76 out of 102), Kudat had 9 out of 13 adolescents meeting the threshold, and Tawau the lowest at 62.5 per cent (72 out of 110).

Of undocumented or stateless children, 8.4 per cent met the threshold. Among children with registered disabilities, 36.8 per cent met the threshold while 7 out of 16 children with unregistered disabilities did so.

Overall domain results

Among children aged 3 to 17 years for whom education was applicable (n=2,432), 27.2 per cent met the defined threshold. The highest proportion of children meeting the threshold was observed for the age group of 3 to 5 years (41.8 per cent), with a notable decline as age increased: 26.6 per cent of children aged 6 to 12 years and 20.3 per cent of adolescents.

Among girls, 27.0 per cent met the threshold, compared to 27.4 per cent of boys. Among urban children, 30.3 per cent met the threshold, compared to 25.1 per cent of rural children.

Across divisions, Pantai Barat had the highest proportion of children meeting the threshold (32.4 per cent), followed by Tawau (28.0 per cent), Sandakan (21.0 per cent), Pedalaman (22.2 per cent), and Kudat (16.5 per cent).

Among children who were undocumented or stateless, only 2.7 per cent met the threshold. Of those with registered disabilities, 37.4 per cent met the threshold for this domain, compared to 12.5 per cent of children with unregistered disabilities who did the same.

Figure 12. Overall education domain results

Discussion

Am I able to learn?

The 'Am I able to learn?' domain reveals substantial inequalities in children's ability to fully benefit from educational opportunities across Sabah. While overall access to education is relatively strong, with 79 per cent of children attending age-appropriate school settings, far fewer children met the broader domain threshold which includes school attendance alongside other conditions for quality education such as co-curricular access, information connectivity, homework support and, for adolescents, relevance of schooling and intention to complete it. It should also be noted that many undocumented or stateless children are structurally excluded from the formal education system, resulting in under-representation in official schooling indicators.

As children grow older, the threshold becomes more complex and requires multiple enabling factors to be present simultaneously – digital access, support systems, and motivation. At the same time, older children are also more likely to face dropout risks, caregiving responsibilities, or financial pressures – making it increasingly difficult for them to meet the full learning wellbeing threshold.

Only 27.2 per cent of children met the full domain threshold, suggesting that structural access alone does not equate to meaningful or equitable learning experiences. This pattern becomes more evident as children age: while 41.8 per cent of children aged 3 to 5 met the threshold (largely defined by early education attendance), this fell to just 26.6 per cent among those aged 6 to 12, and dropped further to 20.3 per cent among adolescents. This steep drop likely reflects a compounding effect; older children face more complex requirements for wellbeing in education, but also encounter more barriers, such as economic pressures, school disengagement, or lack of support systems.

Access to co-curricular activities was relatively high, with 87.4 per cent of schoolgoing children reporting access to a variety of school-based activities, and little disparity by gender or location. However, stark contrasts emerged in access to information and technology, with 34.6 per cent of children having sufficient access to devices and reliable internet. Rural children (30 per cent) and adolescents (32 per cent) had particularly low levels of access. This is of concern given that digital access increasingly underpins participation in learning, especially post-COVID. While 97.2 per cent of adolescents perceived their education as relevant and useful, only 75.6 per cent met the school completion threshold. The gap between perceived value and structural achievement suggests that despite children's motivation and recognition of the importance of education, many still face practical and systemic barriers to completing school, potentially due to household responsibilities, costs, or the absence of targeted adolescent retention strategies. This indicates that while children clearly want to learn and see the value of education, their aspirations are constrained by barriers beyond their control. This differentiates between motivational and structural factors which underscores the need to strengthen systemic enablers, such as documentation, transport, and digital access.

Inequities were notably acute among marginalized groups. Only 2.7 per cent of undocumented or stateless children met the threshold for the education domain. Without legal documentation, and with other barriers that undocumented or stateless families face, many children are denied enrolment in public schools or lack continuity in their educational journey, which may also affect their access to homework support, digital tools, and aspirations for school completion. These patterns recur across multiple indicators, underscoring how documentation status systematically limits learning opportunities.

Among children with registered disabilities, 37.4 per cent met the domain threshold, a figure higher than the overall average, which may be influenced by the smaller sample size and the different i.e. purposive sampling methodology used for this group. Specifically, NGOs were instrumental in identifying respondents, which could have introduced bias by including children already connected to services and support systems. This may have resulted in an over-representation of children with better access to educational opportunities, while those who remain unserved or isolated were less likely to be captured in the sample.

Pantai Barat recorded the highest proportion of children meeting the domain threshold (32.4 per cent), possibly reflecting stronger infrastructure and institutional access. By contrast, Kudat (16.5 per cent) and Pedalaman (22.2 per cent) had the lowest proportions, indicating educational disadvantage in more remote or under-resourced divisions. These gaps could be due to a combination of teacher shortages, longer travel distances, poorer infrastructure and fewer digital and extracurricular resources.

Sandakan and Tawau, although more urbanized, showed unexpectedly lower performance in certain education indicators such as homework support and school completion compared to other divisions. Further research is needed to understand the underlying factors contributing to these disparities, which may include elements of urban poverty such as overcrowded classrooms, limited individualized support, or overstretched school resources.

While it remains positive that most children in Sabah are attending school, far fewer are able to access the full spectrum of educational experiences that the SCWI defines as learning wellbeing.

This underscores the need for a holistic approach to education that extends beyond enrolment to include digital equity and structured pathways to complete schooling.

In Malaysia, primary education is mandatory, and one year of preschool education and secondary education is expected to gradually be made mandatory under the new Malaysian Education Blueprint and 13th Malaysia Plan (RMK13). While primary and secondary education in Malaysia is free for citizens, families still incur costs related to extracurricular and miscellaneous fees, uniforms, transportation and materials. For many low-income or undocumented or stateless families in Sabah, these expenses may remain a significant barrier, contributing to school dropouts or preventing enrolment in the first place. For families of children with disabilities, additional disability-related direct and indirect costs, such as adapted transport, assistive devices, medical expenses, accompaniment to school, and extra support for homework, further increase financial pressures, making access to education even more challenging.

This challenge is particularly acute for older children, where the absence of mandatory provisions at the secondary level has allowed financial and social pressures to drive early exit from education.

Recent reforms under the RMK13 signal a policy shift that could reduce financial barriers, improve retention, and close some of the inequities in educational attainment identified by the SCWI. Under the RMK13 and the Education (Amendment) Bill 2025, preschool education will become compulsory from age 5, and secondary education will also be made mandatory. It must be noted that the move to make secondary education alone will not guarantee greater access or retention. Resourcing and maintaining teaching quality in rural schools in Malaysia remain major challenges. These reforms must be supported by funding commitments to increase the number of schools in remote areas, provide boarding facilities and/or transport to school, and sufficiently resource all schools with teachers and learning materials.

Particularly for vulnerable groups, policy responses must address the underlying structural drivers of exclusion, documentation barriers, geographic inequities and digital divides. Programmes targeting homework support, digital literacy, and community-based learning alternatives, particularly in underserved divisions and among vulnerable populations, could have an impact on educational wellbeing. Equally important is strengthening the inclusiveness of the education system overall, including accessible transportation, provision of assistive technologies, teacher training in inclusive pedagogy, classroom support through teacher assistants, and support for transitions from special to mainstream schools. Coaching and mentoring for adolescents, as well as investment in early childhood development and interventions, are also critical to ensuring equitable access to education for all children.

4
Am I able to play and rest?

Indicators

- Safe play spaces (all ages)
- Access to inclusive playtime (3 to 5 & 13 to 17 years)
- Parental satisfaction with availability of play material and spaces
- Child satisfaction with opportunities for recreation (6-17 years)
- Engagement in daily activities (3-17 years)
- Adequate sleep (3-17 years)

Table 7. Key findings: Am I able to play and rest?

Am I able to play and rest? Key findings	
Overall % of children who met the threshold for wellbeing in this domain	**32.6%**
Strongest indicators	Child satisfaction with opportunities for recreation (6-17 years) (95.9%) Parental satisfaction with availability of play material and spaces (82.7%)
Indicators that require attention	Access to inclusive playtime (40.2%) Engagement in daily activities (3-17 years) (49.5%) Adequate sleep (61.5%)
Group with the highest proportion of children meeting threshold	0 to 2 age group (75.1%)
Group with the lowest proportion of children meeting threshold	3 to 5 age group (2.8%)

Key takeaways Am I able to play and rest?

Only 32.6 per cent of children met the play and rest threshold, with sharp disparities across age groups.

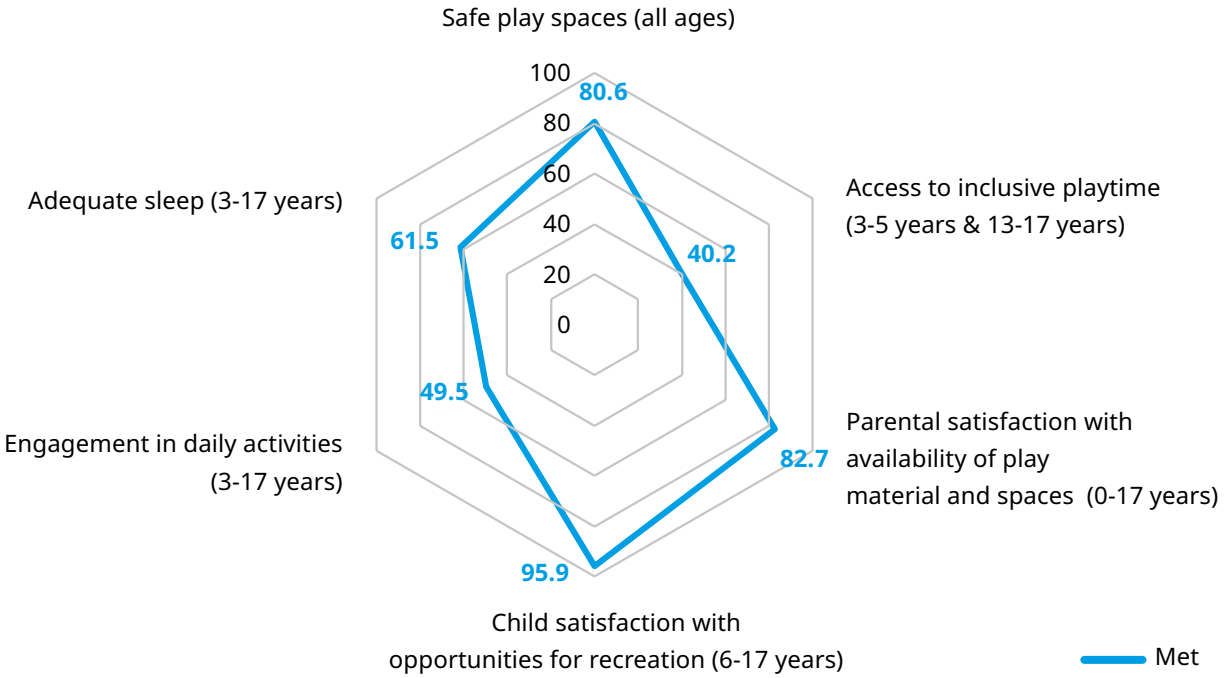
Very few children aged 3–5 years (2.8%) met the threshold, mainly due to extremely low sleep adequacy (8.1%).

Adolescents also struggled, with just 21.2% meeting the threshold, largely due to limited engagement in daily activities and insufficient sleep.

While access to safe play spaces was relatively high (80.6%), inclusive playtime (40.2%) and diverse daily activities (49.5%) were much lower.

Vulnerabilized groups were especially excluded: only 13.7 per cent of undocumented or stateless children and 14.4 per cent of children with disabilities met the threshold.

Figure 13. Distribution of play and rest outcomes based on indicators



Domain description

The play/rest domain, 'Am I able to play and rest?', captures whether a child has access to safe, stimulating and restorative experiences appropriate to their age and needs.

For children aged 0 to 2 years, the domain threshold was met when caregivers reported both the availability of safe spaces for play and satisfaction with the availability of play materials and space. For those aged 3 to 5 years, the threshold included these two components along with caregiver-reported engagement in daily activities and adequate sleep. For children in the 6 to 12 age group, the threshold was achieved if children had access to safe play spaces, satisfaction with play materials and space and/or satisfaction with opportunities for recreation, in addition to engagement in daily activities and adequate sleep.

Similarly, adolescents aged 13 to 17 years met the threshold if they had safe play spaces, satisfaction with either play materials/space or recreation opportunities, were actively engaged in daily activities, and received adequate sleep.

Indicator breakdown

Safe play spaces (0 to 17 years)

To assess whether the child has access to safe play spaces, caregivers were asked if the child feels included and able to participate in group activities or programmes of interest, whether the child engaged in play and learning activities in the past two weeks, and if the caregiver perceives that the child is fully able to participate in activities they are interested in. Among the 3,734 children included, 80.6 per cent met the indicator threshold. The highest proportion of children meeting the threshold was observed among adolescents aged 13 to 17 years (82.4 per cent), followed by children aged 0 to 2 (81.2 per cent), children aged 6 to 12 (78.8 per cent), and children aged 3 to 5 years (77.8 per cent).

Among girls, 79.4 per cent met the threshold, compared to 81.6 per cent of boys. Among rural children, 82.9 per cent met the threshold, compared to 77.1 per cent of urban children.

Across divisions, the highest proportion of children with access to safe play spaces was in Pedalaman at 87.5

per cent, followed by Pantai Barat at 83.1 per cent, Sandakan at 77.0 per cent, Kudat at 77.1 per cent, and Tawau at 75.8 per cent.

Among vulnerable groups, 62.4 per cent of undocumented or stateless children met the threshold. Among children with registered disabilities, 78.1 per cent met the threshold, while 67.7 per cent of those with unregistered disabilities met the threshold.

Access to inclusive playtime (3 to 5 years, 13 to 17 years)

Access to inclusive playtime was used to assess whether children have access to recreational, leisure and creative activities that are suitable for their abilities and interests, along with the physical space to engage in them. This was measured through three questions posed to caregivers of children aged 3 to 5, and a direct question for children aged 13 to 17 regarding their inclusion and ability to fully participate in programmes of interest.

Overall, 40.2 per cent of children (n=896) met the indicator threshold. Among age brackets, the threshold was met by 43.2 per cent of children aged 3 to 5 and 38.6 per cent of adolescents aged 13 to 17. Among girls, 40.5 per cent met the threshold, compared to 40.0 per cent of boys. Among rural children, 41.5 per cent met the threshold, compared to 38.3 per cent of urban children.

Across divisions, results were relatively consistent, with the highest proportion of children meeting the threshold in Pantai Barat at 45.0 per cent, followed by Pedalaman at 43.0 per cent, Kudat at 36.7 per cent, Tawau at 36.1 per cent, and Sandakan at 34.5 per cent.

Among vulnerable groups, only 12.7 per cent of undocumented or stateless children met the threshold. Among children with registered disabilities, 36.8 per cent met the threshold, while just 14.3 per cent of those with unregistered disabilities did.

Parental satisfaction with availability of play material and spaces (0 to 17 years)

This indicator was assessed through caregiver responses across all age groups to gauge satisfaction with the availability of play materials, spaces, and opportunities for creative expression and leisure.

A child was considered to have met the threshold if the caregiver reported being 'very satisfied' or 'satisfied' with these aspects. It is important to note that the question did not distinguish between satisfaction with public play infrastructure versus resources provided at home, and caregiver perceptions of what constitutes 'enough' are not well defined. These factors should be considered when interpreting this indicator, and suggest the need for complementary qualitative research to better capture children's own experiences of play.

Among the 3,734 children included in this indicator, 82.7 per cent met the threshold. The highest proportion was observed among children aged 0 to 2 years at 85.1 per cent, followed by those aged 13 to 17 years at 84.5 per cent, children aged 6 to 12 at 80.3 per cent, and children aged 3 to 5 years at 80.1 per cent.

Among girls, 82.0 per cent met the threshold, compared to 83.3 per cent of boys. Among urban children, 80.8 per cent met the threshold, compared to 84.0 per cent of rural children.

Across divisions, Pantai Barat had the highest proportion of children meeting the threshold at 86.8 per cent, followed by Kudat at 85.2 per cent, Pedalaman at 83.4 per cent, Sandakan at 80.9 per cent, and Tawau at 75.1 per cent.

Among undocumented or stateless children, 71.9 per cent met the threshold. A higher proportion of parents of children with registered disabilities met the threshold (83.9 per cent), while 72 per cent of those parents of children with unregistered disabilities also met the threshold.

Child satisfaction with opportunities for recreation (6 to 17 years)

This indicator was assessed through caregiver responses for children aged 6 to 12, and directly from adolescents aged 13 to 17, to understand satisfaction with opportunities for recreation.

Among children in these age groups (n=1,887), 95.9 per cent met the indicator threshold. Of children aged 6 to 12 years, 97.3 per cent were satisfied, while 94.3 per cent of adolescents aged 13 to 17 met the threshold.

Among girls, 95.4 per cent met the threshold, compared to 96.4 per cent of boys. Among urban children, 95.1 per cent met the threshold, compared to 96.6 per cent of rural children.

Across divisions, Sandakan reported the highest proportion of children meeting the threshold at 98.7 per cent, followed by Pedalaman at 97.0 per cent, Pantai Barat at 96.1 per cent, Tawau at 95.0 per cent, and Kudat at 89.3 per cent.

A total of 91.5 per cent of undocumented or stateless children and 91.8 per cent of children with registered disabilities met this threshold. Among children with unregistered disabilities, 88 per cent were satisfied with their opportunities for recreation.

Engagement in daily activities (3 to 17 years)

This indicator was assessed through caregiver responses for children aged 3 to 12 years and directly from children aged 13 to 17 years. It measured whether the child regularly engaged in a variety of daily activities during the two weeks prior to the survey, including homework or studying after school, play, socializing, sports and exercise, and sleep. The indicator was considered met if the child participated in at least four or more of these activities 'Always' or 'Very often'.

Among the 2,432 children to whom this indicator applied, 49.5 per cent met the threshold. Respectively 59.4 per cent of children aged 3 to 5 years, 53.9 per cent of children aged 6 to 12 years, and 39.4 per cent of children aged 13 to 17 years participated in at least four or more activities.

Among girls, 51.4 per cent met the threshold, compared to 48.0 per cent of boys. Among urban children, 47.2 per cent met the threshold, compared to 51.2 per cent of rural children.

Across divisions, the highest number of children meeting the threshold was in Pantai Barat at 52.2 per cent [CI: 47.8-56.5], followed by Pedalaman at 51.8 per cent, Kudat at 50.6 per cent, Tawau at 48.7 per cent, and Sandakan at 42.3 per cent.

Among undocumented or stateless children, only 23.2 per cent met the indicator threshold. Among children with disabilities, 22.3 per cent met the threshold, while a slightly higher proportion of children with unregistered disabilities met it at 33.8 per cent.

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Adequate sleep (3 to 17 years)

Children were considered to have met the threshold for adequate sleep if they received the recommended number of hours of sleep appropriate for their age group. Sleep adequacy was not assessed for children aged 0–2 years, as sleep patterns in this age group are highly variable and fragmented, and there is no standardized survey indicator for measuring adequacy at the population level.

For children aged 3 to 12 years, this meant sleeping between 10 to 12 hours, or more than 12 hours, per night. For adolescents aged 13 to 17 years, the threshold was slightly lower, with adequate sleep defined as 8 to 10 hours, 10 to 12 hours, or more than 12 hours per night.

Of the children included in the study (n=2,432), 61.5 per cent met the threshold for adequate sleep. The highest proportion of children meeting the recommended sleep duration was observed among children aged 6 to 12 years (91.1 per cent).

In contrast, this proportion dropped significantly among adolescents aged 13 to 17, with only 54.9 per cent meeting the threshold, and was lowest among children aged 3 to 5, with only 8.1 per cent meeting the threshold.

Among girls, 61.7 per cent met the sleep threshold, compared to 61.3 per cent of boys. Among rural children, 61.5 per cent met the threshold, compared to 61.4 per cent of urban children.

Across divisions, the highest proportions of children meeting the sleep threshold were found in Kudat at 65.6 per cent, followed by Pedalaman at 64.3 per cent and Tawau at 62.3 per cent, with lower proportions in Pantai Barat at 60.5 per cent and Sandakan at 59.3 per cent.

Among subgroups, 69.8 per cent of undocumented or stateless children met the sleep threshold. However, the proportion was lower among children with registered disabilities (58.7 per cent) and those with unregistered disabilities (55 per cent).

Overall domain results

This domain captures whether a child has access to safe, stimulating and restorative experiences appropriate to their age and needs. Using the above thresholds, 32.6 per cent of children (n=1,024) met the threshold for the play and rest domain.

Across age groups, 75.1 per cent of children aged 0 to 2 years, and 38.8 per cent of children aged 6 to 12 years, met the threshold. Among adolescents aged 13 to 17, 21.2 per cent met the threshold, while only 2.8 per cent of children aged 3 to 5 years did so.

Among girls, 33.5 per cent met the threshold, compared to 31.8 per cent of boys. Among rural children, 33.9 per cent met the threshold, compared to 30.7 per cent of urban children.

Across divisions, the highest proportions were observed in Pedalaman at 38.4 per cent, followed by Tawau at 33.3 per cent, Pantai Barat at 32.8 per cent [CI: 29.4–36.4], Kudat at 32.7 per cent, and Sandakan at 27.6 per cent.

Among undocumented or stateless children, only 13.7 per cent met the threshold. Among children with registered disabilities, 14.4 per cent met the threshold, while a significantly lower 6.3 percent did so among those with unregistered disabilities.

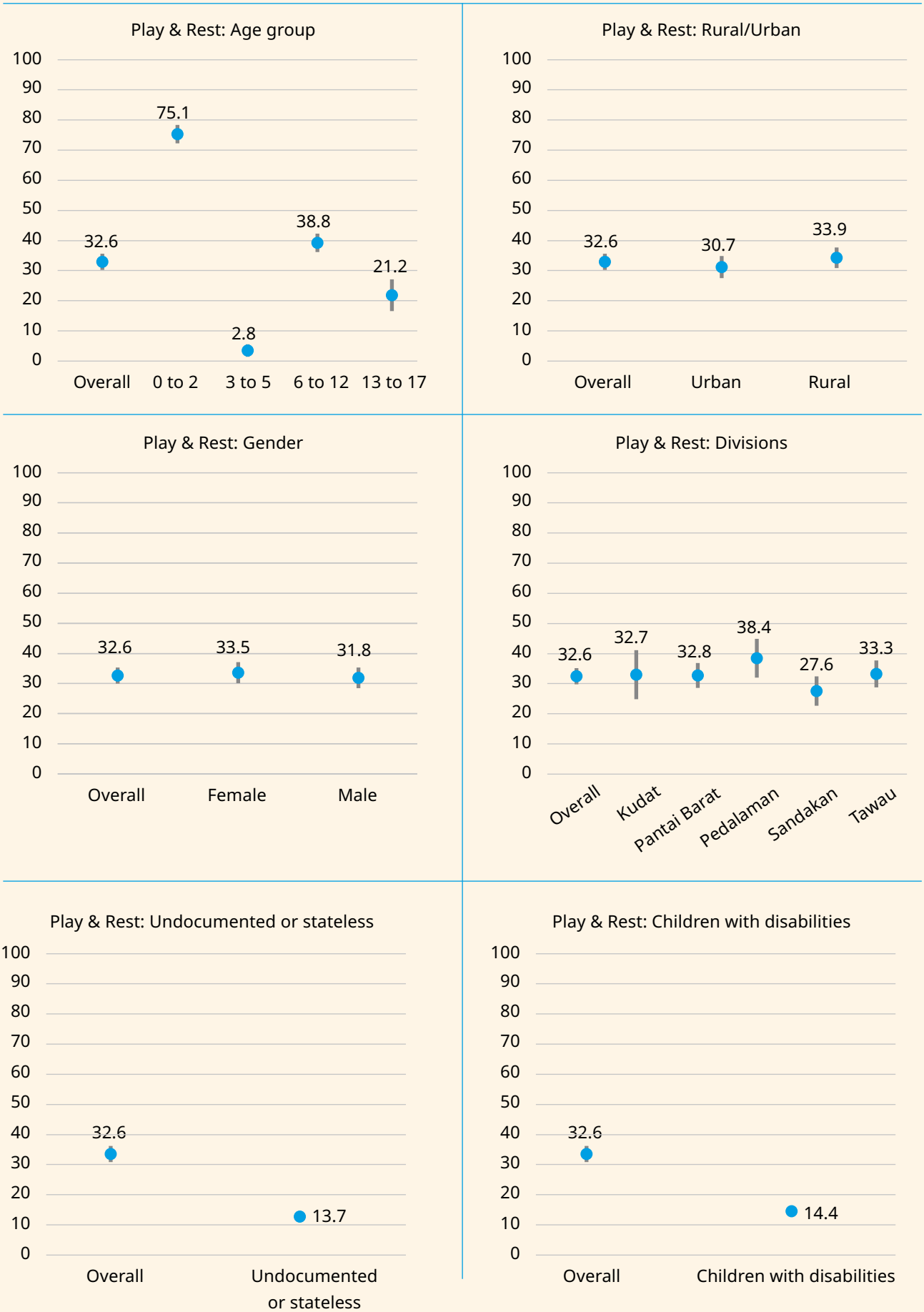
Discussion

Am I able to play and rest?

The ‘Am I able to play and rest?’ domain highlights the importance of safe environments, play, and the opportunity to rest and restore. These factors are essential to child development and mental wellbeing. While play and rest are often underemphasized in standard wellbeing indices, their inclusion in the SCWI allows for a broader, more child-centred interpretation of wellbeing.

The results of this domain reveal significant disparities across age groups, populations, and divisions, highlighting the importance of prioritizing both physical space and time for play, recreation

Figure 14. Overall play and rest domain results



and adequate sleep in child-focused policy and programming.

Overall, only 32.6 per cent of children met the domain threshold, suggesting that the ability to regularly experience play and rest is far from universally accessible. There was a clear age-related gradient: younger children, especially those aged 0 to 2 years (75.1 per cent), were more likely to meet the threshold, likely due to the lower number of criteria they had to meet and greater caregiver control over their environment and routines. By contrast, only 2.8 per cent of children aged 3 to 5 years met the domain threshold, primarily due to the particularly low proportion meeting the sleep threshold (just 8.1 per cent). This raises concerns about early childhood sleep and activity balance and suggests a need to further investigate routines and caregiver knowledge in this age group. Similarly, only 21.2 per cent of adolescents met the threshold, with engagement in daily activities and adequate sleep being the primary areas of unmet need.

Access to safe play spaces was relatively high across the sample, with 80.6 per cent of children meeting this indicator. However, access to inclusive playtime and regular engagement in diverse activities lagged behind across the sample, with only 40.2 per cent and 49.5 per cent of children, respectively, meeting those thresholds. This gap may indicate that while many children have some physical space to play, the quality, variety or accessibility of these opportunities is still limited, particularly for children with disabilities.

While there were no significant gender or urban-rural disparities, there were modest differences across divisions. Pedalaman (38.4 per cent) reported the highest proportion of children meeting the domain threshold. Although these areas may be assumed to have less developed infrastructure, the findings may reflect greater availability of outdoor spaces, less academic pressure, or stronger informal community-based engagement. Conversely, Sandakan and Tawau reported the lowest scores, highlighting a need for improved public infrastructure, safe community play areas, and youth-friendly programmes in urbanizing contexts.

While 61.5 per cent of children met the recommended hours of sleep, this proportion dropped significantly for younger children aged 3 to 5 years (8.1 per cent). This may reflect caregiver misconceptions around sleep needs for young children or increased digital device use and irregular routines. Policy efforts to improve sleep hygiene, especially through public health messaging and school-based education on sleep, may be key for improving wellbeing.

The result from this domain demonstrates that while access to play areas is important and present, the quality and consistency of experiences children have are also important for holistic wellbeing.

5

Am I connected and do I have a voice?

Indicators

- Early stimulation & responsive care (0-5 years)
- School belonging (6-17 years)
- Community/neighbourhood belonging (6-17 years)
- Pride in cultural/religious heritage or cultural/religious expression (6-17 years)
- Understood and able to express opinion at home, school & other social environments (13-17 years)
- Meaningful conversation and quality time with friends and family (13-17 years)
- Supported in making personal decisions (13-17 years)
- Hopefulness and happy/positive about future (13-17 years)

Table 8. Key findings: Am I connected and do I have a voice?

Am I connected and do I have a voice? Key findings	
Overall % of children who met the threshold for wellbeing in this domain	**61.6%**
Strongest indicators	Early stimulation and responsive care (0-5 years) (93.3%) Supported in making personal decisions (13-17 years) (81.4%) Sense of belonging to school (77.2%) and the community (81.2%)
Indicators that require attention	Understood and able to express opinion at home, school and other social environments (42.0%)
Group with the highest proportion of children meeting threshold	0 to 2 age group (93.6%)
Group with the lowest proportion of children meeting threshold	13 to 17 age group (19.6%)

Key takeaways Am I connected and do I have a voice?

Overall, 61.6 per cent of children met the threshold, but results varied sharply by age.

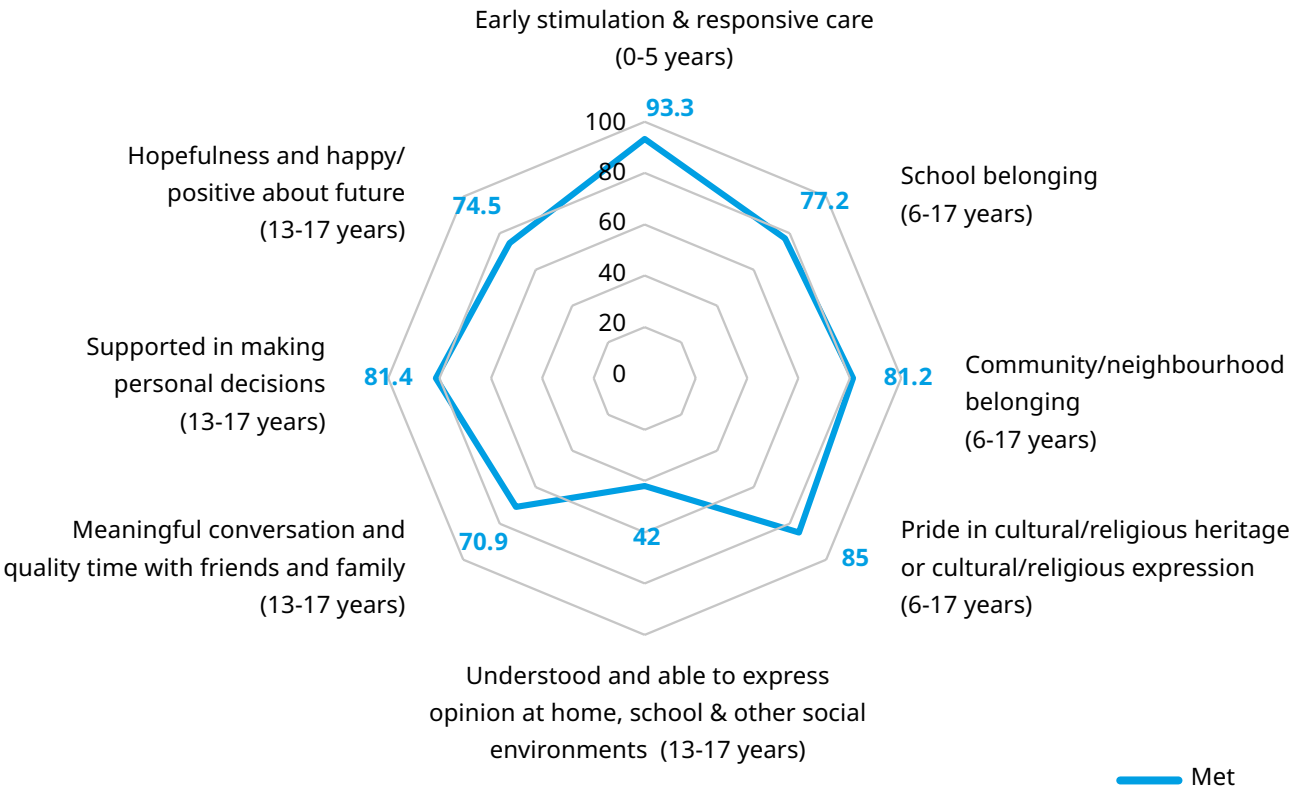
Young children (0–5 years) showed the strongest outcomes, with over 93 per cent meeting the threshold due to high levels of early stimulation and responsive care.

Children aged 6–12 also did relatively well (71.1%), supported by strong school and community belonging and cultural pride.

Adolescents (13-17 years) fared poorest: only 19.6 per cent met the threshold, with many uncertain about their ability to express opinions or be heard.

Vulnerabilized groups, including undocumented or stateless children (56.2%) and children with disabilities (58.7%) were less likely to meet the threshold, reflecting barriers to participation and voice.

Figure 15. Distribution of connected and voice outcomes based on indicators



Domain description

For children aged 0 to 5 years, the threshold for this domain was based on two components: whether the child received early stimulation and responsive care, and whether the caregiver reported frequent, good-quality interactions with the child.

For children aged 6 to 12 years, the threshold was met if the caregiver reported that the child had frequent and good-quality interactions with family and friends, a sense of belonging at school, and a sense of belonging to the community and/or participation in at least one community-supporting activity. In addition, the caregiver had to report that the child showed pride in their cultural or religious identity and/or was able to freely express their pride.

For adolescents aged 13 to 17 years, the threshold included the same indicators but reported directly by the adolescent. This included frequent and good-quality interactions, a sense of belonging at school, a sense of belonging to the community and/or participation in at least one community-supporting activity, pride in cultural or religious identity and/or freedom to express it, as well as feeling supported in making personal decisions and expressing hope for the future.

Indicator breakdown

Early stimulation and responsive care (0 to 5 years)

This indicator was measured by asking caregivers how many early stimulation and responsive care activities the child engaged in during the week prior to the survey. These activities could involve any adult in the household, including the child's mother or father, and included playing with the child, reading books or looking at pictures, telling stories, singing songs,

and teaching the child new things. The threshold was considered met if the caregiver reported that the child participated in four or more of these activities.

Using the defined threshold, 93.3 per cent (n=995) of children met this indicator. By age group, 93.6 per cent of children aged 0 to 2 met the threshold, as did 93.1 per cent of those aged 3 to 5. Among boys, 93.1 per cent met the threshold compared to 93.6 per cent of girls. Among rural children, 94.2 per cent met the threshold compared to 92.0 per cent of urban children.

Across divisions, the highest proportions were observed in Kudat (98.6 per cent), Pantai Barat (97.2 per cent), and Pedalaman (97.1 per cent), while lower proportions were reported in Tawau (87.7 per cent) and Sandakan (86.9 per cent).

Among children with registered disabilities, 93.5 per cent met the threshold, while 90.0 per cent of those with unregistered disabilities did so. Among undocumented or stateless children, 87.6 per cent met this threshold.

School belonging (6 to 17 years)

This indicator was measured by asking the caregiver (6 to 12 age group) or the adolescent directly (13 to 17 age group) to respond to a statement of belonging to school. Responses that included 'Strongly agree' or 'Agree' were considered to have met the threshold. Those who answered, 'Don't know' or 'Prefer not to answer' were considered to be 'Undetermined'.

Of the 1,709 children included in this indicator, 77.2 per cent met the threshold, while 3.3 per cent did not and 19.5 per cent of responses were undetermined. Among children aged 6 to 12 years, 86.2 per cent met the threshold and 12.3 per cent were undetermined, compared to 65.1 per cent in the 13 to 17 age group, where 29.2 per cent of responses were undetermined.

By gender, 78.3 per cent of girls and 76.1 per cent of boys met the threshold, with undetermined responses at 18.2 per cent and 20.8 per cent respectively. By location, 80.9 per cent of urban children met the threshold (16.5 per cent undetermined), compared to 74.5 per cent of rural children (21.7 per cent undetermined).

Across divisions, Pedalaman had the highest proportion of children meeting the threshold at 80.5 per cent (16.5 per cent undetermined), followed by Tawau (79.3 per cent; 18.2 per cent undetermined), Pantai Barat (77.6 per cent; 18.7 per cent undetermined), and Sandakan (77.3 per cent; 19.6 per cent undetermined). Kudat had the lowest proportion at 62.9 per cent and the highest rate of undetermined responses at 33 per cent.

Among undocumented or stateless children, 78.6 per cent met the threshold, while 19.1 per cent were undetermined. For children with registered disabilities, only 68.9 per cent met the threshold, with a notably high 27.9 per cent undetermined. Among those with unregistered disabilities, 77.8 per cent met the threshold, and 16.7 per cent were undetermined.

Community/Neighbourhood belonging (6 to 17 years)

This indicator assessed whether children had a sense of belonging and/or opportunities to participate in activities that support their community. Responses were collected either from the caregiver or directly from adolescents. As with other indicators, those who selected "don't know" or "prefer not to answer" were classified as undetermined.

Of the 1,887 children included in this indicator, 81.2 per cent met the threshold, while 15.6 per cent were classified as undetermined. Among children aged 6 to 12 years, 76.1 per cent met the threshold and 20.3 per cent were undetermined, compared to 87.2 per cent of those aged 13 to 17 years who met the threshold, and 10.1 per cent undetermined.

By gender, 82.7 per cent of boys and 79.6 per cent of girls met the threshold, with undetermined responses at 14.4 per cent and 16.9 per cent respectively. By location, 83.1 per cent of urban children met the threshold (14.4 per cent undetermined), compared to 80.0 per cent of rural children (16.4 per cent undetermined).

Across divisions, Pantai Barat had the highest proportion of children meeting the threshold at 83.6 per cent (14.3 per cent undetermined), followed by Pedalaman at 82.7 per cent (14.8 per cent undetermined), Sandakan at 81.5 per cent (15.0 per

cent undetermined), Tawau at 79.3 per cent (17.8 per cent undetermined), and Kudat at 70.6 per cent (19.2 per cent undetermined).

Among undocumented or stateless children, 70.8 per cent met the threshold, with 23.3 per cent undetermined. For children with registered disabilities, only 57.5 per cent met the threshold and 29.5 per cent were undetermined, while 78.0 per cent of children with unregistered disabilities met the threshold, with 16 per cent undetermined.

Pride in cultural/religious heritage or cultural/religious expression (6 to 17 years)

This indicator captures a child's pride in their cultural or religious identity and their ability to freely practice their cultural or religious heritage. It was assessed through caregiver or adolescent self-report, by asking the level of agreement for the following statements 'My child feels proud of their cultural or religious heritage' and 'I feel proud of my cultural or religious heritage'. Freedom to practice was assessed by asking how often the child was able to freely express or participate in cultural or religious practices over the past month, such as through ceremonies, holidays or customs.

Of the 1,887 children included in the sample, 85.0 per cent met the threshold, while 13.6 per cent were classified as undetermined. Among children aged 6 to 12 years, 85.7 per cent met the threshold with 13.3 per cent undetermined; among those aged 13 to 17 years, 84.2 per cent met the threshold and 14.0 per cent were undetermined.

By gender, 85.5 per cent of girls and 84.6 per cent of boys met the threshold, with undetermined responses at 13.0 per cent and 14.1 per cent respectively. Among urban children, 86.1 per cent met the threshold (12.7 per cent undetermined), compared to 85.2 per cent of rural children (14.2 per cent undetermined).

Across divisions, the highest proportion of children meeting the threshold was in Sandakan at 93.5 per cent (3.9 per cent undetermined), followed by Tawau at 83.2 per cent (12.2 per cent undetermined), Pedalaman at 83.1 per cent (10.6 per cent undetermined), Pantai Barat at 84.7 per cent (10.2 per cent undetermined), and Kudat at 73.8 per cent (15.4 per cent undetermined).

Among undocumented or stateless children, 87.6 per cent met the threshold, with 11.6 per cent undetermined. For children with registered disabilities, 69.9 per cent met the threshold and 26.7 per cent were undetermined. Among those with unregistered disabilities, 96.0 per cent met the threshold, with only 2.0 per cent classified as undetermined.

Understood and able to express opinion at home, school and other social environments (13 to 17 years)

This indicator measures a child's perceived ability to express their thoughts and feelings and whether they feel heard and understood in key social environments. It was assessed through self-reported responses to four statements: how often the child felt understood and supported when spending time with family or friends in the past month; whether they feel able to express what they think and feel at home; whether they feel able to do so at school; and whether they feel heard when expressing their opinions to people around them. To meet the threshold for this indicator, children needed to respond with 'Always' or 'Very often' to the first question and 'Agree' or 'Strongly agree' to the latter three statements.

Only adolescents were included for this indicator (n=351), and among them, 39.8 per cent were undetermined indicating they responded, 'Don't know' or 'Prefer not to answer'. Of the remaining, 42 per cent met the threshold for this indicator.

Pretesting and piloting of the survey confirmed that the question was generally well understood; however, the high proportion of undetermined responses is likely linked to survey fatigue or a lack of comfort in disclosing personal views on the topic. At the same time, this may also reflect methodological limitations, including the length of the survey and whether the framing of this question was fully age-appropriate and accessible for all adolescents. It is equally possible that the high proportion of 'Don't know' responses reflect the reality of adolescents' lived experiences. It is also possible that some adolescents were unsure of their own level of voice or influence,

or felt their experiences varied across different contexts (e.g., at home versus in school), making it difficult to provide a definitive answer. National data, such as the National Health and Morbidity Survey (NHMS) 2022 finding that only 24.2 per cent of adolescents reported that their parents understood their problems and worries, suggest this uncertainty is not unusual.

Among girls, 39.9 per cent met the threshold with 39.3 per cent undetermined, while 43.9 per cent of boys met the threshold with 40.3 per cent undetermined. Among urban children, 50.3 per cent met the threshold with 38.8 per cent undetermined, compared to 36.1 per cent of rural children with 40.6 per cent undetermined.

Across divisions, the highest proportion of adolescents meeting the threshold was in Tawau, with 39 of 110 adolescents (28.2 per cent undetermined), followed by Sandakan with 36 of 102 (64 undetermined) and Pantai Barat with 37 of 101 (61 undetermined). In Pedalaman, 6 of 25 adolescents met the threshold (19 undetermined), while in Kudat only 1 of 13 did so (11 undetermined).

Among the undocumented or stateless population, 12 of 119 children met the threshold, with 82 undetermined. Among children with registered disabilities, 7 of 27 met the threshold, with 16 undetermined. Among those with unregistered disabilities, 3 of 12 met the threshold, with four undetermined.

Frequent and quality interactions with family and friends (13 to 17 years)

This indicator was assessed by asking how often children had meaningful conversations or spent quality time with their family or friends in the month prior to the survey. Children met the threshold if they responded 'Always' or 'Very often'. This question was only posed to those aged 13 to 17 years (n=351).

Among adolescents aged 13 to 17 years, 70.9 per cent reported meeting the threshold for meaningful conversation and quality time with friends and family. Overall, 75.3 per cent of girls reported meeting the threshold compared to 66.7 per cent of boys. Location-wise, 74.6 per cent of rural adolescents met the threshold, compared to 65.6 per cent of their urban counterparts.

Across divisions, 73 of 102 adolescents in Sandakan met the threshold, followed by 75 of 101 in Pantai Barat, 17 of 25 in Pedalaman, 71 of 110 in Tawau, and 7 of 13 in Kudat. Among undocumented or stateless adolescents, 87 of 119 met the threshold.

Among adolescents with registered disabilities, 14 of 28 met the threshold, and among those with unregistered disabilities, 4 of 13 did so.

Supported in making own decisions (13 to 17 years)

Adolescents' sense of support in personal decision-making was measured by asking them to rate their agreement with two statements: 'I make my own decisions about things that matter to me (such as clothes, activities, or plans)', and 'I feel supported by family, friends, or others in making decisions that are important to me'. Adolescents met the threshold if they responded 'Agree' or 'Strongly agree' to both statements.

Of the adolescents surveyed (n=351), 81.4 per cent met the threshold, 2.1 per cent did not, and 16.4 per cent were classified as undetermined. Among girls, 83.8 per cent met the threshold with 14.7 per cent undetermined, while 79.2 per cent of boys met the threshold with 18.1 per cent undetermined. Among urban adolescents, 84.6 per cent met the threshold with 15.4 per cent undetermined, compared to 79.2 per cent of rural adolescents with 17.2 per cent undetermined. Across divisions, 86 of 102 adolescents in Sandakan met the threshold (15 undetermined), 82 of 101 in Pantai Barat (17 undetermined), 90 of 110 in Tawau (17 undetermined), and 16 of 25 in Pedalaman (eight undetermined). The lowest proportion was in Kudat, where 7 of 13 met the threshold and five were undetermined, although the small number of adolescents in this division means results should be interpreted with caution.

The substantially lower numbers and higher non-response in Pedalaman and Kudat suggest these findings should be interpreted with caution. This high non-response rate may reflect deeper issues such as fear of social repercussions and discomfort with

introspective questioning. Research shows that social anxiety, which often emerges during adolescence, can inhibit disclosure and self-expression in surveys, particularly when personal thoughts or feelings are concerned.

Among the undocumented or stateless population, 88 of 119 adolescents met the threshold (28 undetermined). Among children with registered disabilities, 19 of 27 met the threshold (eight undetermined), while 10 of 12 children with unregistered disabilities met the threshold (two undetermined).

Sense of hope and optimism (13 to 17 years)

This indicator measured whether a child expresses hopefulness and a positive perception of their future. It was measured by asking their level of agreement to the following statements: 'I feel hopeful and positive about my future' and 'I feel hopeful and happy when I think about my future'. Adolescents would meet the criteria when they answered 'Strongly agree' or 'Agree' to both these statements.

Among the adolescents surveyed (n=351), 74.5 per cent met the threshold for hopefulness and a positive outlook about the future, while 23.3 per cent were undetermined, and only 2.2 per cent did not meet the threshold.

Among adolescents, 137 of 180 girls and 130 of 171 boys met the threshold. By location, 118 of 154 urban adolescents met the threshold compared to 149 of 197 rural adolescents.

Across divisions, 81 of 102 adolescents in Sandakan met the threshold (19 undetermined), 18 of 25 in Pedalaman (seven undetermined), 7 of 13 in Kudat (six undetermined), 71 of 101 in Pantai Barat (26 undetermined), and 90 of 110 in Tawau (18 undetermined).

Among the undocumented or stateless population, 73 of 119 adolescents met the threshold (28 undetermined). Among children with registered disabilities, 15 of 27 met the threshold (12 undetermined), while 11 of 12 children with unregistered disabilities met the threshold (one undetermined).

Overall domain results

As per the domain threshold in Figure 16, of the children included in this survey (n=2,882), 61.6 per cent met the threshold, 15.8 per cent were undetermined, and 22.6 per cent did not meet the threshold.

Across age groups, the highest proportion of children meeting the threshold was in the 0 to 2 age group (93.6 per cent), followed by the 3 to 5 age group (93.1 per cent), the 6 to 12 age group (71.1 per cent, 11.8 per cent undetermined), and the 13 to 17 age group (19.6 per cent, 35.9 per cent undetermined). The adolescent results should be interpreted with caution given the large proportion of undetermined responses, which indicated that the adolescent did not know or preferred not to answer.

When disaggregated by gender, 62.4 per cent of girls (15.9 per cent undetermined) and 61.0 per cent of boys (15.7 per cent undetermined) met the threshold. By location, 62.1 per cent of urban children (15.6 per cent undetermined) and 61.3 per cent of rural children (15.9 per cent undetermined) met the threshold.

Across divisions, the highest proportions were in Pedalaman (71.4 per cent, 10.5 per cent undetermined), followed by Kudat (63.2 per cent, 14.8 per cent undetermined), Pantai Barat (62.2 per cent, 16 per cent undetermined), Tawau (60.6 per cent, 13.7 per cent undetermined), and Sandakan (54.8 per cent, 21.8 per cent undetermined).

Among the undocumented or stateless population included in the survey, 56.2 per cent (19 per cent undetermined) met the threshold. Among children with registered disabilities, 58.7 per cent (13 per cent undetermined) met the threshold, while 66.3 per cent (15 per cent undetermined) of children with reported unregistered disabilities met the threshold.

Figure 16. Overall connectedness and voice domain results

Discussion

Am I connected and do I have a voice?

This domain explores how children experience relationships, belonging, identity, participation, and autonomy. It is one of the most multidimensional domains in the SCWI, spanning early stimulation in infancy, community participation in childhood, and decision-making, voice, and hope and happiness in adolescence.

It is encouraging that the overall results show that 61.6 per cent of children met the domain threshold, suggesting strong foundations of connectedness in the early and middle childhood years. However, adolescents fared significantly worse, where only 19.6 per cent met the threshold. Again, adolescents had several additional indicators such as being understood and able to express opinions, having meaningful conversation and quality time, being supported in making personal decisions and feeling hopeful and happy about the future. It is also noteworthy that almost half of responses were undetermined, highlighting both study limitations and real developmental and contextual challenges in the adolescent age group.

Early childhood results were notably high, with over 93 per cent of children aged 0 to 5 years meeting the threshold. This aligns with high rates of early stimulation and responsive care reported across all divisions and population groups. Play, song, and storytelling within households appear widespread in Sabah, including among rural communities and children with disabilities. The consistently high threshold attainment in this age group likely reflects strong caregiving norms and traditions and the presence of extended family or community networks that reinforce these practices.

Children aged 6 to 12 also fared well, with 71.1 per cent meeting the threshold. Notably, this is driven by high proportions reporting a sense of belonging to school and community, frequent interactions with family and friends, and cultural pride. Notably, children in this age group appear to have meaningful opportunities to participate in family and community life.

As mentioned above, among adolescents aged 13 to 17, results dropped dramatically. Less than one in five adolescents met the full domain threshold, and 35.9 per cent of responses were classified as undetermined. This reflects both the increased complexity of the adolescent threshold and a hesitancy to disclose personal reflections in a survey setting. Adolescents were required to report not only on interactions and belonging, but also on support in decision-making, expression of opinion, and hope for the future. These dimensions, while developmentally appropriate, require introspection and trust, which may be harder to express in formal interviews. While child-friendly approaches were encouraged and enumerator training included guidance on interviewing adolescents, the survey format itself may still not have fully captured these principles and could have been improved.

In addition, these questions were at the tail end of the survey, and questionnaire fatigue may have played a role. The consistently high rate of 'Don't know' or 'Prefer not to answer' responses in this age group suggests a need for more participatory, adolescent-friendly methods in future research.

Among adolescents who did provide responses, distinct gaps were observed. Only 42 per cent felt able to express their opinions across environments like home, school, and social settings. This is significant as voice and agency have been linked to emotional wellbeing and resilience.

Conversely, certain indicators showed greater strength. For example, 81.4 per cent of adolescents reported feeling supported in personal decision-making, and 74.5 per cent expressed hope for their future, both signs that adolescents felt emotional and relational support. However, these findings also vary significantly by division. Hopefulness was highest in Pedalaman and Sandakan (above 78 per cent), and lowest in Kudat (71.3 per cent) Tawau (36.2 per cent) and other divisional comparisons suggest that children in Pantai Barat and Pedalaman consistently scored higher across indicators of belonging, cultural pride, and decision-making.

Among vulnerable groups, the pattern was mixed. Undocumented or stateless children had significantly

lower overall attainment in this domain, with just 56.2 per cent meeting the threshold and 19 per cent of responses undetermined. While cultural pride and family interactions were high among this group, lower school belonging and barriers to participation and voice may reflect the legal and social exclusion they face. Similarly, children with registered disabilities (58.7 per cent) were less likely to meet the domain threshold than their peers. This finding highlights the multiple barriers that children with disabilities continue to face in developing a sense of voice and connection, including stigma, discrimination, and inaccessible spaces. Addressing these structural and social barriers is critical to improving their opportunities for participation and belonging.

While early and middle childhood results in this domain are strong, adolescence again emerges as a key area for improvement. Indicators of voice, autonomy, and community participation require not only more responsive services, but also deeper engagement with young people. There is a need to create safe and inclusive spaces and participatory mechanisms that allow adolescents to articulate their views and feel genuinely heard in schools, homes, communities and in local governance processes.

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6

Am I living in a safe and harmonious environment?

Indicators

- Improved sources of drinking water & improved sanitation
- Adequate housing
- Proximity of home to vital infrastructure (eg. Public transport, health services, schools)
- Food security
- Food insecurity (severe)
- Child marriage (6-17 years)
- Safe commutes (3-17 years)
- Social environment free from bullying & discrimination (3-17 years)
- Child online protection (3-17 years)
- Involvement in work does not impact on major daily activities (5-17 years)
- Protection from violence & crime (13-17 years)

Table 9. Key findings: Am I living in a safe and harmonious environment?

Am I living in a safe and harmonious environment? Key findings	
Overall % of children who met the threshold for wellbeing in this domain	**6.1%**
Strongest indicators	Child marriage (99.3%) Improved sources of drinking water and sanitation (78%) Protection from violence and crime (69.5%) Proximity of home to vital infrastructure (59.2%)
Indicators that require attention	Food security (28.2%) Adequate housing (41.4%) Social environment free from bullying and discrimination (56.8%)
Group with the highest proportion of children meeting threshold	0 to 2 age group (20.7%)
Group with the lowest proportion of children meeting threshold	13 to 17 age group (1.6%)

Key takeaways Am I living in a safe and harmonious environment?

Only 6.1 per cent of children met the stringent domain threshold, reflecting the multiple and overlapping risks children face.

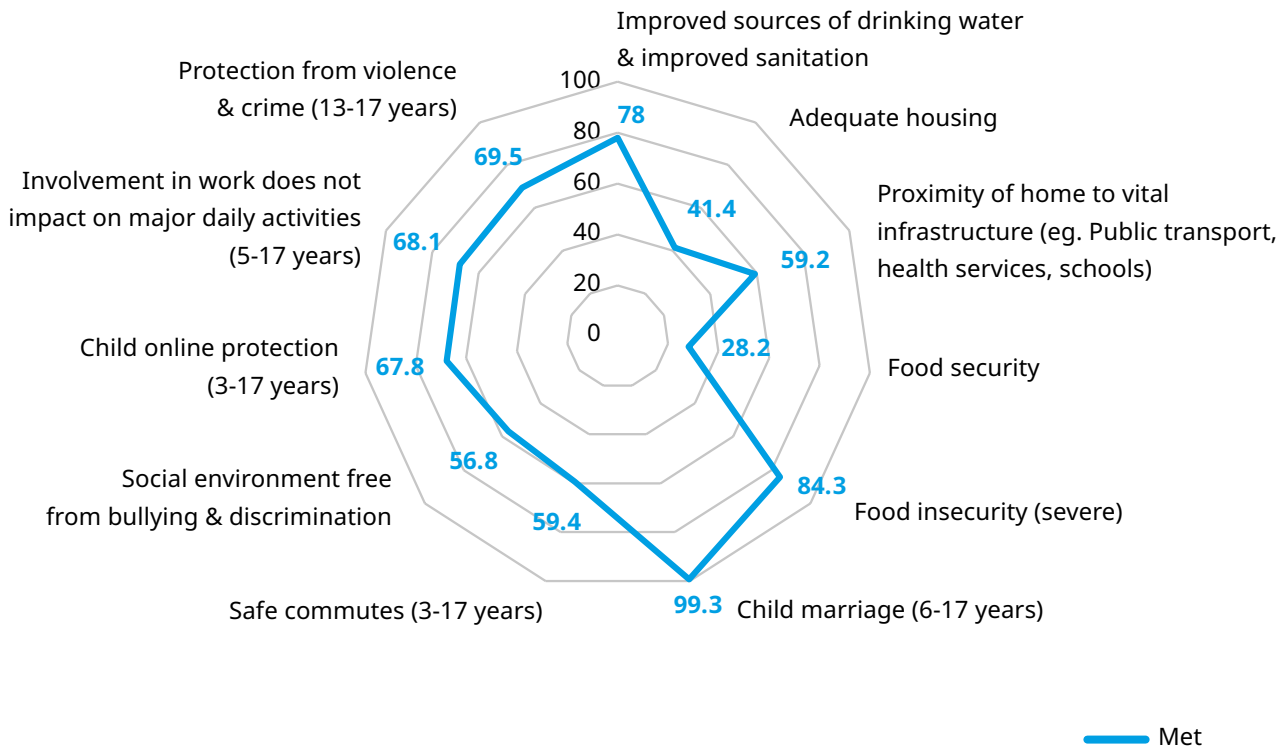
Access to clean water and sanitation is relatively high (78%), but major gaps remain in adequate housing (41.4%) and proximity to essential services (59.2%).

Food insecurity is widespread, with nearly three-quarters of children affected and 15.7 per cent facing severe insecurity.

Protection from bullying, safe commutes, and online safety remain limited, with adolescents and vulnerabilized groups particularly at risk.

While child marriage appears to be rare from reports at the individual level, community-level reports suggest it persists in certain areas, highlighting the need for vigilance and targeted protection efforts.

Figure 17. Distribution of safety and harmony outcomes based on indicators



Domain description

To meet the threshold for this domain, children aged 0 to 5 years had to meet the following: living in a household with access to improved water and sanitation facilities, adequate housing, and food security. Additionally, they must have safe commutes and engage in work or other activities that do not interfere with essential childhood experiences, while also being free from bullying or discrimination, and protected from online harms. For children aged 6 to 12 years, these same conditions apply, with the added requirement that the child is not married or in union, reflecting the critical importance of protection from child marriage at this stage. For adolescents aged 13 to 17 years, all the above indicators remain relevant, with the additional expectation that they are also protected from violence and crime in their communities and are able to identify trusted adults they can turn to when feeling unsafe.

Indicator breakdown

Water and sanitation (0 to 17 years)

This indicator measures whether a child lives in a household using improved sources of drinking water on premises and with sufficient drinking water available when needed in the month prior to the survey, and whether the child lives in a household using improved sanitation facilities. The questions used to determine this refer to the main source of drinking water and the type of toilet facility used by the household. The threshold was considered met if the household reported using any of the following improved water sources: piped water, public tap/standpipe, tube well or borehole, protected well, protected spring, or rainwater. For improved sanitation, the household must have used a flush or pour-flush toilet connected to a piped sewer system, septic tank, or pit latrine; or a ventilated improved pit latrine, latrine with a slab, composting toilet, or container-based sanitation system.

All children in the survey were included in this indicator (n=3,734), and 78.0 per cent met the threshold. By age group, 79.4 per cent of adolescents aged 13 to 17 years met the threshold, followed by 77.6 per cent of children aged 0 to 2; 76.9 per cent of children aged 3 to 5; and 76.7 per cent of children aged 6 to 12.

Among girls, 78.3 per cent met the threshold compared to 77.8 per cent of boys. By location, 85.2 per cent of urban children met the threshold, while 73.1 per cent of rural children did so.

Across divisions, the highest proportion was in Sandakan (85.0 per cent), followed by Kudat (84.6 per cent), Tawau (82.1 per cent), Pedalaman (73.3 per cent), and Pantai Barat (73.3 per cent).

Among undocumented or stateless children, 79 per cent met this indicator. Among children with registered disabilities, 87.6 per cent of them met the threshold, while 80.6 per cent of children with unregistered disabilities did so.

Adequate housing (0 to 17 years)

The adequate housing indicator was developed using criteria adapted from UN-Habitat guidelines. Although the UN-Habitat framework combines housing quality with proximity to vital infrastructure (such as schools, health services, and public transport), for the purpose of this analysis the two components were analysed separately to allow for nuanced insights.

To identify which variables best reflected housing adequacy, we conducted a Multiple Correspondence Analysis (MCA). This technique allowed us to explore relationships among several categorical variables and select those most relevant to the concept of adequate housing. The MCA produced three main dimensions that together explained 74 per cent of the total variation, exceeding the commonly recommended threshold of 70 per cent for reliable interpretation. We then examined the graphical MCA plots (available in the annex/appendices) and selected variables where response categories had coordinate values greater than the absolute value of two in any of the dimensions. These variables were considered to contribute meaningfully to the housing adequacy indicator.

Based on this analysis, the final adequate housing indicator included the following dimensions: housing tenure, housing costs, reliability of electricity supply, and protection from extreme weather.

Among all children surveyed (n=3,734), 41.4 per cent met the threshold for adequate housing. As this was measured at the household level, differences across age groups were minimal: 43.3 per cent of those aged 13 to 17 met the threshold; followed by 41.6 per cent of children aged 0 to 2; followed by 40.6 per cent of children aged 3 to 5; and 38.8 per cent of those aged 6 to 12. Gender patterns were similar, with 41.2 per cent of boys and 41.7 per cent of girls meeting the threshold. Comparable proportions were also observed by location, with 42.1 per cent of rural children and 40.5 per cent of urban children meeting the threshold. Across divisions, the highest proportion was in Sandakan (46.1 per cent), followed by Pantai Barat (45.9 per cent), Pedalaman (42.0 per cent), Kudat (36.8 per cent), and Tawau (30.8 per cent).

A lower proportion of children in the undocumented or stateless category met the threshold, with only 15.7 per cent meeting the threshold, while 47.8 per cent of children with registered disabilities met the threshold. Of those with unregistered disabilities, 29 per cent met the threshold.

Proximity of home to vital infrastructure (0 to 17 years)

This indicator was calculated by asking the caregiver/adolescent about the proximity from home of the closest public transportation, clinic, hospital and school. The threshold was met if the closest public transportation was less than 400 m and the nearest school, clinic and hospital was less than one hour away from the home.

Of all the children surveyed (n=3,734), 59.2 per cent met the threshold for this indicator. By age group, 64.0 per cent of children aged 0 to 2 met the threshold, compared to 60.1 per cent of those aged 3 to 5; 60.9 per cent of children aged 6 to 12; and 56.3 per cent of adolescents aged 13 to 17. Among girls, 60.0 per cent met the threshold, compared to 58.4 per cent of boys. By location, 69.2 per cent of urban children met the threshold, compared to 52.2 per cent of rural children. Across divisions, 71.7 per cent of

children in Tawau, 61.5 per cent in Sandakan, 59.3 per cent in Pantai Barat, 44.0 per cent in Kudat, and 42.1 per cent in Pedalaman met the threshold.

Among undocumented or stateless children, 72.3 per cent met the threshold. Among children with registered disabilities, 56.2 per cent met the threshold, compared to 72 per cent of children with unregistered disabilities.

Food security (0 to 17 years)

Food security was assessed using the Food Insecurity Experience Scale (FIES) developed by the Food and Agriculture Organization (FAO). This indicator was selected as a key measure of child wellbeing, as it captures both the prevalence and severity of food insecurity and the difficult trade-offs households make when resources are limited. The FIES asks whether, during the last 12 months and due to lack of money or other resources, households experienced situations such as: worrying about not having enough food; being unable to eat healthy or nutritious food; eating only a few kinds of foods; skipping meals; eating less than they felt they should; running out of food; being hungry but not eating; or going without eating for an entire day. These questions reflect not only immediate hunger but also nutritional quality, meal frequency, and coping strategies with both short- and long-term impacts on wellbeing.

For the purposes of the Child Wellbeing Index and domain calculations, the severity of food insecurity was taken into account. Only children identified as experiencing severe food insecurity were classified as deprived within the index.

In the results presented below, both overall food insecurity and severe food insecurity are reported. While only the severe food insecurity results are included in the index calculations, the broader food security figures are provided to offer contextual insight into the overall experience of food insecurity among children.

According to the FAO scale, 28.2 per cent of children were classified as food secure, while 71.8 per cent were identified as experiencing some level of food insecurity. Specifically, 15.7 per cent of children were found to be experiencing severe food insecurity and therefore did not meet the threshold for this indicator, while the majority (84.3 per cent) were not severely food insecure and thus met the threshold used in the index. In the FAO framework, non-severe food insecurity refers to situations where households may compromise on the quality, variety or desirability of their food (for example, eating less preferred foods or reducing dietary diversity) but do not regularly reduce the amount of food consumed. Severe food insecurity, on the other hand, indicates more extreme experiences such as when respondents specified running out of food and not having eaten.

Overall food security (0 to 17 years)

Across age groups, 25.1 per cent of children aged 3 to 5 met the threshold for overall food security, followed by 26.2 per cent of those aged 6 to 12, 28.7 per cent of adolescents aged 13 to 17, and 34.8 per cent of children aged 0 to 2. By gender, 28.6 per cent of girls and 27.9 per cent of boys met the threshold. By location, 27.4 per cent of urban children and 28.7 per cent of rural children met the threshold. At the divisional level, 20.0 per cent of children in Tawau, 20.6 per cent in Pedalaman, 23.3 per cent in Kudat, 27.0 per cent in Sandakan, and 36.1 per cent in Pantai Barat met the threshold.

Among undocumented or stateless children, 5.6 per cent met the threshold for overall food security. Thirty-five per cent of children with registered disabilities met the threshold, compared to 16.1 per cent of children with unregistered disabilities.

Severe food insecurity (0 to 17 years)[4]

Across age groups, 16.9 per cent of children aged 6 to 12 and 16.9 per cent of children aged 0 to 2 met the threshold for severe food insecurity, while 14.2 per cent of adolescents aged 13 to 17 and 16.6 per

4 This indicator pertains to the subset of children (experiencing severe food insecurity) within those who did not meet the threshold for overall food security. It is designed such that the threshold is met if the child does in fact suffer severe food insecurity. Whereas with other indicators of the SCWI "meeting the threshold" reflects favourable wellbeing conditions, here it reflects the opposite. It should also be noted that the results (showing 15.7% meeting the threshold for this indicator) mean that 84.3% do not suffer severe food insecurity.

cent of children aged 3 to 5 met the threshold. By gender, 16.6 per cent of boys and 14.5 per cent of girls met the threshold. By location, 17.3 per cent of urban children and 14.6 per cent of rural children met the threshold. At the divisional level, 22.4 per cent of children in Tawau, 20.5 per cent in Kudat, 14.8 per cent in Pedalaman, 12.5 per cent in Sandakan, and 12.6 per cent in Pantai Barat met the threshold.

Among undocumented or stateless children, 33.5 per cent was assessed as severely food insecure. Among children with registered disabilities, 15.7 per cent met this threshold, while 20.4 per cent of children with unregistered disabilities were assessed to be severely food insecure.

Child marriage (6 to 17 years)

This indicator assessed whether children aged 6 to 17 were married, with the threshold met if the child was not currently married.

Of the 2,739 children aged 6 to 17 included in this indicator, 99.3 per cent were not married and therefore met the threshold. Disaggregation by age shows that 99.0 per cent of children aged 6 to 12 met the threshold, while 99.5 per cent of adolescents aged 13 to 17 did so. In total, 22 children in this age group were reported as married.

By gender, 99.4 per cent of girls and 99.2 per cent of boys met the threshold. By location, 99.5 per cent of urban children and 99.1 per cent of rural children met the threshold. At the divisional level, all children in Kudat and Pedalaman met the threshold (100 per cent). In Pantai Barat, 99.4 per cent met the threshold, followed by Tawau at 99.0 per cent and Sandakan at 98.6 per cent.

Two other questions were asked to assess and contextualize the situation of child marriage in Sabah: caregivers were asked if they knew girls under 18 who are married or if they think girls younger than 18 get married or have babies often in their communities. These data were collected to contextualize wellbeing for girls in Sabah, but were not included in the index which was based on individual children.

Overall, one in four respondents (25.9 per cent) reported knowing girls under 18 who were married, while the majority (74.1 per cent) did not. At the divisional level, Tawau recorded the highest proportion, with 36.7 per cent of respondents reporting awareness of child marriages, followed by Kudat (29.9 per cent) and Sandakan (27.4 per cent). Lower proportions were seen in Pedalaman (23.0 per cent) and Pantai Barat (19.6 per cent).

When asked about the perception of frequency of girls under 18 marrying or having babies in their community, 0.6 per cent of respondents stated that this happened very frequently, while 4.6 per cent said it occurred frequently. A further 31.7 per cent reported that it seldom happened, while nearly two thirds (63.2 per cent) reported it never occurred in their community. By division, Tawau stood out, showing relatively higher reporting of frequent occurrence (8.1 per cent). Sandakan also showed high proportions of respondents reporting that such events occurred very frequently (2.1 per cent) or frequently (5.8 per cent). By contrast, reports of very frequent occurrence were absent in Kudat and Pedalaman, and minimal in Pantai Barat (0.3 per cent).

Safe commutes (3 to 17 years)

This indicator assesses whether a child is able to commute safely to school and other necessary locations. It considers not only the physical safety of travel routes but also the availability of support and infrastructure that can protect children during their commute. Key aspects include adult supervision during travel, the safety of routes commonly used by children, the availability of alternative transport options during hazardous weather or unsafe conditions, and the presence of safe shelters (such as halfway huts) along the way.

To assess this, caregivers were asked a series of questions, including whether their child is supervised by an adult during commutes, whether the routes taken are considered safe, and whether the caregiver personally feels the route is free from danger. Additional questions explored the availability of alternative transport options during bad weather or when usual routes are unsafe. Caregivers were also asked whether there are any safe rest stops or shelters along the child's commute route that could be used if needed.

The threshold was considered to have been met if the answers to the series of questions were affirmative and supportive of safe commutes for the children. The indicator applied to children aged 3 to 17 years of age.

Of the 2,646 children included, 59.4 per cent met the threshold for safe commutes, while 40.3 per cent did not, and 0.3 per cent were undetermined. By age group, 66.0 per cent of children aged 6 to 12 met the threshold, followed by 58.9 per cent of children aged 3 to 5, and 53.1 per cent of adolescents aged 13 to 17. By gender, 61.4 per cent of boys and 57.0 per cent of girls met the threshold. By location, 61.1 per cent of rural children and 57.0 per cent of urban children met the threshold. At the divisional level, 62.4 per cent of children in Pedalaman met the threshold, followed by Sandakan at 62.1 per cent, Tawau at 60.4 per cent, Kudat at 58.0 per cent, and Pantai Barat at 56.9 per cent.

Among undocumented or stateless children, only 41.3 per cent met the threshold (0.2 per cent undetermined). Among children with registered disabilities, 60.6 per cent met the threshold, while 48.8 per cent of children with unregistered disabilities met the threshold.

Social environment free from bullying and discrimination (3 to 17 years)

This indicator assesses whether a child is growing up in a social environment that is safe, respectful and inclusive, free from bullying and discrimination. It captures both direct experiences and exposure to harmful behaviours from peers or adults, including treatment based on personal characteristics such as age, gender, ethnicity, religion, sexual orientation, or disability.

To evaluate this, questions were asked to determine whether the child had either:

- been exposed to or witnessed bullying by other children or adults (e.g., at school or in the neighbourhood);
- experienced any form of bullying or harassment in the past year, including in community or online settings;
- been subject to negative treatment or discrimination based on identity factors such as age, gender, ethnicity, religion, sexual orientation, or disability.

Responses were collected from caregivers and adolescents (see Table 10). A child is considered to have met the threshold for this indicator only if they (or their caregiver) answered 'No' to all of the above question.

Of the children included in this indicator (n=2,432), 56.8 per cent met the threshold for a social environment free from bullying and discrimination, while 40.0 per cent did not, and 3.2 per cent were classified as undetermined.

By age group, 68.9 per cent of children aged 3 to 5 met the threshold, with 5.5 per cent undetermined, followed by 58.0 per cent of adolescents aged 13 to 17, and 50.4 per cent of children aged 6 to 12, with 4.9 per cent undetermined. By gender, 59.6 per cent of girls and 54.5 per cent of boys met the threshold, with undetermined responses at 3.0 per cent and 3.3 per cent respectively. By location, 54.7 per cent of urban children met the threshold (3.6 per cent undetermined), compared to 58.3 per cent of rural children (2.9 per cent undetermined).

At the divisional level, 62.0 per cent of children in Sandakan met the threshold (1.8 per cent undetermined), followed by Pedalaman at 57.8 per cent (4.8 per cent undetermined), Tawau at 56.3 per cent (1.5 per cent undetermined), Pantai Barat at 56.2 per cent (4.2 per cent undetermined), and Kudat at 48.8 per cent (3.7 per cent undetermined).

Among undocumented or stateless children, 53.6 per cent met this threshold (7.8 per cent undetermined). Among children with registered disabilities, 50 per cent met the threshold (8.3 per cent undetermined), while 47.5 per cent of children with unregistered disabilities met the threshold (10 per cent undetermined).

Child online protection (3 to 17 years)

This indicator assesses whether children are adequately protected from online risks, including exposure to aggressive, sexual, discriminatory and commercial content. This indicator aims to ensure that safeguards are in place to minimize potential harm in online environments.

Table 10. Responses to questions on social environment free from bullying and discrimination

	Experienced bullying/ harassment in the past year			Been subject to negative treatment or discrimination based on identity factors such as age, gender, ethnicity, religion, sexual orientation or disability		
	n	%	95% CI	n	%	95% CI
3-5 years						
Yes	137	*24.7*	*21.3, 28.5*	125	*22.8*	*19.4, 26.5*
No	378	*69.9*	*65.9, 73.6*	394	*72.6*	*68.6, 76.2*
Don't know	30	*5.4*	*3.8, 7.6*	26	*4.7*	*3.2, 6.8*
6-12 years						
Yes	666	*43.3*	*40.8, 45.8*	487	*31.5*	*29.2, 33.9*
No	808	*52.8*	*50.2, 55.3*	991	*64.7*	*62.3, 67.1*
Don't know	62	*4*	*3.1, 5.1*	58	*3.8*	*2.9, 4.8*
13-17 years						
Yes, frequently	79	*20*	*16.0, 24.7*	74	*18.5*	*14.7, 23.1*
Yes, occasionally	53	*14.7*	*11.1, 19.2*	52	*15.5*	*11.7, 20.2*
No	219	*65.3*	*59.8, 70.4*	225	*66*	*60.5, 71.1*

Percentages are shown in italics.

To evaluate this, respondents were asked whether:

- the child has supervised access to the internet or digital devices (e.g., smartphones, tablets, laptops);
- parental controls or content filters are enabled to block inappropriate content;
- parents or caregivers are aware of online safety tools such as privacy settings or parental control features;
- the child knows how to respond to harmful online content, including who to talk to or how to report it.

A child is considered to have met the threshold for this indicator if all four conditions are met. If a child does not use or have access to digital devices or the internet, the indicator status is recorded as undetermined.

Of the children included in this indicator (n=2,432), 67.8 per cent met the threshold, 22.7 per cent did not, and 9.5 per cent were undetermined. By age group, 73.6 per cent of children aged 3 to 5 met the threshold (18.2 per cent undetermined), followed by 70.1 per cent of those aged 6 to 12 (13.7 per cent undetermined), and 62.2 per cent of adolescents aged 13 to 17. By gender, 67.9 per cent of girls and 67.8 per cent of boys met the threshold.

By location, 65.8 per cent of urban children met the threshold (9.6 per cent undetermined), compared to 69.2 per cent of rural children (9.4 per cent undetermined). At the divisional level, 74.3 per cent of children in Kudat met the threshold (5.5 per cent undetermined), followed by 70.2 per cent in Pantai Barat (8.9 per cent undetermined), 66.6 per cent in Sandakan (5.3 per cent undetermined), 65.5 per cent in Pedalaman (14.7 per cent undetermined), and 63.2 per cent in Tawau (12.6 per cent undetermined).

Among the undocumented or stateless population, 30.8 per cent (31 per cent undetermined) met the threshold while 59.2 per cent (20.4 per cent undetermined) of children with registered disabilities did so. Among children with unregistered disabilities, 46.3 per cent met the threshold.

Involvement in work does not impact on major daily activities (6 to 17 years)

This indicator assesses whether a child's involvement in paid work or contribution to household chores impacts their ability to participate in essential daily activities that support their wellbeing. These activities include attending school, studying, socialising, playing, engaging in sports or exercise, and getting sufficient rest.

To measure this, both caregivers and children were asked whether work or chores affected the child's ability to attend school, complete homework, play, socialize or participate in extracurricular activities. Children were also asked whether they still had enough time to sleep, socialize or engage in physical activities despite their work or chore responsibilities.

A child was considered to have met the threshold for this indicator if they responded 'No' to the first three questions, indicating that work or chores did not interfere with school, play or social engagement; or they responded 'Yes, frequently' to the final question, affirming that they consistently had enough time for sleep, socialising and physical activities.

This indicator helps to highlight the balance between responsibilities and wellbeing in a child's daily life, ensuring that participation in work does not come at the cost of their development and quality of life.

This indicator was applied to children aged 5 to 17 years (n=2,298), and 68.1 per cent met the threshold. By age group, 74.2 per cent of children aged 3 to 5 met the threshold, followed by 73.8 per cent of those aged 6 to 12, and 61.7 per cent of adolescents aged 13 to 17. By gender, 73.3 per cent of girls and 63.6 per cent of boys met the threshold. By location, 69.3 per cent of rural children met the threshold compared to 66.6 per cent of urban children. Across divisions, 71.9 per cent of children in Pedalaman met the threshold, followed by 71.1 per cent in Sandakan, 67.6 per cent in Pantai Barat, 66.5 per cent in Tawau, and 63.0 per cent in Kudat.

Among undocumented or stateless children, 75.2 per cent met the threshold. Among children with registered disabilities, 77.3 per cent met the threshold, while 75 per cent of children with unregistered disabilities did so.

Protection from violence and crime (13 to 17 years)

This indicator assesses whether adolescents feel physically and psychologically safe in their everyday environments, specifically at home, in school, and in their communities, and whether they have access to trusted support when they feel unsafe. A sense of safety and access to supportive adults are key components of adolescent wellbeing and resilience.

To evaluate this, adolescents were asked if they feel safe in their main social environments (home, school and community) and whether they have a trusted adult they can turn to when they feel unsafe. A child was considered to have met the threshold for this indicator if they responded 'Always' or 'Very often' to questions about feeling safe at home and in their broader environment (school and community); and if they responded 'Yes' to having a trusted adult to speak to when feeling unsafe.

For adolescents aged 13 to 17 included in this indicator (n=351), 69.5 per cent met the threshold, while 30.5 per cent did not. By gender, 70.9 per cent of girls and 68.2 per cent of boys met the threshold. By location, 72.2 per cent of urban adolescents met the threshold compared to 67.6 per cent of rural adolescents.

Across divisions, 75 of 101 adolescents in Pantai Barat (77.4 per cent) met the threshold, followed by 70 of 102 in Sandakan (71.1 per cent), 55 of 110 in Tawau (61.6 per cent), 12 of 25 in Pedalaman (47.8 per cent), and 3 of 13 in Kudat (36.9 per cent). Caution should be applied when interpreting these divisional values, as the number of adolescents available to answer these questions varied considerably between divisions.

Among undocumented or stateless children, 85 of 119 (71.4 per cent) met the threshold. Among children with registered disabilities, 18 of 28 (64.3 per cent) met the threshold, while 9 of 13 (69.2 per cent) children with unregistered disabilities did so.

Climate change exposure (0 to 17 years)

This indicator was collected in the survey, but following discussion it was agreed that it would not be included in the index because it looked only at exposure to climate change events and whether support was received. The definition of what constituted 'adequate' support was not clearly defined, and children could report experiencing more than one disaster. As a result, it was not possible to determine whether the reported support corresponded to a particular event, or if the child's needs were consistently met across multiple exposures. This ambiguity limited the reliability of the measure for index construction, though the findings remain useful in highlighting children's vulnerability to climate shocks and the importance of response. A total of 73.2 per cent of caregivers reported that children experienced at least one form of extreme weather, while 26.8 per cent had not. The most commonly reported events were heavy rainfall (61.6 per cent), storms and typhoons (48.5 per cent), heatwaves (39.3 per cent), and droughts (32.8 per cent). Less frequently reported were floods (29.3 per cent), landslides (11.7 per cent), wildfires (3.6 per cent), and other forms of extreme weather (1.3 per cent).

Divisional patterns varied: floods were most reported in Kudat (38.1 per cent) and least in Sandakan (15.5 per cent); droughts were highest in Pedalaman (46.4 per cent) and lowest in Pantai Barat (24.2 per cent); heatwaves were most reported in Sandakan (49.2 per cent) and Tawau (48.9 per cent) and lowest in Pantai Barat (27.8 per cent); heavy rainfall was most common in Kudat (71.2 per cent) and least common in Pantai Barat (56.0 per cent). Landslides were most reported in Pantai Barat (23.4 per cent) but very low in Sandakan (0.8 per cent) and Tawau (0.9 per cent). Storms and typhoons were consistently high across all divisions, ranging from 38.9 per cent in Pantai Barat to 57.0 per cent in Pedalaman. Wildfires were most reported in Pedalaman (9.3 per cent) compared to very low proportions in Tawau (0.1 per cent).

Of the children whose households experienced extreme climate events, most reported receiving some form of disaster support. The most common forms were food and water assistance (75.2 per cent), shelter (67.4 per cent), and water and sanitation services (64.6 per cent). Information and communication support reached 63.9 per cent of children. Education-related support was reported by 54.8 per cent, medical care by 40.7 per cent, financial assistance by 33.8 per cent, and emotional support by 22.2 per cent. Legal support was the least common, reported by only 7.0 per cent of children. Notably, one in five children (20.1 per cent) reported receiving no support following an extreme climate event.

Overall domain results

Of the children included in this indicator (n=3,734), 6.1 per cent met the threshold, while 3.4 per cent were undetermined. By age group, 20.7 per cent of children aged 0 to 2 met the threshold, followed by 9.0 per cent of those aged 3 to 5; 5.6 per cent of children aged 6 to 12, and 1.6 per cent of adolescents aged 13 to 17, with 7.3 per cent undetermined. By gender, 6.3 per cent of girls and 5.9 per cent of boys met the threshold. By location, 6.5 per cent of urban children met the threshold compared to 5.8 per cent of rural children.

Across divisions, 7.0 per cent of children in Pantai Barat met the threshold, followed by 6.2 per cent in Sandakan, 6.0 per cent in Tawau, 5.7 per cent in Kudat, and 2.9 per cent in Pedalaman. Among the undocumented or stateless population, 2.0 per cent met the threshold. Among children with registered disabilities, 6.6 per cent met the threshold, while 1.1 per cent of those previously categorized with unregistered disabilities did so.

Discussion

Am I living in a safe and harmonious environment?

This domain captures a range of essential and stringent dimensions of child protection, safety, and physical wellbeing, ranging from access to

Figure 18. Overall safety and harmony domain results

clean water and adequate housing to freedom from violence and exploitation. Only 6.1 per cent of children met all criteria, highlighting chronic and intersecting deficits in the environments that children navigate daily. However, it is important to note that the threshold for this domain was intentionally set high. The index is aspirational and ambitious, designed not only to identify children who are surviving but those who are thriving: children safe, supported, and empowered across multiple aspects of their daily lives.

Approximately 78 per cent of children live in households with improved drinking water and sanitation facilities. However, an urban-rural disparity persists; 85.2 per cent in urban settings versus 73.1 per cent in rural areas. Divisional variation further underscores inequity: Sandakan and Kudat fare relatively better (85 per cent and 84.6 per cent), while Pantai Barat and Pedalaman (both 73.3 per cent) lag behind. These gaps point to uneven distribution of resources and the need for targeted interventions, particularly as clean water and sanitation are foundational to preventing disease and ensuring dignity.

Only 41.4 per cent of houses met the criteria (UN habitat), using variables including housing tenure, housing costs, reliability of electricity and protection from extreme weather. Divisional differences, with Sandakan (46.1 per cent), Pantai Barat (45.9 per cent), and Pedalaman (42 per cent) leading, and Kudat (36.8 per cent) and Tawau (30.8 per cent) trailing, suggest localized housing shortages and financial stress. Children from undocumented or stateless families are particularly disadvantaged; only 15.7 per cent lived in adequate housing.

Only 59.2 per cent of children live within acceptable reach of schools, healthcare and transportation. Expected patterns emerged, with urban children having higher access (69.2 per cent) than rural counterparts (52.2 per cent). Tawau leads in service proximity (71.7 per cent), while Pedalaman and Kudat are approximately 45 per cent. Children from undocumented or stateless households roughly match the average (72.3 per cent), while children with registered disabilities drop further to 56.2 per cent.

Seventy-two per cent of children experience general food insecurity, with 15.7 per cent facing severe food insecurity. Children aged 3 to 5 are most affected (74.9 per cent insecure). Severe food insecurity peaks in divisions like Tawau (22.4 per cent) and Kudat (20.5 per cent). Undocumented or stateless children are disproportionately impacted; 94.4 per cent are food insecure, and 33.5 per cent experience severe insecurity. This calls for targeted policies for children of undocumented or stateless families including school feeding, relief programmes such as cash transfers or community-based nutrition programmes.

Encouragingly, child marriage appears to be rare among the children surveyed, with 99.3 per cent of those aged 6 to 17 not married at the time of the survey. This finding suggests that child marriage is not a widespread practice in Sabah within the surveyed communities. However, it is important to interpret this with nuance. While the prevalence appears low, formal union may not always be reported or recognized in official terms, particularly in undocumented or stateless communities where legal marriage registration is not accessible.

The contextual questions provide an important counterpoint, as one in four respondents (25.9 per cent) reported personally knowing of girls under 18 who were married. This aligns broadly with the very low prevalence observed at the individual level but also suggests that child marriage continues to exist in certain community contexts. For example, in Tawau, over one third of respondents reported knowing of married girls under 18, with similarly elevated proportions in Kudat and Sandakan. When asked about frequency, while the majority (63.2 per cent) stated that this never happens in their community, around one third (31.7 per cent) reported that it seldom occurs, and smaller but notable proportions indicated that it occurs frequently (4.6 per cent) or very frequently (0.6 per cent). These perceptions reinforce the possibility that while low overall, child marriage persists in some pockets of Sabah.

The apparent discrepancy between individual reporting and anecdotal information shared on the communities may reflect both social desirability bias and the sensitive, often hidden nature of child marriage. While Malaysia has civil, Syariah, and native

customary laws that regulate marriage, significant gaps remain, including provisions that allow child marriage with judicial or customary approval, and in Sabah, no minimum age is specified under native customary law. In Malaysia, families, particularly those who are undocumented or stateless, may be reluctant to acknowledge such practices, even if occurring. At the same time, as mentioned above, community-level responses may capture informal or unregistered unions, or reflect awareness of practices outside the immediate household. Importantly, these findings highlight that while this study does not reflect that child marriage is widespread in Sabah, it remains a reality for some of the most vulnerable children, particularly in contexts shaped by poverty, statelessness, or lack of access to education and legal protection.

Only 59.4 per cent of children commute safely to school and other essential destinations, with the lowest percentages found among adolescents (53.1 per cent) and girls (57 per cent). Service access constraints and physical risks persist in both rural and urban contexts. Only 41.3 per cent of undocumented or stateless children and 60.6 per cent of children with registered disabilities reported safe commutes. These insights suggest the need for safer and more accessible travel infrastructure, supervised school transport, and safe accessible rest stops especially in areas with high risk to vulnerable children.

Slightly more than half (56.8 per cent) of children report no experience of bullying, discrimination, or exclusion. While younger children (3 to 5 age group) fare better (68.9 per cent), only 50 per cent of those aged 6 to 12 report such protection. Undocumented or stateless children and children with disabilities report similar rates around 50 per cent. This prevalence of bullying is significant and highlights the need for anti-bullying policies and practical approaches that include discussions about social values, equity and disability awareness.

Online and internet protections were present for 67.8 per cent of children, with similar trends to bullying protections. Without parental controls, supervised access, or reporting mechanisms, exposure to harmful content remains high. Educating parents on digital literacy, safeguards and education is vital, particularly as online risks are present and growing with rapid internet adoption.

A total of 68.1 per cent of children report that work or chores do not interfere with schooling, social life, or sleep. Younger children fare better (74.2 per cent) than adolescents (61.7 per cent). Girl children (73.3 per cent) fare slightly better than boys (63.6 per cent), and rural children fare slightly better (69.3 per cent) than urban (66.6 per cent). However, approximately 30 per cent of adolescents still face disruptions, highlighting the need for targeted interventions that address the economic pressures driving child contributions to household or paid work. Expanding access to adolescent-friendly services, and promoting safe, age-appropriate and disability inclusive community spaces for study, rest and recreation can help ensure children are supported to focus on their education and wellbeing without the burden of adult responsibilities.

Almost seventy per cent of adolescents feel consistently safe at home, school, and in their communities, and can identify a trusted adult to seek help. For this indicator of protection against violence and crime, divisions vary significantly, from 77.4 per cent in Pantai Barat to only 36.9 per cent in Kudat and 47.8 per cent in Pedalaman. These discrepancies speak to community safety, service access and infrastructure. Addressing adolescent safety requires community and safe spaces, mentoring, and trauma-informed support.

The climate change indicator, while not included in the index, warrants discussion and highlights an additional layer of vulnerability that shapes children's daily lives. A large majority of children reported experiencing at least one form of extreme weather, underscoring how environmental shocks are becoming a routine part of childhood in Sabah. The most common experiences – heavy rainfall, storms and heatwaves – mirror both global climate trends and local environmental fragility.

Divisional variation points to uneven exposure: coastal and low-lying areas are more affected by floods and storms, while interior divisions report higher levels of drought and heatwaves. These experiences are not only disruptive in the immediate

sense, displacing families or damaging homes, but they also exacerbate existing inequities in health, education and protection. Children in households already struggling with insecure housing, poor sanitation, or food insecurity are the least equipped to cope with recurrent climate shocks, creating cycles of compounded disadvantage.

This domain contained the highest number of subdomains encompassing a wide range of fundamental aspects of child safety and wellbeing, including bullying, infrastructure, online safety, housing and discrimination. As described above, to meet the threshold for the overall domain, a child had to meet the indicator threshold in all subdomains; this significantly reduced the overall score. This stringent requirement, combined with the broad scope of the domain, explains why the cumulative domain wellbeing appears lower compared to others, even if many children performed relatively better in specific areas.

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Part 3

Discussion and policy recommendations

Discussion

Introduction

The analysis in this report explores patterns of wellbeing of children in Sabah and identifies gaps and inequalities by age, gender, disability, location, and population group. It provides a nuanced understanding of where children's rights are being met and where gaps remain. Development-appropriate domain-level thresholds were defined, and drawing on a combination of global benchmarks, expert consensus, and data-driven methods, the analysis of child wellbeing has been executed. The discussion in the first part of this section is organized by domain and highlights key findings and their implications for policy and programming.

The discussion continues in the second part of this section with a Multiple Overlapping Deprivation Analysis (MODA) to identify how multiple deprivations intersect across domains, looking at common combinations of unmet thresholds and also looking at wellbeing across different subgroups.

Overall analysis of the domains

Overall domain analysis is based on the survey results for all children in the sample for whom all responses to the questionnaires are available, including the self-perception questions. The diagram below illustrates how this is drawn from the two phases of data collection.

Figure 19. Complete cases for domain level analyses

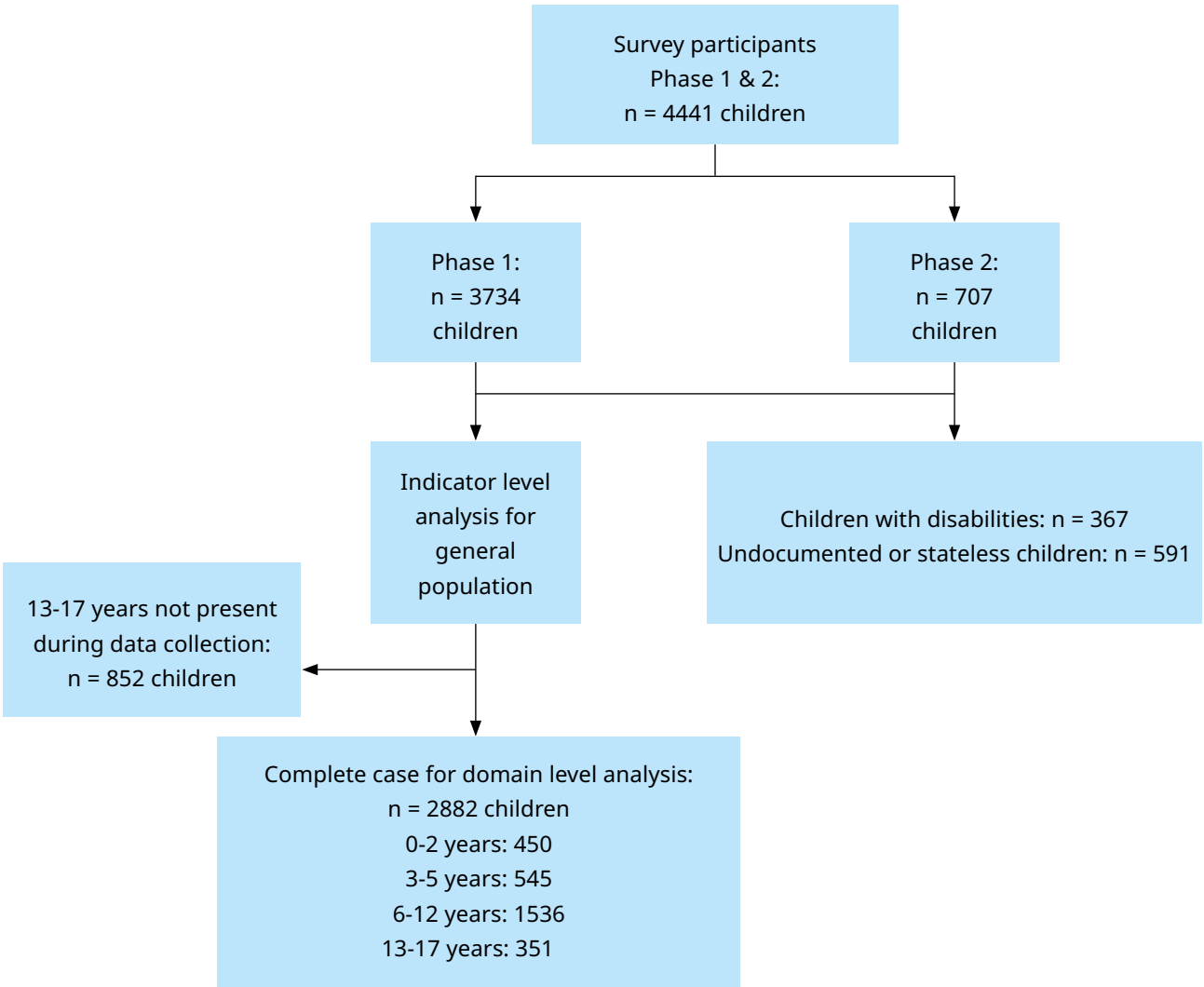
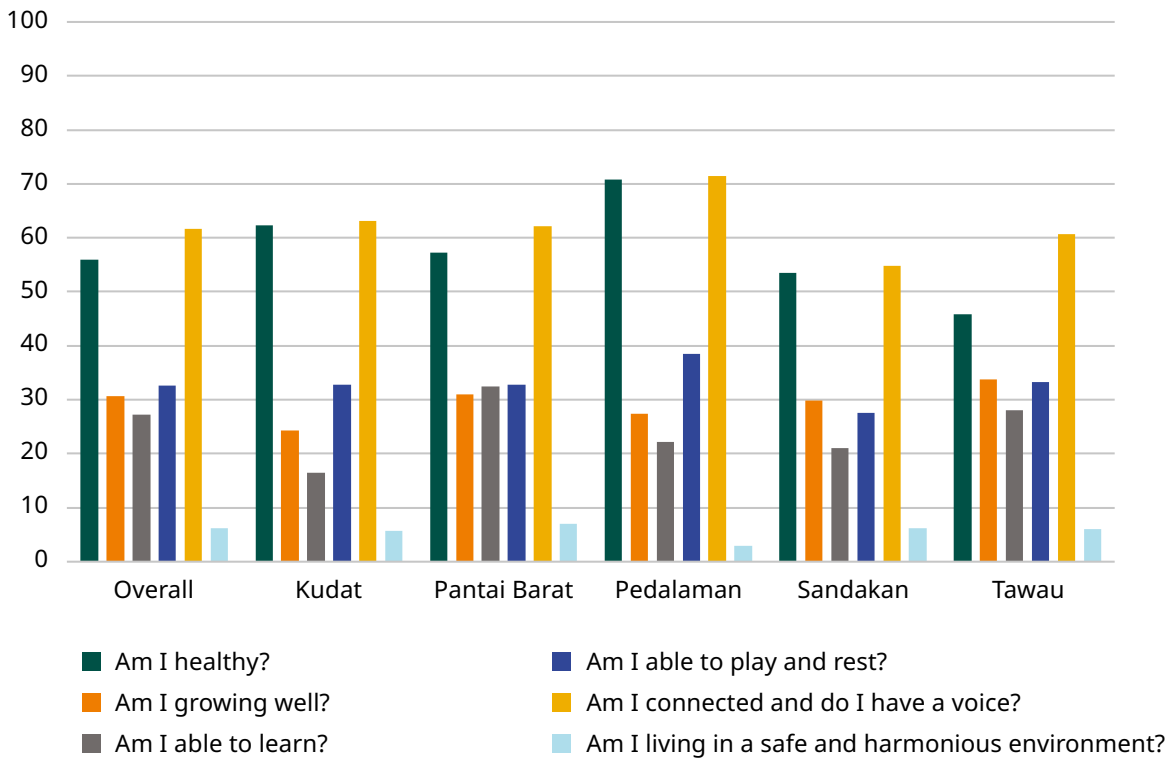


Figure 20. Wellbeing across divisions



Wellbeing across Sabah divisions

Domains such as *Am I healthy?*, A*m I connected and do I have a voice?* and *Am I growing well?* show consistently strong performance across most divisions, reflecting sustained investments in early childhood development, community cohesion and access to basic health services. Divisions such as Pedalaman and Sandakan demonstrate more pronounced gaps across multiple domains, particularly in learning, play/rest, and connectedness, highlighting geographic inequalities. The relative consistency in low scores for *Am I able to learn?* across divisions suggests systemic education barriers that are not merely location-specific but statewide in nature.

The consistently higher scores in *Am I growing well?* compared to *Am I able to learn?* or *Am I able to play and rest?* also suggest a discrepancy between physical development and opportunities for holistic, age-appropriate cognitive, emotional, and social development. This underlines the importance of broadening policy focus beyond survival to include learning, participation and leisure.

Across all divisions, the domain A*m I living in a safe and harmonious environment?* consistently records the lowest scores. The consistently poor performance in this domain indicates a systemic gap in ensuring children's physical and emotional safety at home, in schools and in communities.

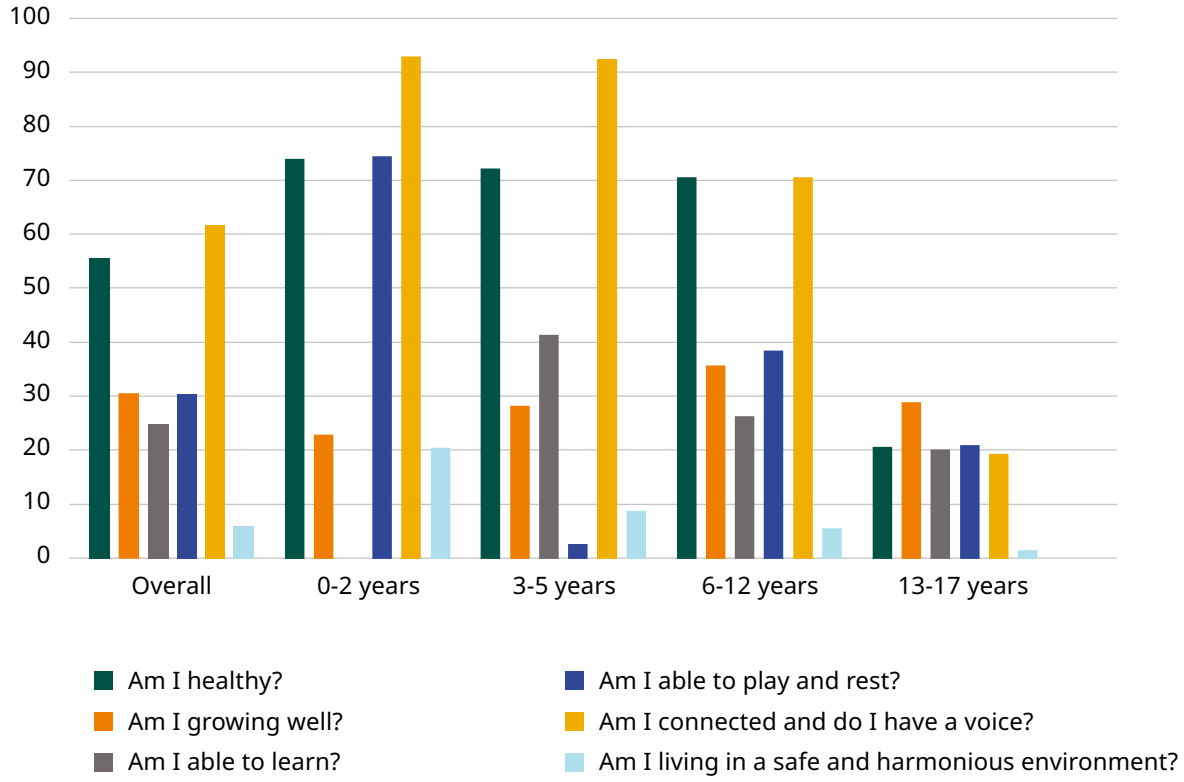
Within this overall picture, divisional differences emerge. For example, access to healthcare is lowest in Tawau (79.7 per cent) compared to nearly universal in Kudat (97.6 per cent). Similarly, only 61 per cent of children aged 0 to 23 months in Tawau are fully vaccinated, while 77.2 per cent are in Kudat, reflecting sharper disparities in the east coast. In menstrual health, Pedalaman records the highest coverage (89.5 per cent) compared to just 70 to 85 per cent in other divisions, while sexual and reproductive health access is particularly poor in Sandakan (33.3 per cent) but markedly better in Pedalaman (61.3 per cent). On growth outcomes, access to development checks is lowest in Tawau (74.8 per cent) and highest in Kudat (91 per cent). This disparity suggests both geographic and systemic inequalities in the provision of preventive and monitoring services for early

childhood development. These divisional results were not controlled for citizenship or documentation status, and given the different sampling methodologies applied, direct comparisons between citizens and undocumented or stateless children are not appropriate. Findings should therefore be interpreted with caution, particularly in divisions with larger undocumented or stateless populations such as Tawau and Sandakan.

In education, gaps are similarly evident: access to information is extremely low in Pedalaman (18 per cent) but comparatively higher in Sandakan and Tawau, while school completion ranges from 62.5 per cent in Tawau to 80.3 per cent in Pantai Barat. Protection indicators also vary sharply, with only 61.6 per cent of children in Tawau feeling protected from violence and crime, compared to 36.9 per cent in Kudat and a high of 77.4 per cent in Pantai Barat.

Differences in connectedness indicators are even more pronounced; just 13.1 per cent of children in Kudat report being able to express their opinion at home, school or community, compared to a range of 30 to 53 per cent in other divisions. Support for personal decision-making is lowest in Kudat (50.2 per cent) and highest in Sandakan (86.4 per cent). Finally, optimism about the future also diverges strongly, with only 36.2 per cent of children in Tawau reporting hopefulness and happiness compared to 82.6 per cent in Pedalaman.

Figure 21. Wellbeing across age groups



Wellbeing across age groups

The above chart shows the disaggregation by age, where a trend emerges: younger children consistently fare better across nearly all domains, while adolescents (13 to 17 age group) show the lowest wellbeing scores in most areas. This signals that while early childhood interventions have gained traction, particularly in health, nutrition, and responsive care, there are widening gaps as children grow older, especially in the adolescent years when developmental needs become more complex.

For instance, the domain *Am I living in a safe and harmonious environment?* is marked by a stark decline with age. A total of 20.7 per cent of children aged 0 to 5 years meet the threshold, but among adolescents, the proportion drops. This suggests that as children become more mobile and socially active, they encounter more risks, including bullying, violence, discrimination, and online harms, without adequate safety nets or trusted mechanisms for protection.

The domain *Am I connected and do I have a voice?* also demonstrates a steep drop in adolescent years, reinforcing concerns that older children struggle to find platforms for meaningful participation. Despite having the capacity and desire to express opinions, many adolescents feel excluded from decision-making in their homes, schools and communities.

Similarly, learning and play/rest show clear age gradients. Younger children (especially those in the 3 to 5 age group) tend to meet the thresholds for play and learning-related indicators, while adolescents again show lower scores suggesting less support for academic success, fewer safe recreational spaces, and mounting psychosocial stress.

The results underscore the critical need for a life-cycle approach to child wellbeing, ensuring that as children transition into adolescence, they are not left unsupported. It highlights the urgency of inclusive and accessible adolescent-responsive services, especially in mental health, targeted support for adolescents with disabilities in health and education, protection, civic participation, and education retention and strengthening inclusive education approaches, which are essential to maintaining the gains made during early childhood.

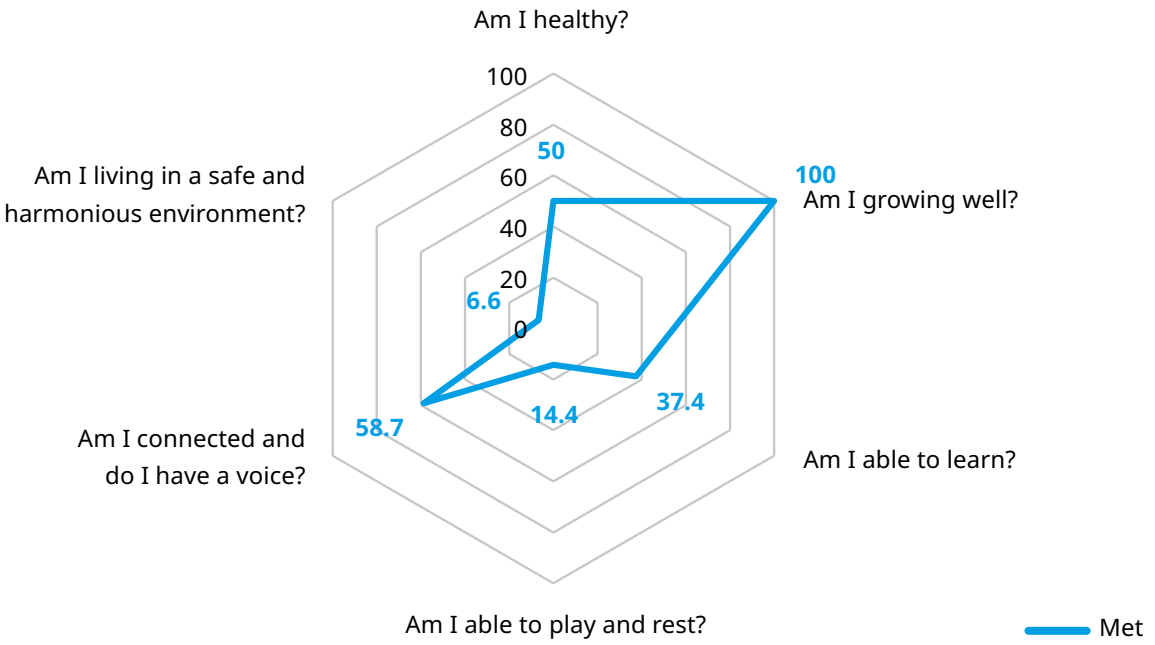
Wellbeing in children with disabilities

Figure 22 displays the wellbeing outcomes of children with disabilities across the six domains. While scores were relatively higher in the *Am I connected and do I have a voice?* and *Am I growing well?* domains, gaps remain, with an overall score of around 60 in connectedness still indicating limited participation and voice. Several indicators, such as belonging, ability to express opinions, and interaction with family, also scored low, in some cases similar to or below children without disabilities. This underscores the need for mainstreaming disability considerations and strengthening accessibility measures across all domains, as targeted interventions are likely to have greater impact when embedded within broader inclusive policies and systems.

However, scores in *Am I able to play and rest?* (36.8 per cent reporting access to inclusive playtime) and *Am I living in a safe and harmonious environment?* are markedly lower, reflecting ongoing challenges in physical accessibility and inclusion in recreational spaces, accessible transportation, and prevailing stigma and negative attitudes towards children with disabilities. These disparities highlight the importance of continuing to strengthen disability-inclusive infrastructure, health and education, family support, community awareness and social and child protection systems.

The results reveal persistent gaps in specific indicators that shape overall wellbeing. In the health domain, 82.9 per cent of children with disabilities have access to needed healthcare services, while only 64.6 per cent are fully vaccinated, highlighting continued barriers to preventive care. In education, 69.5 per cent of children aged 6 to 12 attend school, while only 61.2 per cent of those aged 3 to 5 access early childhood education, and only 36.8 per cent achieve school education completion indicating that inclusive education remains a challenge, particularly in the early years and through to completion. However, these figures should be interpreted with caution, as the purposive sampling approach may have introduced bias by over-representing children already engaged in daily activities or education.

Figure 22. Wellbeing in children with disabilities



For this study, 'early childhood education' is defined according to the UNICEF/MICS framework (children aged 36–59 months enrolled in any organized learning programme). This may differ from Malaysia's local classification, where early education typically refers to preschool for ages 4 to 5 years and younger ages are categorized as childcare. Only 41.2 per cent have access to information, limiting their ability to fully participate in learning and community life. Adequate housing is available to just 47.8 per cent of children with disabilities, pointing to structural and environmental limitations in living conditions. Food insecurity affects 65 per cent and 83.9 per cent of children with registered and unregistered disabilities respectively, showing there is a relationship between economic vulnerability and disability status that impacts wellbeing. Additionally, only 22.3 per cent are engaged in daily activities, while 55.6 per cent express hopefulness or happiness about the future. On a more positive note, 93.5 per cent receive early stimulation and responsive care, suggesting strong caregiving support despite other systemic gaps.

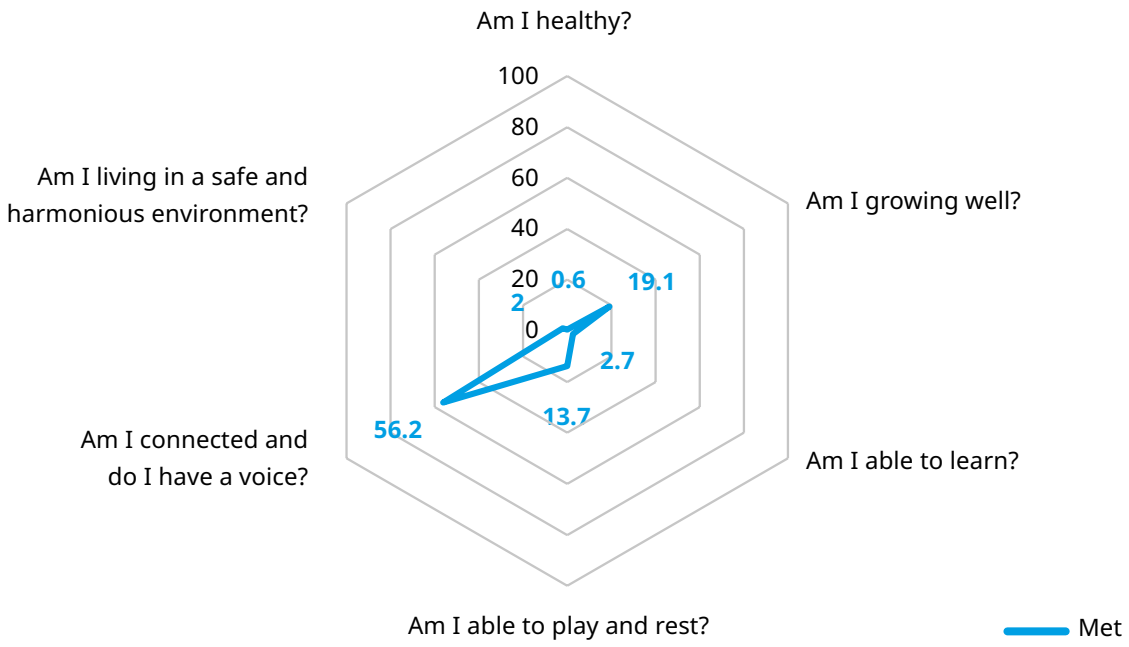
Scores in *Am I able to play and rest?* and *Am I living in a safe and harmonious environment?* are markedly lower, reflecting ongoing challenges in physical accessibility and inclusion in recreational spaces. For children with disabilities, safe and harmonious environments are also shaped by protection from bullying, stigma, and discrimination, which can limit their sense of safety and belonging in the community. Inclusion further requires addressing not only physical barriers but also communication and attitudinal barriers that restrict participation. These disparities highlight the importance of continuing to strengthen disability-inclusive and accessible infrastructure and protection systems.

Wellbeing in undocumented or stateless children

The results highlight the significant challenges faced by undocumented or stateless children across all wellbeing domains. The only area in which a moderate proportion of children meet the wellbeing threshold is *Am I connected and do I have a voice?*, with 61.3 per cent expressing hopefulness or happiness about the future, suggesting community belonging or support, possibly through alternative learning centres or local community networks. However, outcomes are extremely poor in core domains such as *Am I healthy?*, A*m I able to learn?*, and *Am I living in a safe and harmonious environment?*, underscoring the exclusion these children face from basic services, legal protections, and essential infrastructure.

In the health domain, only 2 per cent have access to needed care, while just 9.4 per cent are up to date on vaccinations, highlighting severe barriers to preventive and curative services. While 94.9 per cent report that their mental health needs are met, access to developmental checks is limited to 33.1 per cent. Education outcomes are similarly constrained, with 35.6 per cent having access to education, only 21.7 per cent having access to information, and school education completion at just 8.4 per cent. Housing conditions are precarious, with only 15.7 per cent living in adequate housing, while severe food insecurity affects 33.5 per cent, indicating that over one in three experience extreme constraints on access to food. Inclusion and participation are also limited, with 12.7 per cent reporting access to inclusive playtime and 23.2 per cent engaged in daily activities. On a more positive note, 87.6 per cent receive early stimulation and responsive care, indicating strong caregiving support within households despite systemic exclusion. These findings reinforce the urgency of inclusive policy reforms that address legal status barriers and provide consistent access to healthcare, education, safety and protection.

Figure 23. Wellbeing in undocumented or stateless children



Wellbeing across domains

Looking at wellbeing across domains reveals a contrast in how children are faring across different areas of their lives. The highest levels of wellbeing were reported in the domains *Am I connected and do I have a voice?* and *Am I healthy?*, indicating that many children benefit from strong caregiving, social relationships, and access to basic health services. In contrast, only a small fraction of children feel they live in a safe and harmonious environment, the lowest-performing domain. Other areas such as learning, growth and rest also show considerable room for improvement, suggesting that while some fundamental needs are being met, opportunities for enrichment, protection and development remain limited for many. These findings point to the complex, layered realities of children's lives, where strength in one area does not always translate into overall wellbeing, and where addressing structural deprivation requires attention to both protective factors and enabling environments.

While the SCWI identifies areas of deprivation, it was also intentionally designed to capture broader and more positive dimensions of child wellbeing, including opportunity, autonomy, connectedness, and hope for the future. This approach recognizes that wellbeing is not solely defined by the absence of hardship, but also by the presence of meaningful support, empowerment and the ability to thrive. As such, the findings may challenge assumptions that socioeconomic status or infrastructure alone dictate child wellbeing. These insights offer a more holistic understanding of childhood and adolescence, highlighting the value of local resilience, family and community support, and inclusive environments in shaping outcomes. The MODA results presented below provide a powerful synthesis of how children in Sabah experience deprivation across multiple domains of wellbeing. As expected, the proportion of children classified as deprived decreases as the threshold for multidimensional deprivation increases. At the most inclusive threshold (K=2), 93.0 per cent of children are considered deprived in at least two wellbeing domains; a strikingly high proportion that signals how widespread vulnerability is among the child population. When the threshold increases to K=3, the deprivation rate drops to 78.0 per cent, and at K=4, it falls further to 52.6 per cent.

Figure 24. Overall wellbeing across domains

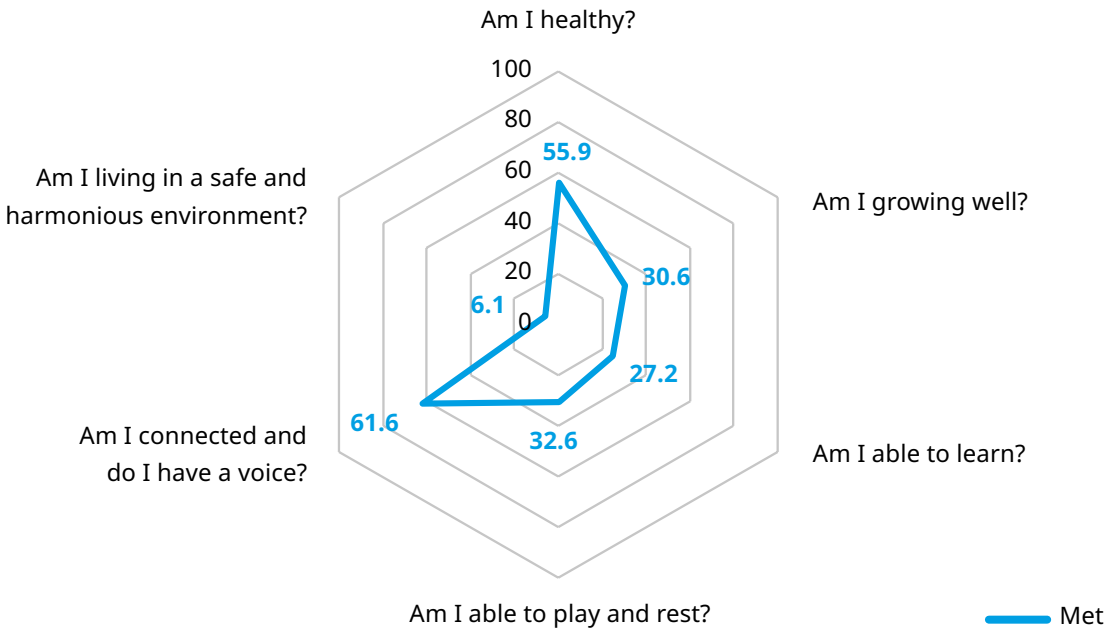


Table 11. MODA analysis: Multidimensional wellbeing

	2 domains (K=2)	3 domains (K=3)	4 domains (K=4)
Total number of children	2,882	2,882	2,882
Number of children affected by at least K deprivations*	3,046.2	2,374.6	1,603.1
Deprivation headcount (H, %)	93.0	78.0	52.6
Average deprivations intensity (A, %)	63.3	69.2	78.3
Average deprivation intensity (A, in numbers)	10,758.2	9,843.3	7,529.0

* These figures represent the weighted number of children (with each child assigned a sampling weight), which is why some figures are larger than the unweighted total of 2882 children.

What is particularly concerning, however, is the corresponding rise in average deprivation intensity. At K=2, children experience an average intensity of 63.3 per cent; that is, deprived children are lacking in nearly two thirds of all possible indicators. As the threshold increases to K=4, the intensity climbs to 78.3 per cent, meaning children in this group are experiencing deep, intersecting deficits across more than two thirds of core wellbeing domains. This group, though smaller in size, is of critical concern: they are the most excluded and are likely to face the most entrenched barriers to health, learning, safety and development.

The relatively high deprivation at K=2 also suggests that many children are hovering just at the margins of multidimensional deprivation, perhaps lacking adequate access to services or protection in a limited number of areas. This group presents an opportunity for relatively rapid impact through targeted interventions that could move them above the threshold and prevent further decline.

In contrast, the more severely deprived groups at K=3 and K=4 require a more comprehensive, integrated response. These children are not only affected by isolated deficits but by a compounded experience of disadvantage that can have lifelong impacts on their health, education, agency and social inclusion. The fact that more than half (52.6 per cent) of children fall into this most deprived category (K=4) underlines how structural and overlapping forms of deprivation are shaping the realities of child wellbeing in Sabah.

These findings reinforce the value of a multidimensional approach to measuring child wellbeing; one that captures how children's experiences in health, learning, protection, rest and connectedness interlock to shape overall wellbeing. Because of this higher benchmark, the thresholds used are intentionally stringent, designed to describe not only the absence of harm, but also the presence of positive developmental opportunities and environments.

Figure 25. Top 10 overlapping domain combinations in which children did not meet wellbeing threshold

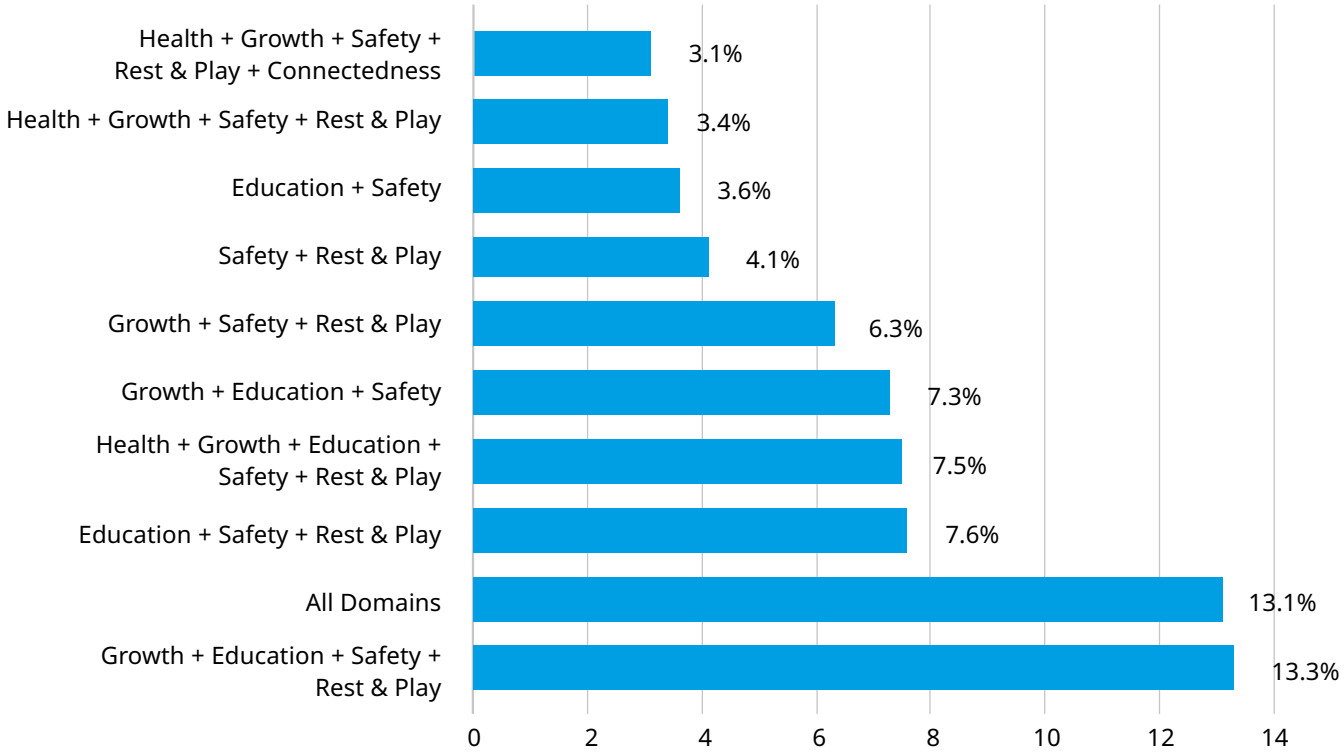
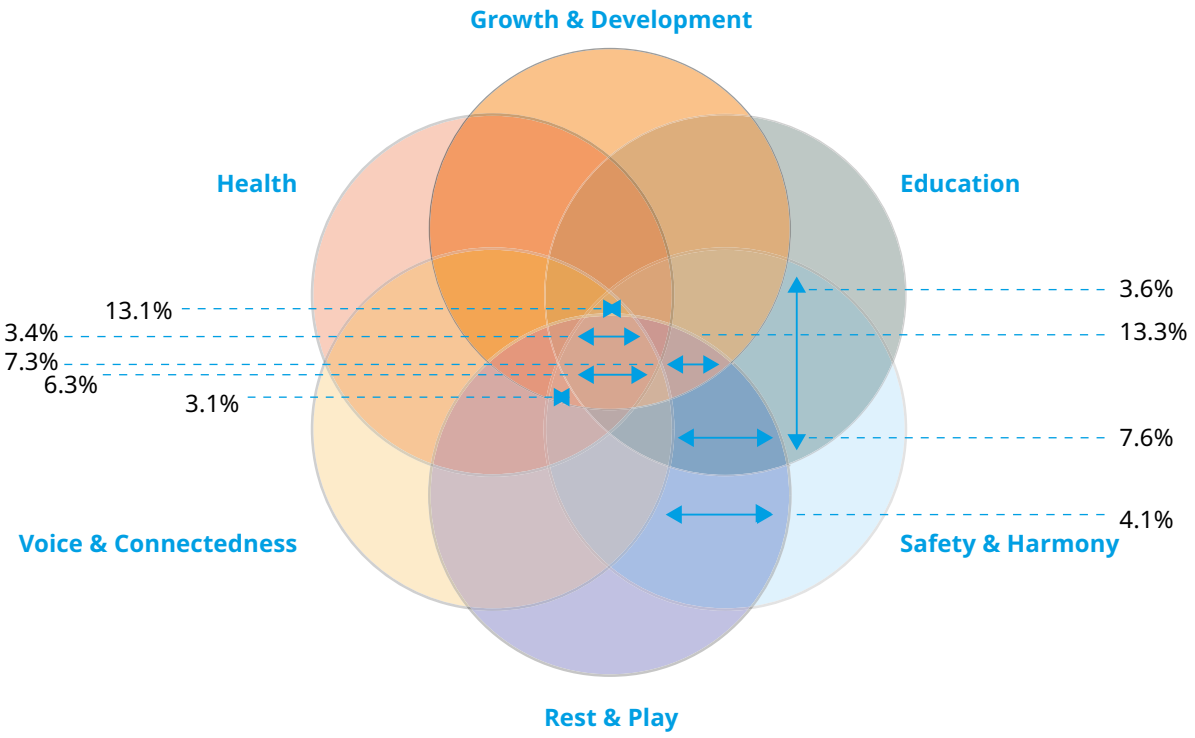


Figure 26. Analysis of overlapping domain combinations in which children did not meet wellbeing threshold



Analysis of overlapping domains where children failed to meet the wellbeing threshold highlights clear opportunities for integrated programming. The most frequent combination of deprivations was in Growth & Development, Education, Safety & Harmony, and Rest & Play, affecting 13.3 per cent of children. This was followed by children who failed to meet thresholds across all domains (13.1 per cent), and those facing deficits in Education, Safety & Harmony, and Rest & Play (7.6 per cent). Other frequent overlaps included Growth & Development, Education, and Safety & Harmony (7.3 per cent) and Growth & Development, Safety & Harmony, and Rest & Play (6.3 per cent).

Smaller but still notable proportions of children were deprived in Safety & Harmony and Rest & Play (4.1 per cent), Education and Safety & Harmony (3.6 per cent), and Health, Growth & Development, and Safety & Harmony with Rest & Play (3.4 per cent). The least frequent but complex overlap included five domains; Health, Growth & Development, Safety & Harmony, Rest & Play, and Voice & Connectedness; affecting 3.1 per cent of children.

These patterns reveal that certain domains tend to cluster together, suggesting that barriers in one area often co-exist with deficits in others. Ranking these combinations by prevalence can support the prioritization of interventions that integrate responses across the most commonly linked domains, rather than addressing each domain in isolation. For example, programmes combining educational support, child protection, and safe recreational spaces could address several of the highest-frequency deprivation combinations simultaneously.

Policy recommendations

Overarching policy recommendations

The Sabah Child Wellbeing Index (SCWI) reveals many strengths across the state, including high levels of early childhood engagement, strong caregiving practices, and widespread access to key developmental opportunities. Many children benefit from nurturing family environments and community support structures that promote learning, protection and connection. At the same time, the index identifies important gaps that remain, particularly in areas such as access to basic needs, educational attainment, protection, and adolescent voice and mental wellbeing. These findings offer a valuable opportunity for targeted, equity-focused interventions that build on existing strengths while addressing persistent challenges across age groups, population subgroups, and geographical divisions.

Based on the extensive and detailed policy recommendations that follow below, here is a consolidated list of cross-cutting, overarching policy recommendations that can apply across domains and serve as systemic levers for change in Sabah's child wellbeing agenda.

Legislative & policy reform

- Revise and strengthen key legal frameworks, such as the Persons with Disabilities Act 2008, to better reflect and enforce the rights of children with disabilities.
- Formalize support for undocumented or stateless children through clear administrative and legal guidelines for access to education, vaccinations, and food programmes (e.g. Ministry of Education (MOE) accreditation of ALCs, safe zones for health access).
- Enact and implement the Sabah Youth Development Enactment and ensure inclusive participation across gender, disability, and citizenship status.

- Strengthen child protection systems across all divisions, including reporting mechanisms, referral pathways, safe community spaces, and disability inclusive protection services.
- Mandate child protection policies in all schools, including anti-bullying frameworks, reporting procedures, and staff training.
- Support inclusive town planning that addresses access for children with disabilities and marginalized communities.
- Leverage community-based models (e.g. tutoring, mobile outreach, edible gardens) to fill service delivery gaps, especially in remote or hard-to-reach areas.

Integration of data and services

- Digitalize child wellbeing data infrastructure, including immunization registries, school attendance, and disaggregated outcomes across subgroups (disability, citizenship, geography).
- Institutionalize the Sabah Child Wellbeing Index (SCWI) as a state-level monitoring tool, with periodic updates and divisional dashboards.
- Use MODA and inclusion monitoring tools to detect and address gaps among 'invisible' groups (stateless, children with disabilities, Bajau Laut, etc.).
- Facilitate inter-agency data sharing (e.g. Health, Education, Department of Statistics (DOSM)) with safeguards to prevent data being used for arrest or detention of undocumented or stateless children.

Social protection

- Introduce cash transfers tied to child health, education and nutrition outcomes, adaptable to documentation status.
- Strengthen and universalize school meal programmes, with a focus on preschool, primary, and eventually secondary students.
- Resource Pusat Aktiviti Kanak-Kanak (PAKK) as one-stop centres for co-located education, nutrition, and health services – especially for underserved and undocumented or stateless children.
- Support caregivers of children with disabilities through CBR-linked food aid, health services and outreach.

Human capital investment

- Ensure that all children—regardless of documentation status, disability, age, or location—are guaranteed access to essential health, education, and protection services.
- Expand, train, and support professional social workers, health personnel, and educators, with attention to supervision, wellbeing, and inter-agency coordination.
- Mainstream adolescent voice across policies and implementation – not just as token participation, but in budgeting, planning and evaluation.
- Build youth-friendly spaces and services and institutionalize participatory design in youth policy and programming.
- Incorporate Social and Emotional Learning (SEL) into school curricula and co-curricular programmes.

The index identifies important gaps that remain, particularly in areas such as access to basic needs, educational attainment, protection, and adolescent voice and mental wellbeing. These offer a valuable opportunity for targeted, equity-focused interventions.

Detailed policy recommendations

The following recommendations are structured to align with the core domains of the Sabah Child Wellbeing Index (SCWI) as far as possible. In the final section, however, given the multidimensional and interconnected nature of child wellbeing, several recommendations intentionally span across domains, such as sleep and digital access, which influence both education and health, reflecting the overlapping realities children face in Sabah.

1 Improve childhood vaccination coverage through targeted immunization strategies

While early childhood development outcomes in Sabah are promising, with 93 per cent of children aged 0 to 5 years meeting the threshold for stimulation and responsive care, only 73.6 per cent were fully vaccinated, with notably lower check-up coverage in Sandakan (77 per cent) and Tawau (74.8 per cent) and among children with disabilities. These figures signal a need to close gaps in immunization through more proactive and inclusive vaccination strategies.

Specific recommendations

- Implement targeted immunization campaigns in low-coverage divisions, using school-based, mobile, and home-based approaches. Work with community leaders and organizations to convey information and raise awareness, including organizations of persons with disabilities and those working with undocumented or stateless children.
- Strengthen tracking and reminder systems for routine childhood vaccinations, particularly in remote and underserved communities. A study on community-based participation to improve measles vaccination (MCV) completion rate in Kota Kinabalu saw a six-fold increase in satisfaction score and a 97 per cent programme acceptance rate among participants that received support from trained community volunteers, as opposed to routine services from health clinic nurses. A digitalized, automated SMS system and use of community-participative methods create greater trust in the vaccination programme, ensure more regular and comprehensive support for communities, and relieve the burden on nurses.
- Expand health education initiatives, ensuring material is accessible and provided in a variety of formats to promote vaccine confidence among caregivers, especially in food-insecure or marginalized households (for example caregivers with disabilities or low literacy levels).
- Expand vaccine coverage of stateless children into the National Immunisation Programme (NIP). The Sabah Department of Health currently partners with major employers and education providers, such as large plantation companies and alternative learning centres, to distribute vaccinations for children under their care, which effectively includes stateless children. However, these efforts are limited by a reliance on healthcare and education facilities offered by large employers. More efforts can be made to support smallholder inclusion, such as establishing a comprehensive list of all registered smallholder plantations and partnering with grassroots facilitators such as WWF-Malaysia's Sabah Landscapes Programme.
- Build a firewall between the Departments of Health and Immigration to allow stateless populations access to vaccinations without fear of arrest, thereby encouraging their health-seeking behaviour.
- Ensure sufficient resourcing for an inclusive vaccination programme that is expressly mandated by Ministry of Health guidelines. Without directive from the Ministry of Health, state-level efforts to vaccinate stateless children can and will also depend on goodwill of health officers, availability of vaccinations, and manpower and logistical resourcing to conduct outreach to populations in remote areas – which can result in piecemeal access for 'low-priority' stateless children.

2 Strengthen health access for young children, especially children with disabilities

Physical, attitudinal, communication and other structural barriers continue to limit access to essential health services for some groups, particularly children with disabilities. Expanding and strengthening existing community-based rehabilitation (CBR) centres, which are often under-resourced and ill-equipped to meet mobility and accessibility needs, can support better referral and awareness about health services for caregivers of children with disabilities. At the same time, general health services at community and division levels have to be more inclusive and accessible to the requirements of children with disabilities, caregivers with disabilities, and their families. This will also improve health access for other marginalized groups.

Specific recommendations

- Enhance and expand CBR centres through increased staffing, mobility aids (e.g., ramps, wheelchairs), and disability-inclusive infrastructure.
- Expand public-private partnerships to develop CBR centres, e.g. by partnering with established non-governmental organisations such as Seri Mengasih Centre in Kota Kinabalu, that has relied on school fees and public donations to sustain operational costs for almost 50 years. Explore alternative funding mechanisms, e.g. a tiered-fee system or subsidies for individuals recommended through the Social Welfare Department (Jabatan Kebajikan Masyarakat or JKM), to increase access to high-quality special education, sustain continued operations, and support expansion of its services and methodology.
- Maintain support for specialized child and adolescent health services, such as the Universiti Malaysia Sabah Hospital's Child and Adolescent Mental and Physical Health (CHAMP) Centre, that provides interventions and rehabilitation for children and adolescents requiring specific treatment and care for neurodevelopmental and behavioural needs such as autism, ADHD, and speech delays. Recruitment and training of medical professionals will be critical to ensure continued provision of specialized care.
- Increase health service outreach through mobile clinics and home-based services in rural and hard-to-reach areas.
- Sustain early childhood health engagement beyond infancy through regular follow-up, check-ups and developmental monitoring.

Improving access to health services across all populations will support increased vaccination uptake and ensure continuity of care throughout early childhood.

3 Expand adolescent-friendly and inclusive SRH education and services

The SCWI findings highlight substantial gaps in adolescents' access to accurate and supportive sexual and reproductive health (SRH) information and services. Pantai Barat recorded the lowest proportion of adolescents aged 15 to 17 years meeting the SRH threshold (26.1 per cent), pointing to a significant lack of adolescent-responsive SRH services in the division.

Specific recommendations

- Integrate SRH education into secondary-school co-curricular or life-skills programmes using age-appropriate, culturally sensitive, and gender- and disability-inclusive content in accessible delivery formats.
- Establish adolescent-friendly service points in public clinics and community health centres, with trained personnel, confidentiality protocols, and accessible referral systems. Raise awareness about these services among youth with disabilities who are in special schools or who are not going to school, as well as among their parents.
- Partner with youth organizations, community-based groups, organizations of persons with disabilities and religious leaders to deliver SRH awareness campaigns that align with local values while promoting adolescent health and agency.
- Conduct targeted outreach in underserved divisions such as Pantai Barat to close regional gaps in SRH knowledge and service access.

4 Improve education access and support for all children

Only 27.2 per cent of children met the education domain threshold, highlighting key barriers such as low school readiness, limited homework support, dropout rates among adolescents, limited knowledge and capacity of teachers, and lack of digital access. While many children are enrolled in school, these challenges suggest that enrolment alone is not sufficient to ensure meaningful learning. Encouragingly, children with disabilities performed better in some indicators, reinforcing the value of targeted support systems.

Specific recommendations

- Scale up academic support and counselling programmes in schools, especially for adolescents at risk of dropping out or struggling with studies. These should include remedial education and mental health support for students struggling with literacy, numeracy, or psychosocial issues. One proven model is the Teaching At The Right Level approach, which groups students by learning level rather than age or grade, with students given short, intensive literacy and numeracy lessons to build foundational skills. In Malaysia, a similar approach has been taken by the Johor State Government to strengthen Pemulihan (remedial) learning.
- Strengthen data systems to better track school attendance, dropout rates, and education outcomes by sub-group. More specific data allows for better targeting of high-need sub-groups, such as undocumented or stateless children and children with disabilities. Such data can be used to support the Ministry of Education in adopting an Early Warning System (EWS) to predict and prevent school dropouts, implementing timely, appropriate and targeted interventions.
- Scale up support measures for inclusive and special education programmes, e.g. training mainstream teachers on disability-specific learning needs, and providing accessible learning materials, additional support outside of learning hours (learning and psychosocial support), access to assistive technology, as well as additional financial support (transportation, accommodation, etc.) – for both inclusive education (integrated) as well as special education (special education schools and special education stream/track in mainstream schools). Expanding public investments in inclusive and integrated education is required to ensure children with disabilities can optimize their individual learning outcomes. There are three key enablers for this that can be implemented in phases or concurrently, leveraging existing systems and guidelines:
  - **First**, remove legal and/or administrative barriers to school enrolment in schools under the Sabah Education Department, including issues related to registration and/or documentation. This addresses the primary challenge faced by most undocumented or stateless children, i.e. the inability to enrol in public schools due to the lack of documentation of their legal identity.
  - **Second**, ensure updated guidelines for the registration of alternative learning centres (ALCs) in Sabah. Ensure the effective and timely adherence to the guidelines by providing regular training for Department of Education officers and spot checks on the registration process. Clear guidelines must also be issued for the accreditation of ALCs under the Ministry of Education, which can be supported by technical assistance and micro-grants in partnership with private-sector donors.
  - **Third**, develop modalities for inclusive education with formal and/or meaningful pathways to learning, livelihood and employability. A range of models can be developed through partnerships with the governments of Malaysia, Indonesia and the Philippines, civil society organizations, and private-sector employers. Community learning centres (CLCs) under the Republic of Indonesia's Consulate are a proven model that leverages bilateral partnerships to allow children of Indonesian descent who are living or growing up in Malaysia access to further education and career pathways in Indonesia.
- Start kampung-level learning and tutoring programmes, especially in underserved areas, with local volunteers or trained facilitators helping children with homework, digital skills, and exam preparation. Numerous existing

models of tutoring programmes exist under Teach For Malaysia, such as the Education Recovery Tutoring Initiative (ERTI) that recruited community volunteers and university students to support children in six Klang Valley Program Perumahan Rakyat (PPR) communities. Volunteers were given access to KelasKita, an online learning handbook with materials to support their classes. Sekolah Enuma is a low bandwidth model in partnership with Yayasan TM and Enuma, which utilizes an offline, game-based application to teach Bahasa Malaysia, English and Mathematics to 600 pre- and primary-school children in rural environments.

- Establish a disability-specific module for community-based tutoring programmes to ensure children with disabilities receive tailored academic support, particularly in underserved areas.
- Include basic sleep and health education in schools and other community centres that children attend (such as CBR centres) and community awareness efforts, to improve concentration, wellbeing, and learning outcomes among children.

5 Improve basic infrastructure and local access to public services

Many children, especially those in Kudat and Pedalaman, and those with disabilities, still face challenges in accessing clean water, safe housing, and nearby schools or clinics. While 78 per cent have access to clean water and toilets, only 41.4 per cent live in safe housing, and just 59.2 per cent live close to essential services.

Specific recommendations

- Upgrade basic rural infrastructure in Kudat and Pedalaman, such as piped water, sturdy housing, and safer village roads with accessible sidewalks and crossings and adequate lighting and signage.
- Use available village- and district-level data to map out service gaps and improve planning in underserved areas.
- Make sure that town planning and housing projects consider the needs of children, especially those with disabilities, by including safe and accessible paths and ramps to nearby schools and clinics, and by providing child-safe accessible transport.

6 Strengthen support for families facing food insecurity and financial hardship

Many children in Sabah go to bed hungry, with 72 per cent experiencing some level of food insecurity, and with severe food insecurity reaching its highest levels among undocumented or stateless children. Undernutrition remains a long-standing issue, especially among vulnerable groups.

Specific recommendations

- Introduce a conditional cash transfer programme that ties cash transfers for basic foods to pre-defined requirements appropriate to a family's needs, determined and administered by an official body such as the Social Welfare Department. Requirements can differ based on a child's immigration and documentation status, touching on elements such as vaccinations aligned to the National Immunisation Programme (NIP), regular clinic visits, regular school or learning centre attendance, or engagement with nutrition or social services.
- Expand MOE's Rancangan Makanan Tambahan (RMT) into a comprehensive school food programme to provide in-school meals for all children in need, at primary and preschools in Sabah, five times a week during the school year. Preschools are recommended four meals a day: breakfast, morning tea, lunch and evening tea. Primary schools require the same and should include one hot meal during recess. Reference can be made to MOH's Program Hidangan Berkhasiat Di Sekolah (HiTS) on portion sizing.
- Meals should be standardized and provided universally across preschool and primary levels to ensure equity and prevent stigma against children in need of food aid. The extension of this programme to secondary schools should also be explored, to support the Education (Amendment) Bill 2025.
- Explore home-grown procurement of local produce to stimulate local livelihoods and promote food security. In Thailand, the School

Food Programme was enhanced by a parallel School Milk Programme run by the Ministry of Agriculture, which purchased 100 per cent of its milk from Thai farmers, strengthening demand and production for the local dairy industry. Feasibility of this model using locally produced milk in Sabah can be trialled via the existing School Milk Programme under Malaysia's MOE.

- Integrate ongoing pilot initiatives by the State Nutrition Department: (i) create Edible Community Gardens in primary schools to support food production and awareness among students on nutritious, local foods; (ii) establish Healthy Central Kitchen to promote healthy food in preschools, including sharing hygiene protocols for food preparation.
- Organize quarterly Health & Nutrition Days to offer a range of health-related promotions and services for schoolchildren and children not enrolled in schools, such as vaccinations, growth monitoring, deworming and counselling, in partnership with District Health Offices and Welfare Departments.
- Explore the feasibility of operating Children's Activity Centres (Pusat Aktiviti Kanak-Kanak or PAKK) under the Social Welfare Department as a one-stop site for co-located health, education and food services, to allow families to receive support in one place. Include undocumented or stateless children by removing strict eligibility requirements and ensuring these centres are designated as safe zones where police are not able to raid. For geographically distant communities on islands and estates, a hub-and-spoke model can be explored. Link health, education, and food support, such as meals, check-ups and learning materials for families to receive comprehensive help from the Welfare Department.
- Leverage alternative learning centres (ALCs) to tie education access to food access for stateless children. Thailand's inclusive approach to its Office of the Basic Education Commission's School Lunch Program has achieved universal coverage in all pre- and primary schools in Thailand (almost 4 million students in 2021), for which enrolment is open to all undocumented or stateless children. Similarly, ALCs in Sabah should be made eligible to participate in the School Food Programme.
- Build an environment conducive for children to make healthier choices, such as by establishing and enforcing standards that prevent or restrict the sale of unhealthy food by hawkers operating around school areas. In addition to addressing the marketing of unhealthy food to children, efforts can be made to promote healthy food retailers through a review of existing vendors for school canteens. Complement restrictions with school-based nutrition education and Social and Behaviour Change (SBC) campaigns to empower children to make informed choices. Corporate partnerships with healthy food retailers can be established to co-fund this outreach.
- Encourage families of children with disabilities to register their children for the disability card. Community-based rehabilitation (CBR) centres should also be able to receive support under the comprehensive food programme for children with disabilities under their purview.
- Legislative reform: Review and update the Persons with Disabilities Act 2008, which has limited enforcement mechanisms and may not explicitly cover all needs of children with disabilities.

7 Make homes, schools, and communities safer for children

Most children in Sabah face some form of harm or risk in their daily lives, whether from bullying, poor housing, unsafe roads, or online threats. Only 6.1 per cent met the full safety and protection threshold, and rates were lowest among undocumented or stateless children and children with disabilities.

Specific recommendations

- Invest in qualified, trained social workers to support vulnerable children and families. Ensure social workers are supported by a qualified supervision system and frameworks to protect their wellbeing and mental health. Create a supportive professional network for young and new social workers, such as by introducing a buddy system, peer support groups, and regular opportunities for mentoring and professional development.

- Identify strategic places where vulnerable children and families can be placed within the same district. Rumah Kanak-Kanak in Kota Kinabalu currently functions as the state's sole safe house for victims of child abuse and neglect. An existing structure that can be improved upon is the Children's Activity Centres (PAKK) located in every district, which must be sufficiently resourced with facilities to temporarily house victims, such as rooms, beds, showers and security.
- Work with schools and community groups to run anti-bullying and online safety programmes, using simple language and local examples. Conduct anti-bullying educational programmes in schools for all students, with appropriate language, accessible material and communication, and inclusive localized examples. Educate students on types of bullying, motivations of bullying and prejudice, the role of bystanders, appropriate courses of action to report cases of bullying and how to support victims. Specific attention should be paid to measures addressing bullying based on disability-related stigma and ensuring support is accessible and targeted to children with disabilities. Create a state-wide anti-bullying policy that all schools are mandated to adopt and enforce. This policy must be guided by a review of internal school SOPs (in government, private and religious schools) to understand how these correspond to the current national legislative framework. Teachers and educational staff must be trained on the purpose of this policy, the legal responsibilities of educators and educational institutions, reporting and referral mechanisms to identify and refer cases to social welfare and child protection services, safeguarding practices and operating confidential reporting channels. Ensure that such channels are also open to incidences of bullying outside of schools, such as cyberbullying.
- Design and deliver practical, technical training on child abuse and neglect for all frontline staff, including social workers, child protection officers, supervisors, Child Activity Centre volunteers, teachers, school principals and counsellors, religious leaders, and village heads as well as frontline staff of non-governmental organizations that interact with children regularly. Topics should include specific information on recognition of violence, bullying, harassment or neglect, including those related to disabilities, and reporting procedures to enable frontline workers to identify, respond to, and report cases with greater confidence.
- Improve safety in and around schools by upgrading and making accessible transport and footpaths, and ensure sufficient lighting, especially in rural and high-risk areas.
- Set up clear, accessible and confidential ways for children and families to report safety concerns in schools and communities. Invest in the creation of inclusive, positive school environments. Train teachers to facilitate open classroom discussions on the issues of difference, problem-solving and conflict management, as well as celebrating identities and successes. Incorporate Social Emotional Learning and Skills into Pendidikan Moral discussions as well as co-curricular activities, to develop children's emotional awareness and management. Children, parents, teachers and community members must be engaged in the school community to shift social and cultural norms, to ensure schools are safe spaces for learning.

8 Foster adolescent voice and participation in the community

Adolescents remain underserved across several SCWI indicators. Only 42 per cent reported feeling able to express their opinions, and fewer than half met thresholds for mental wellbeing or hope for the future. Safety perceptions varied widely by location; from 77.4 per cent in Pantai Barat to just 47.8 per cent in Pedalaman and 36.9 per cent in Kudat.

Specific recommendations

- Ensure diverse youth participation in the development and finalization of the Sabah Youth Development Enactment, across boys, girls, indigenous young people and young persons with disabilities. Open and accessible consultation sessions must be conducted in every district, with avenues for both digital and offline participation and feedback that account for connectivity, or the lack thereof.

- Invest in adolescent-friendly spaces, youth centres, and participatory and inclusive mechanisms that give all young people platforms to engage in decision-making. The Youth Development Enactment must be implemented with urgency and priority to support youth and adolescent-led organizations through funding, skills building, and making accessible in-kind resources.
- Increase adolescent-friendly and accessible information on community issues and initiatives to encourage greater connection and engagement to such issues. Iterations of innovative programmes such as UNICEF's Tuai Cerita Fellowship, that trained 15 content creators to tell stories that advocate for children's rights, can be explored to target and empower youth creators. Another successful programme is Meta's We Think Digital, which equips students with digital literacy skills required to participate critically and thoughtfully in the digital world. Incorporate psychosocial life skills and peer mentoring into school curricula and community-based programmes. Leverage the Sabah Youth Council to develop and implement such programmes, to be created from a youth-centred perspective. Promote inclusive school and local government forums where adolescents, including those with disabilities and without documentation, are heard and included.

9 Target overlapping deprivations through localized planning and budget processes

MODA analysis shows that while 93 per cent of children experience at least two deprivations, the severity of deprivation increases with each domain. This is particularly acute for undocumented or stateless children, who are more likely to be deprived across four or more domains.

Specific recommendations

- Use SCWI data to inform prioritization of children facing multiple, intersecting deprivations in policy and programming, investing in or strengthening services in sectors where deprivations are noted to be higher.
- Institutionalize the SCWI as a routine monitoring tool at state level, with capacity-building for data interpretation and policy integration.
- Develop divisional child wellbeing dashboards and reporting mechanisms to support more equitable, localized decision-making.

10 Strengthen data systems for ongoing monitoring of child wellbeing

Sustaining and improving child wellbeing outcomes require robust, disaggregated, coordinated and timely data. Current reliance on paper records and standalone surveys limits the ability to monitor progress or target services effectively. Moving towards digital, integrated, and routine data collection systems will help monitor wellbeing and support more responsive policy.

Specific recommendations

- Establish enduring, digital data infrastructure, such as a centralized immunization registry with mandatory reporting from all public and private providers, to track vaccination coverage accurately and in real time. Build on ongoing digitalization of the National Immunisation Programme on MySejahtera by onboarding private providers and making electronic reporting mandatory for all providers. Ensure that records for undocumented or stateless children and children with disabilities are captured but are protected from agencies outside the Department of Statistics (DOSM), with these safeguards communicated widely and adhered to in implementation. Coverage dashboards can be published in collaboration with DOSM.
- Institutionalize regular school-based surveys, especially in secondary schools, to collect adolescent-reported data on wellbeing, including self-perception, mental health, safety and inclusion. Safeguards such as data audits and incentive controls will be required to ensure data quality and accuracy. Publish district factsheets based on aggregated data, exploring a data sharing MOU between State Health and Education Departments and DOSM Sabah, if required. Such data serve to inform and shape broader interventions on social-emotional wellbeing

amongst students; schools should not be penalized or rewarded based on results.

- Implement monitoring and enforcement mechanisms for school nutrition programmes to understand uptake and effectiveness amongst preschool and primary school students. Schools and residents must be empowered to report to local authorities, for further action, any violations by street vendors selling unhealthy food to students.
- For populations that may be invisibilized, incorporate a 'missingness monitor' for populations likely to be excluded from administrative datasets, i.e. undocumented or stateless children, children with disabilities, Bajau Laut, and residents on remote islands. This monitor will be used to trigger field-based surveys and community enumerations, exploring the creation of a regular Sabah Inclusion Survey (SIS).

Conclusion

The SCWI provides Sabah's first comprehensive baseline of child wellbeing, revealing both encouraging strengths and persistent inequities across health, nutrition, education, play, protection and connectedness. While many children met thresholds in multiple domains, particularly in early caregiving and foundational learning, the SCWI findings reveal that child wellbeing challenges in Sabah are not isolated, but overlapping, with many children experiencing multiple deprivations simultaneously across key areas such as safety, learning, and nutrition. Adolescents also reported substantial gaps in health, with food insecurity and digital exclusion also emerging as critical concerns. The findings highlight important opportunities for further research, including deeper analyses of undocumented or stateless children, children with disabilities, and the relationship between food insecurity, adolescent wellbeing, and other intersecting deprivations. Such targeted analyses could strengthen understanding of the drivers of inequity and inform tailored, context-sensitive interventions.

Lessons learned

Several lessons emerged from this study that are important for future efforts to measure and strengthen child wellbeing. Ensuring disability-sensitive approaches throughout the research process proved essential, including the use of validated tools, flexible adaptations for children with communication difficulties, and the need for more comprehensive enumerator training on disability inclusion. The study also highlighted the importance of dedicating sufficient time and resources to identify and engage adolescents, whose perspectives are central but often difficult to capture during standard survey hours. Training for enumerators should place greater emphasis on how to approach sensitive questions, especially those related to protection, mental health, and sexual and reproductive health, to ensure accuracy while safeguarding dignity and trust. These lessons provide a foundation for refining future rounds of the SCWI and similar studies, ensuring that data collection becomes more inclusive, representative, and responsive to the lived realities of children.

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Annexes and references

Annex 1: SCWI framework

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
Household questions						
Demographic questions						
1. Am I healthy?	**Equitable access to health care (including allied health services)** In the event of illness, or requiring health checks, the child can access health service AND Child eligible for government subsidized healthcare or covered by health insurance	X	X	X	X	• CRC Articles 23, 24 • Conceptualization workshop content match • Amended based on SPRI feedback
	Mental health needs met Child meets criteria for good mental health (0 to 11 years) (Royal Children's Hospital): 1. able to play, learn and be social with others 2. having healthy relationships and close bonds with family and friends 3. managing feelings and responses in a range of situations 4. able to cope with challenges 5. having a positive outlook 6. developing and having good self-esteem	X	X	X		• Conceptualization workshop content match • CRC Article 24 • MICS indicator (15 to 17 years) • Amended based on SPRI feedback

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
	Child did not have symptoms of depression and/or anxiety during the last two weeks OR had someone to talk to if they had a problem or worry related to difficult feelings and experiences OR had contact with a health professional or counselor for mental healthcare during the last month if they reported symptoms of depression and/or anxiety (15 to 17 years)				X	
	Equitable access to reproductive health resources Child's reproductive health needs are met: 1. sufficient menstrual materials 2. participation in activities during menstruation (during their last period, were able to participate in education/training, social activities) 3. can make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care (15 to 17 years)			X	X	• Conceptualization workshop content match • CRC Article 24 • MICS indicator • Design workshop content match

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
	Vaccinations Child has received all basic vaccinations as per the Malaysian Immunisation Schedule: • 0 to 2 years: BCG, Hep B, hexaxim (2 doses), measles, MMR (2 doses) • 6 to 12 years: DT booster • 13 to 17 years: HPV	X		X	X	• Conceptualization workshop content match • CRC Articles 23, 24 • MICS indicator
	Self assessment of health Child feels healthy physically and mentally to be able to do the things they enjoy doing				X	• Design workshop content match • Included based on UNICEF feedback
2. Am I growing well?	**Exclusive breastfeeding (< 6 months)**	X				• Conceptualization workshop content match • CRC Article 24 • MICS indicator
	Nutritious food consumption Child consumed egg and/ or flesh food (meat, fish, poultry, and liver/organ meats) in the previous day AND Child consumed vegetable or fruit in the previous day AND Child consumed grain food (e.g rice, wheat) in the previous day	X	X	X	X	• Conceptualization workshop content match • CRC Article 24 • MICS indicator • Amended following SPRI feedback to simplify

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
	Access to regular developmental checks Child has access to regular developmental checks as appropriate to age (Ministry of Health Malaysia): 0 to 6 months - monthly; 6 to 12 months - 2 monthly; 1 to <2 years - 3 monthly; 2 to 4 years - 6 monthly; 5 to 6 years - yearly	X	X			• Conceptualization workshop content match • CRC Articles 23, 24 • Amended based on SPRI feedback
3. Am I able to learn?	**Access to education** Child attends early childhood education programme (3 to 5 years) OR Child with disability receives special needs education OR Child currently attending primary, lower or upper secondary school/alternative learning centre (6 to 12 years) OR Child currently attending lower secondary school or higher/ vocational learning institution/ alternative learning centre (13 to 15 years) OR Child currently attending upper secondary school or higher/vocational learning institution/ alternative learning centre (16 and 17 years)		X X	 X X	 X X	• Conceptualization workshop content match • CRC Articles 23, 28 • MICS indicator • Design workshop content match • Amended based on UNICEF feedback

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
	Relevance/usefulness of education Child perceives the content of school curriculum as relevant and useful for life				X	• Design workshop content match • Amended based on UNICEF feedback • Amended based on SPRI feedback
	Access to a variety of activities at school Child has access to a range of extracurricular activities			X	X	• Conceptualization workshop content match • CRC Articles 29, 31
	Access to information Child has access to technology and information from a variety of sources: Ownership of mobile phone/ use of computer/household has television/radio/ telephone Child has access to reliable internet connectivity			X	X	• Conceptualization workshop content match • CRC Articles 17, 29 • MICS indicator
	School education completion Child above the intended age for the last grade who have completed that grade (a) Primary school (13 and above) (b) Lower secondary school (16-17) OR Child intends to complete high school/vocational learning (13-17)				X	• Conceptualization workshop content match • CRC Article 28 • MICS indicator • Design workshop content match

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
	Support with homework Child receives help with homework			X	X	• MICS indicator • Amended based on SPRI feedback
4. Am I able to play and rest?	**Access to inclusive play time and activities** Child has access to (and physical space for) activities for recreation, leisure and creative expression that are appropriate to their abilities and interest	X	X	X	X	• Conceptualization workshop content match • CRC Articles 29, 31 • Amended based on SPRI feedback
	Availability of children's books and playthings Child has three or more children's books Child plays with two or more types of playthings	X	X	X	X	• CRC Article 31 • MICS indicator • Amended based on UNICEF feedback
	Engagement in major daily activities Child adequately engages in a variety of activities on a daily basis: homework and studying after school/playing/ socializing/sports and exercise/sleeping		X	X	X	• CRC Article 31 • MICS indicator
5. Am I connected and do I have a voice?	**Early stimulation and responsive care (24 to 59 months)** Child engaged in four or more activities to provide early stimulation and responsive care in the last three days with (a) Any adult (over 18 years old) household member (b) Mother (c) Father	X	X			• Conceptualization workshop content match • CRC Article 18 • MICS indicator

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
	Frequency and quality of interactions with family and friends Child perceives they have frequent and good quality interactions with family and friends				X	• Conceptualization workshop content match • CRC Article 18
	Enjoyment of school life Child enjoys school life		X	X	X	• Conceptualization workshop content match • CRC Article 28
	Connectedness to community Child reports a sense of belonging, a sense of responsibility to the betterment of the community AND/OR Child reports they have opportunities to participate in activities that support the community			X	X	• Conceptualization workshop content match • CRC Article 29 • Amended based on SPRI feedback
	Strong cultural (or religious) identity Child proud of cultural (or religious) heritage OR Child able to freely practise cultural (or religious) heritage			X	X	• Conceptualization workshop content match • CRC Articles 29, 30 • Amended based on SPRI feedback
	Ability to express opinions Child feels heard, understood and able to express opinions at home, school and other social environments		X	X	X	• Conceptualization workshop content match • CRC Articles 12, 13 • Amended based on SPRI feedback

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
	Control over personal decisions Child supported in making own (age-appropriate) decisions		X	X	X	• Conceptualization workshop content match • CRC Articles 13, 14
	Sense of hope and optimism Child expresses hopefulness and a positive perception of their future				X	• Feedback from SPRI
6. Am I living in a safe and harmonious environment?	**Protection from violence and crime** Child feels protected and is able to identify trusted people to talk to if feeling physically or psychologically unprotected/unsafe Child feels safe walking alone in their neighbourhood after dark (MICS - 15 to 17 years)	X	X	X	X X	• Conceptualization workshop content match • CRC Articles 19, 29, 33, 34 • MICS indicator and feedback from SPRI to account for sensitivity in survey (MICS indicator for aggression from adults in household is direct - potential for social acceptability bias)
	Child marriage Child is not married or in union			X	X	• MICS indicator

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
	Water and sanitation Child lives in a household using improved sources of drinking water on premises (within their dwelling/yard/plot) AND sufficient drinking water available when needed in last month AND Child lives in a household using improved sanitation facilities AND Child lives in a household with bathing facilities on premises (within their dwelling/yard/plot) and with water available	X	X	X	X	• Conceptualization workshop content match • CRC Articles 24, 27 • MICS indicator
	Access to adequate housing Child has access to adequate housing defined by UN Habitat: • Security of tenure • Availability of basic services, materials, facilities and infrastructure • Affordability (ability to enjoy other human rights besides the housing costs) • Habitability (minimum living standards) • Accessibility (easy access for disadvantaged and marginalized groups with specific needs) *(cont)*	X	X	X	X	• Conceptualization workshop content match • CRC Articles 16, 27 • Design workshop and SPRI feedback • UN Habitat criteria for adequate housing

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
	(cont) **Adequate location** (access to social infrastructure, employment places, far from polluted and dangerous places) **Cultural adequacy** (appropriateness of housing with consideration of cultural identity					
	Food security Child has access to sufficient, safe and nutritious foods that meet their dietary needs and food preferences for an active and healthy life; and does not experience moderate/severe food insecurity in the past 30 days characterized by (FAO UN): • Compromising on quality and variety of food • Reducing quantities, skipping meals • Experiencing hunger	X	X	X	X	• Conceptualization workshop content match • CRC Articles 24, 27 • MICS indicator - refers to FIES • Amended based on SPRI feedback
	Safe commutes Child is able to commute safely to school and other places as required, including: adult supervision, travel along routes which are safe, alternative transport during inclement weather, safe use of halfway huts	X	X	X	X	• Design workshop content match

Domain	Indicator (threshold for indicator)	Age group				Justification (Convention on the Rights of the Child (CRC), comparability, Conceptualization Workshop content match)
		0 to 2	3 to 5	6 to 12	13 to 17	
	Protection from adverse impacts of climate change Child has adequate protection from adverse impacts of climate change	X	X	X	X	• Based on UNICEF feedback
	Social environment free from bullying and discrimination Child not exposed to nor experiences bullying and/or discrimination based on any reason eg. sexuality, gender identification, age, religion, ethnicity, disability	X	X	X	X	• Conceptualization workshop content match • CRC Article 23 • Revised following UNICEF and SPRI suggestion
	Child online protection Child is safeguarded from online risks of aggressive (violent/gory content), sexual (pornographic content), adverse values (racist/hateful content), or commercial (advertising/embedded marketing) nature		X	X	X	• Conceptualization workshop content match • CRC Articles 13, 17 • Child online protection, International Tele-communication Union guidelines • Amended based on SPRI feedback
	Involvement in work and impact on major daily activities Child's involvement in paid work and/or contribution to household chores (if any) does not compromise participation in other activities eg. learning, socializing, playing, sports and exercise, sleeping		X (age 5)	X	X	• Conceptualization workshop content match • CRC Article 32 • ILO criteria removed to amend indicator as per UNICEF suggestion

Annex 2: KOBO survey

[V5] UNICEF Sabah Child Wellbeing Index (SCWI)

Please verify that the household:

1) has children (17 years old and below} and;

2) a primary caregiver present

before proceeding with the survey.

- ◯ YES
- ◯ NO

[A1] Enumerator code *

◯ 1	◯ 2	◯ 3
◯ 4	◯ 5	◯ 6
◯ 7	◯ 8	◯ 9
◯ 10	◯ 11	◯ 12

[A2] Division code *

◯ KUO	◯ PAB	◯ PED
◯ TAW	◯ SAN	

[A3] State Legislative Assembly (DUN) *

[A4] Postcode *

[AS] Village name

[A6] Area (Where is this household located?) *

- ◯ URBAN AREA (IN A CITY OR A TOWN)
- ◯ RURAL AREA (OUTSIDE A CITY OR A TOWN, WITH A TAR ROAD TO THE HOUSE)
- ◯ RURAL AREA (OUTSIDE A CITY OR A TOWN, WITH NO TAR ROAD TO THE HOUSE)

[A7] Participant code

The participant code is the order number associated with the current form's submission. If you have made X submissions previously, your code for this form is X + 1.

Please verify that the following details are correct before proceeding with the survey.

Enumerator code:

Enumerator name:

Division code:

Division name:

DUN:

Village name:

Participant code:

Section O: Research Participation Information & Consent Form

Research Participant Information

Introduction
You and your family are invited to participate in a research study about the wellbeing of children in Sabah. This study is being conducted to develop and calculate a Child Wellbeing Index (CWI), which will help identify areas where children in Sabah may need more support and guide policy improvements. The study is run by PEMANDU associates, and is commissioned by UNICEF.

Why is this study being conducted?
This study aims to better understand child wellbeing in Sa bah, considering various aspects of children's lives such as health, education, safety, and social environment. The results will help policymakers address issues affecting children, ensuring that all children in Sabah can grow up feeling loved, safe, and valued.

What will happen during the study?
If you choose to participate, we will ask you to complete a survey about the wellbeing of children in your household. The survey will take approximately 1.5 hours to complete. You can stop participating at any time without penalty, and your participation is completely voluntary. Your data will be anonymous and be kept confidential.

What will be done with the results?
The survey responses will be used to calculate a Child Wellbeing Index, which will provide important information for developing policies and programs to improve child wellbeing in Sa bah. All data collected will be kept strictly confidential and will be reported in a way that ensures that no individual can be identified.

How will we compensate you for your time and information?
As a token of appreciation for your time and contribution, your household will receive RM30 in compensation once the survey is completed.

Who can participate?
To participate, your household must have at least one child under 18 years old. You, as a parent or guardian, must be over 18 years old to provide consent for yourself and your child's participation. Only children between 13-17 years old will be interviewed directly

What are the risks and benefits?
There are no significant risks to participating in this study. By participating, you will be contributing to important research that will help improve policies affecting children in Sa bah. However, if any question in the survey makes you feel uncomfortable, you can choose not to answer it.

Contact Information
If you have any questions or concerns about this study, you can contact the research team at *shuang.loh@pemandu.org or +60 12-694 7549.*

Consent Form (for Guardians of children aged 0-12)

By signing below, I confirm that I understand the purpose of this study, what my participation involves, and that I voluntarily agree to participate.

Parent/Guardian Name Signature

Assent Form for Adolescents (Ages 13-17)

What is this about?
We are asking you to help us learn more about what makes children and teenagers feel happy, safe, and healthy in Sabah. We will ask you to answer some questions about your life and how you feel about school, friends, family, and other things that are important to you. The survey will take about 20 minutes to complete.

Do I have to do this?
You do not have to take part if you don't want to, and you can stop at any time. Your answers will be kept private and no one will know what you said.

Will I get anything for doing this?
Yes, your family will receive RM30 in compensation for taking part in the survey.

Why is this important?
Your answers will help us understand how to make things better for children and teenagers in Sabah.

If you agree to participate, please sign below. You can ask questions at any time.

Signature(s)

Section 1: Household Characteristics

Note:
Enumerator introduction: Hi, my name is and I will be your interviewer for today. Please feel free to stop me at any time you have concerns or questions regarding the survey. Otherwise, let's begin.

[HC1] Does your household have legal ownership, a rental agreement, or another form of documented tenure for your current home? *

- ◯ YES
- ◯ NO
- ◯ DON'T KNOW

[HC2] In the past year, has your household been at risk of eviction or losing your home? *

- ◯ YES
- ◯ NO

[HC3] How many rooms do you have for sleeping in your home? *

[HC4] Does your household have access to electricity? *

- ◯ YES, SOLAR ELECTRICITY
- ◯ YES, CITY POWER
- ◯ YES, GENERATOR
- ◯ NO

[HC4A] If Yes, how reliable is the electricity during the year? *

- ◯ ALWAYS AVAILABLE
- ◯ SOMETIMES AVAILABLE
- ◯ RARELY AVAILABLE
- ◯ NEVER AVAILABLE

[HC5] Does your household experience difficulty in paying for housing costs (rent/mortgage/utilities while still affording other basic needs like food, healthcare, and education? *

- ◯ YES
- ◯ NO
- ◯ DON'T KNOW

[HC6] In the past 12 months, has your household ever had to reduce spending on other essential needs due to housing costs? *

- ○ YES
- ○ NO
- ○ DON'T KNOW

[HC7] Is the current home free from overcrowding (i.e., more than 3 people per room for sleeping purposes)? *

- ○ YES
- ○ NO

[HC8] Does your current home provide protection from extreme weather conditions (e.g., rain, cold, heat)? *

- ○ YES
- ○ NO

[HC9] How far is your home from the closest public transportation? *

- ○ LESS THAN 400 METRES
- ○ MORE THAN 400 METRES

[HC10-HC12] How long does it take for you to go to the nearest ... ?

		LESS THAN 30 MINUTES	30 MINUTES TO 1 HOUR	1 TO 2 HOURS	MORE THAN 2 HOURS
Clinic?	*	○	○	○	○
Hospital?	*	○	○	○	○
School?	*	○	○	○	○

[HC13] Is your home designed or adapted in a way that respects your household's cultural or religious identity (e.g., space for cultural practices or religious activities)? *

- ○ YES
- ○ NO
- ○ NOT APPLICABLE

Food Insecurity Scale

[HC14A-HC14H] During the last 12 months, was there a time when, because of lack of money or other resources, you or others in your household...

		YES	No
Were worried you would not have enough food to eat?	*	○	○
Were unable to eat healthy and nutritious food? (Nutritiousrefers to food that encompasses a variety of grains, meat, dairy, vegetables and fruits)	*	○	○
Ate only a few kinds of foods?	*	○	○
Had to skip a meal?	*	○	○
Ate less than you thought you should?	*	○	○
Ran out of food?	*	○	○
Were hungry but did not eat?	*	○	○
Went without eating for a whole day?	*	○	○

[HC15] What is the main source of drinking water used by members of your household?

○ PIPED WATER

○ PUBLIC TAP/STANDPIPE

○ TUBE WELL/BOREHOLE

○ DUG WELL

○ PROTECTED WELL

○ UNPROTECTED WELL

○ PROTECTED SPRING

○ UNPROTECTED SPRING

○ RAINWATER

○ DELIVERED WATER

○ SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM CANAL, IRRIGATION CHANNEL)

○ PACKAGED WATER

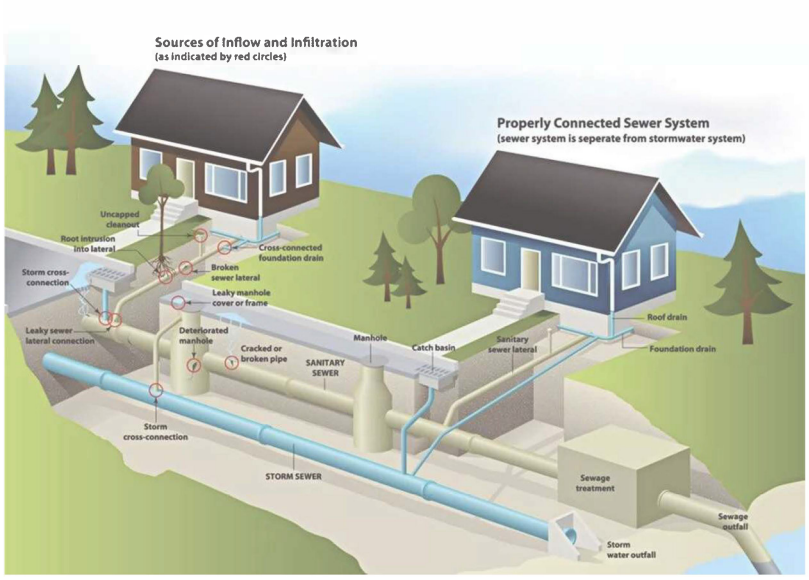
○ OTHER (specify)

[HC15A] Please specify the main source of drinking water used by members of your household:

[HC16] What kind of toilet facility do members of your household usually use?

○ FLUSH/POUR FLUSH

○ PIPED SWEWER SYSTEM



○ SEPTIC TANK

○ PIT/CESSPOOL

○ PIT LATRINE

○ LATRINE WITH SLAB

○ OPEN PIT

○ COMPOSTING TOILET

○ CONTAINER BASED SANITATION

○ NO FACILITY/BUSH/FIELD

[HC17] Do you have access to reliable internet connectivity, either at home or elsewhere (e.g., school, community centers)? *

○ YES, I HAVE ACCESS TO RELIABLE INTERNET

○ YES, BUT ACCESS IS UNRELIABLE OR LIMITED

○ NO, I DO NOT HAVE ACCESS TO THE INTERNET

○ DON'T KNOW

[HC18] Does your house have the following appliances? (Check all that apply)? *

○ TELEVISION

○ RADIO

○ PHONE (MOBILE)

○ NONE OF THE ABOVE

[HC19] Is there a safe area in your home or surroundings where your child can play and explore? (an area free of hazards) *

○ YES

○ NO

[HC20] How satisfied are you with the availability of play materials and space for yourchild? *

○ VERY SATISFIED

○ SATISFIED

○ NEUTRAL

○ DISSATISFIED

○ VERY DISSATISFIED

[HC21] In the past 12 months, has your family experienced any extreme weather events? (Check all that apply) *

☐ NO
☐ YES, FLOODS
☐ YES, DROUGHTS
☐ YES, HEATWAVES
☐ YES, HEAVY RAINFALL
☐ YES, LANDSLIDES
☐ YES, STORMS OR TYPHOONS
☐ YES, WILDFIRES
☐ OTHER (specify)

[HC21 A] Please specify the extreme weather event your family experienced in the past 12 months: *

[HC22] During or after these extreme weather events, which of the following services did your child have access to? (Check all that apply) *

☐ MEDICAL CARE FROM DOCTORS OR HEALTH PROFESSIONALS
☐ HELP FROM SOCIAL WORKERS
☐ CONTINUED SCHOOL OR EDUCATIONAL ACTIVITIES
☐ FOOD AND WATER
☐ CLEAN WATER AND SANITIATION ITEMS
☐ SAFE PLACES TO STAY
☐ INFORMATION AND COMMUNICATION
☐ EMOTIONAL SUPPORT FOR DEALING WITH STRESS OR FEAR
☐ FINANCIAL ASSITANCE IN KIND
☐ LEGAL ADVICE
☐ NONE OF THE ABOVE

[HC23] Do you know girls younger than 18 in your village/community who are married? *

○ YES
○ NO

[HC24] Do you think girls younger than 18 get married or have babies often in your communities? *

○ VERY FREQUENTLY
○ FREQUENTLY
○ SELDOM
○ NEVER

Section 2: Participant Demographics (Adults - 18 years old and above only!)

Note:

This survey must be administered to the primary caregiver. The primary caregiver should answer questions for both themselves (Adult 1) and the Head of Household (Adult 2, if different). If the primary caregiver is also the Head of Household, complete details for only one adult.

Adult (Primary caregiver)

Adult

[HM1_A] What is the relationship of Adult to the head of household? *

- ◯ HEAD OF HOUSEHOLD (HOH)
- ◯ SPOUSE OF HOH
- ◯ MOTHER/FATHER OF HOH
- ◯ RELATIVE OF HOH
- ◯ CHILD OF HOH
- ◯ ADOPTED CHILD OF HOH
- ◯ CHILD OF ANOTHER PERSON IN HOUSEHOLD

[HM2_A] Is Adult male or female? *

- ◯ FEMALE
- ◯ MALE
- ◯ OTHER

[HM3_A] What is Adult's year of birth? *

Please record "O" if the respondent does not know.

[HM4_A] What ethnic group does Adult belong to? (Check all that apply) *

☐ MALAY
☐ CHINESE
☐ INDIAN
☐ KADAZAN
☐ KADAZAN-DUZUN
☐ BAJAU
☐ MURUT
☐ SULUK
☐ TIMUR
☐ BUGIS
☐ BRUNEI
☐ MELAYUJAWA
☐ SINO NATIVE
☐ OTHER (specify)

[HM4A_A] Please specify the ethnic group Adult belongs to: *

[HM5_A] What is Adult's religion? (Check all that apply) *

☐ ISLAM
☐ CHRISTIANITY
☐ HINDUISM
☐ BUDDHISM
☐ NONE
☐ OTHER RELIGION (specify)

[HM5A_A] Please specify Adult's religion: *

[HM6_A] What is Adult's native language? *

- ○ KADAZAN-DUZUN
- ○ BAJAU
- ○ MURUT
- ○ MALAY/BAHASA MALAYSIA
- ○ SULUK
- ○ TAMIL
- ○ CHINESE
- ○ CANTONESE
- ○ HOKKIEN
- ○ TAGALONG
- ○ OTHER LANGUAGE (specify)

[HM6A_A] Please specify Adult's native language: *

[HM7 A] What is Adult's highest level of education? *

- ○ NONE
- ○ KINDERGARTEN
- ○ PRIMARY SCHOOL
- ○ SECONDARY SCHOOL
- ○ TERTIARY SCHOOL
- ○ TRADE EDUCATION
- ○ DON'T KNOW
- ○ OTHER (specify)

[HM7A_A] Please specify Adult's highest level of education: *

[HM8_A] What is the marital status of Adult? *

- ○ MARRIED
- ○ SINGLE
- ○ DIVORCED
- ○ WIDOWED
- ○ OTHER

[HM9_A] Does Adult live regularly at home? (e.g not in institution or boarding school for children) *

- ○ YES
- ○ NO

[HM10_A] Does Adult have a disability identified at a health facility? *

- ○ YES
- ○ NO
- ○ DON'T KNOW

[HM11_A] What is Adult's documentation status? *

- ○ HOLDS MALAYSIAN PASSPORT OR IC
- ○ HOLDS MALAYSIAN PERMANENT RESIDENCE
- ○ NO DOCUMENT
- ○ STATELESS STATUS
- ○ HOLDS TEMPORARY PASS
- ○ HOLDS UNHCR DOCUMENT
- ○ DON'T KNOW
- ○ OTHER (specify)

[HM11A_A] Please specify Adult's documentation status: *

[HM12_A] What is Adult's nationality? *

- ○ MALAYSIAN
- ○ FILIPINO
- ○ INDONESIAN
- ○ BRUNEIAN
- ○ STATELESS
- ○ OTHER (specify)

[HM12A_A] Please specify Adult's nationality: *

To add another adult, please click the "+" button below:

Note:

Please confirm that this is the final sum of adults in the household:

Section 3: Participant Demographics (Children - 17 years and below only!)

Note:
This survey must be administered to the primary caregiver and please complete the details for all children in the household.

Enumerator read: "I would like to ask you some questions about each children in your household."

Child

[HM1_C] What is the relationship of Child to the head of household? *

- ○ HEAD OF HOUSEHOLD (HOH)
- ○ SPOUSE OF HOH
- ○ MOTHER/ FATHER OF HOH
- ○ RELATIVE OF HOH
- ○ CHILD OF HOH
- ○ ADOPTED CHILD OF HOH
- ○ CHILD OF ANOTHER PERSON IN HOUSEHOLD

[HM2_C] Is Child male or female? *

- ○ FEMALE
- ○ MALE
- ○ OTHER

[HM3_C] What is Child 's year of birth? *

yyyy

[HM3A_C] How many months old is Child? *

If the child is 1 year old, please enter the additional months beyond the first year. For example, for a child who is 1 year and X months old, enter X.

[HM4_C] To what ethnic group does Child belong to? (Check all that apply) *

☐ MALAY
☐ CHINESE
☐ INDIAN
☐ KADAZAN
☐ KADAZAN-DUZUN
☐ BAJAU
☐ MURUT
☐ SULUK
☐ TIMUR
☐ BUGIS
☐ BRUNEI
☐ MELAYUJAWA
☐ SINO NATIVE
☐ OTHER (specify)

[HM4A_C] Please specify the ethnic group Child belongs to: *

[HM5_C] What is Child 's religion? (Check all that apply) *

☐ ISLAM
☐ CHRISTIANITY
☐ HINDUISM
☐ BUDDHISM
☐ NONE
☐ OTHER RELIGION (specify)

[HM5A_C] Please specify Child 's religion: *

[HM6_C] What is Child 's native language? *

- ○ KADAZAN-DUZUN
- ○ BAJAU
- ○ MURUT
- ○ MALAY/ BAHASA MALAYSIA
- ○ SULUK
- ○ TAMIL
- ○ CHINESE
- ○ CANTONESE
- ○ HOKKIEN
- ○ TAGALONG
- ○ OTHER LANGUAGE (specify)

[HM6A_C] Please specify Child 's native language: *

[HM7 C] What is Child 's highest level of education? *

- ○ NONE
- ○ KINDERGARTEN
- ○ PRIMARY SCHOOL
- ○ SECONDARY SCHOOL
- ○ TERTIARY SCHOOL
- ○ TRADE EDUCATION
- ○ OTHER (specify)

[HM7A_C] Please specify Child's highest level of education: *

[HM8_C] What is the marital status of Child *

- ○ MARRIED
- ○ SINGLE
- ○ DIVORCED
- ○ WIDOWED
- ○ OTHER

[HM9_C] Does Child live regularly at home? (e.g not in institution or boarding school for children) *

- ○ YES
- ○ NO

[HM10_C] Does Child have a disability identified at a health facility? *

○ YES

○ NO

○ DON'T KNOW

[HM11_C] Do you have a vaccination card or book that keeps track of the vaccinations Child has had? *

If yes, please prompt the respondent to have it on hand as reference. If no, please continue with the descriptions provided.

○ YES

○ NO

Please open the book to the vaccination schedule. You will see the below list of vaccinations. Please tick accordingly. *

[HM11Y_C] Has your child received the following vaccinations for their age group?
(Check all that apply)

Please use the descriptions provided for each option to prompt the respondent.

[HM11N_C] Has your child received the following vaccinations for their age group?
(Check all that apply)

[HM12_C] What is Child 's documentation status? *

○ HOLDS MALAYSIAN PASSPORT OR IC

○ HOLDS MALAYSIAN PERMANENT RESIDENCE

○ NO DOCUMENT

○ STATELESS STATUS

○ HOLDS TEMPORARY PASS

○ HOLDS UNHCR DOCUMENT

○ DON'T KNOW

○ OTHER (specify)

[HM12A_C] Please specify Child 's documentation status: *

[HM13_C] What is Child 's nationality? *

- ○ MALAYSIAN
- ○ FILIPINO
- ○ INDONESIAN
- ○ BRUNEIAN
- ○ STATELESS
- ○ OTHER (specify)

[HM13A_C] Please specify Child's nationality: *

[HM14_C] Is your child present at home? *

- ○ YES
- ○ NO

Note:

The following questions are intended for **Child** and to be asked to the *primary caregiver.*

Enumerator read: "I would like to ask you some questions about difficulties your child may have."

[CF1] Does your child wear glasses? *

- ○ YES
- ○ NO

[CF2] When wearing his/her glasses, does your child have difficulty seeing? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF3] Does your child have difficulty seeing? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF4] Does your child use a hearing aid? *

- ○ YES
- ○ NO

[CF5] When using his/her hearing aid, does your child have difficulty hearing sounds like peoples' voices or music? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF6] Does your child have difficulty hearing sounds like peoples' voices or music? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF7] Does your child use any equipment or receive assistance for walking? *

- ○ YES
- ○ NO

[CF8] Without his/her equipment or assistance, does your child have difficulty walking? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF9] With his/her equipment or assistance, does your child have difficulty walking? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF10] Compared with children of the same age, does your child have difficulty walking? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF11] Compared with children of the same age, does your child have difficulty picking up small objects with his/her hand? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF12] Does your child have difficulty understanding you? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF13] When your child speaks, do you have difficulty understanding him/her? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF14] Compared with children of the same age, does your child have difficulty learning things? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF15] Compared with children of the same age, does your child have difficulty playing? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[CF16] Compared with children of the same age, how much does your child kick, bite or hit other children or adults? Would you say... *
[Read response categories]

- ○ NOT AT ALL
- ○ THE SAME OR LESS
- ○ MORE
- ○ A LOT MORE
- ○ REFUSED
- ○ DON'T KNOW

Note:

The following questions are intended for Child and to be asked to the primary caregiver.

Enumerator read: "I would like to ask you some questions about difficulties your child may have."

Note:

The following questions are intended for Child and to be asked to the child themselves if they are aged 13-17, able to consent and are present.

Hence, please confirm if the child is present. If they are not, please go back to question [HM14_C] and mark "No".

Enumerator read: "I would like to ask you some questions about difficulties your child I you may have."

[INA_13_17] Does the child have the capacity to give consent and do the survey? *

○ YES

○ NO

[INB_13_17] Does the child have a hearing ability? *

○ YES

○ NO

[INC_13_17] Can the child read? *

○ YES

○ NO

Note:

As the child can consent and hear, please proceed the survey with the child.

Note:

As the child can consent and read but cannot hear, please pass the tablet for the adolescent to complete survey themselves.

Note:

As the child can consent but cannot hear and read, please check if the primary caregiver or Puan Alizah can support with sign language. If this is not possible, please mark INA_13_17 as "No, unable to consent" and proceed the survey with the primary caregiver.

Note:

As the child cannot consent, please continue the survey with the primary caregiver instead.

[VIS_SS] [Do/Does] [you/your child] have difficulty seeing, even if wearing glasses? Would you say... *

[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[HEAR_SS] [Do/Does] [you/your child] have difficulty hearing, even if using a hearing aid(s)? Would you say... *

[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[MOB_SS] [Do/Does] [you/your child] have difficulty walking or climbing steps? Would you say... *

[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[COG_SS] [Do/does] [you/your child] have difficulty remembering or concentrating? *
Would you say...
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[SC_SS] [Do/does] [you/your child] have difficulty with self-care, such as washing all over or dressing? *
Would you say...
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[COM_SS] Using [your/your child] usual language, [do/does] [you/your child] have difficulty communicating, for example understanding or being understood? Would you say... *
[Read response categories]

- ○ NO DIFFICULTY
- ○ SOME DIFFICULTY
- ○ A LOT OF DIFFICULTY
- ○ CANNOT DO AT ALL
- ○ REFUSED
- ○ DON'T KNOW

[IN1_0_2] During the last 12 months, has your child been able to access healthcare when needed (for illness or routine health checks)? *
Please prompt the respondent to answer if they do not know.

○ YES
○ NO

[IN2_0_2] If no, what was the reason for not accessing healthcare? (Check all that apply) *

☐ LACK OF TRANSPORTATION
☐ NO NEARBY CLINIC/HEAL TH FACILTIY
☐ COST OF SERVICES WAS TOO HIGH
☐ NO DOCUMENTATION/UNABLE TO REGISTER
☐ LANGUAGE BARRIERS
☐ FEAR OF DISCRIMINATION
☐ FEAR OF ARREST AND DETENTION
☐ I DON'T KNOW WHERE THE CLINIC IS
☐ OTHER (specify)

[IN2A_0_2] Please specify the reason for not accessing healthcare: *

[IN3_0_2] Is your child currently covered by any form of health insurance, for example: receive healthcare at government clinics/hospitals for a free or a nominal fee, or receive health care at private clinics/hospital by claiming private health insurance? *

○ YES
○ NO
○ DON'T KNOW

[IN4_0_2] In the past month, does your child play, learn, and engage socially with others (e.g., at school, home, or in the community)? *

○ NOT AT ALL
○ SEVERAL DAYS
○ MORE THAN HALF THE DAYS
○ NEARLY EVERY DAY

[IN5_0_2] In the past month, how often does your child play with other children? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN6_0_2] Does your child have close relationships with family members or friends with whom they share positive interactions? *

- ○ YES
- ○ NO
- ○ DON'T KNOW

[IN7_0_2] For children under 6 months: *
What is your babys type of feed? (Check all that apply)

- ☐ ONLY BREAST MILK
- ☐ FORMULA
- ☐ MIXED FORMULA AND BREASTMILK
- ☐ OTHER LIQUIDS
- ☐ OTHER SOLIDS
- ☐ OTHER (specify)

[IN7A_0_2] Please specify your babys type of feed: *

[IN8_0_2] For children between 6 months-24 months: *
In the first 6 months of your babys life, what was your babys type of feed? (Check all that apply)

- ☐ ONLY BREAST MILK
- ☐ FORMULA
- ☐ MIXED FORMULA AND BREASTMILK
- ☐ OTHER LIQUIDS
- ☐ OTHER SOLIDS
- ☐ OTHER (specify)

[IN8A_0_2] Please specify your babys type of feed: *

[IN9_0_2] For children over 6 months only: *
In the past 2 days, which of the following foods did your child consume? (Check all that apply)

☐ BREASTMILK
☐ GRAINS, ROOTS AND TUBERS (RICE/NOODLES/CEREALS/OAT)
☐ LEGUMES, NUTS AND SEEDS
☐ DAIRY (MILK, YOGHURT, CHEESE)
☐ MEAT (CHICKEN, BEEF, FISH, LIVER, ORGAN MEATS)
☐ EGGS
☐ VITAMIN A RICH FRUITS AND VEGETABLES (CARROTS, MANGOES, DARK GREEN LEAFY VEGETABLES, PUMPKINS, SWEET POTATOES)
☐ OTHER FRUITS AND VEGETABLES
☐ OTHER (specify)

[IN9A_0_2] Please specify your babys type of feed: *

[IN10_0_2] For children under 6 months: *
Since your child was born, have they had a developmental check at least once a month?

○ YES
○ NO

[IN11_0_2] For children between 6 months-12 months: *
In the past six months, has your child had a developmental check at least once every two months?

○ YES
○ NO

[IN12_0_2] For children between 12 months-24 months: *
In the past year, has your child had a developmental check at least once every three months?

○ YES
○ NO

[IN13_0_2] In the past week, how many of the following activities did an adult (over 18 years old) in your household do with your child? *

Please read the following activities aloud and mark the total count of activities completed:

- PLAYED WITH CHILD
- READ BOOKS OR LOOKED AT PICTURES WITH CHILD
- TOLD STORIES TO CHILD
- SANG SONGS TO OR WITH CHILD
- TOOK CHILD OUTSIDE THE HOME
- SPENT TIME TEACHING CHILD HOW TO COUNT, IDENTIFY THINGS, OR LEARN NEW WORDS

○ 4 OR MORE ACTIVITIES
○ 3 ACTIVITIES
○ 2 ACTIVITIES
○ 1 ACTIVITY
○ NO ACTIVITIES

[IN14_0_2] In the past week, how many of the following activities did your child's mother do with them? *

Please read the following activities aloud and mark the total count of activities completed:

- PLAYED WITH CHILD
- READ BOOKS OR LOOKED AT PICTURES WITH CHILD
- TOLD STORIES TO CHILD
- SANG SONGS TO OR WITH CHILD
- TOOK CHILD OUTSIDE THE HOME
- SPENT TIME TEACHING CHILD HOW TO COUNT, IDENTIFY THINGS, OR LEARN NEW WORDS

○ 4 OR MORE ACTIVITIES
○ 3 ACTIVITIES
○ 2 ACTIVITIES
○ 1 ACTIVITY
○ NO ACTIVITIES

[IN15_0_2] In the past 3 days, how many of the following activities did your child's father do with them? *

Please read the following activities aloud and mark the total count of activities completed:

- PLAYED WITH CHILD
- READ BOOKS OR LOOKED AT PICTURES WITH CHILD
- TOLD STORIES TO CHILD
- SANG SONGS TO OR WITH CHILD
- TOOK CHILD OUTSIDE THE HOME
- SPENT TIME TEACHING CHILD HOW TO COUNT, IDENTIFY THINGS, OR LEARN NEW WORDS

○ 4 OR MORE ACTIVITIES
○ 3 ACTIVITIES
○ 2 ACTIVITIES
○ 1 ACTIVITY
○ NO ACTIVITIES

[IN1_3_5] During the last 12 months, has your child been able to access healthcare when needed (for illness or routine health checks)? *

Please prompt the respondent to answer if they do not know.

○ YES

○ NO

[IN2_3_5] If no, what was the reason for not accessing healthcare? (Check all that apply) *

☐ LACK OF TRANSPOR TATION

☐ NO NEARBY CLINIC/HEAL TH FACILTIY

☐ COST OF SERVICES WAS TOO HIGH

☐ NO DOCUMENTATION/UNABLE TO REGISTER

☐ LANGUAGE BARRIERS

☐ FEAR OF DISCRIMINATION

☐ FEAR OF ARREST AND DETENTION

☐ I DON'T KNOW WHERE THE CLINIC IS

☐ OTHER (specify)

[IN2A_3_5] Please specify the reason for not accessing healthcare: *

[IN3_3_5] Is your child currently covered by any form of health insurance, for example: receive healthcare at government clinics/hospitals for a free or a nominal fee, or receive health care at private clinics/hospital by claiming private health insurance? *

○ YES

○ NO

○ DON'T KNOW

[IN4_3_5] In the past month, does your child play, learn, and engage socially with others (e.g., at school, home, or in the community)? *

○ NOT AT ALL

○ EVERAL DAYS

○ MORE THAN HALF THE DAYS

○ NEARLY EVERY DAY

[IN5_3_5] In the past month, how often does your child play with other children? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN6_3_5] Does your child have close relationships with family members or friends with whom they share positive interactions? *

- ○ YES
- ○ NO
- ○ DON'T KNOW

[IN7_3_5] When your child is upset, do they have difficulty calming down? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN8_3_5] When your child faces challenges (school work, social situations, stress at home), do they cope well with these challenges? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN9_3_5] Does your child generally have a positive outlook on life? *

- ○ NOT AT ALL
- ○ SEVERAL DAYS
- ○ MORE THAN HALF THE DAYS
- ○ NEARLY EVERY DAY

[IN10_3_5] Does your child have more good times than bad times? *

○ NOT AT ALL

○ SEVERAL DAYS

○ MORE THAN HALF THE DAYS

○ NEARLY EVERY DAY

[IN11_3_5] How would you describe your child's self-esteem (their confidence in themselves)? *

○ HIGH

○ MODERATE

○ LOW

○ VERY LOW

[IN12_3_5] In the past 2 days, which of the following foods did your child consume? * (Check all that apply)

☐ GRAINS, ROOTS AND TUBERS (RICE/NOODLES/CEREALS/OAT,POTATOES)

☐ FRUITS

☐ VEGETABLES

☐ MEAT (CHICKEN, BEEF, FISH, ORGAN MEAT)

☐ LEGUMES, NUTS AND SEEDS

☐ DAIRY (E.G., MILK, PLAIN YOGURT, CHEESE)

☐ EGGS

☐ SWEETS SNACKS/DESSERT (CAKES, COOKIES, DONUTS, ICE CREAM, CENDOL, CHOCOLATES, BU BUR KACANG, CHOCOLATE)

☐ SAVORY SNACKS AND INSTANT NOODLES (POTATO CHIPS, FIRES, CURRY PUFFS, INSTANT NOODLES)

☐ SWEETENED BEVERAGES (CARBONATED DRINKS, BUBBLE TEA, COFFEE/TEA WITH SUGAR OR CONDENSED MILK, MILO FRUIT JUICE, SYRUP/CORDIAL, ANY SWEETENED DRINKS)

☐ FAST FOOD (MCD, KFC. TEXAS, PIZZA HUT)

☐ OTHER (specify)

[IN12A_3_5] Please specify the foods your child consumed in the past 2 days: *

[IN13_3_5] For children aged 3-4 years: *
In the past year, has your child had a developmental check at least once every six months?

○ YES

○ NO

[IN14_3_5] For children aged 5 years: *
In the past year, has your child had a developmental check at least once a year?

○ YES

○ NO

[IN15_3_5] In the past school year, has your child attended any early childhood education program? *

○ YES

○ NO

[IN16_3_5] Does your child feel included and able to participate in group activities or programs that interest them? *

○ ALWAYS

○ VERY OFTEN

○ SOMETIMES

○ RARELY

○ NEVER

[IN17_3_5] Over the last 2 weeks, did your child engage in play and learning activities (e.g., with toys, puzzles, or games)? *

○ ALWAYS

○ VERY OFTEN

○ SOMETIMES

○ RARELY

○ NEVER

[IN18_3_5] Over the last 2 weeks, did your child play with other children or interact with family members? *

○ ALWAYS

○ VERY OFTEN

○ SOMETIMES

○ RARELY

○ NEVER

[IN19_3_5] Over the last 2 weeks, did your child engage in physical activities (e.g., running, jumping, playing outdoors)? *

- ◯ ALWAYS
- ◯ VERY OFTEN
- ◯ SOMETIMES
- ◯ RARELY
- ◯ NEVER

[IN20_3_5] On average, how many hours does your child sleep at night? *

- ◯ LESS THAN 8 HOURS
- ◯ 8 TO 10 HOURS
- ◯ 10 T0 12 HOURS
- ◯ MORE THAN 12 HOURS

[IN21_3_5] Does your child have adult supervision when commuting to school or other places? *

- ◯ YES, FREQUENTLY
- ◯ YES, OCCASIONALLY
- ◯ NO

[IN22_3_5] Does your child travel along routes that are considered safe? *

- ◯ YES
- ◯ NO
- ◯ DON'T KNOW

[IN23_3_5] Are alternative transport options available during bad weather or unsafe conditions? *

- ◯ YES
- ◯ NO

[IN24_3_5] Are there any rest stops or safe shelters along the route that your child can use if necessary? *

- ◯ YES
- ◯ NO
- ◯ NOT APPLICABLE

[IN25_3_5] Has your child been exposed to or witnessed bullying from other children or adults (e.g., at school, in the neighborhood)? *

- ◯ YES
- ◯ NO
- ◯ DON'T KNOW

[IN26_3_5] Has your child experienced any negative treatment or discrimination based on their age, gender, ethnicity, religion, or any other reason? *

- ○ YES
- ○ NO
- ○ DON'T KNOW

[IN27 3_5] Does your child have supervised access to the internet or digital devices (smartphones, laptops, tablets, etc.)? *

- ○ YES, ALWAYS SUPERVISED
- ○ YES, SOMETIMES SUPERVISED
- ○ NO, NEVER SUPERVISED
- ○ CHILD DOES NOT HAVE ACCESS TO DIGITAL DEVICES

[IN28_3_5] Are parental controls or content filters enabled on your child's devices to block inappropriate content (e.g., violent, sexual, or harmful content)? *

- ○ YES, FREQUENTLY
- ○ YES, OCCASIONALLY
- ○ NO

[IN29_3_5] For children aged 5 years: *
Does your child regularly engage in paid work or help with household chores (e.g., cleaning, cooking, farming, or caring for younger siblings)?

- ○ YES, FREQUENTLY
- ○ YES, OCCASIONALLY
- ○ NO

[IN30_3_5] For children aged 5 years: *
Does your child's involvement in work or chores affect their ability to attend school or complete homework?

- ○ YES, FREQUENTLY
- ○ YES, OCCASIONALLY
- ○ NO

[IN31_3_5] For children aged 5 years: *
Does your chi Ids involvement in work or chores affect their ability to play, socialize, or engage in sports or exercise?

- ○ YES, FREQUENTLY
- ○ YES, OCCASIONALLY
- ○ NO

[IN32_3_5] In the past week, how many of the following activities did an adult (over 18 years old) in your household do with your child? *

Please read the following activities aloud and mark the total count of activities completed:

- PLAYED WITH CHILD
- READ BOOKS OR LOOKED AT PICTURES WITH CHILD
- TOLD STORIES TO CHILD
- SANG SONGS TO OR WITH CHILD
- TOOK CHILD OUTSIDE THE HOME
- SPENT TIME TEACHING CHILD HOW TO COUNT, IDENTIFY THINGS, OR LEARN NEW WORDS

○ 4 OR MORE ACTIVITIES
○ 3 ACTIVITIES
○ 2 ACTIVITIES
○ 1 ACTIVITY
○ NO ACTIVITIES

[IN33_3_5] In the past week, how many of the following activities did your child's mother do with them? *

Please read the following activities aloud and mark the total count of activities completed:

- PLAYED WITH CHILD
- READ BOOKS OR LOOKED AT PICTURES WITH CHILD
- TOLD STORIES TO CHILD
- SANG SONGS TO OR WITH CHILD
- TOOK CHILD OUTSIDE THE HOME
- SPENT TIME TEACHING CHILD HOW TO COUNT, IDENTIFY THINGS, OR LEARN NEW WORDS

○ 4 OR MORE ACTIVITIES
○ 3 ACTIVITIES
○ 2 ACTIVITIES
○ 1 ACTIVITY
○ NO ACTIVITIES

[IN34_3_5] In the past 3 days, how many of the following activities did your child's father do with them? *

Please read the following activities aloud and mark the total count of activities completed:

- PLAYED WITH CHILD
- READ BOOKS OR LOOKED AT PICTURES WITH CHILD
- TOLD STORIES TO CHILD
- SANG SONGS TO OR WITH CHILD
- TOOK CHILD OUTSIDE THE HOME
- SPENT TIME TEACHING CHILD HOW TO COUNT, IDENTIFY THINGS, OR LEARN NEW WORDS

○ 4 OR MORE ACTIVITIES
○ 3 ACTIVITIES
○ 2 ACTIVITIES
○ 1 ACTIVITY
○ NO ACTIVITIES

[IN1_6_12] During the last 12 months, has your child been able to access healthcare when needed (for illness or routine health checks)? *

Please prompt the respondent to answer if they do not know.

○ YES

○ NO

[IN2_6_12] If no, what was the reason for not accessing healthcare? (Check all that apply) *

☐ LACK OF TRANSPOR TATION

☐ NO NEARBY CLINIC/HEAL TH FACILTIY

☐ COST OF SERVICES WAS TOO HIGH

☐ NO DOCUMENTATION/UNABLE TO REGISTER

☐ LANGUAGE BARRIERS

☐ FEAR OF DISCRIMINATION

☐ FEAR OF ARREST AND DETENTION

☐ I DON'T KNOW WHERE THE CLINIC IS

☐ OTHER (specify)

[IN2A_6_12] Please specify the reason for not accessing healthcare: *

[IN3_6_12] Is your child currently covered by any form of health insurance, for example: receive healthcare at government clinics/hospitals for a free or a nominal fee, or receive health care at private clinics/hospital by claiming private health insurance? *

○ YES

○ NO

○ DON'T KNOW

[IN4_6_12] In the past month, does your child play, learn, and engage socially with others (e.g., at school, home, or in the community)? *

○ NOT AT ALL

○ SEVERAL DAYS

○ MORE THAN HALF THE DAYS

○ NEARLY EVERY DAY

[IN5_6_12] In the past month, how often does your child play with other children? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN6_6_12] Does your child have close relationships with family members or friends with whom they share positive interactions? *

- ○ YES
- ○ NO
- ○ DON'T KNOW

[IN7_6_12] When your child is upset, do they have difficulty calming down? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN8_6_12] When your child faces challenges (school work, social situations, stress at home}, do they cope well with these challenges? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN9_6_12] Does your child generally have a positive outlook on life? *

- ○ NOT AT ALL
- ○ SEVERAL DAYS
- ○ MORE THAN HALF THE DAYS
- ○ NEARLY EVERY DAY

[IN10_6_12] Does your child have more good times than bad times? *

- ◯ NOT AT ALL
- ◯ SEVERAL DAYS
- ◯ MORE THAN HALF THE DAYS
- ◯ NEARLY EVERY DAY

[IN11_6_12] How would you describe your child's self-esteem (their confidence in themselves)? *

- ◯ HIGH
- ◯ MODERATE
- ◯ LOW
- ◯ VERY LOW

[IN12_6_12] For girls: *
Does your child have the menstrual materials she needs when she has her period (e.g., pads, tampons, menstrual cups)?

- ◯ YES
- ◯ NO
- ◯ DON'T KNOW
- ◯ REFUSED
- ◯ NOT STARTED MENSTRUATION

[IN13_6_12] For girls: *
How easy is it for you to get these materials when she needs them?

- ◯ VERY EASY
- ◯ EASY
- ◯ DIFFICULT
- ◯ VERY DIFFICULT
- ◯ DON'T KNOW
- ◯ REFUSED

[IN14_6_12] For girls: *
When your child has her period, is she able to continue with their normal activities, like going to or school playing with friends?

- ◯ YES
- ◯ NO
- ◯ DON'T KNOW
- ◯ REFUSED

[IN15_6_12] For girls: *
Has your child ever missed a class or activity because they didn't have the right menstrual materials?

○ YES
○ NO
○ DON'T KNOW
○ REFUSED

[IN16_6_12] In the past 2 days, which of the following foods did your child consume? *
(Check all that apply)

☐ GRAINS, ROOTS AND TUBERS (RICE/NOODLES/CEREALS/OAT, POTATOES)
☐ FRUITS
☐ VEGETABLES
☐ MEAT (CHICKEN, BEEF, FISH, ORGAN MEATI
☐ LEGUMES, NUTS AND SEEDS
☐ DAIRY (E.G., MILK, PLAIN YOGURT, CHEESE)
☐ EGGS
☐ SWEETS SNACKS/DESSERT (CAKES, COOKIES, DONUTS, ICE CREAM, CENDOL, CHOCOLATES, BUBUR KACANG, CHOCOLATE)
☐ SAVORY SNACKS AND INSTANT NOODLES (POTATO CHIPS, FIRES, CURRY PUFFS, INSTANT NOODLES)
☐ SWEETENED BEVERAGES (CARBONATED DRINKS, BUBBLE TEA, COFFEE/TEA WITH SUGAR OR CONDENSED MILK, MILO FRUIT JUICE, SYRUP/CORDIAL, ANY SWEETENED DRINKS)
☐ FAST FOOD (MCD, KFC, TEXAS, PIZZA HUT)
☐ OTHER (specify)

[IN16A_6_12] Please specify the foods your child consumed in the past 2 days: *

[IN17_6_12] For children aged 6 years: *
In the past year, has your child had a developmental check at least once a year?

○ YES
○ NO
○ DON'T KNOW

[IN18_6_12] Is your child currently attending primary school or lower secondary school, or an alternative learning centre? *

○ YES, ATTENDING PRIMARY SCHOOL
○ YES, ATTENDING LOWER SECONDARY SCHOOL
○ YES, ATTENDING AN ALTERNATIVE LEARNING CENTRE
○ YES, ATTENDING A SPECIAL EDUCATION SCHOOL/INCLUSIVE EDUCATION PROGRAMME/ INTEGRATED EDUCATION PROGRAMME
○ NO, NOT ATTENDING
○ OTHER (specify)

[IN18A_6_12] Please specify your child's current education: *

[IN19_6_12] Does your child have access to extracurricular activities at school, such as sports, music, arts, or clubs? *

○ YES, HAS ACCESS TO A VARIETY OF ACTIVITIES
○ YES, BUT ONLY TO A FEW ACTIVITIES
○ NO, THEY DO NOT HAVE ACCESS TO EXTRACURRICULAR ACTIVITIES

[IN20_6_12] Which of the following extracurricular activities does your child participate in? (Check all that apply) *

☐ SPORTS (E.G., FOOTBALL, SEPAK TAKRAW, BADMINTON, ETC.)
☐ ARTS (E.G., DRAWING, PAINTING, DRAMA, ETC)
☐ MUSIC (E.G., CHOIR, INSTRUMENT LESSONS, ETC.)
☐ ACADEMIC CLUBS (E.G., SCIENCE, MATH, ETC)
☐ THEY DO NOT PARTICIPATE IN ANY EXTRACURRICULAR ACTIVITIES
☐ OTHER (specify)

[IN20A_6_12] Please specify the extracurricular activities you participate in at school: *

[IN21_6_12] Does your child have access to any of the following technology or information sources at home? (Check all that apply) *

☐ MOBILE PHONE
☐ COMPUTER/LAPTOP/TABLET
☐ TELEVISION
☐ RADIO
☐ TELEPHONE (LANDLINE)
☐ NONE OF THE ABOVE

[IN22_6_12] Over the last two weeks, did your child receive help with their homework from someone at home or outside the home? *

○ ALWAYS
○ VERY OFTEN
○ SOMETIMES
○ RARELY
○ NEVER

[IN23_6_12] Who usually helps your child with their homework? (Check all that apply) *

☐ PARENT(S) OR CAREGIVER(S)
☐ SIBLING(S)
☐ TEACHER OR TUTOR
☐ FRIEND(S)
☐ OTHER FAMILY MEMBER(S)

[IN24_6_12] How satisfied is your child with the opportunities they have for creative expression and leisure activities? *

○ VERY SATISFIED
○ SATISFIED
○ NEUTRAL
○ DISSATISFIED
○ VERY DISSATISFIED

[IN25_6_12] Over the last 2 weeks, did your child engage in homework or studying after school? *

○ ALWAYS
○ VERY OFTEN
○ SOMETIMES
○ RARELY
○ NEVER

[IN26_6_12] Over the last 2 weeks, did your child engage in play or social activities with friends or family? *

○ ALWAYS
○ VERY OFTEN
○ SOMETIMES
○ RARELY
○ NEVER

[IN27_6_12] Over the last 2 weeks, did your child participate in physical activities, sports, or exercise? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN28_6_12] Over the last 2 weeks, did your child participate in household chores? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN29_6_12] On average, how many hours does your child sleep each night? *

- ○ LESS THAN 8 HOURS
- ○ 8 TO 10 HOURS
- ○ 10 T0 12 HOURS
- ○ MORE THAN 12 HOURS

[IN30_6_12] Does your child have adult supervision when commuting to school or other places? *

- ○ YES, FREQUENTLY
- ○ YES, OCCASIONALLY
- ○ NO

[IN31_6_12] Does your child travel along routes that are considered safe? *

- ○ YES
- ○ NO
- ○ DON'T KNOW

[IN32_6_12] Are alternative transport options available during bad weather or unsafe conditions? *

- ○ YES
- ○ NO

[IN33_6_12] Are there any rest stops or safe shelters along the route that your child can use if necessary? *

○ YES

○ NO

○ NOT APPLICABLE

[IN34_6_12] Has your child been exposed to or witnessed bullying from other children or adults (e.g., at school, in the neighborhood)? *

○ YES

○ NO

○ DON'T KNOW

[IN35_6_ 2] Has your child experienced any negative treatment or discrimination based on their age, gender, ethnicity, religion, or any other reason? *

○ YES

○ NO

○ DON'T KNOW

[IN36_6_12] Does your child have supervised access to the internet or digital devices (smartphones, laptops, tablets, etc.) *

○ YES, ALWAYS SUPERVISED

○ YES, SOMETIMES SUPERVISED

○ NO, NEVER SUPERVISED

○ CHILD DOES NOT HAVE ACCESS TO DIGITAL DEVICES

[IN37–6_12] Are parental controls or content filters enabled on your child's devices to block inappropriate content (e.g., violent, sexual, or harmful content)? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN38_6_12] Does your child regularly engage in paid work or help with household chores (e.g., cleaning, cooking, farming, or caring for younger siblings)? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN39_6_12] Does your child's involvement in work or chores affect their ability to attend school or complete homework? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN40_6_12] Does your child have sufficient time to play, socialize, or engage in sports or exercise, despite their involvement in work or chores? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN41_6_12-IN43_6_12] Please state your level of agreement with the following statements:

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
My child feels like they belong to their school. *	○	○	○	○	○
My child feels like they belong to their neighbourhood or community. *	○	○	○	○	○
My child feels proud of their cultural or religious heritage. *	○	○	○	○	○

[IN44_6_12] In the past month, how often was your child able to freely practice or express their cultural or religious heritage (such as participating in ceremonies, holidays, or customs)? *

○ ALWAYS

○ VERY OFTEN

○ SOMETIMES

○ RARELY

○ NEVER

[IN1_13_17] During the last 12 months, have you been able to access healthcare when needed (for illness or routine health checks)? *

Please prompt the respondent to answer if they do not know.

○ YES

○ NO

[IN2_13_17] If no, what was the reason for not accessing healthcare? (Check all that apply) *

☐ LACK OF TRANSPORTATION

☐ NO NEARBY CLINIC/HEAL TH FACILTIY

☐ COST OF SERVICES WAS TOO HIGH

☐ NO DOCUMENTATION/UNABLE TO REGISTER

☐ LANGUAGE BARRIERS

☐ FEAR OF DISCRIMINATION

☐ FEAR OF ARREST AND DETENTION

☐ I DON'T KNOW WHERE THE CLINIC IS

☐ OTHER (specify)

[IN2A_13_17] Please specify the reason for not accessing healthcare: *

[IN3_13_17] Are you currently covered by any form of health insurance, for example: receive healthcare at government clinics/hospitals for a free or a nominal fee, or receive health care at private clinics/hospital by claiming private health insurance? *

○ YES

○ NO

○ DON'T KNOW

[IN4_13_17-IN10_13_17] In the past two weeks, have you experienced any of the following symptoms?

	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
Feeling sad, empty, or hopeless most of the day, nearly every day. *	○	○	○	○
Loss of interest or pleasure in activities you usually enjoy (e.g., hobbies, socializing). *	○	○	○	○
My child feels proud of their cultural or religious heritage. *	○	○	○	○
Trouble falling asleep, staying asleep, or sleeping too much. *	○	○	○	○
Feeling tired or having little energy, even after a good night's rest. *	○	○	○	○
Feeling restless or slowed down in a noticeable way. *	○	○	○	○
Feeling worthless or guilty in an excessive or inappropriate way. *	○	○	○	○
Difficulty concentrating on tasks (e.g., schoolwork, conversations) *	○	○	○	○

[IN11_13_17] When you are dealing with difficult feelings, such as sadness, stress, or anxiety, do you have someone you feel comfortable talking to (e.g., a family member, friend, teacher, or counselor)? *

○ YES

○ NO

[IN12_13_17] Who do you usually talk to about your feelings? (Check all that apply) *

☐ FAMILY MEMBER

☐ FRIEND(S)

☐ TEACHER

☐ COUNSELOR

☐ THERAPIST

☐ NO ONE

[IN13_13_17] In the last month, have you had contact with any mental health professional (e.g., a counselor, psychologist, therapist) to help you manage your emotions or mental health concerns? *

- ○ YES
- ○ NO

[IN14_13_17] For girls: *
Do you have enough menstrual products (pads, tampons, menstrual cups) to manage your period comfortably?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ NOT STARTED MENSTRUAT ION

[IN 15_13_17] For girls: *
How easy is it for you to get these products when needed?

- ○ VERY EASY
- ○ EASY
- ○ DIFFICULT
- ○ VERY DIFFICULT
- ○ REFUSED

[IN16_13_17] For girls: *
During your last period, did you feel you could participate fully in school, sports, and social activities?

- ○ YES
- ○ NO
- ○ REFUSED

[IN17_13_17] For girls: *
Have you ever felt limited in your activities due to menstruation?

- ○ YES
- ○ NO
- ○ REFUSED

[IN18_13_17] For children aged 15-17 years: *
Do you feel you have enough information to make informed decisions about sexual health and contraception?

- ○ YES
- ○ NO
- ○ DON'T KNOW
- ○ REFUSED

[IN19_13_17] For children aged 15-17 years: *
Are you comfortable discussing your sexual and reproductive health needs with a trusted adult or healthcare provider?

○ VERY COMFORTABLE
○ COMFORTABLE
○ NOT COMFORTABLE
○ VERY UNCOMFORTABLE

[IN20_13_17] For children aged 15-17 years: *
Do you know where to access reproductive health services and information if needed?

○ YES
○ NO

[IN21_13_17] Which statement best applies to your physical and mental health in terms of being able to do the things you enjoy? *

○ I OFTEN FEEL UNWELL AND UNABLE TO DO THE THINGS I ENJOY
○ I SOMETIMES FEEL UNWELL AND CAN'T ALWAYS DO THE THINGS I ENJOY
○ I FEEL OKAY MOST OF THE TIME AND CAN DO MANY OF THE THINGS I ENJOY
○ I USUALLY FEEL HEALTHY AND CAN DO THE THINGS I ENJOY
○ I ALWAYS FEEL HEALTHY AND CAN DO EVERYTHING I WANT TO DO

[IN22_13_17] In the past 2 days, which of the following foods did you consume? * (Check all that apply)

☐ GRAINS, ROOTS AND TUBERS (RICE/NOODLES/CEREALS/OAT, POTATOES)
☐ FRUITS
☐ VEGETABLES
☐ MEAT (CHICKEN, BEEF, FISH, ORGAN MEATI
☐ LEGUMES, NUTS AND SEEDS
☐ DAIRY (E.G., MILK, PLAIN YOGURT, CHEESE)
☐ EGGS
☐ SWEETS SNACKS/DESSERT (CAKES, COOKIES, DONUTS, ICE CREAM, CENDOL, CHOCOLATES, BU BUR KACANG, CHOCOLATE)
☐ SAVORY SNACKS AND INSTANT NOODLES (POTATO CHIPS, FIRES, CURRY PUFFS, INSTANT NOODLES)
☐ SWEETENED BEVERAGES (CARBONATED DRINKS, BUBBLE TEA, COFFEE/TEA WITH SUGAR OR CONDENSED MILK, MILO FRUIT JUICE, SYRUP/CORDIAL, ANY SWEETENED DRINKS)
☐ FAST FOOD (MCD, KFC, TEXAS, PIZZA HUT)
☐ OTHER (specify)

[IN22A_13_17] Please specify the foods you consumed in the past 2 days: *

[IN23_13_17] For children aged 13-15 years: *
Are you currently attending lower secondary school, a vocational training institution, or an alternative learning centre?

- ○ YES, ATTENDING LOWER SECONDARY SCHOOL
- ○ YES, ATTENDING A VOCATIONAL TRAINING INSTITUTION
- ○ YES, ATTENDING AN ALTERNATIVE LEARNING CENTRE
- ○ YES, ATTENDING A SPECIAL EDUCATION SCHOOL/INCLUSIVE EDUCATION PROGRAMME/INTEGRATED EDUCATION PROGRAMME
- ○ NO, NOT ATTENDING
- ○ OTHER (specify)

[IN23A_13_17] Please specify your current education: *

[IN24_13_17] For children aged 16-17 years: *
Are you currently attending upper secondary school, a vocational training institution, or an alternative learning centre?

- ○ YES, ATTENDING LOWER SECONDARY SCHOOL
- ○ YES, ATTENDING A VOCATIONAL TRAINING INSTITUTION
- ○ YES, ATTENDING AN ALTERNATIVE LEARNING CENTRE
- ○ YES, ATTENDING A SPECIAL EDUCATION SCHOOL/INCLUSIVE EDUCATION PROGRAMME/INTEGRATED EDUCATION PROGRAMME
- ○ NO, NOT ATTENDING
- ○ OTHER (specify)

[IN24A_13_17] Please specify your current education: *

[IN25_13_17] Do you feel that the things you are learning at school are relevant and useful for your life outside of school, such as preparing you for the future or helping you in everyday life? *

- ○ YES, VERY RELEVANT AND USEFUL
- ○ SOMEWHAT RELEVANT AND USEFUL
- ○ NOT VERY RELEVANT OR USEFUL
- ○ NOT AT ALL RELEVANT OR USEFUL

[IN26_13_17] Do you have access to extracurricular activities at your school, such as sports, music, arts, or clubs? *

- ○ YES, I HAVE ACCESS TO MANY ACTIVITIES
- ○ YES, BUT ONLY TO A FEW ACTIVITIES
- ○ NO, I DO NOT HAVE ACCESS TO EXTRACURRICULAR ACTIVITIES
- ○ DON'T KNOW

[IN27_13_17] Which of the following extracurricular activities do you participate in at school? (Check all that apply) *

☐ SPORTS (E.G., FOOTBALL, SEPAK TAKRAW, BADMINTON ETC.)

☐ ARTS (E.G., PAINTING, DRAMA, DANCE, ETC)

☐ MUSIC (E.G., BAND, CHOIR, INSTRUMENTAL LESSONS, ETC.)

☐ ACADEMIC OR HOBBY CLUBS (E.G., SCIENCE CLUB, DEBATE TEAM, ETC)

☐ I DO NOT PARTICIPATE IN ANY EXTRACURRICULAR ACTIVITIES

☐ OTHER (specify)

[IN27A_13_17] Please specify the extracurricular activities you participate in at school: *

[IN28_13_17] Do you have access to any of the following technology or information sources? (Check all that apply) *

☐ I OWN A MOBILE PHONE

☐ I USE A SHARED MOBILE PHONE

☐ I USE A COMPUTER/LAPTOP/TABLET AT HOME OR SCHOOL

☐ I HAVE ACCESS TO A TELEVISION

☐ I HAVE ACCESS TO A TELEPHONE (LANDLINE)

☐ NONE OF THE ABOVE

[IN29_13_17] For children aged 13-17 years: Have you completed primary school (until the last form)? *

○ YES, I HAVE COMPLETED PRIMARY SCHOOL

○ NO, I HAVE NOT COMPLETED PRIMARY SCHOOL

○ I AM STILL ATTENDING PRIMARY SCHOOL

[IN30_13_17] For children aged 16-17 years: Have you completed lower secondary school (until the last form)? *

○ YES, I HAVE COMPLETED PRIMARY SCHOOL

○ NO, I HAVE NOT COMPLETED PRIMARY SCHOOL

○ I AM STILL ATTENDING PRIMARY SCHOOL

[IN31_13_17] For children aged 13-17 years: Do you intend to complete high school or vocational training after finishing your current grade? *

○ YES, I INTEND TO COMPLETE HIGH SCHOOL

○ YES, I INTEND TO COMPLETE VOCATIONAL LEARNING

○ NO, I DO NOT INTEND TO CONTINUE AFTER MY CURRENT GRADE

○ I AM UNSURE IF I WILL CONTINUE AFTER MY CURRENT GRADE

[IN32_13_17] Over the last two weeks, did you receive help with their homework from someone at home or outside the home? *

○ ALWAYS
○ VERY OFTEN
○ SOMETIMES
○ RARELY
○ NEVER

[IN33_13_17] Who usually helps you with your homework? (Check all that apply) *

☐ PARENT(S) OR CAREGIVER(S)
☐ SIBLING(S)
☐ TEACHER OR TUTOR
☐ FRIEND(S)
☐ OTHER FAMILY MEMBER(S)

[IN34_13_17] Do you feel included and able to participate fully in activities or programs that you are interested in? *

○ ALWAYS
○ VERY OFTEN
○ SOMETIMES
○ RARELY
○ NEVER

[IN35_13_17] Are there any reasons that prevent you from participating in activities you enjoy (e.g., lack of resources, physical space, or social inclusion)? (Check all that apply) *

☐ YES, LACK OF RESOURCES

☐ YES, EXCLUSION

☐ YES, FUNCTIONING ABILITY

☐ YES, CONFIDENCE

☐ YES, PHYSICAL ABILITY

☐ YES, TRANSPORT

☐ YES, LACK OF SPACE

☐ NO

[IN36_13_17] How satisfied are you with the opportunities you have for leisure, recreation, and creative expression? *

○ VERY SATISFIED

○ SATISFIED

○ NEUTRAL

○ DISSATISFIED

○ VERY DISSATISFIED

[IN37_13_17-IN40_13_17] Over the last 2 weeks, did you...

	ALWAYS	VERY OFTEN	SOMETIMES	RARELY	NEVER
Complete homework or study after school?	*				
Hang out with friends, play, or engage in other social activities after school?	* ○	○	○	○	○
Participate in physical activities, sports, or exercise?	* ○	○	○	○	○
Participate in household chores?	* ○	○	○	○	○

[IN41_13_17] On average, how many hours do you usually sleep each night? *

- ◯ LESS THAN 8 HOURS
- ◯ 8 TO 10 HOURS
- ◯ 10 T0 12 HOURS
- ◯ MORE THAN 12 HOURS

[IN42_13_17] Do you feel safe at school, home, and in your community? *

- ◯ ALWAYS
- ◯ VERY OFTEN
- ◯ SOMETIMES
- ◯ RARELY
- ◯ NEVER

[IN43_13_17] Do you feel safe at home? *

- ◯ ALWAYS
- ◯ VERY OFTEN
- ◯ SOMETIMES
- ◯ RARELY
- ◯ NEVER

[IN44_13_17] Do you have a trusted adult to speak to if you feel unsafe at school, home or in your community? *

- ◯ YES
- ◯ NO

[IN45_13_17] For children aged 15-17 years: *
If you were to experience physical or emotional harm, who would you turn to for help?

- ◯ FAMILY MEMBER
- ◯ FRIEND
- ◯ DOCTOR
- ◯ POLICE
- ◯ OTHER (specify)

[IN45A_13_17] Please specify who you would turn to for help: *

[IN46_13_17] Do you have any friends or neighbours that were married before the age of 18? *

- ◯ YES
- ◯ NO

[IN47_13_17] Do you commute to school or other places with adult supervision? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN48_13_17] Do you feel that your commute route is safe and free from potential dangers? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN49_13_17] Are there safe transport alternatives (like car rides, school buses, etc.) during bad weather or unsafe conditions? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN50_13_17] If you need to rest or wait somewhere, are there safe shelters along your commute route? *

○ YES

○ NO

[IN51_13_17] In the past year, have you been bullied by other students or adults in your school, community, or online? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN52_13_17] In the past year, have you been discriminated against or treated unfairly based on your gender, age, religion, ethnicity, sexual orientation, or disability? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN53_13_17] Do you know what on line safety tools or settings (like privacy settings or parental controls) are in place on the devices you use? *

○ YES

○ NO

○ DON'T KNOW

[IN54_13_17] If you come across harmful content online (e.g., violent or sexual), do you know how to report it or who to talk to? *

○ YES

○ NO

○ DON'T KNOW

[IN55_13_17] Do you currently engage in paid work or help with household chores (e.g., cleaning, cooking, or caring for siblings)? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN56_13_17] Does your involvement in work or chores affect your ability to participate in school, study, or attend extracurricular activities? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN57_13_17] Do you have enough time to sleep, socialize, or engage in physical activities, despite your involvement in work or chores? *

○ YES, FREQUENTLY

○ YES, OCCASIONALLY

○ NO

[IN58_13_17] On average, how many hours did you spend on work/chores in the last week? *

[IN59_13_17] In the last month, how often did you have meaningful conversations or spend quality time with your family or friends? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN60_13_17] When you spent time with your family or friends in the last month, how often did you feel understood and supported? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN61_13_17-1N70_13_17] Please state your level of agreement with the following statements:

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
I feels like a sense of belonging to my school. *					
I feel a sense of belonging to their neighbourhood or community. *	○	○	○	○	○
I feel proud of my cultural or religious heritage. *	○	○	○	○	○
I feel able to say what I think and feel at home. *	○	○	○	○	○
I feel able to say what I think and feel at school. *	○	○	○	○	○
I feel heard when I say what I think, and express my opinion to the people around me. *	○	○	○	○	○
I make my own decisions about things that matter to me (such as clothes, activities, or plans). *	○	○	○	○	○
I feel supported by family, friends, or others in making decisions that are important to me. *	○	○	○	○	○
I feel hopeful and positive about my future. *	○	○	○	○	○
I feel hopeful and happy when I think about my future. *	○	○	○	○	○

[IN71_13_17] In the past month, how often did you participate in activities that helped or supported your community (such as volunteering, helping others, or participating in community events)? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

[IN72_13_17] In the past month, how often were you able to freely practice or express your cultural or religious heritage (such as participating in ceremonies, holidays, or customs)? *

- ○ ALWAYS
- ○ VERY OFTEN
- ○ SOMETIMES
- ○ RARELY
- ○ NEVER

To add another child, please click the "+" button below:

Note: Please confirm that this is the final sum of children in the household and their respective ages before moving on to submission.

Total number of children in the household:

Section 4: Survey Closing

Enumerator to fill:

[01] Did the participant accept/take the compensation for their time taken in the study? *

- ◯ YES
- ◯ NO

[01A] Why did the participant refuse the compensation for their time taken in the study?

Please ensure that there is no error, and all questions are filled before proceeding with submission by clicking the "SUBMIT" button below.

Please move on to the next household without a submission and restart the survey.

Annex 3: Tabulated results
Demographics

Total children - general population

	n	%
Age group (years)		
0-2	450	*12.1*
3-5	545	*14.6*
6-12	1536	*41.1*
13-17	1203	*32.2*
Adolescent present	*383*	*31.8*
Adolescent absent	*820*	*68.2*
Gender		
Female	1729	*46.3*
Male	2005	*53.7*
Area		
Urban	1546	*41.4*
Rural	2188	*58.6*
Division		
Kudat	305	*8.2*
Pantai Barat	1499	*40.1*
Pedalaman	475	*12.7*
Sandakan	576	*15.4*
Tawau	879	*23.5*
Total	3734	*100*

Undocumented or stateless (N=591)

	n	%
Age group (years)		
0-2	58	*9.8*
3-5	87	*14.7*
6-12	268	*45.5*
13-17	178	*30.1*
Gender		
Female	296	*50.1*
Male	295	*49.9*
Total	591	*100*

Registered disabilities/unregistered disabilities (N=367)

	n	%
Registered disabilities	274	*74.7*
Unregistered disabilities	93	*25.3*
Age group (years)		
0-2	17	*4.6*
3-5	90	*24.5*
6-12	157	*42.8*
13-17	103	*28.1*
Gender		
Female	129	*35.2*
Male	238	*64.8*
Area		
Urban	87	*42.4*
Rural	118	*57.6*
Total	367	*100*

All percentages in Annex 3 are shown in italics

Total children by division - general population

	Kudat		Pantai Barat		Pedalaman		Sandakan		Tawau	
	n	col %	n	col %	n	col %	n	col %	n	col %
Age group (years)										
0-2	40	*13.1*	172	*11.5*	45	*9.5*	81	*14.1*	112	*12.7*
3-5	35	*11.5*	229	*15.3*	67	*14.1*	86	*14.9*	128	*14.6*
6-12	124	*40.7*	650	*43.4*	185	*39.0*	214	*37.2*	363	*41.3*
13-17	106	*34.8*	448	*29.9*	178	*37.5*	195	*33.9*	276	*31.4*
Gender										
Female	137	*44.9*	686	*45.8*	216	*45.5*	290	*50.4*	400	*45.5*
Male	168	*55.1*	813	*54.2*	259	*54.5*	286	*49.6*	479	*54.5*
Area										
Urban	0	*0*	690	*46.0*	99	*20.8*	227	*39.4*	530	*60.3*
Rural	305	*100*	809	*54.0*	376	*79.2*	349	*60.6*	349	*39.7*
	n	row %	n	row %	n	row %	n	row %	n	row %
Documentation										
Undocumented or stateless	0	*0*	47	*7.9*	1	*0.2*	97	*16.3*	450	*75.6*
Registered disabilities/ unregistered disabilities	12	*3.3*	168	*45.8*	42	*11.4*	60	*16.4*	85	*23.2*

Am I healthy? Indicators

Distribution of health wellbeing outcomes based on indicators (all percentages are weighted)

	Access to healthcare								Up-to-date/completed vaccines for 0 to 23 months						Mental health needs					
	Unmet			Met			Undetermined		Unmet			Met			Unmet			Met		
	n	row %	95% CI	n	row %	95% CI	n	row%	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI
Overall	241	*7.5*	*[6.5, 8.6]*	2849	*92.3*	*[91.2, 93.3]*	6	*0.1*	927	*26.4*	*[24.7, 28.2]*	2807	*73.6*	*[71.7, 75.3]*	77	*4.3*	*[3.4, 5.7]*	2355	*95.6*	*[94.3, 96.6]*
Age group																				
0-2 years	30	*6.9*	*[4.8, 9.6]*	419	*92.9*	*[90.1, 94.9]*	1	*0.2*	105	*23.2*	*[19.5, 27.3]*	345	*76.8*	*[72.7, 80.5]*						
3-5 years	46	*8.4*	*[6.4, 11.1]*	498	*91.4*	*[88.7, 93.5]*	1	*0.2*	134	*24.9*	*[21.4, 28.7]*	411	*75.1*	*[71.3, 78.6]*	13	*2.4*	*[1.4,4.1]*	532	*97.6*	*[95.8, 98.6]*
6-12 years	106	*6.8*	*[5.6, 8.2]*	1426	*92.9*	*[91.5, 94.1]*	4	*0.2*	408	*26.4*	*[24.2, 28.6]*	1128	*73.6*	*[71.4, 75.8]*	19	*1.2*	*[0.8, 2.0]*	1517	*98.8*	*[98.0, 99.2]*
13-17 years	59	*8.0*	*[6.0, 10.7]*	506	*92.0*	*[89.3, 94.0]*	0	*0*	280	*27.8*	*[24.5, 31.2]*	923	*72.2*	*[68.8, 75.5]*						
13-17 years (complete case)															45	*7.1*	*[5.2, 9.6]*	306	*92.9*	*[90.4, 94.8]*
Gender																				
Female	115	7.3	*[6.0, 8.9]*	1328	*92.6*	*[91.0, 93.9]*	2	*0.1*	410	*24.7*	*[22.3, 27.2]*	1319	*75.3*	*[72.8, 77.7]*	45	*5.6*	*[4.0, 7.7]*	1107	*94.4*	*[92.3, 96.0]*
Male	126	*7.7*	*[6.2, 9.4]*	1521	*92.2*	*[90.4, 93.6]*	4	*0.2*	517	*27.9*	*[25.4, 30.5]*	1488	*72.1*	*[69.5, 74.6]*	32	*3.3*	*[2.2, 5.1]*	1248	*96.7*	*[94.9, 97.8]*
Location																				
Urban	145	*10.6*	*[8.8, 12.7]*	1198	*89.1*	*[87.0, 90.9]*	5	*0.3*	445	*30.8*	*[28.0, 33.7]*	1101	*69.2*	*[66.3, 72.0]*	41	*5.2*	*[3.6, 7.4]*	986	*94.8*	*[92.6, 96.4]*
Rural	96	*5.2*	*[4.2, 6.6]*	1651	*94.7*	*[93.4, 95.8]*	1	*0*	482	*23.4*	*[21.2, 25.7]*	1706	*76.6*	*[74.3, 78.8]*	36	*3.8*	*[2.6, 5.6]*	1369	*96.2*	*[94.4, 97.4]*
Division																				
Kudat	3	*2.4*	*[0.5, 10.1]*	212	*97.6*	*[89.9, 99.5]*	0	*0*	58	*22.8*	*[17.8, 34.6]*	247	*77.2*	*[69.5, 83.4]*	6	*7.7*	*[3.2, 17.3]*	166	*92.3*	*[82.7, 96.8]*
Pantai Barat	24	*2.2*	*[1.3, 3.9]*	1136	*97.8*	*[96.1, 98.7]*	0	*0*	324	*22.8*	*[21.2, 28.1]*	1175	*77.2*	*[74.2, 79.9]*	16	*3.2*	*[1.8, 5.6]*	964	*96.8*	*[94.4, 98.2]*
Pedalaman	13	*3.4*	*[2.0, 5.9]*	314	*96.6*	*[94.1, 98.0]*	0	*0*	92	*20.5*	*[15.9, 26.1]*	383	*79.5*	*[75.0, 83.4]*	5	*2.4*	*[0.9, 6.2]*	272	*97.6*	*[93.8, 99.1]*
Sandakan	39	*7.0*	*[5.0, 9.7]*	533	*92.7*	*[89.9, 94.8]*	2	*0.3*	131	*24.6*	*[20.8, 29.0]*	445	*75.4*	*[71.1, 79.3]*	18	*5.0*	*[3.0, 8.1]*	384	*95.0*	*[91.9, 97.0]*
Tawau	162	*19.9*	*[17.1, 23.0]*	654	*79.7*	*[76.6, 82.6]*	4	*0.4*	322	*39.0*	*[36.6, 44.0]*	557	*61.0*	*[57.4, 64.5]*	32	*6.0*	*[4.1, 8.6]*	569	*94.0*	*[91.4, 95.9]*
Undocumented or stateless (N=591)	575	*97.3*		12	*2*		4	*0.7*	*535*	*90.6*		56	*9.4*		24	*5.1*		450	*94.9*	
Disability (N=367)																				
Registered disabilities	24	*8.8*		227	*82.9*		23	*8.4*	97	*35.4*		177	*64.6*		18	*7.0*		239	*93.0*	
Unregistered disabilities	45	*48.4*		39	*41.9*		9	*9.7*	*47*	*50.5*		46	*49.5*		2	*2.2*		91	*97.8*	

(continued on next page)

Distribution of health wellbeing outcomes based on indicators (all percentages are weighted) (cont)

	Menstrual health (girls)								Sexual and reproductive health (15-17 years)								Perceived health (13-17 years)					
	Unmet			Met			Undetermined		Unmet			Met			Undetermined		Unmet			Met		
	n	row %	95% CI	n	row %	95% CI	n	row%	n	row %	95% CI	n	row %	95% CI	n	row %	n	row %	95% CI	n	row %	95% CI
Overall	226	*21*	*[17.5, 25.1]*	662	*75.4*	*[71.2, 79.2]*	21	*2.3*	137	*67.4*	*[60.2, 73.8]*	69	*31.8*	*[25.5, 38.9]*	1	*0.5*	65	*18.6*	*[14.5, 23.4]*	286	*81.4*	*[76.6, 85.5]*
Age group																						
0-2 years																						
3-5 years																						
6-12 years	164	*9.7*	*[7.8, 12.2]*	554	*88.5*	*[85.9, 90.6]*	11	*1.5*														
13-17 years																						
13-17 years (complete case)	*62*	*34.5*	*[27.4, 42.4]*	*108*	*59.9*	*[51.9, 67.3]*	10	*5.6*	*See overall*								*See overall*					
Gender																						
Female	See overall								72	*68.1*	*[58.2, 76.6]*	35	*31.9*	*[23.4, 41.8]*	0	*0*	36	*19.5*	*[14.0, 26.4]*	144	*80.5*	*[73.6, 86.0]*
Male									65	*66.7*	*[56.3, 75.7]*	34	*31.7*	*[22.9, 42.0]*	1	*1*	29	*17.8*	*[12.3, 24.9]*	142	*82.2*	*[75.1, 87.7]*
Location																						
Urban	124	*24.8*	*[19.4, 31.2]*	270	*71.5*	*[65.0, 77.1]*	11	*2.7*	62	*66.1*	*[55.3, 75.4]*	32	*33.9*	*[24.6, 44.7]*	0	*0*	28	*18.5*	*[12.7, 26.0]*	126	*81.5*	*[74.0, 87.3]*
Rural	102	*18.0*	*[13.6, 23.4]*	392	*78.7*	*[73.0, 83.4]*	10	*2*	75	*68.3*	*[58.6, 76.7]*	37	*30.2*	*[22.1, 39.8]*	1	*0.9*	37	*18.6*	*[13.4, 25.3]*	160	*81.4*	*[74.7, 86.6]*
Division																						
Kudat	6	*13.8*	*[4.2, 37.0]*	49	*84.7*	*[62.5, 94.8]*	0	*0*	4	*68.2*	*[27.7, 92.3]*	3	*31.8*	*[7.7, 72.3]*	0	*0*	3	*20.9*	*[6.7, 49.3]*	10	*79.1*	*[50.7, 93.3]*
Pantai Barat	115	*23.2*	*[17.2, 30.5]*	236	*72.2*	*[64.7, 78.6]*	13	*3.6*	47	*72.1*	*[59.8, 81.8]*	17	*26.1*	*[16.7, 38.2]*	1	*1.5*	19	*19.3*	*[12.7, 28.2]*	82	*80.7*	*[71.8, 87.3]*
Pedalaman	12	*9.6*	*[4.5, 19.4]*	76	*89.5*	*[79.8, 94.9]*	1	*1.1*	6	*38.7*	*[18.5, 63.8]*	10	*61.3*	*[36.2, 81.5]*	0	*0*	2	*7.6*	*[1.9, 26.0]*	23	*92.4*	*[74.0, 98.1]*
Sandakan	34	*23.4*	*[16.6, 31.8]*	134	*73.0*	*[64.3, 80.2]*	4	*2.3*	39	*66.7*	*[53.7, 77.6]*	20	*33.3*	*[22.4, 46.3]*	0	*0*	18	*16.7*	*[10.7, 25.3]*	84	*83.3*	*[74.7, 89.3]*
Tawau	59	*20.6*	*[15.0, 27.6]*	167	*76.9*	*[69.6, 82.8]*	3	*1.3*	41	*66.2*	*[53.3, 77.1]*	20	*33.8*	*[22.9, 46.7]*	0	*0*	23	*21.8*	*[14.8, 31.0]*	87	*78.2*	*[69.0, 85.2]*
Undocumented or stateless (N = 591)	43	*21*		145	*70.7*		17	*8.3*	41	*71.9*		16	*28.1*		0	*0*	22	*18.5*		97	*81.5*	
Disability (N= 367)																						
Registered disabilities	10	*19.2*		42	*80.8*		0	*0*	13	*81.3*		3	*18.7*		0	*0*	3	*10.7*		25	*89.3*	
Unregistered disabilities	7	*26.9*		18	*69.2*		1	*3.9*	3	*75.0*		1	*25.0*		0	*0*	5	*38.5*		8	*61.5*	

Am I healthy? Domain

Health domain threshold (all percentages are weighted)

	Unmet			Met			Undetermined	
	n	row %	95% CI	n	row %	95% CI	n	row %
Overall	973	*43.8*	*[41.5, 46.2]*	1906	*55.9*	*[53.6, 58.3]*	3	*0.1*
Age group								
0-2 years	115	*25.5*	*[21.6, 29.7]*	335	*74.5*	*[70.3, 78.4]*	0	*0*
3-5 years	147	*27.3*	*[23.7, 31.3]*	398	*72.7*	*[68.7, 76.3]*	0	*0*
6-12 years	443	*28.6*	*[26.4, 31.0]*	1091	*71.2*	*[68.9, 73.5]*	2	*0.1*
13-17 years	268	*78.6*	*[73.7, 82.8]*	82	*20.8*	*[16.7, 25.6]*	1	*0.3*
Gender								
Female	454	*43.2*	*[40.0, 46.6]*	905	*56.7*	*[53.4, 60.0]*	1	*0.1*
Male	519	*44.4*	*[41.1, 47.7]*	1001	*55.3*	*[51.9, 58.5]*	2	*0.1*
Area								
Urban	469	*47.8*	*[44.3, 51.2]*	749	*52.1*	*[48.7, 55.6]*	2	*0.2*
Rural	504	*41.1*	*[38.0, 44.3]*	1157	*58.6*	*[55.4, 61.7]*	1	*0.1*
Division								
Kudat	53	*37.7*	*[28.6, 47.8]*	159	*62.3*	*[52.2, 71.4]*	0	*0*
Pantai Barat	326	*42.3*	*[38.2, 46.4]*	825	*57.3*	*[53.1, 61.4]*	1	*0.1*
Pedalaman	76	*29.2*	*[23.5, 35.6]*	246	*70.8*	*[64.4, 76.5]*	0	*0*
Sandakan	175	*46.3*	*[41.2, 51.5]*	307	*53.5*	*[48.3, 58.6]*	1	*0.2*
Tawau	343	*54.0*	*[50.0, 57.9]*	369	*45.9*	*[42.0, 49.9]*	1	*0.1*
Undocumented or stateless	527	*99.1*		3	*0.6*		2	*0.4*
Disability (N=314)								
Registered disabilities	115	*50*		115	*50*		0	*0*
Unregistered disabilities	54	*64.3*		30	*35.7*		0	*0*

Girls aged 6 to 17 years with addition of menstrual health

	Unmet			Met			Undetermined	
	n	row %	95% CI	n	row %	95% CI	n	row %
Overall	461	*57.0*	*[53.0, 60.8]*	438	*42.2*	*[38.4, 46.1]*	10	*1.1*
Age group								
0-2 years								
3-5 years								
6-12 years	311	*34.0*	*[30.6, 37.5]*	409	*64.8*	*[61.2, 68.2]*	9	*1.2*
13-17 years	150	*84.4*	*[78.1, 89.2]*	29	*15.2*	*[10.5, 21.6]*	1	*0.6*
Area								
Urban	235	*63.1*	*[57.4, 68.4]*	156	*35.9*	*[30.6, 41.5]*	5	*1.3*
Rural	219	*51.9*	*[46.5, 57.3]*	280	*47.4*	*[42.1, 52.8]*	5	*1.0*
Division								
Kudat	15	*46.5*	*[29.3, 64.5]*	40	*53.5*	*[35.5, 70.7]*	0	*0*
Pantai Barat	190	*56.1*	*[49.5, 62.6]*	167	*42.7*	*[36.3, 49.3]*	7	*1.9*
Pedalaman	24	*30.3*	*[20.0, 43.2]*	64	*68.8*	*[56.0, 79.3]*	1	*1.1*
Sandakan	97	*66.3*	*[58.6, 73.3]*	73	*32.5*	*[25.7, 40.2]*	2	*1.2*
Tawau	135	*62.5*	*[55.7, 68.8]*	94	*37.5*	*[31.2, 44.3]*	0	*0*
Undocumented or stateless	204	*99.5*		1	*0.5*		0	*0*
Disability								
Registered disabilities	30	*57.7*		22	*42.3*		0	*0*
Unregistered disabilities	19	*73.1*		7	*26.9*		0	*0*

Am I growing well? Indicators

Growth and development indicators (all percentages are weighted)

	Exclusive breastfeeding (<6 months)						Consumption of nutritious food (≥6 mths)						Access to developmental checks							
	Unmet			Met			Unmet			Met			Unmet			Met			Undetermined	
	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %
Overall	19	*39.9*	*[26.9, 54.5]*	32	*60.1*	*[45.5, 73.1]*	2016	*68.6*	*[66.6, 70.5]*	1029	*31.4*	*[29.5, 33.4]*	171	*16.6*	*[14.4, 19.1]*	824	*83.4*	*[80.9, 85.6]*		
Age group																				
< 6 months	See overall												2	*3.9*	*[0.9, 14.9]*	49	*96.1*	*[85.1, 99.1]*		
6-11 months													4	*4.4*	*[1.6, 11.2]*	90	*95.6*	*[88.8, 98.4]*		
6 months - 2 years							319	*80.0*	*[75.8, 83.7]*	80	*20.0*	*[16.3, 24.2]*								
12-24 months													31	*10.4*	*[7.4, 14.4]*	274	*90.0*	*[85.6, 92.6]*		
0-2 years																				
3-4 years													73	*20.8*	*[16.8, 25.4]*	275	*79.2*	*[74.6, 83.2]*		
5 years													61	*31.0*	*[24.9, 37.8]*	136	*69.0*	*[62.2, 75.1]*		
3-5 years							351	*64.6*	*[60.4, 68.5]*	194	*35.4*	*[31.5, 39.6]*								
6-12 years							979	*63.9*	*[61.5, 66.3]*	557	*36.1*	*[33.7, 38.5]*								
13-17 years							367	*70.9*	*[66.3, 75.1]*	198	*29.1*	*[24.9, 33.7]*								
Gender																				
Female	8	*40.0*	*[1.3, 62.1]*	14	*60.0*	*[37.9, 78.7]*	950	*69.1*	*[66.2, 71.8]*	473	*30.9*	*[28.2, 33.8]*	88	*18.7*	*[15.3, 22.5]*	363	*81.3*	*[77.5, 84.7]*		
Male	11	*39.9*	*[23.3, 59.1]*	18	*60.1*	*[40.9, 76.7]*	1066	*68.2*	*[65.3, 70.9]*	556	*31.8*	*[29.1, 34.7]*	83	*14.9*	*[12.2, 18.2]*	461	*85.1*	*[81.8, 87.8]*		
Location																				
Urban	10	*48.6*	*[28.0, 69.7]*	11	*51.4*	*[30.3, 72.0]*	887	*68.8*	*[65.8, 71.7]*	440	*31.2*	*[28.3, 34.2]*	82	*19.2*	*[15.7, 23.3]*	334	*80.8*	*[76.7, 84.3]*		
Rural	9	*34.1*	*[18.7, 53.8]*	21	*65.9*	*[46.2, 81.3]*	1129	*68.4*	*[65.7, 71.0]*	589	*31.6*	*[29.0, 34.3]*	89	*14.8*	*[12.2, 17.9]*	490	*85.2*	*[82.1, 87.8]*		
Division																				
Kudat	0	*0*		2	*100*		157	*75.9*	*[68.1, 82.4]*	56	*24.1*	*[17.6, 31.9]*	7	*9.0*	*[4.3, 17.8]*	68	*91.0*	*[82.2, 95.7]*		
Pantai Barat	2	*9.5*	*[2.3, 32.2]*	19	*90.5*	*[67.8, 97.7]*	763	*68.7*	*[65.0, 72.2]*	376	*31.3*	*[27.8, 35.0]*	47	*11.4*	*[8.6, 14.8]*	354	*88.6*	*[85.2, 91.4]*		
Pedalaman	6	*100*		0	*0*		217	*70.8*	*[65.2, 75.8]*	104	*29.2*	*[24.2, 34.8]*	15	*12.7*	*[7.7, 20.1]*	97	*87.3*	*[79.9, 92.3]*		
Sandakan	3	*33.3*	*[10.6, 67.7]*	6	*66.7*	*[32.3, 89.4]*	356	*68.3*	*[64.0, 72.3]*	209	*31.7*	*[27.7, 36.0]*	39	*23.0*	*[17.3, 30.0]*	128	*77.0*	*[70.0, 82.7]*		
Tawau	8	*61.5*	*[33.5, 83.6]*	5	*38.5*	*[16.4, 66.5]*	523	*65.4*	*[61.7, 68.9]*	284	*34.6*	*[31.1, 38.3]*	63	*25.2*	*[20.1, 31.0]*	177	*74.8*	*[69.0, 79.9]*		
Undocumented or stateless	2	*33.3*		4	*66.7*		125	*21.4*		460	*78.6*		96	*66.2*		48	*33.1*		1	*0.7*
Disability																				
Registered disabilities	0	*0*		3	*100*		0	*0*		87	*100*		6	*7.8*		71	*92.2*			
Unregistered disabilities	0	*0*		0	*0*		0	*0*		23	*100*		13	*43.3*		17	*56.7*			

Extra - food groups consumed by age group - weighted

	Breastmilk		Grains/ rice/ tubers		Legumes/ nuts/seeds		Dairy		Meat		Eggs		Vit A fruit & veg		Other fruit & veg		Other food	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
6 months - 2 years	*71.3*	*[63.5, 77.9]*	*74.7*	*[67.2, 81.0]*	*21.1*	*[15.2, 28.4]*	*48.2*	*40.4, 56.1]*	*54.5*	*[46.5, 62.2]*	*44.5*	*[36.8, 52.5]*	*50.9*	*[43.0, 58.8]*	*32.2*	*[25.3, 40.1]*	*12.5*	*[8.0, 18.8]*

	Grains/ rice/ / tubers		Fruits		Vegetables		Meat		Legumes/ nuts/seeds		Dairy		Eggs		Sweets		Savoury snacks	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
3-5 years	*86.2*	*[83.0, 88.9]*	*63.0*	*[58.8, 67.0]*	*68.1*	*[64.0, 71.9]*	*91.1*	*[88.4, 93.3]*	*29.4*	*[25.7, 33.4]*	*47.4*	*[43.2, 51.7]*	*80.1*	*[76.5, 83.3]*	*71.3*	*[67.3, 74.9]*	*62.0*	*[57.8, 66.0]*
6-12 years	*88.1*	*[86.4, 89.7]*	*57.6*	*[55.1, 60.0]*	*69.3*	*[66.9, 71.5]*	*91.5*	*[90.0, 92.8]*	*27.6*	*[25.4, 29.9]*	*37.4*	*[35.0, 39.9]*	*78.3*	*[76.2, 80.3]*	*65.9*	*[63.5, 68.2]*	*62.7*	*[60.2, 65.1]*
13-17 years	*65.0*	*[60.1, 69.7]*	*53.0*	*[48.0, 57.9]*	*71.4*	*[66.7, 75.7]*	*81.8*	*[77.8, 85.2]*	*22.4*	*[18.7, 26.5]*	*25.5*	*[21.5, 30.0]*	*65.7*	*[60.7, 70.3]*	*56.9*	*[51.9, 61.8]*	*59.2*	*[54.2, 64.0]*

	Sweet beverage		Fast food	
	%	95% CI	%	95% CI
3-5 years	*61.6*	*[57.4, 65.6]*	*7.4*	*[5.5, 9.9]*
6-12 years	*60.6*	*[58.1, 63.0]*	*7.8*	*[6.5, 9.3]*
13-17 years	*54.6*	*[49.6, 59.4]*	*5.7*	*[3.9, 8.3]*

Am I growing well? Domain

Growth and development domain (all percentages are weighted)

	Unmet			Met		
	n	row %	95% CI	n	row %	95% CI
Overall	2080	*69.4*	*[67.4, 71.3]*	1016	*30.6*	*[28.7, 32.6]*
Age group						
0 to 2	344	*76.9*	*[72.7, 80.5]*	106	*23.1*	*[19.5, 27.3]*
3 to 5	390	*71.5*	*[67.5, 75.1]*	155	*28.5*	*[24.9, 32.5]*
6 to 12	979	*63.9*	*[61.5, 66.3]*	557	*36.1*	*[33.7, 38.5]*
13 to 17	367	*70.9*	*[66.3, 75.1]*	198	*29.1*	*[24.9, 33.7]*
Gender						
Female	979	*69.9*	*[67.0, 72.6]*	466	*30.1*	*[27.4, 33.0]*
Male	1101	*69.0*	*[66.2, 71.7]*	550	*31.0*	*[28.3, 33.8]*
Location						
Urban	912	*69.5*	*[66.5, 72.3]*	436	*30.5*	*[27.7, 33.5]*
Rural	1168	*69.3*	*[66.7, 71.9]*	580	*30.7*	*[28.1, 33.3]*
Division						
Kudat	158	*75.7*	*[67.9, 82.1]*	57	*24.3*	*[17.9, 32.1]*
Pantai Barat	782	*69.0*	*[65.3, 72.4]*	378	*31.0*	*[27.6, 34.7]*
Pedalaman	227	*72.6*	*[67.2, 77.5]*	100	*27.4*	*[22.5, 32.8]*
Sandakan	374	*70.1*	*[65.9, 73.9]*	200	*29.9*	*[26.1, 34.1]*
Tawau	539	*66.3*	*[62.7, 69.8]*	281	*33.7*	*[30.2, 37.3]*
Undocumented or Stateless	478	*80.9*		113	*19.1*	
Disability						
Registered disabilities	0	*0*		88	*100*	
Unregistered disabilities	0	*0*		19	*100*	

Am I able to learn? Indicators

Education indicators (all percentages are weighted)

	Access to education (3-17 years)								Access to a variety of activities at school (for children 6-17 years attending school)						Access to information (6-17 years)					
	Unmet			Met			Undetermined		Unmet			Met			Unmet			Met		
	n	row %	95% CI	n	row %	95% CI	n	row%	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI
Overall	514	*21.0*	*[19.1, 23.0]*	2132	*79*	*[77.0, 80.9]*			280	*12.6*	*[11.0, 14.4]*	1614	*87.4*	*[85.6, 89.0]*	1870	*65.4*	*[63.0, 67.7]*	869	*34.6*	*[32.3, 37.0]*
Age group																				
0-2 years																				
3-5 years	308	*58.2*	*[54.0, 62.3]*	237	*41.8*	*[37.7, 46.0]*														
6-12 years	106	*6.9*	*[5.7, 8.3]*	1430	*93.1*	*[91.7, 94.3]*			259	*19.4*	*[17.3, 21.6]*	1171	*80.6*	*[78.4, 82.7]*	941	*61.6*	*[59.1, 64.0]*	595	*38.4*	*[36.0, 40.9]*
13-17 years	100	*18.4*	*[14.9, 22.5]*	465	*81.6*	*[77.5, 85.1]*			21	*5.1*	*[3.1, 8.2]*	444	*94.9*	*[91.8, 96.9]*	929	*68.0*	*[64.3, 71.5]*	274	*32*	*[28.5, 35.7]*
13-17 years (complete case)																				
Gender																				
Female	236	*19.6*	*[17.2, 22.3]*	1001	*80.4*	*[77.7, 82.8]*			135	*13.1*	*[10.8, 15.7]*	763	*86.9*	*[84.3, 89.2]*	851	*63.4*	*[60.0, 66.7]*	427	*36.6*	*[33.3, 40.0]*
Male	278	*22.1*	*[19.4, 25.1]*	1131	*77.9*	*[74.9, 80.6]*			145	*12.2*	*[10.1, 14.6]*	852	*87.8*	*[85.4, 89.9]*	1019	*67.1*	*[63.7, 70.3]*	*442*	*32.9*	*[29.7, 36.3]*
Location																				
Urban	237	*21.1*	*[18.5, 24.0]*	918	*78.9*	*[76.0, 81.5]*			111	*12.0*	*[9.7, 14.8]*	721	*88.0*	*[85.2, 90.3]*	694	*58.8*	*[55.1, 62.4]*	436	*41.2*	*[37.6, 44.9]*
Rural	277	*20.9*	*[18.3, 23.7]*	1214	*79.1*	*[76.3, 81.7]*			169	*13.0*	*[11.0, 15.4]*	894	*87.0*	*[84.6, 89.0]*	1176	*70.0*	*[66.9, 72.9]*	433	*30.0*	*[27.1, 33.1]*
Division																				
Kudat	27	*26.1*	*[17.0, 37.7]*	148	*73.9*	*[62.3, 83.0]*			21	*13.7*	*[8.8, 20.8]*	114	*86.3*	*[79.2, 91.2]*	206	*88.7*		24	*11.3*	*[6.7, 18.3]*
Pantai Barat	134	*13.4*	*[10.9, 16.5]*	854	*86.6*	*[83.5, 89.1]*			118	*12.6*	*[10.0, 15.7]*	617	*87.4*	*[84.3, 90.0]*	750	*64.6*		348	*35.4*	*[31.5, 39.6]*
Pedalaman	46	*19.7*	*[14.8, 25.7]*	236	*80.3*	*[74.3, 85.2]*			44	*18.8*	*[14.1, 24.7]*	160	*81.2*	*[75.3, 85.9]*	305	*82.0*		58	*18.0*	*[13.6, 23.3]*
Sandakan	104	*21.8*	*[18.0, 26.3]*	389	*78.2*	*[73.7, 82.0]*			37	*9.8*	*[6.9, 13.7]*	324	*90.2*	*[86.3, 93.1]*	227	*55.9*		182	*44.1*	*[38.6, 49.8]*
Tawau	203	*32.1*	*[28.3, 36.1]*	505	*67.9*	*[63.9, 71.7]*			60	*12.0*	*[9.2, 15.4]*	400	*88.0*	*[84.6, 90.8]*	382	*57.0*		257	*43.0*	*[38.7, 47.4]*
Undocumented or stateless	342	*64.2*		190	*35.6*		1	*0.2*	51	*27.1*		137	*72.9*		349	*78.3*		97	*21.7*	
Disability																				
Registered disabilities	49	*21*		184	*79*				40	*28*		103	*72*		112	*56.8*		85	*41.2*	
Unregistered disabilities	41	*48.8*		43	*51.2*				18	*48.7*		19	*51.3*		46	*73*		17	*27*	

(continued on next page)

Education indicators (all percentages are weighted) (cont)

	Support with homework (6-17 years)						Relevance/Usefulness of education (13-17 years)						School education completion (13-17 years)					
	Unmet			Met			Unmet			Met			Unmet			Met		
	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI
Overall	281	*19.6*	*[17.0, 22.5]*	1428	*80.4*	*[77.5, 83.0]*	8	*2.8*	*[1.4, 5.9]*	271	*97.2*	*[94.1, 98.6]*	90	*24.4*	*[19.9, 29.6]*	261	*75.6*	*[70.4, 80.1]*
Age group																		
0-2 years																		
3-5 years																		
6-12 years	210	*14.6*	*[12.9, 16.5]*	1220	*85.4*	*[83.5, 87.1]*												
13-17 years																		
13-17 years (complete case)	*71*	*26.3*	*[21.0, 32.5]*	*208*	*73.7*	*[67.5, 79.0]*	*See overall*						*See overall*					
Gender																		
Female	139	*19.1*	*[15.7, 22.9]*	681	*80.9*	*[77.1, 84.3]*	3	*2.4*	*[0.7, 7.7]*	145	*97.6*	*[92.3, 99.3]*	48	*25.8*	*[19.6, 33.1]*	132	*74.2*	*[66.9, 80.4]*
Male	142	*20.1*	*[16.4, 24.4]*	747	*79.9*	*[75.6, 83.6]*	5	*3.2*	*[1.3, 8.1]*	126	*96.8*	*[91.9, 98.7]*	42	*23.3*	*[17.2, 30.7]*	129	*76.7*	*[69.3, 82.8]*
Location																		
Urban	135	*21.6*	*[17.6, 26.1]*	586	*78.4*	*[73.9, 82.4]*	2	*2.0*	*[0.5, 8.1]*	120	*98.0*	*[91.9, 99.5]*	38	*22.7*	*[16.5, 30.3]*	116	*77.3*	*[69.7, 83.5]*
Rural	146	*18.3*	*[15.0, 22.0]*	842	*81.7*	*[78.0, 85.0]*	6	*3.4*	*[1.4, 7.9]*	151	*96.6*	*[92.1, 98.6]*	52	*25.6*	*[19.6, 32.8]*	145	*74.4*	*[67.2, 80.4]*
Division																		
Kudat	14	*15.5*	*[7.9, 28.0]*	118	*85.4*	*[72.0, 92.1]*	2	*23.9*		6	*76.1*	*[38.7, 94.2]*	4	*29.8*	*[11.4, 58.4]*	9	*70.2*	*[41.6, 88.6]*
Pantai Barat	115	*20.3*	*[16.1, 25.4]*	613	*79.7*	*[74.6, 83.9]*	1	*1.1*		91	*98.9*	*[92.8, 99.9]*	20	*19.7*	*[13.0, 28.8]*	81	*80.3*	*[71.2, 87.0]*
Pedalaman	34	*16.1*	*[11.1, 22.7]*	167	*83.9*	*[77.2, 88.9]*	1	*5.0*		20	*95.0*	*[72.0, 99.3]*	2	*8.7*	*[2.2, 28.8]*	23	*91.3*	*[71.2, 97.8]*
Sandakan	69	*27.7*	*[21.8, 34.5]*	206	*72.3*	*[65.5, 78.2]*	2	*2.0*		79	*98.0*	*[92.3, 99.5]*	26	*24.8*	*[17.2, 34.2]*	76	*75.2*	*[65.8, 82.8]*
Tawau	49	*13.7*	*[10.2, 18.2]*	324	*86.3*	*[81.8, 89.8]*	2	*2.9*		75	*97.1*	*[88.7, 99.3]*	38	*37.5*	*[28.6, 47.3]*	72	*62.5*	*[52.7, 71.4]*
Undocumented or stateless	63	*36.4*		110	*63.6*		0	*0*		57	*100*		109	*91.6*		10	*8.4*	
Disability																		
Registered disabilities	34	*27.9*		88	*72.1*		0	*0*		18	*100*		36	*63.2*		21	*36.8*	
Unregistered disabilities	13	*35.1*		24	*64.9*		2	*20*		8	*80*		9	*56.2*		7	*43.8*	

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Am I able to learn? Domain

Education domain threshold (all percentages are weighted)

	Unmet			Met			Undetermined	
	n	row %	95% CI	n	row %	95% CI	n	row %
Overall	1703	*72.8*	*[70.6, 74.9]*	729	*27.2*	*[25.1, 29.4]*		
Age group								
0-2 years								
3-5 years	308	*58.2*	*[54.0, 62.3]*	237	*41.8*	*[37.7, 46.0]*		
6-12 years	1119	*73.4*	*[71.1, 75.5]*	417	*26.6*	*[24.5, 28.9]*		
13-17 years	276	*79.7*	*[74.7, 83.9]*	75	*20.3*	*[16.1, 25.3]*		
Gender								
Female	810	*73.0*	*[70.0, 75.9]*	342	*27.0*	*[24.1, 30.1]*		
Male	893	*72.6*	*[69.5, 75.6]*	387	*27.4*	*[24.4, 30.5]*		
Location								
Urban	693	*69.7*	*[66.2, 73.0]*	334	*30.3*	*[27.0, 33.8]*		
Rural	1010	*74.9*	*[72.1, 77.6]*	395	*25.1*	*[22.4, 27.9]*		
Division								
Kudat	139	*83.5*	*[75.9, 89.0]*	33	*16.5*	*[11.0, 24.1]*		
Pantai Barat	618	*67.6*	*[63.6, 71.3]*	362	*32.4*	*[28.7, 36.4]*		
Pedalaman	213	*77.8*	*[72.0, 82.7]*	64	*22.2*	*[17.3, 28.0]*		
Sandakan	306	*79.0*	*[74.3, 83.0]*	96	*21.0*	*[17.0, 25.7]*		
Tawau	427	*72.0*	*[67.8, 75.8]*	174	*28.0*	*[24.2, 32.2]*		
Undocumented or stateless	460	*97.1*		13	*2.7*		1	*0.2*
Disability								
Registered disabilities	129	*62.6*		77	*37.4*			
Unregistered disabilities	70	*87.5*		10	*12.5*			

Am I able to play and rest? Indicators

Play and rest indicators (all percentages are weighted)

	Safe play spaces (all ages)								Access to inclusive playtime (3-5 years & 13-17 years)						Parental satisfaction with availability of play material and spaces					
	Unmet			Met			Undetermined		Unmet			Met			Unmet			Met		
	n	row %	95% CI	n	row %	95% CI	n	row%	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI
Overall	751	*19.4*	*[18.0, 21.0]*	2983	*80.6*	*[79.0, 82.0]*			523	*59.8*	*[55.8, 63.7]*	373	*40.2*	*[36.3, 44.2]*	675	*17.3*	*[15.9, 18.7]*	3059	*82.7*	*[81.3, 84.1]*
Age group																				
0-2 years	85	*18.8*	*[15.5, 22.7]*	365	*81.2*	*[77.3, 84.5]*									67	*14.9*	*[11.9, 18.5]*	383	*85.1*	*[81.5, 88.1]*
3-5 years	122	*22.2*	*[18.9, 25.9]*	423	*77.8*	*[74.1, 81.1]*			305	*56.8*	*[52.5, 60.9]*	240	*43.2*	*[39.1, 47.5]*	111	*19.9*	*[16.8, 23.5]*	434	*80.1*	*[76.5, 83.2]*
6-12 years	328	*21.2*	*[19.2, 23.3]*	1208	*78.8*	*[76.7, 80.8]*									303	*19.7*	*[17.7, 21.7]*	1233	*80.3*	*[78.3, 82.3]*
13-17 years	216	*17.6*	*[15.0, 20.5]*	987	*82.4*	*[79.5, 85.0]*									194	*15.5*	*[13.2, 18.2]*	1009	*84.5*	*[81.8, 86.8]*
13-17 years (complete case)									*218*	*61.4*	*[55.6, 66.8]*	*133*	*38.6*	*[33.2, 44.4]*						
Gender																				
Female	367	*20.6*	*[18.5, 22.9]*	1362	*79.4*	*[77.1, 81.5]*			249	*59.5*	*[53.8,65.0]*	174	*40.5*	*[35.0, 46.2]*	315	*18.0*	*[16.0, 20.2]*	1414	*82.0*	*[79.8, 84.0]*
Male	384	*18.4*	*[16.5, 20.6]*	1621	*81.6*	*[79.4, 83.5]*			274	*60.0*	*[54.4, 65.4]*	199	*40.0*	*[34.6, 45.6]*	360	*16.7*	*[14.9, 18.6]*	1645	*83.3*	*[81.4, 85.1]*
Location																				
Urban	373	*22.9*	*[20.5, 25.4]*	1173	*77.1*	*[74.6, 79.5]*			224	*61.7*	*[55.6, 67.5]*	140	*38.3*	*[32.5, 44.4]*	317	*19.2*	*[17.1, 21.5]*	1229	*80.8*	*[78.5, 82.9]*
Rural	378	*17.1*	*[15.2, 19.1]*	1810	*82.9*	*[80.9, 84.8]*			289	*58.5*	*[53.2, 63.6]*	230	*41.5*	*[36.4, 46.8]*	358	*16.0*	*[14.2, 17.9]*	1830	*84.0*	*[82.1, 85.8]*
Division																				
Kudat	73	*22.9*	*[17.6, 29.1]*	232	*77.1*	*[70.9, 82.4]*			26	*63.3*	*[45.7, 78.0]*	22	*36.7*	*[22.0, 54.3]*	46	*14.8*	*[10.4, 20.5]*	259	*85.2*	*[79.5, 89.6]*
Pantai Barat	264	*16.9*	*[14.6, 19.5]*	1235	*83.1*	*[80.5, 85.4]*			174	*55.0*	*[47.9, 61.9]*	156	*45.0*	*[38.1, 52.1]*	218	*13.2*	*[11.3, 15.5]*	1281	*86.8*	*[84.5, 88.7]*
Pedalaman	59	*12.5*	*[9.5, 16.2]*	416	*87.5*	*[83.8, 90.5]*			53	*57.0*	*[45.6, 67.7]*	39	*43.0*	*[32.3, 54.4]*	79	*16.6*	*[13.3, 20.7]*	396	*83.4*	*[79.3, 86.7]*
Sandakan	135	*23.0*	*[19.4, 27.1]*	441	*77.0*	*[72.9, 80.6]*			118	*65.5*	*[57.9, 72.5]*	70	*34.5*	*[27.5, 42.1]*	107	*19.1*	*[15.7, 23.1]*	469	*80.9*	*[76.9, 84.3]*
Tawau	220	*24.2*	*[21.3, 27.3]*	659	*75.8*	*[72.7, 78.7]*			152	*63.9*	*[57.1, 70.2]*	86	*36.1*	*[29.8, 42.9]*	225	*24.9*	*[21.9, 28.1]*	654	*75.1*	*[71.9, 78.1]*
Undocumented or stateless	221	*37.4*		369	*62.4*		1	*0.2*	179	*87.3*		26	*12.7*		166	*28.1*		425	*71.9*	
Disability																				
Registered disabilities	60	*21.9*		214	*78.1*				55	*63.2*		32	*36.8*		44	*16.1*		230	*83.9*	
Unregistered disabilities	30	*32.3*		63	*67.7*				36	*85.7*		6	*14.3*		26	*28*		67	*72*	

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Play and rest indicators (all percentages are weighted) (cont)

	Child satisfaction with opportunities for recreation (6-17 years)						Engagement in daily activities (3-17 years)								Adequate sleep (3-17 years)							
	Unmet			Met			Unmet			Met			Undetermined		Unmet			Met			Undetermined	
	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	n	row %	95% CI	n	row %	95% CI	n	row %
Overall	60	*4.1*	*[2.9, 5.7]*	1827	*95.9*	*[94.3, 97.1]*	1137	*50.5*	*[47.9, 53.0]*	1295	*49.5*	*[47.0, 52.1]*			793	*38.5*	*[36.0, 41.1]*	1639	*61.5*	*[58.9, 64.0]*		
Age group																						
0-2 years																						
3-5 years							218	*40.6*	*[36.5, 44.8]*	327	*59.4*	*[55.2, 63.5]*			500	*91.9*	*[89.3, 93.9]*	45	*8.1*	*[6.1, 10.7]*		
6-12 years	43	*2.7*	*[2.0, 3.6]*	1493	*97.3*	*[96.4, 98.0]*	706	*46.1*	*[43.6, 48.6]*	830	*53.9*	*[51.4, 56.4]*			140	*8.9*	*[7.6, 10.5]*	1396	*91.1*	*[89.5, 92.4]*		
13-17 years																						
13-17 years (complete case)	*17*	*5.7*	*[3.4, 9.2]*	*334*	*94.3*	*[90.8, 96.6]*	*213*	*60.6*	*[54.9, 66.1]*	*138*	*39.4*	*[33.9, 45.1]*			*153*	*45.1*	*[39.5, 50.9]*	*198*	*54.9*	*[49.1, 60.5]*		
Gender																						
Female	33	*4.6*	*[2.9, 7.1]*	876	*95.4*	*[92.9, 97.1]*	515	*48.6*	*[45.1, 52.2]*	637	*51.4*	*[47.8, 54.9]*			371	*38.3*	*[34.8, 41.9]*	781	*61.7*	*[58.1, 65.2]*		
Male	27	*3.6*	*[2.2, 6.0]*	951	*96.4*	*[94.0, 97.8]*	622	*52.0*	*[48.5, 55.6]*	658	*48.0*	*[44.4, 51.5]*			422	*38.7*	*[35.2, 42.3]*	858	*61.3*	*[57.7, 64.8]*		
Location																						
Urban	32	*4.9*	*[3.2, 7.6]*	772	*95.1*	*[92.4, 96.8]*	479	*52.8*	*[49.0, 56.6]*	530	*47.2*	*[43.4, 51.0]*			323	*38.6*	*[34.8, 42.5]*	704	*61.4*	*[57.5, 65.2]*		
Rural	28	*3.4*	*[2.1, 5.7]*	1055	*96.6*	*[94.3, 97.9]*	640	*48.8*	*[45.5, 52.2]*	765	*51.2*	*[47.8, 54.5]*			470	*38.5*	*[35.2, 41.9]*	935	*61.5*	*[58.1, 64.8]*		
Division																						
Kudat	6	*10.6*	*[4.0, 25.4]*	131	*89.3*	*[74.6, 96.0]*	75	*49.4*	*[39.3, 59.6]*	97	*50.6*	*[40.4, 60.7]*			51	*34.4*	*[25.3, 44.8]*	121	*65.6*	*[55.2, 74.7]*		
Pantai Barat	22	*3.9*	*[2.2, 6.7]*	729	*96.1*	*[93.3, 97.8]*	422	*47.8*	*[43.5, 52.2]*	558	*52.2*	*[47.8, 56.5]*			325	*39.5*	*[35.2, 43.9]*	655	*60.5*	*[56.1, 64.8]*		
Pedalaman	6	*3.0*	*[1.1, 7.8]*	204	*97.0*	*[92.2, 98.9]*	125	*48.2*	*[41.5, 54.8]*	152	*51.8*	*[45.2, 58.5]*			84	*35.7*	*[29.5, 42.4]*	193	*64.3*	*[57.6, 70.5]*		
Sandakan	5	*1.3*	*[0.4, 3.7]*	311	*98.7*	*[96.3, 99.5]*	219	*57.7*	*[52.1, 63.1]*	183	*42.3*	*[36.9, 47.9]*			141	*40.7*	*[35.2, 46.4]*	261	*59.3*	*[53.6, 64.8]*		
Tawau	21	*5.0*	*[3.1, 8.0]*	452	*95.0*	*[92.0, 96.9]*	296	*51.3*	*[46.8, 55.7]*	305	*48.7*	*[44.3, 53.2]*			192	*37.7*	*[33.3, 42.2]*	409	*62.3*	*[57.8, 66.7]*		
Undocumented or stateless	33	*8.5*		354	*91.5*		363	*76.6*		110	*23.2*		1	*0.2*	142	*30*		331	*69.8*		1	*0.2*
Disability																						
Registered disabilities	12	*8.2*		134	*91.8*		160	*77.7*		46	*22.3*				85	*41.3*		121	*58.7*			
Unregistered disabilities	6	*12.0*		44	*88.0*		53	*66.2*		27	*33.8*				36	*45.0*		44	*55.0*			

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Am I able to play and rest? Domain

Play & rest domain threshold (excluding access to inclusive playtime) (all percentages are weighted)

	Unmet			Met			Undetermined	
	n	row %	95% CI	n	row %	95% CI	n	row %
Overall	1858	*67.4*	*[65.3, 69.4]*	1024	*32.6*	*[30.6, 34.7]*		
Age group								
0-2 years	112	*24.9*	*[21.1, 29.1]*	338	*75.1*	*[70.9, 78.9]*		
3-5 years	530	*97.2*	*[95.4, 98.3]*	15	*2.8*	*[1.7, 4.6]*		
6-12 years	941	*61.2*	*[58.7, 63.6]*	595	*38.8*	*[36.4, 41.3]*		
13-17 years	275	*78.8*	*[73.8, 83.1]*	76	*21.2*	*[16.9, 26.2]*		
Gender								
Female	859	*66.4*	*[63.5, 69.3]*	501	*33.5*	*[30.7, 36.5]*		
Male	999	*68.2*	*[65.3, 71.0]*	523	*31.8*	*[29.0, 34.7]*		
Location								
Urban	805	*69.3*	*[66.2, 72.2]*	415	*30.7*	*[27.8, 33.8]*		
Rural	1053	*66.1*	*[63.3, 68.8]*	609	*33.9*	*[31.2, 36.7]*		
Division								
Kudat	131	*67.3*	*[59.4, 74.4]*	81	*32.7*	*[25.6, 40.6]*		
Pantai Barat	734	*67.2*	*[63.6, 70.6]*	418	*32.8*	*[29.4, 36.4]*		
Pedalaman	191	*61.6*	*[55.7, 67.2]*	131	*38.4*	*[32.8, 44.3]*		
Sandakan	330	*72.4*	*[68.0, 76.5]*	153	*27.6*	*[23.5, 32.0]*		
Tawau	472	*66.7*	*[62.8, 70.4]*	241	*33.3*	*[29.6, 37.2]*		
Undocumented or stateless	457	*85.9*		73	*13.7*		2	*0.4*
Disability								
Registered disabilities	191	*85.6*		32	*14.4*			
Unregistered disabilities	75	*93.7*		5	*6.3*			

Am I connected and do I have a voice? Indicators

Connect and voice indicators (all percentages are weighted)

	Early stimulation & responsive care (0-5 years)						School belonging (6-17 years)								Community/neighbourhood belonging (6-17 years)							
	Unmet			Met			Unmet			Met			Undetermined		Unmet			Met			Undetermined	
	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	n	row %	95% CI	n	row %	95% CI	n	row %
Overall	67	*6.7*	*[5.3, 8.4]*	928	*93.3*	*[91.6, 94.7]*	39	*3.3*	*[2.2, 4.9]*	1415	*77.2*	*[74.1, 79.9]*	255	*19.5*	65	*3.2*	*[2.3, 4.4]*	1476	*81.2*	*[79.0, 83.3]*	346	*15.6*
Age group																						
0-2 years	29	*6.4*	*[4.5, 9.1]*	421	*93.6*	*[90.9, 95.5]*																
3-5 years	38	*6.9*	*[5.1, 9.4]*	507	*93.1*	*[90.6, 94.9]*																
6-12 years							22	*1.5*	*[1.0, 2.3]*	1234	*86.2*	*[84.3, 87.9]*	174	*12.3*	56	*3.6*	*[2.8, 4.7]*	1169	*76.1*	*[73.9, 78.2]*	311	*20.3*
13-17 years																						
13-17 years (complete case)							*17*	*5.7*	*[3.4, 9.5]*	*181*	*65.1*	*[58.7, 70.9]*	*81*	*29.2*	*9*	*2.7*	*[1.3, 5.4]*	*307*	*87.2*	*[82.7, 90.6]*	*35*	*10.1*
Gender																						
Female	29	*6.4*	*[4.5, 9.1]*	422	*93.6*	*[90.9, 95.5]*	19	*3.5*	*[2.0, 6.0]*	681	*78.3*	*[74.1, 81.9]*	120	*18.2*	37	*3.5*	*[2.4, 5.1]*	694	*79.6*	*[76.3, 82.5]*	178	*16.9*
Male	38	*6.9*	*[5.1, 9.4]*	506	*93.1*	*[90.6, 94.9]*	20	*3.1*	*[1.7, 5.6]*	734	*76.1*	*[71.6, 80.1]*	135	*20.8*	28	*2.9*	*[1.7, 4.9]*	782	*82.7*	*[79.4, 85.6]*	168	*14.4*
Location																						
Urban	33	*8.0*	*[5.7, 11.0]*	383	*92.0*	*[89.0, 94.3]*	13	*2.5*	*[1.2, 5.1]*	614	*80.9*	*[76.5, 84.7]*	94	*16.5*	25	*2.5*	*[1.6, 3.8]*	631	*83.1*	*[80.1, 85.7]*	148	*14.4*
Rural	34	*5.8*	*[4.1, 8.0]*	545	*94.2*	*[92.0, 95.9]*	26	*3.9*	*[2.4, 6.3]*	801	*74.5*	*[70.3, 78.3]*	161	*21.7*	40	*3.7*	*[2.4, 5.6]*	845	*80.0*	*[76.6, 82.9]*	198	*16.4*
Division																						
Kudat	1	*1.4*	*[0.2, 9.2]*	74	*98.6*	*[90.8, 99.8]*	2	*4.1*	*[0.7, 20.0]*	102	*62.9*	*[49.6, 74.5]*	28	*33.0*	6	*10.2*	*[3.9, 24.0]*	99	*70.6*	*[58.3, 80.5]*	32	*19.2*
Pantai Barat	11	*2.8*	*[1.6, 5.0]*	390	*97.2*	*[95.0, 98.4]*	18	*3.7*	*[2.0, 6.8]*	601	*77.6*	*[72.6, 81.9]*	109	*18.7*	22	*2.1*	*[1.3, 3.6]*	609	*83.6*	*[79.7, 86.8]*	120	*14.3*
Pedalaman	3	*2.9*	*[0.9, 8.6]*	109	*97.1*	*[91.4, 99.1]*	5	*3.1*	*[1.1, 8.4]*	174	*80.5*	*[71.9, 86.9]*	22	*16.5*	7	*2.5*	*[1.2, 5.3]*	166	*82.7*	*[76.8, 87.3]*	37	*14.8*
Sandakan	22	*13.1*	*[8.8, 19.1]*	145	*86.9*	*[80.9, 91.2]*	7	*3.0*	*[1.4, 6.6]*	231	*77.3*	*[70.4, 83.0]*	37	*19.6*	16	*3.5*	*[2.1, 5.9]*	242	*81.5*	*[76.6, 85.6]*	58	*15.0*
Tawau	30	*12.3*	*[8.7, 17.0]*	210	*87.7*	*[83.0, 91.3]*	7	*2.5*	*[1.1, 5.4]*	307	*79.3*	*[74.0, 83.8]*	59	*18.2*	14	*2.9*	*[1.6, 5.2]*	360	*79.3*	*[75.2, 82.9]*	99	*17.8*
Undocumented or stateless	18	*12.4*		127	*87.6*		4	*2.3*		136	*78.6*		33	*19.1*	23	*5.9*		274	*70.8*		90	*23.3*
Disability																						
Registered disabilities	5	*6.5*		72	*93.5*		4	*3.3*		84	*68.9*		34	*27.9*	19	*13.0*		84	*57.5*		43	*29.5*
Unregistered disabilities	3	*10.0*		27	*90.0*		2	*5.6*		28	*77.8*		6	*16.7*	3	*6.0*		39	*78.0*		8	*16.0*

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Connect and voice indicators (all percentages are weighted) (cont)

	Pride in cultural/religious heritage or cultural/religious expression (6-17 years)								Understood and able to express opinion at home, school & other social environments (13-17 years)								Meaningful conversation and quality time with friends and family (13-17 years)					
	Unmet			Met			Undetermined		Unmet			Met			Undetermined		Unmet			Met		
	n	row %	95% CI	n	row %	95% CI	n	row %	n	row %	95% CI	n	row %	95% CI	n	row %	n	row %	95% CI	n	row %	95% CI
Overall	21	*1.4*	*[0.8, 2.5]*	1615	*85.0*	*[82.7, 87.1]*	251	*13.6*	8	*18.2*	*[13.8, 23.7]*	119	*42.0*	*[35.8, 48.4]*	224	*39.8*	108	*29.1*	*[23.7, 35.2]*	243	*70.9*	*[64.8, 76.3]*
Age group																						
0-2 years																						
3-5 years																						
6-12 years	16	*1.1*	*[0.7, 1.8]*	1318	*85.7*	*[83.8, 87.4]*	202	*13.3*														
13-17 years																						
13-17 years (complete case)	*5*	*1.8*	*[0.7, 4.4]*	*297*	*84.2*	*[79.5, 88.0]*	*49*	*14.0*	*See overall*								*See overall*					
Gender																						
Female	12	*1.5*	*[0.7, 3.1]*	781	*85.5*	*[82.3, 88.2]*	116	*13.0*	5	*20.8*	*[14.6, 28.7]*	60	*39.9*	*[31.7, 48.6]*	115	*39.3*	48	*24.7*	*[18.1, 32.8]*	132	*75.3*	*[67.2, 81.9]*
Male	9	*1.3*	*[0.5, 3.2]*	834	*84.6*	*[81.1, 87.5]*	135	*14.1*	3	*15.8*	*[10.0, 24.0]*	59	*43.9*	*[34.9, 53.3]*	109	*40.3*	60	*33.3*	*[25.1, 42.5]*	111	*66.7*	*[57.5, 74.9]*
Location																						
Urban	7	*1.3*	*[0.6, 3.1]*	692	*86.1*	*[82.7, 88.8]*	105	*12.7*	2	*10.9*	*[6.2, 18.5]*	60	*50.3*	*[40.7, 60.0]*	92	*38.8*	55	*34.4*	*[25.8, 44.2]*	99	*65.6*	*[55.8, 74.2]*
Rural	14	*1.5*	*[0.7, 3.2]*	923	*85.2*	*[81.1, 87.1]*	146	*14.2*	6	*23.3*	*[16.9, 31.3]*	59	*36.1*	*[28.4, 44.5]*	132	*40.6*	53	*25.4*	*[18.8, 33.4]*	144	*74.6*	*[66.6, 81.2]*
Division																						
Kudat	2	*1.0*	*[0.2, 3.9]*	109	*73.8*	*[60.7, 83.7]*	26	*15.4*	1	*13.6*	*[1.9, 56.2]*	1	*13.1*	*[1.8, 55.1]*	11	*73.3*	6	*54.1*	*[22.5, 82.7]*	7	*45.9*	*[17.3, 77.5]*
Pantai Barat	10	*2.0*	*[0.9, 4.6]*	643	*84.7*	*[80.6, 88.0]*	98	*10.2*	3	*19.6*	*[12.6, 29.2]*	37	*41.3*	*[31.6, 51.8]*	61	*39.0*	26	*26.0*	*[18.0, 36.0]*	75	*74.0*	*[64.0, 82.0]*
Pedalaman	3	*1.1*	*[0.4, 3.5]*	177	*83.1*	*[76.1, 88.4]*	30	*10.6*	0	*22.2*	*[9.4, 44.0]*	6	*30.8*	*[14.7, 53.5]*	19	*47.0*	8	*36.6*	*[19.2, 58.3]*	17	*63.4*	*[41.7, 80.8]*
Sandakan	2	*0.4*	*[0.1, 1.5]*	290	*93.5*	*[90.3, 95.8]*	24	*3.9*	2	*13.6*	*[7.8, 22.8]*	36	*44.6*	*[34.0, 55.8]*	64	*41.8*	29	*25.3*	*[16.9, 36.1]*	73	*74.7*	*[63.9, 83.1]*
Tawau	4	*1.2*	*[0.4, 3.5]*	396	*83.2*	*[79.0, 86.7]*	73	*12.2*	2	*19.5*	*[11.9, 30.4]*	39	*52.3*	*[40.8, 63.5]*	69	*28.2*	39	*33.6*	*[23.8, 45.2]*	71	*66.4*	*[54.8, 76.2]*
Undocumented or stateless	3	*0.8*		339	*87.6*		45	*11.6*	25	*21.0*		12	*10.1*		82	*68.9*	32	*26.9*		87		*73.1*
Disability																						
Registered disabilities	5	*3.4*		102	*69.9*		39	*26.7*	4	*14.8*		7	*25.9*		16	*59.3*	14	*50.0*		14		*50.0*
Unregistered disabilities	1	*2.0*		48	*96.0*		1	*2.0*	5	*41.7*		3	*25.0*		4	*33.3*	9	*69.2*		4		*30.8*

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Connect and voice indicators (all percentages are weighted) (cont)

	Supported in making personal decisions (13-17 years)								Hopefulness and happy/positive about future (13-17 years)							
	Unmet			Met			Undetermined		Unmet			Met			Undetermined	
	n	row %	95% CI	n	row %	95% CI	n	row %	n	row %	95% CI	n	row %	95% CI	n	row %
Overall	8	*2.1*	*[0.9, 5.0]*	281	*81.4*	*[76.0, 85.9]*	62	*16.4*	8	*2.2*	*[0.9, 5.5]*	267	*74.5*	*[68.4, 79.7]*	76	*23.3*
Age group																
0-2 years																
3-5 years																
6-12 years																
13-17 years																
13-17 years (complete case)	*See overall*								*See overall*							
Gender																
Female	3	*1.5*	*[0.3, 6.4]*	144	*83.8*	*[76.6, 89.2]*	33	*14.7*	4	*3.1*	*[1.1, 8.6]*	137	*74.1*	*[65.5, 81.1]*	39	*22.8*
Male	5	*2.8*	*[1.0, 7.7]*	137	*79.2*	*[70.7, 85.7]*	29	*18.1*	4	*1.3*	*[0.2, 8.7]*	130	*74.8*	*[65.8, 82.1]*	37	*23.9*
Location																
Urban	0	*0*		127	*84.6*	*[76.8, 90.2]*	26	*15.4*	2	*0.7*	*[0.1, 4.8]*	118	*77.6*	*[68.8, 84.5]*	34	*21.7*
Rural	7	*3.6*	*[1.5, 8.4]*	154	*79.2*	*[71.4, 85.3]*	36	*17.2*	6	*3.3*	*[1.2, 8.8]*	149	*72.2*	*[63.8, 79.4]*	42	*24.5*
Division																
Kudat	1	*13.6*	*[1.9, 56.2]*	7	*50.2*	*[19.8, 80.4]*	5	*36.2*	0	*0*		7	*71.3*	*[29.3, 88.2]*	6	*36.2*
Pantai Barat	2	*1.0*	*[0.1, 7.0]*	82	*84.5*	*[75.7, 90.5]*	17	*14.5*	4	*3.5*	*[1.1, 10.3]*	71	*67.4*	*[61.2, 79.7]*	26	*25.2*
Pedalaman	1	*5.0*	*[0.7, 28.0]*	16	*66.5*	*[44.3, 83.2]*	8	*28.5*	0	*0*		18	*82.6*	*[45.3, 83.8]*	7	*32.6*
Sandakan	1	*0.9*	*[0.1, 6.0]*	86	*86.4*	*[76.8, 92.4]*	15	*12.8*	2	*2.2*	*[0.5, 8.5]*	81	*78.6*	*[72.4, 89.5]*	19	*15.3*
Tawau	3	*2.8*	*[0.7, 11.2]*	90	*80.1*	*[69.4, 87.7]*	17	*17.1*	2	*0*		90	*36.2*	*[67.3, 86.7]*	18	*21.4*
Undocumented or stateless	3	*2.5*		88	*74.0*		28	*23.5*	18	*15.1*		73	*61.3*		28	*23.5*
Disability																
Registered disabilities	0	*0*		19	*70.4*		8	*29.6*	0	*0*		15	*55.6*		12	*44.4*
Unregistered disabilities	0	*0*		10	*83.3*		2	*16.7*	0	*0*		11	*91.7*		1	*8.3*

Am I connected and do I have a voice? Domain

Connectedness & voice domain (all percentages are weighted)

	Unmet			Met			Undetermined	
	n	row %	95% CI	n	row %	95% CI	n	row %
Overall	459	*22.6*	*[20.5, 24.8]*	2089	*61.6*	*[59.2, 64.0]*	334	*15.8*
Age group								
0-2 years	29	*6.4*	*[4.5, 9.1]*	421	*93.6*	*[90.9, 95.5]*	0	*0*
3-5 years	38	*6.9*	*[5.1, 9.4]*	507	*93.1*	*[90.6, 94.9]*	0	*0*
6-12 years	262	*17.2*	*[15.3, 19.1]*	1092	*71.1*	*[68.7, 73.3]*	182	*11.8*
13-17 years	130	*44.5*	*[38.9, 50.2]*	69	*19.6*	*[15.4, 24.5]*	152	*35.9*
Gender								
Female	215	*21.7*	*[18.9, 24.8]*	970	*62.4*	*[59.0, 65.7]*	175	*15.9*
Male	244	*23.4*	*[20.4, 26.6]*	1119	*61.0*	*[57.5, 64.4]*	159	*15.7*
Location								
Urban	198	*22.3*	*[19.2, 25.7]*	880	*62.1*	*[58.4, 65.6]*	142	*15.6*
Rural	261	*22.8*	*[20.0, 25.9]*	1209	*61.3*	*[58.0, 64.5]*	192	*15.9*
Division								
Kudat	32	*22.1*	*[14.3, 32.4]*	159	*63.2*	*[53.0, 72.3]*	21	*14.8*
Pantai Barat	153	*21.8*	*[18.2, 25.9]*	886	*62.2*	*[57.8, 66.3]*	113	*16.0*
Pedalaman	45	*18.0*	*[13.4, 23.9]*	246	*71.4*	*[65.0, 77.1]*	31	*10.5*
Sandakan	84	*23.5*	*[19.2, 28.4]*	316	*54.8*	*[49.5, 59.9]*	83	*21.8*
Tawau	145	*25.7*	*[22.1, 29.6]*	482	*60.6*	*[56.4, 64.7]*	86	*13.7*
Undocumented or stateless	132	*24.8*		299	*56.2*		101	*19.0*
Disability								
Registered disabilities	63	*28.3*		131	*58.7*		29	*13.0*
Unregistered disabilities	15	*18.7*		53	*66.3*		12	*15.0*

Am I living in a safe and harmonious environment? Indicators

Safe and harmonious living indicators (all percentages are weighted)

	Improved sources of drinking water & improved sanitation						Adequate housing						Proximity of home to vital infrastructure (eg. Public transport, health services, schools)					
	Unmet			Met			Unmet			Met			Unmet			Met		
	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI
Overall	825	*22.0*	*[20.4, 23.6]*	2909	*78.0*	*[76.4, 79.6]*	2231	*58.6*	*[56.6, 60.5]*	1503	*41.4*	*[39.5, 43.4]*	1478	*40.8*	*[38.9, 42.8]*	2256	*59.2*	*[57.2, 61.1]*
Age group																		
0-2 years	101	*22.4*	*[18.8, 26.6]*	349	*77.6*	*[73.4, 81.2]*	261	*58.4*	*[53.8, 62.9]*	189	*41.6*	*[37.1, 46.2]*	159	*36.0*	*[31.6, 40.6]*	291	*64.0*	*[59.4, 68.4]*
3-5 years	126	*23.1*	*[19.7, 26.9]*	419	*76.9*	*[73.1, 80.3]*	323	*59.4*	*[55.1, 63.5]*	222	*40.6*	*[36.5, 44.9]*	213	*39.9*	*[35.8, 44.1]*	332	*60.1*	*[55.9, 64.2]*
6-12 years	356	*23.3*	*[21.3, 25.5]*	1180	*76.7*	*[74.5, 78.7]*	940	*61.2*	*[58.7, 63.6]*	596	*38.8*	*[36.4, 41.3]*	596	*39.1*	*[36.6, 41.5]*	940	*60.9*	*[58.5, 63.4]*
13-17 years	242	*20.6*	*[17.7, 23.7]*	961	*79.4*	*[76.3, 82.3]*	707	*56.7*	*[53.0, 60.3]*	496	*43.3*	*[39.7, 47.0]*	510	*43.7*	*[40.1, 47.3]*	693	*56.3*	*[52.7, 59.9]*
13-17 years (complete case)																		
Gender																		
Female	387	*21.7*	*[19.5, 24.0]*	1342	*78.3*	*[76.0, 80.5]*	1044	*58.3*	*[55.5, 61.1]*	685	*41.7*	*[38.9, 44.5]*	673	*40.0*	*[37.2, 42.7]*	1056	*60.0*	*[57.3, 62.8]*
Male	438	*22.2*	*[20.0, 24.6]*	1567	*77.8*	*[75.4, 80.0]*	1187	*58.8*	*[56.1, 61.5]*	818	*41.2*	*[38.5, 43.9]*	805	*41.6*	*[38.9, 44.3]*	1200	*58.4*	*[55.7, 61.1]*
Location																		
Urban	238	*14.8*	*[12.9, 17.0]*	1308	*85.2*	*[83.0, 87.1]*	946	*59.5*	*[56.5, 62.5]*	600	*40.5*	*[37.5, 43.5]*	449	*30.8*	*[28.0, 33.8]*	1097	*69.2*	*[66.2, 72.0]*
Rural	587	*26.9*	*[24.7, 29.3]*	1601	*73.1*	*[70.7, 75.3]*	1285	*57.9*	*[55.4, 60.5]*	903	*42.1*	*[39.5, 44.6]*	1029	*47.8*	*[45.2, 50.4]*	1159	*52.2*	*[49.6, 54.8]*
Division																		
Kudat	53	*15.4*	*[11.5, 20.3]*	252	*84.6*	*[79.7, 88.5]*	205	*63.2*	*[55.6, 70.2]*	100	*36.8*	*[29.8, 44.4]*	170	*56.0*	*[48.8, 63.0]*	135	*44.0*	*[37.0, 51.2]*
Pantai Barat	405	*26.7*	*[23.9, 29.7]*	1094	*73.3*	*[70.3, 76.1]*	834	*54.1*	*[50.7, 57.4]*	665	*45.9*	*[42.6, 49.3]*	589	*40.7*	*[37.4, 44.0]*	910	*59.3*	*[56.0, 62.6]*
Pedalaman	124	*26.7*	*[22.6, 31.4]*	351	*73.3*	*[68.6, 77.4]*	274	*58.0*	*[53.0, 62.8]*	201	*42.0*	*[37.2, 47.0]*	262	*57.9*	*[53.0, 62.7]*	213	*42.1*	*[37.3, 47.0]*
Sandakan	86	*15.0*	*[12.0, 18.7]*	490	*85.0*	*[81.3, 88.0]*	314	*53.9*	*[49.2, 58.4]*	262	*46.1*	*[41.6, 50.8]*	214	*38.5*	*[34.0, 43.1]*	362	*61.5*	*[56.9, 66.0]*
Tawau	157	*17.9*	*[15.3, 20.9]*	722	*82.1*	*[79.1, 84.7]*	604	*69.2*	*[65.8, 72.4]*	275	*30.8*	*[27.6, 34.2]*	243	*28.3*	*[25.1, 31.7]*	636	*71.7*	*[68.3, 74.9]*
Undocumented or stateless	124	*21.0*		467	*79.0*		498	*84.3*		93	*15.7*		164	*27.7*		427	*72.3*	
Disability																		
Registered disabilities	34	*12.4*		240	*87.6*		143	*52.2*		131	*47.8*		120	*43.8*		154	*56.2*	
Unregistered disabilities	18	*19.4*		75	*80.6*		66	*71.0*		27	*29*		26	*28.0*		67	*72.0*	

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Safe and harmonious living indicators (all percentages are weighted) (cont)

	Food security						Food insecurity (severe)						Child marriage (6-17 years)					
	Unmet			Met			Yes			No			Unmet			Met		
	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI
Overall	2688	*71.8*	*[70.0, 73.6]*	1046	*28.2*	*[26.4, 30.0]*	582	*15.7*	*[14.3, 17.1]*	3152	*84.3*	*[82.9, 85.7]*	22	*0.7*	*[0.4, 1.1]*	2717	*99.3*	*[98.9, 99.6]*
Age group																		
0-2 years	291	*65.2*	*[60.7, 69.5]*	159	*34.8*	*[30.5, 39.3]*	75	*16.9*	*[13.6, 20.6]*	375	*83.1*	*[79.4, 86.4]*						
3-5 years	404	*74.9*	*[71.1, 78.4]*	141	*25.1*	*[21.6, 28.9]*	90	*16.6*	*[13.6, 20.0]*	455	*83.4*	*[80.0, 86.3]*						
6-12 years	1135	*73.8*	*[71.5, 76.0]*	401	*26.2*	*[24.0, 28.5]*	259	*16.9*	*[15.1, 18.9]*	1277	*83.1*	*[81.1, 84.9]*	14	*1.0*	*[0.6, 1.6]*	1522	*99.0*	*[98.4, 99.4]*
13-17 years	858	*71.3*	*[67.8, 74.5]*	345	*28.7*	*[25.5, 32.2]*	158	*14.2*	*[11.8, 17.0]*	1045	*85.8*	*[83.0, 88.2]*	8	*0.5*	*[0.2, 1.1]*	1195	*99.5*	*[98.9, 99.8]*
13-17 years (complete case)																		
Gender																		
Female	1251	*71.4*	*[68.7, 74.0]*	478	*28.6*	*[26.0, 31.3]*	257	*14.5*	*[12.7, 16.5]*	1472	*85.5*	*[83.5, 87.3]*	8	*0.6*	*[0.3, 1.3]*	1270	*99.4*	*[98.7, 99.7]*
Male	1437	*72.1*	*[69.6, 74.5]*	568	*27.9*	*[25.5, 30.4]*	325	*16.6*	*[14.7, 18.8]*	1680	*83.4*	*[81.2, 85.3]*	14	*0.8*	*[0.5, 1.3]*	1447	*99.2*	*[98.7, 99.5]*
Location																		
Urban	1126	*72.5*	*[69.7, 75.2]*	420	*27.4*	*[24.8, 30.3]*	273	*17.3*	*[15.2, 19.5]*	1273	*82.7*	*[80.5, 84.8]*	7	*0.5*	*[0.2, 1.0]*	1123	*99.5*	*[99.0, 99.8]*
Rural	1562	*71.3*	*[68.9, 73.6]*	626	*28.7*	*[26.4, 31.1]*	309	*14.6*	*[12.8, 16.5]*	1879	*85.4*	*[83.5, 87.2]*	15	*0.9*	*[0.5, 1.5]*	1594	*99.1*	*[98.5, 99.5]*
Division																		
Kudat	243	*76.7*	*[69.5, 82.7]*	62	*23.3*	*[17.3, 30.5]*	60	*20.5*	*[15.0, 27.2]*	245	*79.5*	*[72.8, 85.0]*	0	*0*		230	*100*	
Pantai Barat	957	*63.9*	*[60.6, 67.0]*	542	*36.1*	*[33.0, 39.4]*	192	*12.6*	*[10.6, 15.0]*	1307	*87.4*	*[85.0, 89.4]*	9	*0.6*	*[0.3, 1.1]*	1089	*99.4*	*[98.8, 99.7]*
Pedalaman	365	*79.4*	*[75.5, 82.9]*	110	*20.6*	*[17.1, 24.5]*	63	*14.8*	*[11.4, 19.1]*	412	*85.2*	*[80.9, 88.6]*	0	*0*		363	*100*	
Sandakan	420	*73.0*	*[68.7, 76.9]*	156	*27.0*	*[23.1, 31.3]*	75	*12.5*	*[9.8, 15.8]*	501	*87.5*	*[84.2, 90.2]*	6	*1.4*	*[0.6, 3.4]*	403	*98.6*	*[96.6, 99.4]*
Tawau	703	*80.1*	*[77.1, 82.9]*	176	*20.0*	*[17.1, 22.9]*	192	*22.4*	*[19.6, 25.6]*	687	*77.6*	*[74.4, 80.4]*	7	*1.0*	*[0.5, 2.2]*	632	*99.0*	*[97.8, 99.5]*
Undocumented or stateless	558	*94.4*		33	*5.6*		198	*33.5*		393	*66.5*		3	*0.7*		443	*99.3*	
Disability																		
Registered disabilities	178	*65*		96	*35.0*		43	*15.7*		231	*84.3*		4	*2.0*		193	*98.0*	
Unregistered disabilities	78	*83.9*		15	*16.1*		19	*20.4*		74	*79.6*		0	*0*		63	*100*	

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Safe and harmonious living indicators (all percentages are weighted) (cont)

	Safe commutes (3-17 years)								Social environment free from bullying & discrimination (3-17 years)							
	Unmet			Met			Undetermined		Unmet			Met			Undetermined	
	n	row%	95% CI	n	row%	95% CI	n	row%	n	row%	95% CI	n	row%	95% CI	n	row%
Overall	984	*40.3*	*[38.0, 42.8]*	1653	*59.4*	*[56.9, 61.8]*	9	*0.3*	985	*40.0*	*[37.5, 42.5]*	1340	*56.8*	*[54.3, 59.3]*	107	*3.2*
Age group																
0-2 years																
3-5 years	215	*39.9*	*[35.9, 44.2]*	324	*58.9*	*[54.7, 63.0]*	6	*1.1*	142	*25.6*	*[22.1, 29.5]*	372	*68.9*	*[64.8, 72.6]*	31	*5.5*
6-12 years	522	*33.8*	*[31.4, 36.2]*	1011	*66.0*	*[63.6, 68.4]*	3	*0.2*	688	*44.7*	*[42.2, 47.2]*	772	*50.4*	*[47.9, 53.0]*	76	*4.9*
13-17 years	247	*46.9*	*[42.0, 51.9]*	318	*53.1*	*[48.1, 58.0]*	0	*0*								
13-17 years (complete case)									*155*	*42.0*	*[36.5, 47.7]*	*196*	*58.0*	*[52.3, 63.5]*	*0*	*0*
Gender																
Female	482	*42.7*	*[39.3, 46.2]*	751	*57.0*	*[53.6, 60.4]*	4	*0.3*	447	*37.4*	*[34.1, 40.9]*	658	*59.6*	*[56.1, 63.0]*	47	*3.0*
Male	502	*38.3*	*[35.0, 41.8]*	902	*61.4*	*[57.9, 64.7]*	5	*0.4*	538	*42.2*	*[38.7, 45.8]*	682	*54.5*	*[50.9, 58.0]*	60	*3.3*
Location																
Urban	446	*42.6*	*[39.0, 46.3]*	703	*57.0*	*[53.3, 60.5]*	6	*0.5*	432	*41.7*	*[38.0, 45.5]*	545	*54.7*	*[50.9, 58.4]*	50	*3.6*
Rural	538	*38.7*	*[35.5, 42.0]*	950	*61.1*	*[57.9, 64.3]*	3	*0.2*	553	*38.8*	*[35.5, 42.1]*	795	*58.3*	*[55.0, 61.6]*	57	*2.9*
Division																
Kudat	69	*42.0*	*[32.3, 52.4]*	106	*58.0*	*[47.6, 67.7]*	0	*0*	76	*47.5*	*[37.5, 57.8]*	86	*48.8*	*[38.7, 58.9]*	10	*3.7*
Pantai Barat	378	*42.8*	*[38.5, 47.2]*	606	*56.9*	*[52.5, 61.2]*	4	*0.4*	416	*39.7*	*[35.6, 43.9]*	506	*56.2*	*[51.9, 60.4]*	58	*4.2*
Pedalaman	102	*36.3*	*[30.2, 42.9]*	176	*62.4*	*[55.8, 68.5]*	4	*1.4*	97	*37.4*	*[31.1, 44.2]*	163	*57.8*	*[51.0, 64.3]*	17	*4.8*
Sandakan	163	*37.9*	*[33.0, 43.1]*	330	*62.1*	*[56.9, 67.0]*	0	*0*	147	*36.2*	*[31.0, 41.8]*	244	*62.0*	*[56.4, 67.2]*	11	*1.8*
Tawau	272	*39.4*	*[35.5, 43.5]*	435	*60.4*	*[56.3, 64.4]*	1	*0.1*	249	*42.3*	*[37.9, 46.8]*	341	*56.3*	*[51.8, 60.6]*	11	*1.5*
Undocumented or stateless	312	*58.5*		220	*41.3*		1	*0.2*	183	*38.6*		254	*53.6*		37	*7.8*
Disability																
Registered disabilities	91	*38.6*		143	*60.6*		2	*0.8*	86	*41.7*		103	*50.0*		17	*8.3*
Unregistered disabilities	43	*51.2*		41	*48.8*		0	*0*	34	*42.5*		38	*47.5*		8	*10.0*

(continued on next page)

Safe and harmonious living indicators (all percentages are weighted) (cont)

	Child online protection (3-17 years)								Involvement in work does not impact on major daily activities (5-17 years)						Protection from violence & crime (13-17 years)					
	Unmet			Met			Undetermined		Unmet			Met			Unmet			Met		
	n	row %	95% CI	n	row %	95% CI	n	row%	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI
Overall	433	*22.7*	*[20.5, 25.2]*	1689	*67.8*	*[65.4, 70.2]*	310	*9.5*	652	*31.9*	*[29.4, 34.5]*	1646	*68.1*	*[65.5, 70.6]*	136	*30.5*	*[25.0, 36.5]*	215	*69.5*	*[63.5, 75.0]*
Age group																				
0-2 years																				
3-5 years	46	*8.2*	*[6.2, 10.8]*	400	*73.6*	*[69.7, 77.2]*	99	*18.2*	50	*25.8*	*[20.1, 32.4]*	147	*74.2*	*[67.6, 79.9]*						
6-12 years	253	*16.2*	*[14.5, 18.2]*	1072	*70.1*	*[67.7, 72.3]*	211	*13.7*	403	*26.2*	*[24.1, 28.5]*	1133	*73.8*	*[71.5, 75.9]*						
13-17 years									199	*38.2*	*[33.5, 43.2]*	366	*61.7*	*[56.8, 66.5]*						
13-17 years (complete case)	*134*	*37.8*	*[32.4, 43.5]*	*217*	*62.2*	*[56.5, 67.6]*	*0*	*0*							*See overall*					
Gender																				
Female	205	*22.3*	*[19.2, 25.7]*	798	*67.9*	*[64.4, 71.1]*	149	*9.9*	279	*26.7*	*[23.5, 30.2]*	813	*73.3*	*[69.8, 76.5]*	66	*29.1*	*[22.0, 37.4]*	114	*70.9*	*[62.6, 78.0]*
Male	228	*23.1*	*[19.9, 26.7]*	891	*67.8*	*[64.2, 71.1]*	161	*9.1*	373	*36.4*	*[32.7, 40.2]*	833	*63.6*	*[59.8, 67.3]*	70	*31.8*	*[24.0, 40.8]*	101	*68.2*	*[59.2, 76.0]*
Location																				
Urban	197	*24.7*	*[21.1, 28.6]*	698	*65.8*	*[61.9, 69.4]*	132	*9.6*	308	*33.4*	*[29.8, 37.3]*	699	*66.6*	*[62.7, 70.2]*	60	*27.8*	*[20.3, 36.8]*	94	*72.2*	*[63.2, 79.7]*
Rural	236	*21.4*	*[18.5, 24.6]*	991	*69.2*	*[66.0, 72.3]*	178	*9.4*	344	*30.7*	*[27.3, 34.4]*	947	*69.3*	*[65.6, 72.7]*	76	*32.4*	*[25.1, 40.7]*	121	*67.6*	*[59.3, 74.9]*
Division																				
Kudat	29	*20.3*	*[12.5, 31.1]*	130	*74.3*	*[63.8, 82.5]*	13	*5.5*	44	*37.0*	*[26.3, 49.2]*	107	*63.0*	*[50.8, 73.7]*	10	*63.1*	*[28.7, 87.9]*	3	*36.9*	*[12.1, 71.3]*
Pantai Barat	137	*20.9*	*[17.1, 25.3]*	717	*70.2*	*[65.9, 74.1]*	126	*8.9*	236	*32.4*	*[27.9, 37.2]*	607	*67.6*	*[62.8, 72.1]*	26	*22.6*	*[15.1, 32.3]*	75	*77.4*	*[67.7, 84.9]*
Pedalaman	53	*19.8*	*[14.8, 25.9]*	176	*65.5*	*[59.0, 71.4]*	48	*14.7*	56	*28.1*	*[21.5, 35.6]*	185	*71.9*	*[64.4, 78.5]*	13	*52.2*	*[31.5, 72.1]*	12	*47.8*	*[27.9, 68.5]*
Sandakan	93	*28.1*	*[23.0, 33.7]*	279	*66.6*	*[61.0, 71.8]*	30	*5.3*	123	*28.9*	*[24.2, 34.1]*	314	*71.1*	*[65.9, 75.8]*	32	*28.9*	*[20.1, 39.7]*	70	*71.1*	*[60.3, 79.9]*
Tawau	121	*24.3*	*[20.3, 28.7]*	387	*63.2*	*[58.7, 67.4]*	93	*12.6*	193	*33.5*	*[29.3, 37.9]*	433	*66.5*	*[62.1, 70.7]*	55	*38.4*	*[28.1, 49.9]*	55	*61.6*	*[50.1, 71.9]*
Undocumented or stateless	*181*	*38.2*		146	*30.8*		147	*31.0*	119	*24.8*		360	*75.2*		34	*28.6*		85	*71.4*	
Disability																				
Registered disabilities	42	*20.4*		122	*59.2*		42	*20.4*	45	*22.7*		153	*77.3*		10	*35.7*		18	*64.3*	
Unregistered disabilities	27	*33.7*		37	*46.3*		16	*20.0*	16	*25.0*		48	*75.0*		4	*30.8*		9	*69.2*	

Extra: Climate change

	Experienced extreme weather & type (note that each child may experience more than 1 weather event)		
All ages	n	%	95% CI
No	1026	*26.8*	*[25.2, 28.6]*
Yes	2708	*73.2*	*[71.4, 74.8]*
If yes, type of event*			
Floods	1053	*29.3*	*[27.5, 31.2]*
Droughts	1179	*32.8*	*[31.0, 34.7]*
Heatwaves	1431	*39.3*	*[37.4, 41.2]*
Heavy rainfall	2259	*61.6*	*[59.7, 63.4]*
Landslide	403	*11.7*	*[10.4, 13.2]*
Storms/typhoons	1770	*48.5*	*[46.6, 50.5]*
Wildfires	133	*3.6*	*[2.9, 4.4]*
Other	47	*1.3*	*[0.9, 1.7]*

	Floods			Drought			Heatwaves			Heavy rainfall		
	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Division												
Kudat	103	*38.1*	*[31.1, 45.7]*	92	*34.5*	*[27.4, 42.3]*	114	*41.8*	*[34.6, 49.3]*	206	*71.2*	*[65.1, 76.7]*
Pantai Barat	507	*35.3*	*[32.1, 38.7]*	344	*24.2*	*[21.4, 27.2]*	415	*27.8*	*[24.9, 30.9]*	813	*56.0*	*[52.7, 59.2]*
Pedalaman	148	*30.2*	*[25.8, 34.9]*	216	*46.4*	*[41.4, 51.4]*	222	*46.8*	*[41.8, 51.8]*	317	*65.5*	*[60.5, 70.1]*
Sandakan	85	*15.5*	*[12.3, 19.3]*	220	*39.6*	*[35.1, 44.2]*	272	*49.2*	*[44.5, 53.8]*	*349*	*63.0*	*[58.5, 67.2]*
Tawau	210	*24.2*	*[21.2, 27.4]*	307	*36.5*	*[33.1, 40.1]*	408	*48.9*	*[45.3, 52.5]*	574	*65.6*	*[62.1, 68.9]*

	Landslide			Storms/typhoons			Wildfires			Other		
	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Division												
Kudat	21	*8.7*	*[5.0, 14.8]*	155	*54.3*	*[47.2, 61.3]*	7	*2.5*	*[0.9, 6.5]*	0	*0*	
Pantai Barat	338	*23.4*	*[20.6, 26.4]*	554	*38.9*	*[35.6, 42.2]*	75	*4.8*	*[3.6, 6.4]*	23	*1.3*	*[0.8, 2.0]*
Pedalaman	33	*7.1*	*[5.0, 10.0]*	266	*57.0*	*[52.0, 61.8]*	40	*9.3*	*[6.7, 12.9]*	4	*0.9*	*[0.3, 2.5]*
Sandakan	4	*0.8*	*[0.3, 2.7]*	303	*53.6*	*[49.0, 58.2]*	9	*1.7*	*[0.8, 3.5]*	14	*3.0*	*[1.6, 5.4]*
Tawau	7	*0.9*	*[0.4, 2.1]*	492	*56.7*	*[53.1, 60.2]*	2	*0.1*	*[0.0, 0.6]*	6	*0.6*	*[0.3, 1.3]*

Disaster support of the children whose households experienced extreme climate events, proportion of children who received disaster support			
Type of support*	n	%	95% CI
Medical care	1057	*40.7*	*[38.4, 43.0]*
Social work	426	*16.6*	*[14.9, 18.5]*
Education	1455	*54.8*	*[52.5, 57.1]*
Food and water	2006	*75.2*	*[73.2, 77.1]*
Water & sanitation	1734	*64.6*	*[62.4, 66.8]*
Shelter	1783	*67.4*	*[65.2, 69.4]*
Information/comms	1690	*63.9*	*[61.5, 65.8]*
Emotional	574	*22.2*	*[20.3, 24.3]*
Financial	*848*	*33.8*	*[31.6, 36.1]*
Legal	167	*7.0*	*[5.9, 8.3]*
No support	567	*20.1*	*[18.3, 21.9]*

*Each child's household may receive more than one type of support

Child marriage - community context

	Know of girls under 18 who are married						Frequency of girls under 18 married/having babies in your community											
	Yes			No			Very frequently			Frequently			Seldom			Never		
	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI	n	row %	95% CI
Overall	942	*25.9*	*[24.2, 27.6]*	2792	*74.1*	*[72.4, 75.8]*	21	*0.6*	*[0.4, 0.9]*	177	*4.6*	*[3.9, 5.4]*	1113	*31.7*	*[29.8, 33.6]*	2423	*63.2*	*[61.2, 65.1]*
Division																		
Kudat	85	*29.9*	*[23.5, 37.2]*	220	*70.1*	*[62.8, 76.5]*	0	0		10	*2.5*	*[1.3, 4.7]*	96	*34.2*	*[27.5, 41.7]*	199	*63.2*	*[55.8, 70.0]*
Pantai Barat	283	*19.6*	*[17.1, 22.5]*	1216	*80.4*	*[77.5, 82.9]*	5	*0.3*	*[0.1, 0.6]*	53	*3.4*	*[2.4, 4.7]*	468	*34.0*	*[30.8, 37.4]*	973	*62.3*	*[59.0, 65.6]*
Pedalaman	102	*23.0*	*[19.0, 27.6]*	373	*77.0*	*[72.4, 81.0]*	0	*0*		9	*2.0*	*[1.1, 3.9]*	128	*28.8*	*[24.4, 33.7]*	338	*69.1*	*[64.2, 73.6]*
Sandakan	160	*27.4*	*[23.5, 31.7]*	416	*72.6*	*[68.3, 76.5]*	12	*2.1*	*[1.1, 3.9]*	31	*5.8*	*[3.9, 8.6]*	161	*27.5*	*[23.6, 31.8]*	372	*64.6*	*[60.0, 68.9]*
Tawau	312	*36.7*	*[33.2, 40.2]*	567	*63.3*	*[59.8, 66.8]*	4	*0.6*	*[0.2, 1.8]*	74	*8.1*	*[6.4, 10.3]*	260	*30.7*	*[27.5, 34.2]*	541	*60.6*	*[57.0, 64.0]*

Am I living in a safe and harmonious environment? Domain

Safe and harmonious living domain threshold (all percentages are weighted)

	Unmet			Met			Undetermined	
	n	row %	95% CI	n	row %	95% CI	n	row %
Overall	3332	*90.5*	*[89.4, 91.4]*	239	*6.1*	*[5.3, 7.0]*	163	*3.4*
Age group								
0-2 years	355	*79.3*	*[75.3, 82.8]*	95	*20.7*	*[17.2, 24.7]*	0	*0*
3-5 years	493	*90.5*	*[87.7, 92.7]*	49	*9.0*	*[6.8, 11.7]*	3	*0.5*
6-12 years	1445	*94.1*	*[92.8, 95.2]*	86	*5.6*	*[4.5, 6.8]*	5	*0.3*
13-17 years	1039	*91.1*	*[89.3, 92.6]*	9	*1.6*	*[0.8, 3.3]*	155	*7.3*
Gender								
Female	1551	*90.7*	*[89.2, 92.1]*	112	*6.3*	*[5.1, 7.7]*	66	*3.0*
Male	1781	*90.3*	*[88.8, 91.5]*	127	*5.9*	*[4.9, 7.1]*	97	*3.8*
Location								
Urban	1378	*90.0*	*[88.2, 91.5]*	101	*6.5*	*[5.2, 8.2]*	67	*3.5*
Rural	1954	*90.9*	*[89.6, 92.0]*	138	*5.8*	*[4.8, 6.9]*	96	*3.4*
Division								
Kudat	277	*91.7*	*[88.0, 94.3]*	17	*5.7*	*[3.5, 9.1]*	11	*2.6*
Pantai Barat	1303	*88.6*	*[86.7, 90.2]*	115	*7.0*	*[5.7, 8.7]*	81	*4.4*
Pedalaman	426	*91.3*	*[88.6, 93.5]*	12	*2.9*	*[1.6, 5.0]*	37	*5.8*
Sandakan	528	*92.6*	*[90.1, 94.5]*	39	*6.2*	*[4.5, 8.7]*	9	*1.2*
Tawau	798	*91.7*	*[89.7, 93.4]*	56	*6.0*	*[4.6, 7.8]*	25	*2.3*
Undocumented or stateless	579	*98.0*		12	*2.0*		0	*0*
Disability								
Registered disabilities	243	*88.7*		18	*6.6*		13	*4.7*
Unregistered disabilities	90	*96.8*		1	*1.1*		2	*2.2*

Annex 4: Threshold determination table

Domain 1: Am I healthy?

Table 12. Threshold overview: Am I healthy?

Age group	Domain threshold
0-2 years	Access+ Vaccination
3-5 years	Access + Vaccination + Mental health
6-12 years	Above + (Girls: Menstrual wellbeing)
13-14 years	Above + Self perception of health
15-17 years	Above + Reproductive health (boys/girls)

Indicator	Threshold	Rationale
Access to healthcare	**Ages 0 to 17:** Child was able to access healthcare when needed (for illness or routine checks) and was covered by any form of health insurance, including government-subsidized care.	Access to healthcare ensures essential preventive and treatment services, especially during critical developmental periods (World Health Organization, 2007).
Vaccination	**Ages 0 to 17:** Child received all vaccinations as per the national schedule for vaccinations between 0 to 23 months.	Vaccination by 24 months aligns with global immunization schedules that deliver primary series of vaccines in early life for full immunity.
Mental health needs	**Ages 3 to 17:** Child reported social engagement at least several days per month; engaged in peer play at least sometimes; had positive relationships with family or friends; regulated emotions with minimal difficulty calming down; used age-appropriate coping strategies; showed a generally positive and optimistic outlook; expressed strong self-confidence and self-worth; and experienced predominantly positive daily life.	Mental health and emotional development in children are foundational for cognitive, social and psychological growth, as these years mark the consolidation of social cognition and emotional regulation (World Health Organization, 2018). The threshold for this indicator was supported by the expertise of the UNICEF SME. The Royal Children's Hospital Mental Health Framework identifies social engagement, learning and play as core competencies of child mental health, emphasizing the importance of peer interaction and emotional stability (Royal Children's Hospital Melbourne). While the framework does not specify frequency

(cont)

Indicator	Threshold	Rationale
		(cont) thresholds, research demonstrates that children who engage socially at least several days per month display adequate social competency (Howes, 1987), and those who play with peers at least occasionally show healthier social development than those who rarely do. The Child Behaviour Checklist identifies persistent emotional dysregulation as a clinical concern, whereas occasional difficulty falls within normal developmental bounds (Achenbach & Rescorla, 2001). Children who demonstrate coping strategies 'sometimes' or 'more frequently' exhibit better psychological adjustment (Compas et al., 2001), and those who report predominantly positive life experiences show higher wellbeing and life satisfaction (Huebner, 2004). Additionally, moderate to high self-esteem serves as a protective factor, with lower levels linked to increased behavioural and academic difficulties (Orth & Robins, 2014). Together, these thresholds represent a developmentally appropriate minimum standard for healthy mental functioning in middle childhood and justify inclusion of mental health needs as a core indicator in this age group.
	Ages 13 to 17: Child reported no symptoms of depression or anxiety in the two weeks prior to the survey, had adequate social support, and accessed mental healthcare when needed.	Validated tools such as the Patient Health Questionnaire-9 (PHQ-9) offer reliable population-level screening for depressive symptoms. For the purpose of the survey, the PHQ-9 was adapted as it was to detect symptoms rather than to conduct a screening. Longitudinal studies show that social support plays a protective and potentially corrective role in adolescent mental health; adolescents who receive consistent parental support *(cont)*

Indicator	Threshold	Rationale
		(cont) demonstrate 2–4-point improvements in depression scores and have 2.5 times greater odds of recovery (Needham, 2008). Professional mental health support also helps maintain functioning in adolescents even when symptoms are present: adolescents aged 15 to 17 are more likely than younger teens to access services autonomously, and those who receive care tend to preserve moderate wellbeing despite ongoing challenges (Kataoka et al., 2002).
Menstrual health	**Girls ages 13 to 17:** Child reported ease of access to menstrual materials and ability to participate in usual activities during menstruation.	Adequate menstrual management is crucial for school attendance, wellbeing and dignity. Inadequate support in menstrual health has been linked to absenteeism.
Self-assessment of health	**Ages 13 to 17:** Child reported always or usually feeling healthy and able to do things they enjoy or feeling okay most of the time and able to do many things they enjoy. Those who did not meet the threshold reported sometimes or often feeling unwell and being unable to fully participate in activities they enjoy.	The self-perception of health was included for adolescents ages 13 to 17, as evidence supports the inclusion of self-rated health as an important predictive indicator for later-life health outcomes.
Reproductive health	**Ages 15 to 17:** Child reported having enough information to make informed decisions about sexual health and contraception; being comfortable	For age group 15 to 17 an additional section on reproductive health was included, as this has been reported to be a crucial age when sexual decision-making becomes relevant; education and access are necessary components for safeguarding reproductive rights (UNFPA et al., 2022).

Domain 2: Am I growing well?

Table 13. Threshold overview: Am I growing well?

Age group	Domain threshold
< 6 months	Exclusive breastfeeding + Access to developmental checks
> 6 months – 5 years	Access to development checks + Nutritious food consumption
6-17 years	Nutritious food consumption

Indicator	Threshold	Rationale
Exclusive breastfeeding	**Ages < 6 months:** Confirmed by caregiver for children less than six months.	Exclusive breastfeeding for the first six months is recommended by the World Health Organization (WHO) as the optimal source of nutrition, providing all necessary nutrients while protecting against infections and promoting sensory and cognitive development.
Access to development checks	**Ages 0 to 5:** Child has attended development checks as per the Ministry of Health (MOH) guidelines.	Developmental checks during the early period are equally critical to monitor growth, identify developmental delays early, and ensure timely interventions. Continued developmental checks during early childhood remain important for tracking milestones in motor, cognitive and socio-emotional domains. Formal developmental checks are typically discontinued after early childhood, as most critical developmental milestones are expected to be achieved by age 5; from age 6 onward, concerns related to development are usually identified through school performance, routine health visits, or behavioural observations rather than standardized developmental screenings.
Nutritious food consumption	**Ages >6 months to 17:** Child has consumed (over the previous two days) at least one item from each of the following food groups: egg and/or flesh food, fruits or vegetables, and grains.	As children begin complementary feeding, adequate dietary diversity becomes vital. Consuming foods from key groups: animal protein (e.g., eggs, meat), fruits or vegetables, and grains helps ensure sufficient micronutrient intake for continued growth and brain development.

Domain 3: Am I able to learn?

Table 14. Threshold overview: Am I able to learn?

Age group	Domain threshold
3-5 years	Access to education
6-12 years	Access to education + Access to a variety of activities at school + Access to information and/or Support with homework
13-17 years	Access to education + Relevance/Usefulness of education **and/or** Access to a variety of activities at school + Access to information **and/or** Support with homework + School education completion

Indicator	Threshold	Rationale
Access to education	**Ages 3 to 17 years:** Child is currently attending an appropriate school for their age and ability.	This indicator measures whether a child is currently attending an appropriate school for their age and ability. Early childhood education is critical for foundational learning, social-emotional development, and lifelong wellbeing, particularly during the period of rapid brain development. For older children and adolescents, sustained school-based engagement supports not only academic achievement but also broader aspects of holistic development, including social participation and resilience. For children with disabilities and undocumented or stateless children, access to education is especially important, as it provides opportunities to overcome structural barriers, reduce exclusion, and promote equitable outcomes.
Access to a variety of activities at school	**Ages 6 to 17 years:** Child had access to a variety of school-based activities such as sports, music, and arts clubs.	For these age groups, school-based engagement is shown to promote academic achievement and holistic development. There is evidence that shows even limited activities is positively associated with improving social skills and overall mental health.

Indicator	Threshold	Rationale
Access to information	**Ages 6 to 17 years:** Child had access to at least one source of technology or information, such as a mobile phone, laptop, tablet, radio, television or landline, along with reliable internet access.	Access to information and technology supports learning independence, facilitates timely communication, and enables engagement with schoolwork, including homework support. When appropriately guided, it can foster positive academic outcomes and enhance opportunities for participation in an increasingly digital learning environment.
Support with homework	**Ages 6 to 17 years:** Child had received help with their homework in the two weeks preceding the survey.	Support with homework fosters learning independence and positive academic outcomes when appropriately guided. Parental and external support with homework has been shown to positively impact a child's academic performance and overall wellbeing. Children who receive help with homework from parents or others are more likely to demonstrate better academic outcomes, feel more confident in their abilities, and experience less academic stress. Emotional and cognitive support in academic settings can improve a child's self-esteem and sense of competence, which are integral aspects of mental wellbeing.
Relevance/ usefulness of education	**Ages 13 to 17 years:** Adolescent perceived the things they were learning at school were relevant and useful for their lives outside school, such as preparing them for the future or helping with everyday life.	Adolescents' sustained engagement in school is strongly influenced by whether they perceive their education as useful and relevant to their future goals. Studies show that adolescents who see education as meaningful are more likely to be motivated, have lower dropout rates, and experience higher life satisfaction. Even a moderate sense of relevance in education engages the child and can contribute to wellbeing.

Indicator	Threshold	Rationale
School completion and intention to complete school education	**Ages 13 to 15 years:** Child has completed primary school and expressed an intention to complete secondary education. **Ages 16 to 17 years:** Child has completed both primary and lower secondary education and expressed an intention to complete upper secondary education.	Actual school completion is a well-established predictor of long-term outcomes such as employment, health, and reduced risk of poverty or exploitation. For those still in school, intention to complete (e.g. expressed desire to finish secondary school) serves as a strong indicator of future completion and reflects motivation and school connectedness.

Domain 4: Am I able to play and rest?

Table 15. Threshold overview: Do I get to play/rest?

Age group	Domain threshold
0-2 years	Safe spaces for play + Satisfaction with availability of play material and space
3-5 years	Above + Engagement in daily activities + Adequate sleep
6-17 years	Above + Satisfaction with opportunities for recreation (Satisfaction with play material and space OR recreation opportunities must be met)

Indicator	Threshold	Rationale
Safe play spaces	**Ages 0 to 17:** Child has access to safe play spaces.	In the earliest years, play is critical for sensory, emotional, and motor development. At this stage, the quality and safety of the play environment, along with access to stimulating materials, are more crucial than structured play (Ginsburg, 2007). WHO emphasizes the need for safe, responsive caregiving environments that include opportunities for exploratory play (WHO, 2012). As children enter school age, access to both structured and free play becomes necessary to balance academic pressure and support social development (Larson & Verma, 1999).
Satisfaction with availability of play material and space	**Ages 6 to 17:** Caregiver/adolescent is satisfied with the availability of play materials and opportunities.	Play is essential for children's cognitive, social and emotional development, supporting creativity, problem-solving and resilience. Adequate play spaces and materials also contribute to physical wellbeing, peer interaction, and overall life satisfaction. Satisfaction levels reflect not only the presence of resources but also their quality, accessibility, and relevance to children's needs across different contexts.

Indicator	Threshold	Rationale
Engagement in daily activities	**Ages 6 to 17:** Child was regularly engaged in a variety of four or more daily activities during the two weeks prior to the survey, including homework or studying after school, play, socializing, sports and exercise, and sleep.	This indicator reflects whether children are regularly engaged in a balanced range of daily activities, including studying, play, socializing, sports or exercise, and sleep. Participation in diverse daily routines supports cognitive growth, physical health, social development, and emotional wellbeing. Regular engagement across multiple domains helps children build essential life skills, maintain healthy habits, and develop positive relationships, contributing to overall wellbeing.
Adequate sleep (3 to 17 age group)	**Ages 3 to 17:** Child received the recommended number of hours of sleep appropriate for their age group.	Sleep is essential for healthy growth, learning, and emotional regulation. Receiving the recommended hours of sleep for each age group supports brain development, concentration, memory, physical health and overall wellbeing. Inadequate sleep has been linked to poor academic performance, behavioural challenges and long-term health risks.

Domain 5: Am I connected and do I have a voice?

Table 16. Threshold overview: Am I connected and do I have a voice?

Age group	Domain threshold
0-5 years	Early stimulation and responsive care
6-12 years	Sense of belonging to their school + Sense of belonging to community AND/OR participated in at least one community supporting activity + The child reports pride of culture/religion AND/OR freely expressing culture/religion
13-17 years	Above + Meaningful and frequent interactions with family and friends + Reports being supported in making personal decision AND expresses hope for the future.

Indicator	Threshold	Rationale
Early stimulation and responsive care	**Ages 0 to 5 years:** Caregiver reported that child participated in four or more activities (e.g. telling stories, singing songs, teaching child new things) in the week prior to the survey.	Engaging in play, storytelling, and responsive interaction bolsters language development, emotional security, and early cognitive foundations that are key to wellbeing (Britto et al., 2017). The UNICEF Early Childhood Development Index (ECDI), developed for and used within the Multiple Indicator Cluster Surveys (MICS), uses a similar activity-based threshold to assess developmental adequacy in young children.
Sense of belonging to school	**Ages 6 to 17:** Caregiver or adolescent reported positive belonging to school.	For this age group, studies support that a strong school belonging correlates with better academic achievement, reduced absenteeism, and improved mental health. Community engagement and a sense of belonging in different environments also was found to enhance psychological wellbeing in school-aged childhood.
Sense of belonging and participating in community	**Ages 6 to 17:** Child or caregiver reported that they have a sense of belonging to the community and/or opportunities to participate in activities that support their community.	A sense of belonging and opportunities to participate in community activities are important aspects of child wellbeing. Participation fosters social inclusion, civic responsibility, and connectedness, while belonging supports identity development and strengthens protective factors against marginalisation. Together, these elements contribute to children's overall resilience and integration within their communities.

Indicator	Threshold	Rationale
Sense of pride and ability to express and practice culture/ religion	**Ages 6 to 12:** Adolescent or caregiver reports a sense of pride in their culture/ religion and/or was able to freely express or participate in cultural or religious practices always or very often in the month prior to the survey.	A strong cultural or religious identity supports children's sense of self, belonging and continuity. Pride in cultural or religious heritage, and the freedom to express or participate in related practices, helps foster resilience, self-esteem and intergenerational connectedness. These factors contribute to overall wellbeing by reinforcing positive identity development and social inclusion.
Frequent, good quality interactions with friends and family	**Ages 13 to 17:** Adolescent self-reported they always or very often had meaningful conversations and quality time with friends and family in the one month prior to the survey.	Frequent and meaningful interactions with family and friends are central to adolescents' social and emotional wellbeing. Quality time and conversations foster connectedness, trust, and a sense of belonging, while also providing opportunities for guidance and support.
Understood and able to express opinion at home, school and other social environments	**Ages 13 to 17:** Adolescent reports feeling understood and able to express opinion in multiple environments.	The ability to express opinions and feel understood in different environments; such as home, school and the community; supports adolescents' sense of agency, confidence and belonging. Being heard and respected contributes to positive relationships, self-esteem and active participation in decision-making, all essential for wellbeing.
Supported in making personal decisions	**Ages 13 to 17:** Child self-reports a sense of support in personal decision-making.	Autonomy in decision making in adolescents is shown to be positively associated with emotional wellbeing.
Shows hope and optimism about the future	**Ages 13 to 17:** Child self-reported by agreeing that they feel positive, happy and hopeful about their future.	Hopefulness reliably predicts educational persistence, mental health outcomes, and life satisfaction in adolescents.

Domain 6: Am I living in a safe and harmonious environment?

Table 17. Threshold overview: Do I live in a safe and harmonious environment?

Age group	Domain threshold
0-2 years	Water & sanitation + Access to adequate housing + Food security
0-5 years	Water & sanitation + Access to adequate housing + Food security + Safe commutes + work does not impact on daily activity + Bullying/discrimination + Online safety
6-12 years	Above + Child marriage
13-17 years	Above + Protection from violence and crime

Indicator	Threshold	Rationale
Water and sanitation	**Ages 0 to 17 years:** Child lives in a household using improved sources of drinking water on premises and sufficient drinking water available when needed in month prior to the survey and child lives in a household using improved sanitation facilities.	Access to improved water and sanitation is fundamental to child health and development. Unsafe water and poor sanitation are major contributors to under-5 mortality, diarrhoeal disease, and stunting, and are recognized as critical indicators of a safe environment for children.
Adequate housing	**Ages 0 to 17:** Child has access to adequate housing defined by UN Habitat.	According to UN Habitat, secure and adequate housing has been consistently associated with improved child health, mental wellbeing, educational outcomes, and safety. Overcrowding and poor structural conditions increase children's vulnerability to violence, illness and developmental delays. The survey utilized UN Habitat housing criteria to make the assessment for this, and the indicator on proximity of home to vital infrastructure. (Living near essential services like schools, health facilities, and public transport enhances children's ability to participate in learning and social life, reduces exposure to environmental hazards, and supports parental engagement in child development.) The combination was necessary to encapsulate safe housing for children.

Indicator	Threshold	Rationale
Food security	**Ages 0 to 17:** Child has access to sufficient, safe and nutritious food that meet their dietary needs and food preferences for an active and healthy life; and has not experienced moderate/ severe food insecurity in the past 30 days as characterized by the FAO (FAO UN).	Food insecurity negatively impacts children's physical growth, cognitive development, emotional regulation, and long-term health. Children require regular access to safe, nutritious and culturally appropriate food to support an active and healthy life. The survey utilized the FAO food insecurity scale to assess this indicator.
Safe commutes	**Ages 3 to 17:** Child is able to commute safely to school and other places as required, including adult supervision, and travel along routes which are safe.	Children's ability to commute safely to school and other locations is essential for ensuring regular attendance and community participation. Supervised or secure travel routes reduce the risk of injury, exploitation, and exposure to violence, particularly for younger children.
Involvement in work does not impact on major daily activities	**Ages 6 to 17:** Child's involvement in paid work and/or contribution to household chores (if any) does not compromise participation in other activities e.g. learning, socializing, playing, sports and exercise, and sleeping.	Engagement in age-appropriate work, whether through paid employment or household responsibilities, can support skill-building and contribute to family life. However, when such involvement compromises essential daily activities, such as education, social interactions, play, sports or adequate rest, it can negatively affect a child's health, learning, and overall development. Ensuring that children's work does not interfere with their participation in these activities is therefore critical to their wellbeing.
Social environment free from bullying and discrimination	**Ages 6 to 17:** Child is not exposed to nor experiences bullying and/or discrimination based on any reason e.g. sexuality, gender identification, age, religion, ethnicity or disability.	A safe social environment free from bullying, exclusion or discrimination based on ethnicity, gender, religion, disability, or other factors, is essential for children's emotional safety and social inclusion. Exposure to bullying or discrimination significantly increases the risk of anxiety, depression, and school dropout.

Indicator	Threshold	Rationale
Child online protection	**Ages 3 to 17:** Child is safeguarded from online risks of aggressive (violent/gory content), sexual (pornographic content), adverse values (racist/hateful content), or commercial (advertising/embedded marketing) nature.	As children increasingly engage with digital environments, safeguarding them from online risks, such as violent, sexual or hateful content is critical. Exposure to such material can cause psychological harm, promote unsafe behaviours, and infringe on children's right to protection.
Child marriage	**Ages 6 to 17:** Child is not married or in union.	Child marriage is internationally recognized as a harmful practice that violates children's rights, disrupts education, and increases risks of violence, poor health, and social isolation. (United Nations Children's Fund, 2023).
Protection from violence and crime	**Ages 13 to 17:** Child feels protected and is able to identify trusted people to talk to if feeling physically or psychologically unprotected/unsafe.	Feeling protected from violence and having access to trusted people to confide in are key components of adolescent wellbeing. Exposure to physical or psychological harm, or a lack of safe avenues for disclosure, can undermine a child's sense of security, mental health, and capacity to thrive. Assessing adolescents' perceived protection and their ability to identify supportive individuals helps to highlight risks and guide interventions that strengthen protective systems.

Annex 5: Survey methodology and technical notes

Survey participant recruitment

Phase 1: General recruitment

To obtain a representative sample at the division level, a structured multi-stage sampling approach was used. First, all State Legislative Assembly (Dewan Undangan Negeri or DUN) constituencies within each division were listed, and random selection was applied to identify target areas. For each selected DUN, the corresponding Community Development Leadership Unit (Unit Pemimpin Pembangunan Masyarakat or UPPM) was contacted to obtain an official village list. Random selection was again used to choose villages from this list.

Once villages were selected, team leaders contacted local village heads serving on Village Development and Security Committees (Jawatankuasa Kemajuan dan Keselamatan Kampung or JKKK), who in turn engaged directly with households, either via WhatsApp, phone call, or in-person visit, to request permission to share household contact information. On the day of data collection, enumerators called selected households to confirm willingness to participate and availability for interviews.

In villages with more than 50 households, random selection was applied to determine which households to approach. In smaller villages (fewer than 50 households), or in cases where the team was able to attempt all available households, a full approach was taken. Village leaders across divisions confirmed this recruitment approach and ensured equal opportunity for participation among residents.

Phase 2: Recruitment of vulnerabilized subgroups

In Phase 2, purposive sampling was used to specifically capture data from children from vulnerabilized and hard-to-reach populations, namely those who are undocumented, stateless, or identified as having disabilities. Civil society organizations (CSOs) working directly with these communities across Sabah were engaged to identify suitable enumerators and support outreach. These enumerators had existing relationships with the target populations and were instrumental in facilitating access. To be eligible for inclusion in the survey, children had to meet the criteria of being under 18 years of age and either (a) be undocumented or stateless, or (b) have an identified disability. Enumerators reached out to eligible families and administered the survey with consent.

Data collection

The team employed KoboToolbox for data collection across households. KoboToolbox is an open-source platform renowned for its versatile data collection tools and robust support from a community of users. It is designed with a focus on customization and flexibility to meet various data collection requirements. Skip logic was employed to ensure that households and children were linked. The enumerators used tablets equipped with KoboToolbox to conduct the surveys, ensuring data was captured in real time and reducing the risk of data loss. The complexity of the survey necessitated advanced functionalities to achieve the intended survey experience and outcome, and much of this entailed a time-consuming, iterative process of trial and error. The comprehensiveness of skip logic also extends to specific questions for subgroups within the broader age groups. For example, within the age groups of 6 to 12 and 13 to 17, menstruation-related questions were directed exclusively to girls, and only those who indicated having experienced menstruation were prompted with follow-up questions on the topic. As the main survey was prepared in English, translation to Bahasa Malaysia was done to ensure the survey was dual-language supported.

Data monitoring and quality assurance

A comprehensive quality assurance system was implemented to ensure data integrity and subgroup representation throughout the survey. Daily survey progress was tracked via dashboards and team lead reports. Enumerators used GPS tracking to confirm survey locations, adding accountability. Weekly audits using built-in codes flagged and resolved errors such as misclassification of citizenship or household roles. Weekly reports to UNICEF provided structured updates on progress, challenges and adjustments. UNICEF conducted random audits and field visits in several locations, including Sipitang, Keningau, Tenom, Sandakan and Tawau, to verify data quality and provide real-time feedback. These monitoring efforts contributed to key adjustments during data collection, such as altering survey timings to capture more adolescent respondents.

Data storage and safety

KoboToolbox employs robust security measures to protect the collected data. All data transmitted between the mobile devices and the server is encrypted using SSL/TLS protocols, guaranteeing secure data transfer. The platform adheres to industry-standard security practices, including regular security audits and penetration testing. Access to the collected data is strictly controlled and monitored within KoboToolbox. User roles and permissions are carefully managed, ensuring that only authorized personnel can access and manipulate the data. The platform maintains detailed audit trails, recording all user actions and changes made to the data. All team members underwent training on data protection and confidentiality. Sensitive information, such as personally identifiable data, was anonymized or pseudonymized to protect participant privacy.

Technical notes on adolescent participation

The survey was designed to ensure that all questions related to adolescents aged 13 to 17 were answered by the adolescents themselves. Parents or caregivers were only permitted to respond on behalf of the adolescent in cases where a disability prevented the adolescent from providing informed consent or independently answering the questions. The adolescent-specific survey included a number of self-perception questions which were removed in instances where responses were provided by a proxy.

During the initial phase of data collection, the number of adolescents who were present and able to participate was significantly lower than anticipated. To address this and ensure more comprehensive coverage, a decision was made to collect data about adolescents who were absent from their household but for whom a parent or caregiver respondent was available.

As a result, the total sample size and denominator vary depending on the specific indicator being reported. To maximize the utility of the data collected, all relevant responses, whether self-reported by the adolescent or provided by a caregiver, are included in the calculation of individual indicators. However, for analyses at the domain level (i.e., where thresholds are applied to assess wellbeing across a set of indicators), only self-reported responses from adolescents who were present and able to participate directly are included. It is important to note that this excluded adolescents with disabilities that precluded their participation, although such cases are accounted for and reported in the relevant variables and indicator-level results.

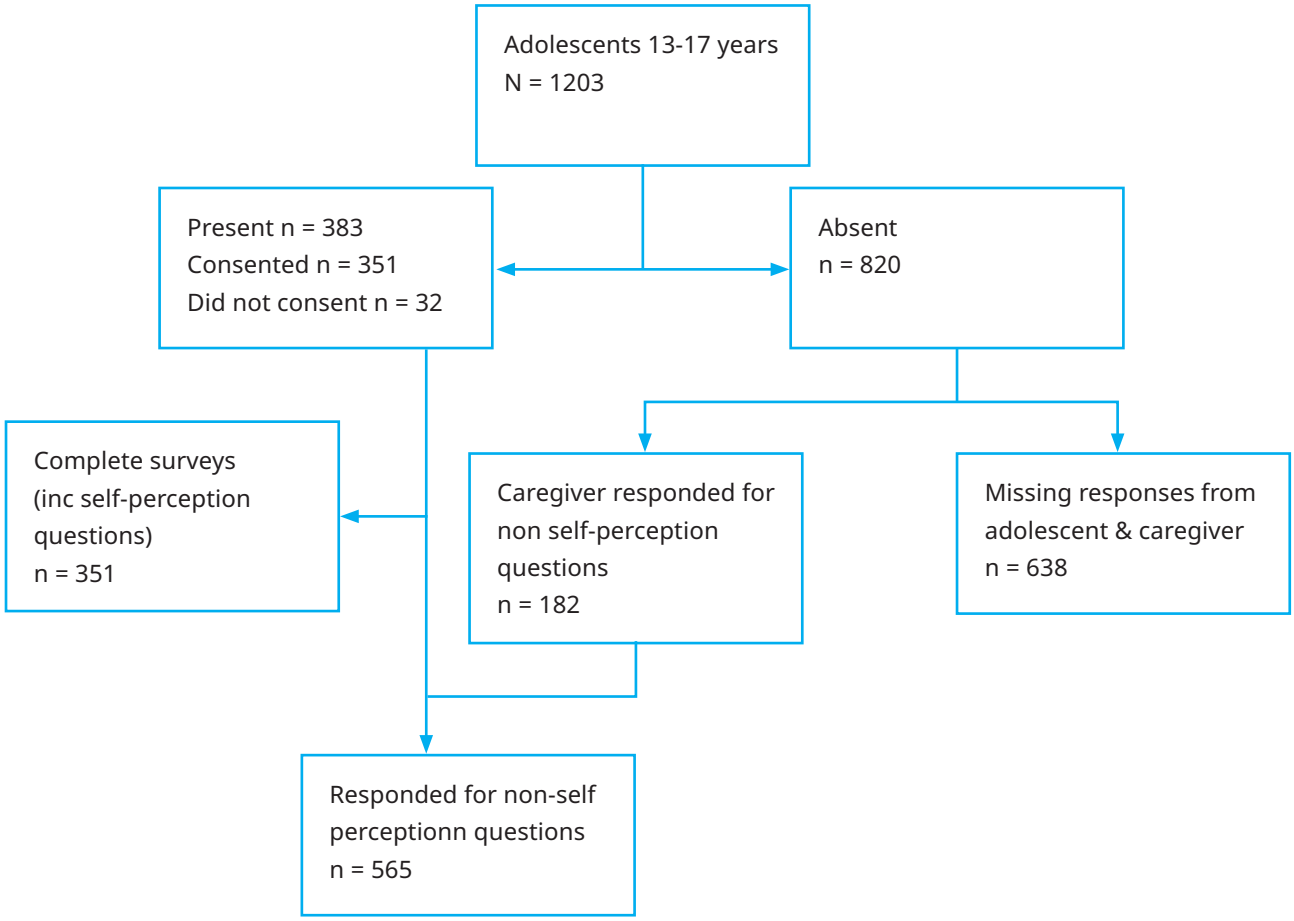
The flow chart below explains the variation observed for the adolescent denominators for the different survey items.

Survey weights

The survey applied post-stratification weights for children of all ages, and additionally, non-response weights to adolescents sampled during Phase 1 of data collection. As children in Phase 2 participated in the survey through a purposive sampling method the survey weights were not applied to data obtained during Phase 2.

Post-stratification weights were calculated to ensure representativeness of the study population to reflect the child population structure for each administrative

Figure 27. Adolescent flow chart



division. The estimated resident population (ERP) for June 2024 for each district within each division in Sabah published by the Department of Statistics Malaysia (DOSM) were utilized. The ERP as of June 2024 readily accounts for population changes over time since the recent-most census in 2020. The ERP of children of ages 0 to 4; 5 to 9; and 10 to 14 for each district were summed to create the number of children for each age group at division level. As the survey did not include young people beyond 17 years, it was assumed that for children in the age group 15 to 19, each year of age has approximately the same numbers of individuals. The total number of children aged 15 to 19 was divided by five and the number of children representing 18- and 19-year olds was subtracted from the total number to create an estimate of children aged 15 to 17 years in each district. This number was then summed to generate the number of children aged 15 to 17 years at division level. The proportion of children for each age group out of the total child population for each division was calculated. The post-stratification weight was calculated for each age group by dividing the total population by the proportion in the study population. The weights were then assigned to each age in years of the sample to enable us to apply the age groupings required in this survey.

Non-response weights were calculated to adjust for adolescents who were not present to participate in the survey when enumerators visited their homes. The reason for non-response was largely due to visits occurring during the time adolescents attended school. Survey non-response only impacted adolescents as they would be invited to participate independent of their parents/caregiver. However,

several demographic and household-level variables which demonstrated some differences between those who responded and those who did not were included in constructing the unit non-response weights. These included child gender, rural-urban location, and highest level of education of adults in the household and division. Logistic regression was applied to assess the propensity for response given the four covariates. The response probabilities were then calculated, and the inverse proportion weights were generated for each adolescent who responded to the survey. Weights were normalized.

The final survey weights were assigned to each child. For children aged 0 to 12 years these were the post stratification weights. For adolescents, the final survey weights were a result of the post stratification and normalized non-response weights.

Weights were not calculated at DUN and village levels, which were the survey sampling strata, as data on population distribution at these levels were not available.

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“Aligned with national aspirations under the Rancangan Malaysia Ke-13 (RMK13) and the strategic pillars of the Hala Tuju Sabah Maju Jaya (SMJ) roadmap, this Index strengthens our capacity to design policies based on robust evidence and to ensure accountability in delivering meaningful outcomes for children.”

– Datuk Jasmine Teo, Pengarah, UPEN Sabah

“Behind every data point is a child growing up in Sabah — a child who may feel supported by family and community, but who may also face challenges in getting nutritious food, accessing reliable internet, feeling safe or having their voice heard. These findings remind us that support must be shaped around children’s lived realities, with a focus on those facing the greatest barriers.”

– Robert Gass, UNICEF Representative in Malaysia

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