

Addressing Community Needs
in Malaysia
caused by the Pandemic:
Roles of NGOs / Stakeholders
in Malaysia

**ISSUES
AND
RECOMMENDATION**

2021



TABLE OF CONTENT

MESSAGE FROM CHAIRPERSON	3
ACKNOWLEDGEMENT	4
EXECUTIVE SUMMARY	5
INTRODUCTION	6
HEALTH: ENHANCING HEALTHCARE FOR UNDERSERVED INDIGENOUS COMMUNITIES THROUGH THE PANDEMIC	
Introduction	12
Current Practices	13
Issues and Challenges	14
Recommendations	19
ECONOMIC STABILITY: ENSURING STABLE INCOME DESPITE THE PANDEMIC	
Introduction	26
Current Practices	27
Issues and Challenges	29
Recommendations	35
EDUCATION: CHALLENGES OF ONLINE LEARNING FOR SPECIAL NEEDS CHILDREN	
Introduction	39
Current Practices	39
Issues and Challenges	40
Recommendations	44
GENDER BASED VIOLENCE: SURVIVING GENDER BASED VIOLENCE DURING PANDEMIC	
Introduction	46
Current Practices	46
Issues and Challenges	47
Recommendations	56
STATELESS CHILDREN: MEASURES TAKEN TO SUPPORT STATELESS CHILDREN	
Introduction	62
Current Practices	63
Issues and Challenges	63
Recommendations	70
MENTAL HEALTH & WELL-BEING:	
HOW EFFICIENT ARE WE IN SUPPORTING THE COMMUNITIES	
Introduction	72
Current Practices	73
Issues and Challenges	76
Recommendations	80
CONCLUSION	86
REFERENCES	87

MESSAGE FROM CHAIRPERSON



18th March 2020 is a date forever etched into the tapestry of Malaysian history, as it marked the official emergence of the coronavirus (COVID-19) in Malaysia. Since then, the virus engulfed our world that was largely unprepared to defend itself or protect its people from it.

The health, socioeconomic and humanitarian crisis of unprecedented scale has required the mobilisation of relief efforts around the world to support the growing number of vulnerable communities. The spread of COVID-19 has surfaced a myriad of upheavals and the economic and social landscapes have been on the verge of collapse. Only time will tell if we will ever fully recover, but it is up to us to ensure that possibility.

Various government, private and non-government organisations have been working around the clock to meet the needs of the at-risk communities. The local government along with various non-government organisations (NGOs), private companies, and foreign governments have implemented a range of relief programs. It's been all hands-on deck as everyone has been working around the clock to address the socioeconomic impact of the pandemic through food and medical relief, stimulus packages and financial aid, emergency services, education support, vaccination drives and more.

Although, the Government of Malaysia may have embarked on some commendable and robust measures to combat this disaster, the crux of the matter is the extent to which this response provides timely and holistic support. In order to improve our chances and prevent further detriment to the quandary we are already in, we need to ramp up our efforts to reach the most vulnerable communities and to achieve this, the government's efforts must be complemented with that of the private sector, CSOs, NGOs and all other stakeholders.

On that note, two symposiums were held by RYTHM Foundation to serve the very purpose of bridging the gap between the different stakeholders and facilitating a cooperative association moving forward. The symposium was a functional platform to exchange ideas and develop a comprehensive, practical framework for measures to address the diverse needs of the different local communities that have surfaced since the pandemic hit.

The aim was to derive input from like-minded individuals and groups who have gotten their feet wet on the ground and bring them together in an academic forum where information and insight could be deliberated and exchanged. Through their understanding of the challenges faced by various communities, recommendations were put forth for relevant measures to address the impact of the pandemic that support and complement each other. We must leave no stone unturned as we establish our direction forward.

In essence, let's bear in mind that the role of the third sector which all of us are in, in one way or the other plays a significant role just as much the first and second sectors in ensuring the health and well-being of society. It is my heartfelt wish that by presenting this position paper, we can move forward taking proactive action hand-in-hand with each other to create the most benefit for our communities.

Thank you.

ACKNOWLEDGEMENT



Our heartfelt gratitude to
Chairperson of RYTHM Foundation, YgBhg. Datin Sri Umayal Eswaran,
Managing Director and Directors of Qi Group,
Board of Governance, RYTHM Foundation,
Chiefs and Head of Departments of Qi.

We also would like to thank all
Esteemed Speakers of Symposium 1 & Symposium 2,
and the Writers & Editors of the various Symposium papers.

EXECUTIVE SUMMARY

When the Covid-19 virus hit humankind globally with no notice, RYTHM Foundation proactively reached out to several partners to study the efforts required to address the needs of communities severely impacted by the pandemic. Part of its efforts included organising symposiums that would highlight the needs of different communities.

Two (2) symposiums titled “Addressing Community Needs in Malaysia during the Pandemic” were conducted in February 2021 and September 2021 with a group of experts focusing on six areas: Health and Sanitization, Gender-Based Violence (Women & Children), Education, Mental Health and Well Being, Stateless Children and Economic Stability.

Objective

The aim of the symposiums was to call on the network of stakeholders to explore the challenges within the identified focus areas holistically and propose recommendations that could be implemented to improve the lives of vulnerable communities, particularly as the B40 group expands into the B60 group.

The recommendations put forth to provide effective support to these communities include medium and long-term solutions which are compiled in this report, which serves as a position paper to be presented to policy makers for forward action.

Outcome

The foundation hopes that the government and authorities take into consideration these recommendations for the betterment of Malaysia and implements them in the 12th Malaysia Plan. This report is to support the government’s efforts to mitigate the direct and indirect impact of COVID-19 on vulnerable groups, as well as the community at large and to also apply lessons learned in future situations as and where they occur.

INTRODUCTION

RYTHM Foundation (RF), the QI Group's Social Impact Initiative, invests in the communities in which they operate, through strategic partnerships, employee volunteering, and community service. RYTHM, an acronym for 'Raise Yourself to Help Mankind', and the Foundation's core values are built on the principles of Empowerment, Volunteerism, and Resilience.

Across all initiatives carried out by RF, be it grant-making, volunteer engagement, or investing in human development programs, our vision is to empower lives and transform communities. In line with this RF has taken a lead role locally and internationally in addressing the needs of the disadvantaged and crisis-hit communities.

The Covid-19 pandemic struck humankind throughout the world unanticipatedly. RF was proactive in reaching out to partners to investigate efforts that will address the needs of communities hit severely by the same. After nearly two years battling the war against the invisible enemy, we have yet to see a glimpse of light at the end of the tunnel.

RYTHM Foundation is also aware that many other NGOs/Charity Foundations are doing their level best in serving the communities in Malaysia that are severely impacted by the current pandemic. From children in big cities to infants of remote communities, from women in low-income housing programs otherwise known as PPRTs to women & children of Orang Asli, these organizations have given their very best in ensuring that the needs of the struggling communities are well-catered.

RYTHM Foundation's 1st Stakeholder Symposium

RF conducted its first in-house symposium titled "Addressing Community Needs in Malaysia during the Pandemic." with a group of experts focusing on the five focus areas given below:

1. Health & Sanitization: Coping mechanism to stay healthy (physical, mental, and emotional)
2. Livelihood: Supporting demands of the needy
3. Education: Online learning platform and "No One is Left Behind" approach
4. Counselling: Keeping the communities positive and optimistic
5. Economic Stability: Ensuring stable income despite the pandemic.

RF engaged ten prominent speakers as listed below to share their experiences and insights on the five-focus area.

Panel of Speakers of the 1st Symposium

1. Health & Sanitization: Coping mechanism to stay healthy (physical, mental, and emotional)

a. Mr Hubert Thong

Semi-retired IT Industry specialist. He started living and working with the Orang Asli since 2012.

b. Dr Siti Sara Yaacob

A Public Health Medical Specialist based at Selangor State Health Department.

2. Livelihood: Supporting demands of the needy.

a. Mr Jeffrey Phang

An activist and community builder with a passion for local government governance, poverty eradication, and public participation. Mr. Jeffery is currently an active member of several civil societies including Persatuan Penduduk Petaling Jaya or MyPJ.

b. Madam Anne Lasimbang

The Founder and Executive Director for a local, non-profit organization called PACOS TRUST or Partners of Community Organisations, involved in rural indigenous communities' development in Sabah, Borneo Malaysia.

3. Education: Online learning platform and “No One is Left Behind” approach.

a. Puan Norzalina Masom

General Manager, Programme Development and Management for Pintar Foundation.

b. Ms. Grace Liew

Educational Psychologist attached with National Autism Society of Malaysia (NASOM) and directly with Autism Spectrum Disorder patients.

4. Counselling: Keeping the communities positive and optimistic

a. **Dr. Arman I Rashid (PhD)**

A mental health practitioner, trainer, and researcher. He is the currently Director of Research and Administration and Associate Counsellor in SOLS Health.

b. **Ms Jen Cheong**

Jen is part of the Mental Health First Aid (MHFA) Malaysia pilot group of instructors. She has conducted close to 100 hours of MHFA training for various industries.

5. Economic Stability: Ensuring stable income despite the pandemic.

a. **Professor Dr Fatimah Kari**

Earned a Bachelor's degree from National University of Malaysia (UKM), a Master of Economics from the University of Leicester, UK, and a Ph.D. (Agricultural Economics) from Mississippi State University, United States. She was formerly the director of the Centre for Poverty and Development Studies (CPDS), University of Malaya, former head of Department of Economics, former Deputy Dean of Undergraduate and Post-Graduate, Faculty of Economics and Administration, University of Malaya.

b. **Mr Lakshwin Muruga**

The Chief Operating Officer at Women of Will (WOW), an NGO focused on empowering women through Entrepreneurship.

As an outcome of the 1st symposium, the RYTHM Foundation team concluded that the issues and recommendations need to be further deliberated before it being presented to the relevant stakeholders for action.

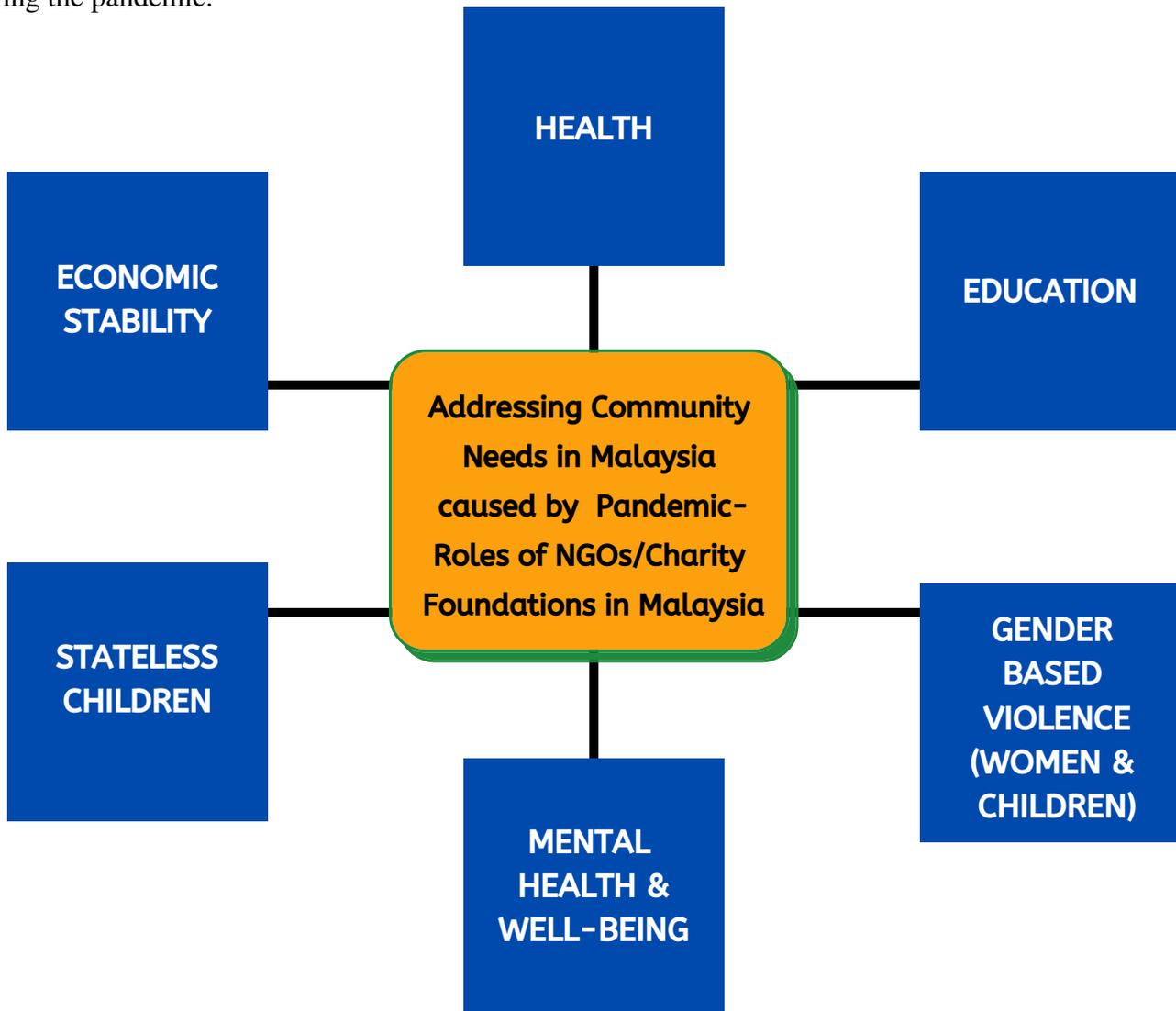
RYTHM Foundation's 2nd Stakeholder Symposium

The second symposium was aimed at discussing issues, challenges, assumptions, risk, and forward approaches for betterment in Malaysia in addressing the pandemic. Throughout the various sessions, RYTHM Foundation presented the key messages and had an in-depth discussion to optimize the input from a different group of expert speakers.

The second symposium findings carry the main gist of issues and recommendations presented in this position paper for relevant stakeholders and policymakers to make informed decisions to handle pertinent issues that have social and economic effects on the communities in Malaysia.

Focus Areas of the Symposium:

Illustrated below is a framework of the focus areas which was discussed in RYTHM Foundation's 2nd Symposium. Some of these focus areas remains the same as the 1st Symposium as it required in-depth discussion. Two other important focus area was included because it needs the same amount of attention during the pandemic.



Panel of Speakers of the 2nd Symposium

1. Health: Aiding the underserved indigenous community through the pandemic

a. Mr Andrew Sebastian

President & CEO of Ecotourism & Conservation Society Malaysia (ECOMY) and is a subject matter expert for Tourism Malaysia. A law graduate, Andrew has devoted more than two decades to environmental and ecotourism issues through his work with numerous NGOs.

b. Ms Tracy Soidi

Senior Officer for Monitoring & Evaluation at Good Shepherd Services (GSS), Sabah. Presently, Tracy is the project leader for the first Rythm Foundation-Good Shepherd Services partnership on Community Adoption Project in Sabah focusing on academic support and youth empowerment programs for the rural community in Sabah.

2. Economic Stability: Ensuring Stable Income Despite the Pandemic

a. Mr. Kon Onn Sein

Managing director of the Foundation for Community Studies and Development. He is also a board representative of ASIAN Solidarity Economy Council (ASEC) and representative of the Intercontinental Network for the Promotion of Social Solidarity Economy (RIPESS) as well as a member of CSO –SDG Alliance, a civil society partnership with the Economic Planning Unit.

b. Mr Manokaran Mottain

The Group Chief Economist of Alliance Bank Malaysia Berhad. He is a member of the National Economic Council and a member of the 11MP and 12MP panel for Indians under Malaysian Indian Congress (MIC) & Malaysian Indian Transformational Unit (MITRA). He has been an advisor of PEMIKIR under the Ministry of Domestic Trade, Co-operatives & Consumerism and a member of the Advisory Board at Nottingham School of Economics, Malaysia. Recently, he has been appointed as council advisor for the Faculty of Economics and Administration of UKM.

3. Education: Challenges Of Online Learning For Special Needs Children

a. Dr Donnie Adams

Senior Lecturer at Department of Educational Management, Planning and Policy, Faculty of Education, University of Malaya. He obtained his PhD in Educational Leadership and received UM Excellence Award in 2016 for completing PhD less than 3 years.

b. Dr Hasnah Toran

Lecturer and Researcher of Early Intervention and Special Education in Faculty of Education, Universiti Kebangsaan Malaysia (UKM). She was also appointed as Advisor for One-stop Early Intervention Centre (OSEIC) Sarawak, Curriculum Advisor for Special Education Unit of the Brunei Ministry of Education, Chairperson of Anak Istimewa Selangor Council, advisor of Polis Di Raja Malaysia (PDRM) Autism Centre and member of National Council for People with Disabilities.

4. Gender-Based Violence: Surviving Gender-Based Violence During Pandemic

a. Ms. Amy Bala

Child Protection Specialist and Social Welfare Consultant committed to advocating child rights and protection through awareness and education. She is the Lead Consultant on Child Protection in ENGENDER Consultancy.

b. Ms. Rozanna Isa

Executive Director for Sisters in Islam, an NGO working on women's rights within the framework of Islam. She is also a Board member of Musawah, the global movement for equality and justice in Muslim family and was a Secretariat Coordinator from 2009 to 2017.

5. Stateless Children: Measures Taken to Support Stateless Children

a. Ms. Maalini Ramaloo

Director for Social Protection of Development of Human Resources in Rural Area (DHRRA). She has vast experience conducting series of Training workshops for stakeholders and community-based paralegals in areas of identification, registrations, advocacy, paralegal model, database and case management in Malaysia and Asia Pacific

b. Dr Hartini Zainudin

Child Activist who works for a local humanitarian organization as their Fundraising and Resource Mobilization Consultant & Strategist. She is also the Co-founder of Yayasan Chow Kit and Vice President of Voice of the Children (formed in 2008).

6. Mental Health & Well Being: How Efficient Are We in Supporting the Communities

a. Dr Raaghidhasakthi

Psychologist, Therapist, and Managing Director of Green Wings Psychology Centre, Malaysia. She provides effective counselling & therapy and education & training on basic psychology and hypnotherapy. She is also an affiliated member of British Psychological Society (BPS) in the UK and owns membership in PSIMA and Malaysian Clinical Hypnosis Society (MCHS).

b. Mr. Kenny Lim

Executive Director of The Befrienders Kuala Lumpur. He is a trained volunteer with experience in providing emotional support via telephone, email and face to face to those who are distressed and have suicidal thoughts.

HEALTH: ENHANCING HEALTHCARE FOR UNDERSERVED INDIGENOUS COMMUNITIES THROUGH THE PANDEMIC

Associate Prof. Dr. Thilagavathi Shanmuganathan

INTRODUCTION

Indigenous communities worldwide are constantly experiencing various changes in the social, cultural, nutritional, emotional and demographic aspects that have significantly impacted health. Many of these communities live in remote areas and depend largely on the natural resources in the environment for subsistence. Regardless of their geographical location or socio-political situation, health indicators are always dismal for indigenous populations as compared to others who are non-indigenous (Ring & Brown, 2003; Valeggia & Snodgrass, 2015). Advocates for the welfare of the Indigenous communities (IC, henceforth) and researchers such as Khor & Mohd. Shariff (2019), Idrus (2011), Mohd. Shariff & Tham (2002), continue to voice their concerns and reported the substantially lower life expectancy, high infant and maternal mortality rates, high communicable and other chronic diseases, malnutrition, stunted growth, substance abuse, and depression. In fact, infant mortality rates were reported to be six times higher than the national average in Peninsular Malaysia, due to the various ailments (Che Noriah Othman et al., 2012; Ring & Brown, 2003). The Malaysian figure is far higher than that reported in other countries like Australia (3 times) and New Zealand (1.5 times), and the same pattern has also been reported in the American continents (Wong, Allotey & Reidpath, 2014).

According to Dr. Amar Singh, a Senior Consultant Paediatrician & Researcher, although there has been considerable improvement in the health status of the general population in the last 40 years, IC health has not changed significantly and has, in fact, deteriorated (Singh, 2019). Health and poverty are directly related and the poverty rate among the IC remains at 80%, making up the B40 category for hard core poor. A United Nations report (2009) stated that the reasons for the poor state of health of the indigenous peoples include inaccessibility to adequate health care, inadequate state financing, geographically limited or isolated, lower quality of services, and culturally inappropriate or insensitive methods. Although multiple programmes and policies have been introduced by the Government such as the Prihatin stimulus package, i-Lestari, etc., these appear to be short-term policy responses to the COVID-19 pandemic.

2.0 The Marginalised Indigenous Community

The indigenous community or Orang Asli refers to original inhabitants of the land and are estimated to be less than 150 000 according to Centre for Orang Asli Concerns in 2003, less than 200 000 (Singh, 2019), 178 197 (JAKOA, Department of Orang Asli Development) in 2018 and 217 000 (Nicholas, 2019). These estimates show that the IC data is not updated. The IC has been classified as vulnerable due mainly to poverty and inaccessibility to basic social services, including education and healthcare. Past studies have raised the issues and challenges faced by the Indigenous Communities (IC) since the time of colonisation.

The IC have not moved much in the socio-economic ladder although the country has seen up to 13 premiers over the 64 years of independence.

Idrus (2011) aptly describes the situation of the IC, who are trapped between a protectionist law that positions the IC as wards of the state, limiting autonomy, rights and control over their resources, while on the other hand, the post-independence policy of hyper-development, deemed the IC to be failed subjects. Up to 2019, the IC been reported to stage protests with the help of IC advocates to fight against land encroachment and logging. The IC are now well aware of these activities' effects on their health and well-being.

These vulnerable communities are now further affected by the ongoing lockdowns that have caused tremendous stress and concern for their health and livelihood. The locality of the vulnerable indigenous communities is susceptible to the rapid spread of any communicable disease and the pandemic showed the inconducive living conditions of the IC. The COVID-19 Crisis saw 12 villages put under lockdown in many parts of the country. There have been infections even though they are isolated as they usually come in contact with outsiders who visit the villagers to buy their produce. It is difficult for the IC to comprehend the severity of the pandemic if information is delayed or not forthcoming. It is for this reason that the IC should be on top of the ladder as they are the most vulnerable.

CURRENT PRACTICES

The pandemic has put the healthcare system to a great test, but the Ministry of Health has mobilised resources and initiated measures that would curb the pandemic. These initiatives include contact tracing and community screening, providing information and awareness to the public on physical hygiene, standard operating procedures and the new norm. The COVID-19 Vaccination Outreach Programme was introduced to ensure that the IC are vaccinated. However, the current position of the government in not making the vaccination mandatory has created a delay in reaching out to all members of the IC.

The Prihatin - 'Caring for People' Package attempts to offer 'something for everyone' and gives the 'feel good' mood. In announcing the package, the Prime Minister made specific mention of everyone who would benefit from fishermen to farmers to market traders to e-hailing drivers, taxi drivers, civil servants, the urban poor and those living in Projek Perumahan Rakyat (PPR), the M40, B40 peoples, and gave a detailed example of how an ordinary Malaysian (Mak Cik Kiah) (an informal street vendor selling fried bananas) would benefit. However, there was no mention nor example of a member from the IC who would benefit from this package.

For the many IC, a RM100 note is something rare, so what more having an account. The initiatives by the Government requires one to hold a digital bank account. As such, the IC who do not have digital bank accounts and/or access to mobile money transfers, and the current restrictions on mobility make it difficult, if not impossible, for them to collect income support. The efficacy of implementation is highly questionable with so many caveats on their validity and applicability of policies and programmes that look good on paper.

Given the urgent and dire circumstances faced by the vulnerable communities, information gathering of the IC, and the type of help needed and rendered has to be done immediately. However, it should be recognised that the data is not nationally representative nor even necessarily representative of the group(s) covered especially those affected and in need. With the situation rapidly evolving and the effects spiraling, the information is time-bound and so too the numbers presented in this paper are time-bound.

ISSUES & CHALLENGES

The issues and challenges discussed here are limited to factors affecting health and healthcare of the IC. Salient factors such as education and sociocultural issues are only discussed superficially.

3.1 Infrastructure deficit

Infrastructure deficit contributes to the vulnerability of the indigenous community nationwide. Transportation, fundamental utilities and services are just some of the deficits endured by the IC. Some of these issues have been highlighted from the time research on the IC were conducted in the early 1930s to the present. The pandemic has only brought the issue to surface again.

3.1.1 Transportation

Transportation issues are a major problem for the IC. Lack of access to transportation is a significant barrier to health care, especially during the pandemic. The majority of IC do not have their own transportation and rely on public transport which is in itself limited in service. During the pandemic, the community transportation, was further limited to once or twice a day, and was almost halted. The IC are also not able to afford the fares to travel to the bigger hospitals and have to contend with the nearest Klinik Kesihatan. Thus, the IC communities may not be able to receive help in time for critical illnesses and other forms of morbidities. These problems have severely limited their ability to obtain health care facilities and seek medical interventions. Addressing transportation constraints is currently critical as much as the accessibility to medical supplies to most IC villages and settlements. One of the speakers, Mr. Andrew cited the example of the Batek tribe. These people are nomadic and move between the 8 villages, making it difficult to reach the people.

3.1.2 Utilities

There is also no electricity nor proper toilet systems in place in most of the villages. Getting clean water is still a pressing issue and although the Jabatan Bekalan Air does supply water, the IC have to pay for the usage. Thus, it is common to hear villagers source water from nearby waterfalls or river that are not filtered (as shown below in Figure 1).

Figure 1: Water source that villagers use for their daily needs



(Source: Shanmuganathan, 2016: UMCares Project)

All these are contributing factors to the deteriorating health of the IC, particularly during the pandemic. However, several initiatives have been undertaken by the non-governmental organisations to build toilets with water supply and a ‘wakaf’ so that the healthcare staff attached to the Klinik Kesihatan are more at ease when they visit these villages and do their checks. However, the number of toilets are minimal and maintenance of the facilities has to be monitored.

The Government’s initiative to fit solar lighting is commendable but implementation is not often followed by maintenance and monitoring. The solar lighting had a short life span. Generators are fitted but the villagers are not taught how to maintain or report a problem. The lack of continuity from installation to maintenance and monitoring is a huge problem in most infrastructures fitted in the IC villages.

4.1 Maternal Health and Childhood malnutrition

Maternal health and childhood malnutrition continue to be global issues and are exceptionally high among Malaysian IC despite boasting state-of-the-art equipment in the hospitals and modern healthcare services. It is reported that over the decades 50-80 percent of the children below the age of 5 years are malnourished and underweight or face stunted growth (Idrus 2013, Singh 2019). The records of child growth rates among the IC were not kept updated or were incomplete, which explains the wide range in the estimated percentages. Several causes of malnutrition have been cited among which are logging causing extensive loss of habitat, river pollution causing loss of protein sources and accessibility to health follow-ups and checks.

Since the pandemic, there have been no changes in terms of maternity and child health check-ups as the clinic still provides services to expectant mothers, as well as family planning and infant check-ups. It is still mandatory for parents to take their children aged one and a half to six years old for the yearly check-ups to monitor their growth and development. However, the pandemic has also caused transportation and travel restrictions that limited the number of visits to health centres. This has caused a lot of stress and affected these visits.

NGOs and government agencies like JAKOA have initiated the resuscitation of malnourished children by identifying children suffering from malnutrition, establishing community re-feeding centres and health facilities in the villages and in hospital settings. However, funds are usually limited and thus feeding is often inconsistent. In order to reduce infant and maternal mortality, pregnant women who are between 34 – 36 weeks are brought to the hospitals for delivery and post-natal care.

4.2 Poverty

Poverty is one of the root causes of health problems in indigenous communities. The National Household Income Survey which is conducted by the Department of Statistics is the main source of information on poverty. However, according to a report by the United Nations on extreme poverty and human rights, Malaysia has a national absolute poverty rate at a significantly low 0.4% and this figure excludes vulnerable populations such as the Orang Asli from its official figures. This is because all data related to the IC fell under the purview of JAKOA, according to the Aboriginal Peoples Act 1954.

Fifty percent of the IC are categorised as poor and 33 percent as living in hard-core poverty, compared to 0.7% of the national average of hard-core poor (Economic Planning Unit 2010). Once a self-reliant and independent people, with sufficient food resources through farming and fishing, the IC found their native customary land encroached, and sources of food depleted. They lost their basic rights to their home, clean water, and food due to aggressive land development, logging, constructing hydro-electric dams, and tourism. Much of the income for the IC comes from the sale of agriculture produce sourced from the jungles. In Kuala Lipis, Pahang for example, a middleman buys the produce which the villagers collect every week for a nominal fee. This practice has not benefitted the villagers as the income is only barely sufficient. The same applies to the community in Sabah where income comes from the sale of agriculture produce at weekly markets.

However, the pandemic has caused these markets to be closed, affecting whatever little cash income, which is necessary to meet the expenses of their daily needs. Almost all the money they earn is spent on food provision. Many of the families continue to struggle to provide a well-balanced meal for their children. Most of them have little left to meet the cost of other expenses. They are also not able to travel to

the nearest clinic, to seek medical care or even to purchase medicine. This lack of stable and sufficient income hinders their participation and limits their access to healthcare and leaves them vulnerable. Tackling these various types of poverty will help the indigenous community to overcome most of their health issues.

4.3 Dissemination of information

One of the issues that was prominent during the pandemic was the lack of power to obtain reliable, accurate, and timely information. Recently, the Deputy Communications and Multimedia Minister, Zahidi Zainul Abidin complained about the lack of facilities such as internet access in the IC settlements. Typically, most of the IC live in remote or isolated areas and as such, do not have access to telecommunication networks, resulting in a lack of access or totally cut-off from getting health information (Bernama 6 April 2021). Most IC rely on radio, television, and local leaders or Tok Batin to provide oral information. The oral dissemination of information about the disease, preventive measures, and the vaccination programme are often delayed and simplified for the consumption of the IC. In addition, all the public service announcements are in Bahasa Malaysia, which is not their mother tongue. The delay in getting information on a timely basis affects the IC's ability to make informed decisions regarding their health management and treatment.

Another speaker Ms. Tracy commented that communities with internet connection have access to unlimited amount of information. 80 percent of those with Internet access in Sabah claimed that social media was their primary source of knowledge on the pandemic. Apart from the lack of knowledge on health and hygiene among the ICs, the availability of timely, inclusive, and equitable access to quality and affordable health-care services such as vaccines, sanitizers and face masks were also slow in coming.

However, access to too much information on the COVID-19 also promoted fear as the IC were unable to distinguish real news from fake ones that were made viral. Such news only caused more uncertainties and increased the anxiety about the vaccination and hesitancy to seek medical help, but these feelings were also experienced by the non-indigenous communities.

To ensure the IC received reliable information on how to protect themselves, understanding the causes, types of diseases and prevention has to be disseminated in simple language, preferably in the native language. Translation work was undertaken by researchers from Universiti Malaya to inform about the pandemic in at least 13 indigenous languages and the varieties.

A sample of the Semai and Jakun languages is shown in Figure 2 below. These initiatives are highly commendable, but at the same time also delayed the promptness of information to be disseminated to a certain extent.



(Source: Idrus, 2020)

Figure 2: Translated versions of the COVID-19 pandemic awareness information

Concepts and terminologies had to be explained, for example the need to wear masks is not something they comprehend as being important, besides the affordability of buying and discarding the masks after use. In this case, the living conditions and social practices of the IC have to be considered before information is shared. Having lived in proximity with each other, often sharing the same source of water either from the catchment area or rivers, and as such, they cannot practice social distancing, or practice constant washing of their hands or isolating those who fell sick pre- or during the pandemic.

4.4 The impact of politics which has worsened conditions

The political situation of the country has been anything but uncertain in the last five years. Without going into the details, suffice to mention here that the vulnerable IC continued to be of concern only on paper. Despite a 2019 attempt by the Federal Government of the Pakatan Harapan to organise the National Orang Asli Convention, which made 136 resolutions with Orang Asli communal leaders to improve lives of the community, specifically on issues related to land, education, health, economy, leadership, infrastructure and culture, these resolutions were not taken up due to the political turmoil.

The politics of the country has a significant impact on everything. It was reported that as of 26 September 2021, 43% or 74,096 Orang Asli nationwide have been fully vaccinated under the National COVID-19 Immunisation Programme (PICK). However, compared to other Malaysian states, Sabah has the lowest vaccination rates. There is also low vaccine supply to Sabah and although some of the districts such as Tambunan is still receptive, they are frustrated because they are affected by the current political situation. In such situations, the NGOs work with the community to develop various programmes to solve health issues and helped to provide a platform for the community to directly contact local authorities such as the police and hospitals to solve any safety or health issues in the community.

RECOMMENDATIONS

There has to be more clear-cut delegation of roles played by the JAKOA and Health Ministry when disseminating information, handling diseases, and promoting health care. Better processes must be put in place first to serve the rural communities.

5.1 Lack of trust and faith in the government

The IC are always doubtful of the intentions of the Government due to its long battle with customary land rights and the encroachment of their habitat. Besides destroying their villages, their food source has also been depleted causing increased health issues such as malnutrition, infant and maternal mortality, and other morbidities. In an Informative Ecosystem Assessment conducted between August and October 2020, three villages in Kelantan, Sabah and Sarawak were asked their opinion about the current politics and politicians. The qualitative research which was participated by 80 percent youth found that 72 percent did not trust any political information and believed that regardless of whether it was from the traditional media or social media, the contents were always lopsided and exclaimed that they would not bother to react to any information from the politicians as it was merely to fish for votes and create sympathy. In addition, the participants admitted that they were unable to distinguish between real and fake news, as there was tremendous amount of news and information that sometimes contradict each other (Malaysiakini, 2021).

When the pandemic first hit the country in 2020, the indigenous and non-indigenous communities were unsure of what the pandemic would do to them. The Government decided to prioritize those who would receive the vaccines and this categorization delayed the IC from taking the vaccines. However, it is now reported that 43% of the IC have already received their vaccines. Educating the IC to understand how the vaccines would help them, the need for double doses and the side effects of the vaccines need to be explained. When information is lacking, the IC would have severe lack of trust in the government.

This is why the Members of Parliament, as community representatives have to be constantly in touch and inform their constituents on the spread of disease and how the community can play its' part to curb the spread and adhere to the Government's precautionary measures.

Therefore, the IC need to be assured that the Government is giving vaccines because they are citizens with equal rights. The assurance of care and possible cure needs to be emphasised. It is understandable that the government machinery is overworked due to the pandemic, and the lack of budget may cause some of the initiatives to be stalled or delayed. However, the government needs to conduct campaigns to educate the ICs on the pandemic, its outcomes, recovery methods, and the role of the community to comply with Standard Operating Procedures (SOP), and be vaccinated.

5.2 Information provided to ICs has to be genuine and adequate

Dr. Rusalina Idrus, a senior lecturer at Universiti Malaya's Faculty of Arts and Social Sciences, said the UM Team has been designing various posters on the importance of vaccination and adhering to the COVID-19 SOP in various Orang Asli languages. However, when the team realised that the posters had limitations with regard to getting the message across, other options were explored. A study by Shanmuganathan et. al (in press) found that the preferred language for the uptake of information by the IC is Malay, because the translated version in the native language was not easily understood. This problem is especially evident when the native language is an oral language and does not consist of a written form.

It is thus important to incorporate awareness on health and hygiene through education for the children and the adults in the IC. Health education should be made a compulsory subject, as was the case in the early 1970s. Schools should also promote mental health and well-being, where school counsellors should take classes to develop the emotional aspect in the children, rather than students approaching counsellors when they have a problem. Such a change in approach would enhance the trust and see more interactions between the IC students and the authorities.

The most effective way to ensure the IC get the vaccination against COVID-19, is to educate and give accurate information about the symptoms, dangers, preventive measures, personal hygiene, and SOPs to observe. According to Idrus (2021), the IC are afraid to be vaccinated because of the lack of information and not because they were anti-vaccination.

5.3 Collaboration Initiatives

The Government has to engage with NGOs, CSOs, Universities and Corporations, big or small, to assist in educating, disseminating information and collaborating in all activities that need immediate response or action. The NGOs, CSOs, Universities and Corporations are able to play an important role in being the contact or helpline between the Government and the ICs through the pandemic and should be engaged to continue their work in providing support post-pandemic, be it socially or economically.

The Government should put in place a post-pandemic recovery plan so that the IC can get back up and about to rebuild their lives. This is a second opportunity for the Government to gain the trust of the people and what better way than to work in collaboration with the NGOs, CSOs, Universities and Corporations. To illustrate, an initiative was undertaken by Idrus and the Universiti Malaya team in organising a TikTok online video contest on the benefits of the COVID-19 vaccination.

The purpose was to convince the Orang Asli to protect themselves against COVID-19. This contest was co-organised by the Peninsular Malaysia Orang Asli Network (JKOASM), Orang Asli Gombak Hospital (HOAG) and Universiti Malaya (UM) Poster Team on Covid Language for the Orang Asli. The response was excellent as there were many entries on the need to wear masks and maintaining social distancing, the need for personal hygiene, etc.

It is therefore vital to engage with various partners to get a policy to be implemented successfully. When these groups go in together with the government agencies, the communities are more confident and receptive, and these entities would also be viewed as neutral and apolitical. This view is shared by Ms. Tracy of Good Shepherd, who feel that they are able to reach out to the IC better and can encourage them to get vaccinated. The NGO has also involved indigenous youth in the distribution of healthcare-related information particularly during the COVID-19 pandemic. This is because they are the most tech-savvy and have the highest digital literacy in this community. This is a good example of how working in a community for many years has given them the edge needed to gain trust and build rapport with the IC as well as involve the indigenous community in all the activities.

NGOs and CSOs could also look at the possibility of including the IC as part of their CSR targets as part of their recipients who require help. However, the programmes should include health information that is easy to comprehend, while observing the local social and cultural sensitivities, and is culturally relevant and inclusive. The leaders of the IC or Tok Batin should always be the main person to disseminate information in their native language to enhance the understanding of the IC and should be accessible when the IC needs help.

5.4 Empowering the community

One of the positive ways forward that the Government should seriously look into is to empower the IC. Providing state-of-the-art equipment without proper education or training on maintenance would deem any project initiative a failure. There has to be monitoring and maintenance from time-to-time, which necessitates both government agencies and the community to do mutual checks and reports.

Immediate work on basic infrastructure such as provisions of clean water, electricity, road access, should be priority. The IC should also be able to establish their own food bank using their own resources. The Keningau community, for example, are a resilient community, capable of ensuring its own long-term food security. The NGO works with the communal leaders to establish a community-based food bank using existing resources from the villages. This allows the local communities to become more self-sufficient and less reliant on food assistance or food banks from other sources.

Communal leaders should have a succession plan and train the young in the community to become future communal leaders. It is only with young able leaders would the IC be self-reliant and self-sustaining. As such, empowerment is the key to equality and inclusiveness.

5.5 Inclusiveness and equity of treatment for ICs

Gazette lands belonging to IC as customary land that allows the IC to develop the land for food sources. The IC were never against development but were against the destruction of the forests. When such activities stop, the IC would not be up in arms against the Government. It does not augur well for the government when locals and tourist on a tour into the IC villages are greeted with banners and placards that demand for respect of the environment and to stop manipulating the IC as shown below (Figure 3), the case of the Nenggiri Dam project in Kelantan by Tenaga Nasional.



(Source: Alhadiri, Malaysiakini, 2021)

The pandemic has, most definitely affected everyone's well-being, but such concepts are alien to the IC. Whether it is the general well-being or mental health, IC have their fair share of stories of youth undergoing depression, attempting or committing suicide and other emotional episodes. All these cases would have tell-tale signs of warning before something untoward happens, but if such concepts are rarely discussed openly due to lack of knowledge, their families and friends would not know how to assist them or who to contact. Besides poverty and lack of amenities that are barriers to the dissemination of information, too much information that are sometimes contradictory about the disease, how to control the spread of disease, healthcare and new practices such as social distancing, handwashing, wearing masks, and quarantine can also defeat the purpose.

This is where the communal leaders or Tok Batins play a major role. These leaders who are entrusted with the responsibility to guide and facilitate solutions related to customs and traditions, development, economy, education, and health for the well-being of the Orang Asli community have an additional role to play. With the COVID-19 pandemic, their role has been expanded to include taking the lead to convince those who are hesitant due to fears and misconception to get vaccinated (Bernama, 11 July 2021). They are also the right persons to recognize and recruit young people in the fight against the virus and the recovery following the outbreak, hence harnessing and enhancing the potential of youth.

Education and training reforms are necessary to enhance youth employability, improving labour market, and employment services to facilitate the school-to-work transition. However, the types of programmes that interest the IC should be provided, not what the Government and non-indigenous community deems the IC need. If the IC are treated as stakeholders and are included in the decision-making of all aspects, including education, public health, etc., then the implementation of any project would be successful as the programmes are what the people requested for and need.

Including the youth and women in the training of health and non-health interventions in response to the COVID-19 should be extended to seeing it through as a livelihood. The young people can be employed to shop for and deliver supplies to the elderly or at-risk people around or in the nearby villages, or even set up social enterprises run by youth and women. Training should make use of the resources available in the immediate environment. There is a huge potential in creating jobs with the resources available, such as the food resource bank, ecotourism, and handicraft, which should in the longer term, address youth unemployment and underemployment issues. One such example is the agricultural programme, available at Tambunan. The existing resources were identified and developed for the community to get a stable source of income for the women. The initial 11 women participants in the programme, has 48 women now as they realised the programme was able to improve their livelihood. The men who hold more leadership positions are supportive of the women, as they are helping to bring in more income into the household. In another village in Kiuli, the youth are excited about the livelihood project on eco-tourism.

They are tech-savvy and have high digital literacy skills. After the pandemic, it seems more reasonable to focus on eco-tourism as it caters to small groups and has good profit potentials.

5.6 The role of media

Media coverage on the IC does not merit the front page and when there is news, it would always be minimal. Idrus (2021) lamented that the Orang Asli community is portrayed in a negative manner, citing reports that described them as anti-vaccination or that some of them fled into the jungle to evade the COVID-19. Such portrayals only give the impression that the Orang Asli are the problem, not the solution.

The media can help elevate some of the issues faced by the IC. It appears that any form of policy is passed ‘top-down’ when handling issues related to the IC, and assumes that the community does not have any say or equal status in the decision-making process. Further, the media continues to highlight land issues, protests and other problems related to the IC, as if they are the cause of the problems. The community must be made a partner and be involved in the solution to put an end to the pandemic.

5.7 Ensuring sustainability of projects

The pandemic has highlighted all the weaknesses in terms of accessibility, education, inclusivity and policies laid out to aid the indigenous community. Any programme or initiatives involving the IC must be sustainable, and in the long term be a solution. The intervention on any issues must be able to address any deep-seated inequality of the IC.

Apart from the concerns raised in the above, the social and cultural sensitivities and beliefs, as well as their lifestyle must be studied before offering solutions that are workable for non-indigenous communities. If we learn about the values that the IC have in place and empower them, there will be changes, and they can remain being themselves but the best version of themselves. The IC community are resilient and self-reliant, provided their lives are not tampered with the many developmental projects. Unlike other epidemics like SARS, and H1N1, COVID-19 is more global and severe, and the IC needS to be assured that if they play their role as partners to public health, then we would also be able to live through this pandemic. The overall policy should place the indigenous community on top of the agenda, and clearly there is a need for a paradigm shift.

Immediate action is needed to ensure that the IC can effectively access health care while providing support for jobs and income security for those most affected.

Once the spread of the virus has been contained and the MCO/CMCO restrictions are lifted, the focus should shift to a demand-led employment strategy for the medium to longer term recovery of jobs and incomes. The pandemic has shown us to be better prepared for any future health and economic shocks of this nature, and the need to build an economy that is stronger, greener and more resilient and a society that is inclusive and better protected. This will also require attention to addressing underlying structural and institutional weaknesses that affect the people and their livelihood.

ECONOMIC STABILITY: ENSURING STABLE INCOME DESPITE THE PANDEMIC

Kirubha A/P Sanmugam

INTRODUCTION

COVID-19 pandemic wrecked the entire world, causing uproar and uncountable degree of severity in terms of people's livelihood, business sustainability as well as economic resilience. Many countries were in total lockdown to curb the spread of the coronavirus. In fact, global GDP contracted 3.4% in 2020 due to the unprecedented disruption caused by the pandemic and the impact it cast on major economic and business activities.

In 2021, the global economy is poised to stage its most robust post-recession recovery in 80 years, despite the rebound is expected to be uneven across countries. World Bank projects global growth to accelerate to 5.6% this year with new infections cases falling and vaccination rising in most regions. The growth depends largely on the strength in major economies such as the United States and China. However, there are some nations still grappling with COVID-19 and likely to experience economic downturn till the end of the year. Despite the pick-up, World Bank estimated the level of GDP in 2021 to be 3.2% below pre-pandemic projection. At the same time, per capita GDP among many emerging market and developing economies is anticipated to remain below pre-pandemic peaks for an extended period.

Domestically, Malaysia's GDP contracted 5.6% in 2020, marking the biggest decline since 7.4% during Asian Financial Crisis (AFC) in 1998. The economic activities were severely affected by the implementation of nationwide lockdown since March 2020, which caused the GDP to reach its trough of 17.1% contraction in the second quarter of 2020. The lockdown measures had a considerable impact on all major sectors including services and manufacturing. On the demand front, private consumption, investment activities as well as exports performance were severely hit, largely weighed by the pandemic-induced supply chain disruption.

While the impact of pandemic started to gradually bottom-out since mid-May 2020 upon the easing of movement restrictions, leading economic indicators showed some signs of improvement. Notably, exports performance and domestic industrial production gained a considerable recovery momentum, driving the overall economic growth in June and the trend persisted through the third quarter of 2020. Notwithstanding, Malaysia loses its momentum amid the emergence of the third wave of pandemic which prompted the government to re-impose targeted containment measures. This has eventually weighed on the external trade performance as well as services and manufacturing-related activities, leading to a further contraction in GDP during the fourth quarter of 2020.

The latest economic data for Malaysia shows that there are significant headwinds still to face. Bank Negara Malaysia has even slashed its forecast for 2021 GDP in half from 6.0%-7.5% in May to 3.0%-4.0% recently. Amid the concerns over the emergence of new variants and potential delay in re-opening of business sectors at maximum capacity, economic recovery remains uncertain. While the brunt of the economic damage will be absorbed by the industries, a general downturn in private consumption and investment is still expected and a recovery in domestic demand is only expected to pick up in early 2022.

With that being said, the near term outlook remains hazy, drawing concerns over the livelihoods and business continuity. As the enactment of nationwide FMCO in June this year posed downside to the overall growth, economists have opined that the stimulus measures will have limited impact in cushioning the weak economy as well as less probability for the economy to get back on track. Most importantly, the labour market conditions remain tightened, with unemployment rate hovering above the natural level of 4%. While overall employment conditions improved slightly from the trough in the second quarter of 2020, wage conditions remained weak, and the pandemic continued to have a negative impact on vulnerable segments of the labour market.

Between March 2020 and July 2021, a total of 10,317 individuals have been declared bankrupt throughout the MCO period, said Prime Minister Datuk Seri Ismail Sabri Yaakob. Apart from that, a total of 1,246 businesses had closed down during the same period. In terms of employment, it is estimated that around 3.4m people are unemployed or underemployed, and this is equivalent to 19.8% of Malaysia's labour force. According to industry estimates, as many as 150,000 firms may already have closed, while some will have lost markets and customers permanently. Thus, labour market condition is not expected to rebound at least by end of this year with firms rehiring retrenched employees quickly because many of these firms are just not there anymore.

CURRENT PRACTICES

As part of the Government's effort in ensuring the wellbeing of the people, business continuity and economic resilience, the Government has introduced various stimulus measures. Since the onset of COVID-19 pandemic, the government has unveiled eight stimulus packages worth RM530bn to address the health crisis. In 2020, the Government announced the Prihatin Rakyat Economic Stimulus Package (PRIHATIN), followed by the PRIHATIN SME Plus, PENJANA and KITA PRIHATIN to reduce the impact of the pandemic containment measures on people and businesses. Adding to that, the Government also announced an additional four economic assistance packages in 2021, namely the PERMAI, PEMERKASA, PEMERKASA PLUS as well as PEMULIH packages

According to a comparative analysis of government assistance by Ministry of Finance (MOF), the COVID-19 aid packages has, so far, contributed more than 20% of Malaysia's GDP. Notably, this is comparable to other developed countries and higher than regional developing countries. In fact, the percentage value Malaysia's stimulus packages exceeded many countries in terms of scope of size of the aid packages that have been implemented. In terms of the scope, a total amount of RM322.8bn has been expended to ensure the wellbeing of people, RM114.6bn on businesses continuity while RM11.2bn to preserve the economic resilience.

Figure 1: Stimulus measures to ensure the wellbeing of people

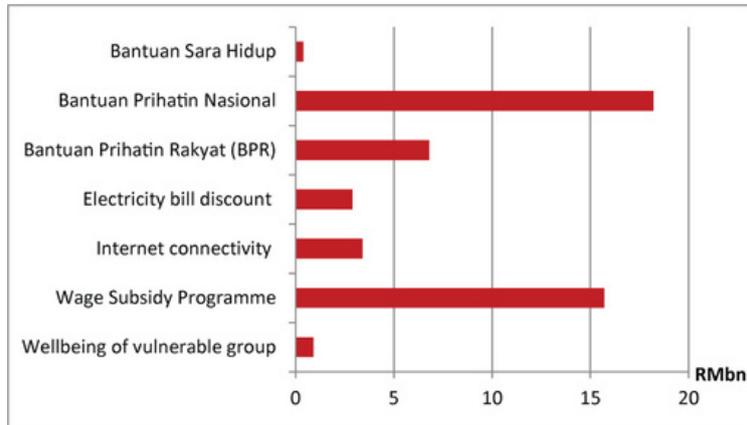


Figure 2: Stimulus measures to ensure business continuity

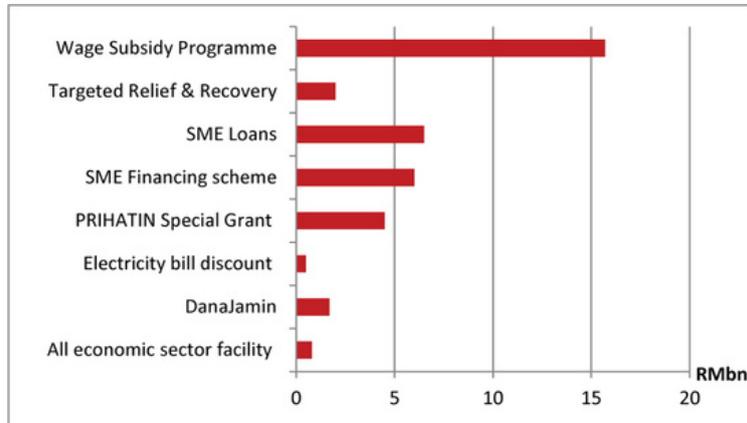
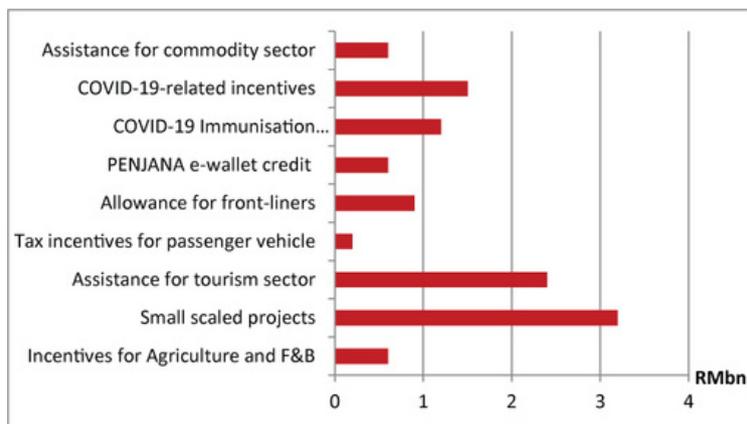


Figure 3: Stimulus measures to preserve the economic resilience



(Source: Ministry of Finance (MOF), Malaysia)

ISSUES & CHALLENGES

3.1 Measures taken lack of long-term focus

Despite various fiscal stimulus measures taken to combat the impact of COVID-19 pandemic, the efficacy of the measures remains a question mark at all levels. Issues and challenges remain in place as most of the stimulus incentives focuses only on short- to medium-term relief for households and businesses. The bulk of incentives lack a long-term focus on transformation and change, and there are other problems involving accessibility and targeting strategies.

In nature, the financial support measures for households are either modest or short-term.

3.2 No proper distribution of economic stimuli

The government had made available several economic stimuli intended to preserve the welfare of people. These measures are being delivered to those who are most in need such as the B40 household group mainly through the cash aid such as BSH, BPR, BPN as well as loan moratorium to ease the burden, especially for those who have lost their income or been retrenched. The worth of stimulus measures or amount being allocated to help B40 households is larger than that for M40 or T40. However, it could have been better targeted as some number of benefits also leaked to higher income households that were not intended beneficiaries of the programme. Most worryingly, there is no proper distribution of cash aid to farmers, freelancers, daily wage earners, petty traders, hawkers, stall operators as well as the ones at the bottom of the supply chain.

If this issue is left unnoticed, the number of vulnerable households without adequate support could increase in the longer term. In nature, the financial support measures for households are either modest or short-term.

3.3 Loss or reduction in source of income

Despite some essential services and manufacturing sectors in the economy being allowed to operate during the lockdown period, the gains have been fairly bumpy, stemming mainly on the manufacturing sector. This could result in a number of negative consequences, particularly for those in lower-income groups as most of them are employed either in SMEs or the services sector. Those with few or no assets or savings to fall back on; informal workers who are not adequately covered by social safety nets; and those who have lost their jobs, been placed on unpaid leave, or experienced pay cuts would remain vulnerable unless they are provided with adequate and targeted financial support.

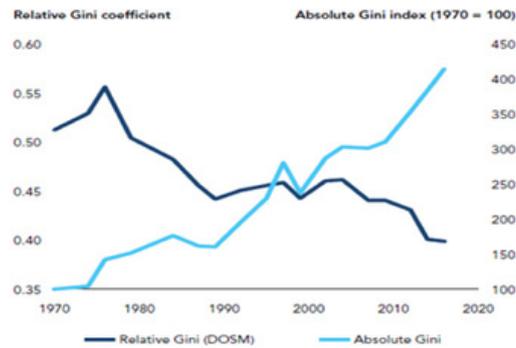
As the nation is still battling with the pandemic, Malaysians experienced a decline in income during 2020 due to the lockdown restrictions. According to the Department of Statistics (DoSM), the mean monthly household gross income in Malaysia has declined by 10.3% to RM7,089 in 2020 from RM7,901 in 2019. Meanwhile, the median monthly household gross income decreased by 11.3% as compared to 2019, dropping from RM5,873 to RM5,209. The significant plunge in the monthly household gross income was largely due to the households or individuals who experienced loss or reduction of income, particularly those with the status of employee, self-employed and others. DoSM cited that this reduction of income was not only caused by job loss but by the reduction of working hours as well as increase in skill-related underemployment.

3.4 Downward shift in income classification

Furthermore, Malaysians also suffered a downward shift in income classification as many households from higher-income groups fell to lower-income groups. In fact, 20% of households from the M40 group with income between RM4,850 and RM10,959 moved to the B40 group while at the top end, some 12.8% of the T20 group downgraded themselves to the M40 group. Worryingly, there was an additional of 12.5% of households with income less than RM2,500 and the number of poor households increased to 639,800 households in 2020 as compared to 405,400 households in 2019. In terms of economic recovery, this would eventually lead to a decline in private consumption (represents 55% of total GDP) and consequently an extended recovery timeframe.

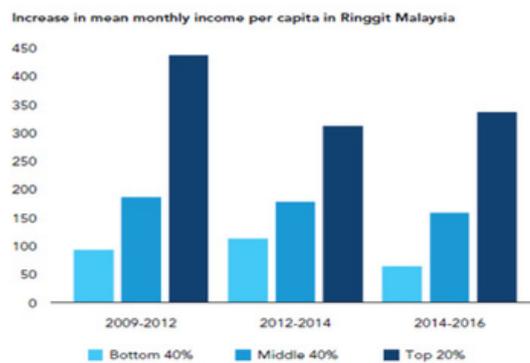
With a significant number of middle-income households have had their income fall under RM4,850, B40 household group might have expanded into a broader, say B50 or B60 category. This has increased the calls to rethink and reclassify the B40, M40 and T20 classifications altogether. Moreover, this has undoubtedly, increased the income inequality as well as absolute income gap between the household income groups. Even though income inequality in Malaysia has declined over the past 50 years, it has not been a steady process. In fact, even as the B40 have gained a larger share of the growing economic pie pre-pandemic, higher income groups experienced larger incremental income gains. Most importantly, the changes in relative and absolute income show almost completely opposite trend since 1970. If this trend is to persist in the near term, the situation is likely to be exacerbated with the unprecedented impact of the COVID-19, especially from the aspect of widening income gap between lower and higher household income group.

Figure 4: Relative and absolute income inequality in Malaysia



(Source: World Bank (2021))

Figure 5: Absolute income gaps among B40, M40 and T20 households



(Source: World Bank (2021))

3.5 Widening inequality

The underlying widening inequality brought on by the pandemic is a growing phenomenon globally, which has affected Malaysia too. The bigger underlying cause of this widening inequality may be due to the new liberal capitalism approach or the ‘profit before people’ type of business approach. As these types of businesses and economic systems increase and profits are not shared equitably with the producers down the line, this would create an unstable society. For example, a recent survey noted that Orang Asli, the minority group, only captures about 15% of the final retail price of what they produced. The line shares were captured by the middleman and the marketing sector. With 15%, one can barely survive with that amount of income. For conventional agriculture, the rural communities probably, the farmer would get about 30%. With even this, the farmers can barely get through, what more so with 15%, the Orang Asli is sunken. At any risky situation like bad weather and not enough rain, the farmers are affected. Unless we get to create a better economic where there is proper wealth distribution to the small farmers, producers, and the ones at the bottom of the supply chain, this problem will grow in the years to come. Another pandemic will ultimately bring us further down.

3.6 Withdrawals from EPF

Since the very first announcement of COVID-19 relief package, the issue about the provision for withdrawals from EPF has been hotly debated. In terms of withdrawal, EPF has allocated some RM30bn for i-Lestari, RM14bn for i-Sinar and RM30bn for i-Citra. Restrictions were imposed for i-Lestari, however, no restrictions were levied on i-Sinar and i-Citra. As such, these policies are deemed to be unsustainable for the future if longer lockdown periods were to be forced upon the people and further withdrawals are allowed. At present, accruing to the concerns over drastic reduction in EPF savings, Malaysians seems not ready to face retirement due to low savings and lack of other assets. And according to the EPF, the percentage of total active members achieving basic savings (a predetermined minimum amount that members should have for retirement at RM1,000 per month for 20 years or RM240,000), is expected to fall to 27% by year end from 36% in December 2020. Latest statement by the CEO of EPF also revealed that out of 15m members, 6.3m people have retirement savings of below RM10,000 in Account 1. This, undeniably, poles apart from the adequate savings of RM600,000 recommended by the EPF.

Given that EPF is one of the local institutional players that support the markets in Bursa Malaysia, draining off the savings will certainly affect the investment activities of EPF as well. For example, based on the latest statistics provided by the EPF, the fund's investment assets as at end-June 2020 grew merely by RM4.9bil to RM929.6bn as compared to RM924.8bn as at end-2019. The EPF, which has seen a sustained increase in net contribution for the longest time, may be in danger of recording for the first time a net withdrawal of funds in 2021 due to this new withdrawal schemes.

3.7 Self-employed and SME

Another important issues that draws concern is that equity and fairness. The DoSM survey on the Effects of COVID-19 on Economy and Individuals in 2020, concluded that the self-employed were the most severely affected by the MCO, but this group who account for 19% of the total employed and who are mainly in informal and non-standard forms of employment, appears to have essentially fallen between the cracks of the Stimulus Package. This indicates that the various incentives and initiatives implemented under the stimulus measures are biased against the self-employed. Technically, employees from formal sector would benefit from the i-Lestari provision and the BPN cash aid and also from direct fiscal injections through the Employment Retention Programme (ERP), Employment Insurance System (EIS) and Wage Subsidy Programme (WSP). But the only support measure that meant for the self-employed, who accounts for the major proportion of informal sector, would be from the one-off cash payment of BPN and the annual BSH. Since the self-employed likely would not have registered as businesses, they also would not be entitled for SME stimulus packages such as matching grants, micro-financing schemes and other financial assistance.

There are also some SMEs, especially micro enterprises in the informal economy which do not qualify for the stimulus assistance. Adding to that, SMEs who are eligible for the financial assistance have highlighted a number of concerns. First and foremost, the allocated amount under WSP is reportedly not sufficient to keep SMEs afloat. In addition to that, the bureaucracy in applying for the aid is proving to be an impediment as the process of obtaining assistance is much complicated. For example, while the Government has announced Special Relief Facility interest-free loans and grants to help SMEs to cushion the pandemic impact, applicants were required to go through three layers of approvals (the applicant's bank, the Corporate Development Centre and finally Bank Negara), along with a full documentation, before being able to get the financial assistance. Unfortunately, micro and small businesses mostly do not have their accounts in order or have poor performance records to qualify. This seems like the government appeared to focus on procedures at a time when small businesses were struggling to stay afloat.

3.8 Informal workers - women

Among the informal workers significantly affected by the pandemic, women are over-presented in high-risk sectors. Based on the DoSM survey done in 2020, 42% of women are exposed to the high-risk sectors as compared to 32% of men. With the unprecedented health and economic crisis, women are experiencing a disproportionate damage in terms of their job and incomes. Although we do not yet know the distribution of job and business losses by sex, empirical evidence shows that women are more vulnerable than men to any sharp loss of income. On the one hand, women are on the frontline in essential healthcare services as nurses and other medical personnel putting their own lives very much at risk. On the other hand, the stay-at home and physical distancing measures are threatening to shatter several female-dominated industries, including retail, accommodation and food and beverage service activities, air travel, tourism and the garment manufacturing supply chains.

Another underlying factor why the pandemic is inadequately affecting women is that they hold a greater care and domestic responsibilities than men. During the crisis period which prompted the lockdown restrictions, women have encountered additional care responsibilities such as children who are learning from home, intensified care needs for older persons and ill family members, additional household members to feed as well as restrictions for domestic work agency service, which have all piled on additional unpaid work on women. This eventually makes it much more difficult if not possible for women to find alternative employment or income sources, following lay-offs or pay cuts. Within the group, women who are single parents and female-headed households tend to be hit hardest. The United Nations has, in fact, quoted saying that ““In the context of the pandemic, the increased demand for care work is deepening already existing inequalities in the gender division of labour. The less visible parts of the care economy are coming under increasing strain but remain unaccounted for in the economic response””.

3.9 Migrants and Refugees

Migrants and refugees are another vulnerable group that were mostly affected in terms of both the health risks and the loss of livelihoods. It is an undeniable fact that Malaysia is heavily dependent on foreign labourers, especially in construction-related economic activities. Due to the implementation of lockdown measures, it was estimated that the operation of construction activities slowed down by 19%. Although some numbers of migrant workers were sent home, those who were still in Malaysia experienced job loss as well as savings. With this being the case, the aid packages announced by the Government, however, offer no support for foreign workers, both documented and undocumented. On a positive note, there was a 25% discount on the foreign worker levy for all companies whose permits end on April 1 to December 2020, except the levy for housemaids.

Notwithstanding, the WSP explicitly excludes migrants workers and expatriates. In fact, the Ministry of Human Resources (MOHR) advised, “if a lay-off is inevitable, foreign employees should be terminated first”. At the time of crisis, abandoning the foreign workers is not only inhumane but it is also short-sighted as it could potentially cast some serious implications for the economy post-pandemic. This is especially true when companies are already facing difficulties in hiring locals, hence, freezing the hiring of foreign labourers will only exacerbate the situation with less power to resume the economic activities, especially, construction which accounts for at least 10% of Malaysia’s GDP.

3.10 Contribution of non-government organisations and civil society organisations

As the COVID-19 pandemic continues to evolve and have a detrimental socioeconomic impact on vulnerable communities, Non-Government Organisations (NGOs) and Civil Society Organisations (CSOs) in Malaysia has responded nimbly and effectively, providing frontline help and defending the rights of people across the countries. However, on 29 March 2020, the then Defence Minister Ismail Sabri Yaakob announced that the activist would no longer be allowed to distribute food and other goods, instead should send their aid and goods to the Welfare Department (JKM) to centralise the distribution by the army and RELA. It was reportedly not efficient as the army and RELA did not have the flexibility and speed to attend to the many thousand households calling for help. Due to the lack of manpower as well as resources, JKM experienced difficulties to reach out to the people in need. Indeed, those who tried to call into the JKM hotline reported that when they could finally get through to an officer, they waited many days but were still unable to get aid. Moreover, it was also clear that JKM did not have all the data and information necessary to reach the hard-core poor. This has prompted the NGOs and CSOs to refuse aiding by the order and declared that they could not stand by and wait for the government to get organised while people starved. After several discussions with the JKM, the directive was retracted on 2 April 2020 and NGOs and CSOs were again allowed to contribute distributing food and aid.

It was clear that the government should have discussed options with the NGOs with a view to work in partnership, so as to tap upon their understanding of impoverished communities.

RECOMMENDATIONS

4.1 A Deeper Social Protection System

The COVID-19 pandemic has certainly triggered an unprecedented economic recession and health crisis in nearly a century, which has severely disrupted the jobs and income of individuals, households as well as businesses. Despite the timely stimulus brought by the government, some extraordinary policies are necessary to walk the tightrope towards economic recovery while ensuring a stable income post-pandemic. While the stimulus packages mainly aim to provide short-term relief, the Government should also evaluate these measures with an eye on the long term and look into shaping the economic and social prospects of the coming years. Essentially, such a transformation is needed to achieve the agenda of Shared Prosperity Vision (SPV) as well as Sustainability Development Goals (SDG).

First and foremost, these measures are only meant to assist affected households and businesses in the short term or at least until the end of pandemic. In the long run, Malaysia needs to deepen its social protection system to provide a guaranteed minimum standard of living for all and improve the resilience of the vulnerable against income shocks, including those resulting from events such as this pandemic. The current social protection system could be improved, particularly in terms of depth. For this purpose, the government may increase the total outlay and benefits, incorporate household size and location into the programme's eligibility criteria.

4.2 Proper Wealth Distribution

Meanwhile, the government should also ensure a proper wealth distribution to the farmers, freelancers, daily wage earners, petty traders, hawkers, stall operators as well as the ones at the bottom of the supply chain. For the upcoming rounds of cash aid, it will be worthwhile for the government to consider channelling these to the beneficiaries of BSH programme which has a more targeted group instead of a wider group of beneficiaries under BPN. This would ensure that a higher share of transfers goes to the B40 as well as the most vulnerable group who are in urgent need of support.

4.3 Rebuilding EPF Members' Savings

Balancing between the current urgent need and long-term objective is not an easy task for the EPF or the government. It is of no surprise that members are forsaking long term retirement objective for short term needs and it is rather alarming when we look at the statistics of total savings of members one year before the eligible age of full withdrawal.

To compensate the lack of retirement savings due to massive EPF withdrawals will sound like a pipe dream as this would change the pattern of the future. As such, EPF should look into rebuilding their members' savings. For instance, EPF is highly expected to work on strategic responses ranging from extending coverage, expanding sources of contributions through multiple channels, exploring post-retirement monthly drawdown offerings to finance retirement needs, advocating an income layering approach through diversification of retirement income sources and enhancing financial literacy through comprehensive financial education and awareness. On top of these, a universal social pension scheme funded by taxpayers is seen viable for old-age social protection. This scheme has been argued to be the most effective in minimising the exclusion error and widening the coverage.

4.4 Formalisation of Unregistered Businesses

Formalisation of unregistered businesses is another measure for informal sectors to foster sustainability and productive development in the long term. The stimulus measures announced for businesses are currently only applicable to those registered with the Companies Commission of Malaysia (SSM). The unregistered businesses have not gained access to stimulus measures and have been left behind without any financial assistance. It would be beneficial if the government facilitate the formalisation of unregistered businesses through regulatory and promotional components.

Typically, the regulatory component should focus on simplifying the registration process for informal enterprises and extending the benefits of formalisation. The high cost of registering and running formal enterprises are the main reasons for informality. An eased regulatory framework could lead to more registered businesses in the formal sectors.

Promotional component could be implemented to aid the newly formalised sector in terms of technical standards, job training and administration to thrive in the formal business environment. This is oriented toward fostering employment and income generation with more formal sectors in the long run. Consequently, this would increase value-added contribution to the nation's GDP.

4.5 A Review and Assessment of the Foreign Labour policy

The COVID-19 pandemic has certainly stressed that Malaysia's foreign labour policy which has to be urgently reviewed in light of the problems faced by the migrant workers and to the reduce dependency on migrant workers. But, at the same time, it is important that current adjustments should not imperil the economic recovery. As such, the review should be carefully done, and a realistic assessment should factor in the needs of specific industries (i.e., construction-related sectors), the competitive potential to substitute locals and technology for the foreign workers, the competence of SMEs to adapt as compared to large firms and a timeframe for doing so.

Besides focusing on reducing the reliance, there must be also scrutiny to improve the requirements for the recruitment of migrant workers and enhance the measures to protect them. Most importantly, the Government should necessitate the extension of access to health services and protection coverage to foreign labours. In fact, the International Labour Organization (ILO) guided that “migrant workers should be integrated into risk pooling mechanism, in line with nationals, to ensure social insurance and universality of coverage and solidarity in financing. Sickness-related benefits can help to protect both migrant workers and their host communities”.

4.6 Working Closely with NGOs and CSOs

Countries dealing with existing humanitarian crises or emergencies are particularly exposed to the effects of COVID-19 and Malaysia is not spared. Responding swiftly to the pandemic, while ensuring that humanitarian and recovery assistance reaches those most in need, is critical. Since the announced stimulus measures have limited power to protect the vulnerable communities, NGOs and CSOs have to step in and the Government should work closely with them through a viable mechanism. It is important that the authorities do not place unnecessary obstacles to hinder the work of these groups. A workable mechanism and platform should be created for them to provide feedback and discuss with government agencies. There should be more sustainable and long-term engagement between the Government and the activist group to deliver quality service to the most vulnerable groups and ensure more equitable distribution.

4.7 Adequate Fiscal Injection to Increase Spending

On the economic front, the Government must look into increasing its spending to cushion the weak economy through adequate fiscal injection. Encouraging government spending in this period will also serve the purpose of spurring economic growth. The Government should prioritise to expedite the existing investments in mega public infrastructure projects to mainly improve public goods provision while also stimulating goods and services consumption.

Adding to that, the Government is highly expected to set up a financing programme or schemes for activities at the state level, to encourage the severely affected sectors such as domestic tourism, especially for states most reliant on tourism income such as Kelantan, Sabah and Malacca. This should boost the finances within the state government which would help to buffer the shortfall in tourism activities. As the situation normalises post-pandemic, this is expected to accelerate the employment growth in tourism and tourism-related industries.

4.8 Shaping the Business Environment and Encouraging Private Investments

The government has a core role to play when it comes to shaping the business environment and encouraging private investments. To improve the overall productivity of the economy and boost the recovery momentum, the Government may double up measures to incentivise private investment in automation and high-end sectors. For example, the investment timeframe of the Malaysia Investment Development Authority (Mida) Automation Capital Allowance from 2023 can be brought forward to 2021. The government's matching grants for SME digitisation, announced in Budget 2020, can be doubled from RM5,000 to RM10,000. This should bring in more multinational businesses into the country, increasing the foreign direct investment inflows.

4.9 Economic Democracy

On top of everything, we need to fundamentally fix the way we run our economics, mainly through economic democracy, which will act as a key to transitioning toward a more socially just and ecologically sustainable system. This theory that says, "Once we lift everyone up, economy will flow down to everyone" hasn't quite worked out in the theoretical sense. In the US for example, a huge and advanced political democratic country, the figures are showing that the richest 400 people are earning equal if not more than the bottom 50% of the population. The middle-income group is being squeezed and the bottom 40% of the population are deepening and the top 1% are getting greater wealth than ever before. We see clearly that political democracy is not enough and there has to be economic democracy.

In Malaysia, the need for economic democracy is increasing as the people are facing diminishing sense of control over the key economic activities as well as events that shape their lives. In this respect, the government should look into promoting individual economic rights, diverse forms of democratic collective ownership of companies and the need for greater public participation in economic decision-making.

EDUCATION: CHALLENGES OF ONLINE LEARNING FOR SPECIAL NEEDS CHILDREN

Dr Sunitha Sivakumaran

INTRODUCTION

The Covid 19 pandemic has changed the educational landscape globally. It has compelled educational institutions to adopt alternatives to face-to-face teaching and learning resulting in a distinctive rise of online teaching/learning, whereby teaching is undertaken remotely and on digital platforms. Although some believe that this unplanned and rapid move to online teaching/learning with no training, insufficient bandwidth and little preparation has resulted in poor user experience that is un conducive to sustained growth, there are others who believe that a new hybrid model of education will emerge. This new model integrating information technology may become the new normal.

However, it is perceived that the shift to online teaching/learning poses a challenge for children with special needs. Being physically separated from their teachers is deemed to impair their learning success. This is because special needs teachers are unable to provide their students with a constructive and enriching learning experience akin to that provided pre-pandemic through online teaching/learning.

CURRENT PRACTICES

Given that this is an ongoing exercise, we are still unable to properly examine the efficacy of the below-mentioned practices.

- Introduction of tele-intervention
- The Ministry of Education's ("MoE") has provided guidelines on how to conduct online teaching/learning.
- Delima portal, Google classroom and Microsoft games
- Ministry has appointed outstanding teachers to provide online training
- Adopting technology into teaching methods
- Implement the teacher training programme developed by MoE

Though these practices have made a noticeable improvement in our ability to provide quality education to our students. It would be challenging to claim that we are able to match the quality of education being provided during the pandemic in comparison to the quality of education provided pre covid given the restrictions inherent to online teaching/learning.

ISSUES & CHALLENGES

3.1 Closure of Schools



The closure of schools compounded by the associated health and economic crisis has posed major challenges to special needs students and their teachers. The Malaysian education system lacks the necessary structures to sustain effective teaching and learning during a movement control order and to provide the safety net that many children require in school.

Within special education, each child ideally has an Individualised Learning Programme (“IEP”). The IEP is a detailed plan or program developed to ensure that a child with an identified disability receives specialized instruction and related services to succeed in school.

Face-to-face learning is the most effective method to implement the IEP as these children require in-school services such as speech, behaviour and physical therapy. Further they require verbal prompting to carry out their tasks within a classroom setting. Online teaching/learning places many restrictions to a child’s ability to learn, namely the lack of supervision and support. These effects of remote learning are magnified in the case of children with special needs, as is the case of those with mental impairments. They are even more dependent on proper supervision and support to learn effectively. Additionally, online teaching/learning eliminates access to other vital in-school services such as speech, behaviour and physical therapy.

Failure to provide the needed supervision, support and in-school services will hinder the child’s progress and could lead to the deterioration of the child’s academic performance and developmental skills. Therefore, many of the children who struggle the hardest to learn effectively and thrive in school under normal circumstances have found it even more difficult to thrive under remote learning.

3.2 Switch to Online Learning

Although online teaching/learning was widely promoted to replace face-to-face learning, it was not well received as a substitute for special needs children as some families may not have access to the technology required to conduct remote learning, and students have struggled to make the switch from viewing these “gadgets” as a tool for entertainment to a tool for learning. The switch to online teaching/learning is seen to have disrupted the child’s progress. The most effective way to achieve progress is to ensure that students with special needs continue to receive support and services in accordance with an IEP in the least restrictive educational environment possible. Whilst online teaching/learning does not meet their educational needs, there are no other viable alternatives given the current circumstances.

3.3 Lack of Social Presence and Structured Environment

Another challenge with online teaching and learning is the difficulty to recreate an environment with a degree of social presence and engagement that one would have in a classroom setting. This is amplified with special needs students because these students require a structured environment and are rigid in their ways. The school environment is also an important place for students to have social experiences as they are placed in an environment where they will have to interact with their peers from different backgrounds.

The lack of interaction between a student and their teachers and peers negatively affects the learning process. Technology has become the child’s only channel to interact with teachers and peers, and whilst it does retain some elements of social presence, it is unable to provide quality interaction for any child. Further, it is impossible to replicate such an environment at home. This creates social isolation, lack of interactivity and could lead to further psychosocial health issues.

3.4 Parents Unable to Balance Work Life and Home Life

In this period where students are unable to access schools, the role of family is even more crucial in the progression of the developmental skills of children with developmental needs. As such, collaboration between families and teachers has become more vital to ensure that students are able to extract the most from these trying times.

It is known that families found more time to take care of their children and to fulfil their responsibilities for their children’s learning at the beginning of the pandemic, however, parents seem to be unable to maintain this.

Over the course of the pandemic, families find it increasingly challenging to balance work life and home life. Furthermore, families can feel overwhelmed due to the:

- prolongation of the quarantine
- the possibility of losing their jobs and income
- the loss of employment
- the realisation that they are unable to meet their children's educational and daily life needs.

The above-mentioned factors can lead to increasing anxiety and discomfort within family units. Consequently, they may be unable to provide the level of care and thought in ensuring that their child is given the appropriate attention/scaffolding required to further their development.

Teachers find it difficult to gauge the progress of their students as usual assessment methods become somewhat compromised as the child may receive prompting or assistance from family members, as such teachers are unable to observe their students in a natural setting. This makes them reliant on the observations of family members in determining the next steps in their development. This can lead to poor goal setting as the family members are untrained and may colour their recollection or perception of the child's behaviour.

In this sense, it is accepted that the shift to online teaching/learning has brought about challenges that could increase the anxiety levels of families and students. Given the struggles that all parties go through, an adequate support system is not in place to help them overcome the challenges imposed by the pandemic.

3.5 Lack of Awareness on the Mental Effects of the Pandemic

The new normal has not only changed the teaching and learning environment and educational instructions but has also affected knowledge construction and socialization. Families and children are overwhelmed by the prolonged inability to go out and the lack of interaction within their social environment. It is important for families to seek psychological counselling services to support their psychological health. There is a lack of awareness of the mental effects of the pandemic and support programmes for parents to help cope with the stress of dealing with children with special needs during the pandemic.

3.6 More care and attention for Special Needs Children

Children with special needs require more care than the average child. This includes, therapy (speech, behavioral, occupational, etc), and they will often require more supervision than the average child.

This poses a financial challenge for parents, whereby they will have to cover the costs of procuring the necessary services in caring for their child which includes the cost of therapy, caregivers and teachers. In such situations, parents who have the means will be able to endure the costs, but parents in B40 families will struggle to support their children. Some of these families struggle to find the balance between employment and caring for their child. This dilemma is also influenced by employers who may not provide flexible working hours. Additionally, Poor access to low-cost quality care such as a lack of health workers including speech pathologists, occupational therapists, and physiotherapists can also be contributing factors.

In these instances where families are already struggling to provide for their child's healthcare and education, the financial hardships imposed by the pandemic is an added strain that would further hinder the child's development and prove challenging for the families themselves.

3.7 Lack of collaboration between parents and teachers

Parents need to understand what teachers need for their children's education and teachers need to listen more to the parents and consider the challenges faced at home. If both parties fail to collaborate effectively all efforts will be futile. Teachers must work with parents. They could come up with a simple assessment tool that the parents can use on their child at home. These assessments will ensure that all stakeholders are on the same page on the child's progression and should be carried out continuously.

3.8 Inequality in Education

Coupled with the fact that every student does not have equal access to distance education, the consequence of the pandemic creates inequality in education. Online teaching/learning is only available to children that have access to a broadband connection at home that is fast/stable enough to support such learning. In Malaysia, there are still geographical areas and population groups that are underserved, especially in rural and remote areas and among low-income groups. Fewer than half of rural households are in areas where fixed broadband at sufficient speeds is available. In addition, children need to have access to devices such as computers and the necessary software to participate in online teaching/learning activities. Children of low-income families or children in rural areas are deprived of necessary resources for an effective transition. A rapid transition without taking into account the factors influential over the success of online teaching/learning has increased the present inequalities.

3.9 Implementation of Early Intervention Programme

The National Special Education Policy (“NSEP”) has failed to properly prepare educators to effectively integrate children with special needs into the schooling system under regular circumstances. This led to a poor attempt of integration in 2018 with the “Zero Reject Policy”, as educators found themselves ill prepared and ill equipped to handle these children. The government had made a big step with the introduction of the “Zero Reject Policy” in 2018, however there is an absence of additional policy support. Teachers have not received the appropriate training and as such, are poorly equipped to handle these children.

Further, the lack of early intervention programmes further exacerbates the issue as children with special needs have character traits that would make it difficult to properly integrate and mingle with their peers. Early intervention programmes are beneficial towards these children, and if they are given access to it at an early age, they can be toilet trained and would not exhibit hyperactive or aggressive behaviours.

The NSEP also lacks a cradle-to-grave solution for these children. Only one school (Genius Kurnia) provides an early intervention program using government funding and there is no plan or program, such as vocational training or a job placement programme in place to ensure that these children have a pathway to integrating into society. Additionally, whatever programmes that are available are not widely adopted.

RECOMMENDATIONS

4.1 Implementation of Policies

It is imperative that parents are accorded the relevant support to ensure that there is an effective way to provide adequate childcare and support to their school going children, whilst meeting their professional obligations. With this in mind, the following policies should be considered:

- Family leave opportunities. For example, working parents who are unable to reconcile work and family obligations may be allowed to up to three-months paid leave, and be paid 80% of their earnings by the government.

- A web platform may be created to offer resources for families. These resources should aim to develop disciplinary and technical skills as well as creativity, critical thinking or social-emotional skills.
- Resources to support lower income families get learning aids/tools, such as tablets, laptops, etc, and improve access to stable and high speed broadband.
- Easy access to counsellors and psychologist is also essential to provide families with guidance about social-emotional well-being. Beyond offering access to curated resources, the platform may suggest a daily schedule to help students and families have a good balance of activities.

4.2 Increasing the Involvement of Parents

There is a need to design, develop and implement programmes that enable parents to be involved in the learning process on a regular basis, so that parents are able to build a relationship akin to one had between a student and an educator. This makes it easier for parents to switch hats; from that of a parent to that of an educator.

4.3 Cradle to Grave Solution

The NSEP needs to adopt a cradle to grave solution for handling children/individuals with special needs. Given that the NSEP is still, very much in its infancy, it could:

- Develop and encourage the widespread adoption of an early intervention program to ensure that children will be better equipped to acclimatise to a schooling environment;
- Provide better training to teachers in government institutions so that they are better equipped to handle these students;
- Develop and encourage the widespread adoption of a vocational programme so these children will have an effective pathway to join the labour force.

4.4 Early Intervention Programme

Early intervention programmes are necessary as it enables children to develop certain skills, such as being toilet trained and also allows children to minimise certain behavioural traits, such as hyperactivity or aggressive behaviours. This makes it easier for a child to integrate into a regular schooling environment.

Not all children with special needs will be able to complete their secondary education and amongst those that do, some won't be able to secure employment through normal means. They will need some support, either through adequate vocational training or through job placement programs. This is another process that could ease the transition into adulthood for the child and their family.

GENDER BASED VIOLENCE: SURVIVING GENDER BASED VIOLENCE DURING PANDEMIC

Nithiyah Tamilwanan

INTRODUCTION

The United Nations High Commissioner for Refugees (UNHCR) defines Gender-Based Violence (GBV) as harmful acts directed at an individual based on their gender. It is rooted in gender inequality, imbalanced power structures and detrimental norms. The term GBV has expanded to include sexual minorities and those with different gender identities to 'male' and 'female' (VSO Position Paper).

GBV is not a social issue that was caused by the Covid-19 pandemic. It has been a threat to our society for years, especially against the female population. WHO reported that an estimated 736 million women, almost 1 in 3, have experienced partner violence, non-partner sexual violence, or both at least once in their life (WHO, 2021). Malaysia is no exception to these worrying statistics, having seen an increase in women and girls suffering from GBV over the past few years. Marginalised communities such as refugees, B40 women and racial minorities are most at risk of experiencing GBV in Malaysia.

GBV is exacerbated during times of crisis. As such, women's groups had predicted a sharp increase in GBV at the onset of the Covid-19 pandemic. Tan Chia Ee from the All Women's Action Society (AWAM) highlighted that the stress of economic uncertainties and job losses have translated into aggression and violence against women and children (Malaysia Now, 2021). During lockdown periods, the government's Talian Kasih helpline, as well as NGO helplines, received a high number of calls and messages, reporting instances of domestic violence and other harmful attacks against women and girls. Within the first month of lockdown, the Women's Aid Organisation (WAO) reported a 44% increase in calls (WAO, 2020). However, the numbers are expected to be much worse than the current tabulations due to the fear and stigma attached to coming forward with a GBV complaint.

This violence against women and girls has also spilt over to social media platforms, where cyber-stalking and online sexual harassment are increasingly prevalent.

CURRENT PRACTICES

The Malaysian government has entrenched the protection of women from violence and harm through policies and legislative instruments. In 1994, the Domestic Violence Act was passed, thus enabling victims of domestic abuse to obtain protection orders against their spouses. During this period, the government, in partnership with grassroot feminist organisations and the Ministry of Health, also introduced One Stop Crisis Centres (OSCCs) to provide integrated and comprehensive medical, counselling, legal and other social support services within Emergency Departments in main hospitals.

To coordinate efforts and monitor progress in eradicating GBV across government and non-governmental organisations, the Ministry of Women, Family and Community Development (MWFCD) recently established a multisectoral National Committee on Domestic Violence. This Committee is now addressing GBV within the COVID-19 context, highlighting the need for inter-agency mechanisms to support the national response to GBV.

In the 2021 Budget, the government allocated RM21 million for domestic violence support centres. Whereas in the 2022 Budget, RM13 million has been allocated to empower the Federal Police's Sexual, Women and Child Investigations Division (D11) to end violence against women and children. The MWFCD had introduced the Talian Kasih helpline at the onset of the pandemic to ensure victims of domestic violence had an avenue to seek assistance and support. To make women feel safe when lodging police reports, the government has also concentrated efforts on sensitizing the police when handling GBV cases.

Although, as observed, policy and legislative measures have been taken at the federal and state levels, the efficacy of these measures and their implementations have been lacking. Currently, protection is mainly provided for victims of domestic violence. Sexual harassment (online and offline), stalking and various other forms of GBV have not been largely considered by governmental authorities and legislators. As for the OSCCs, a study by Manuela Colombini showed that inadequate resources and floundering NGO collaboration could make their sustainability efficacies a challenge.

Measures in place such as the sensitization of our police force have also not been thoroughly and continuously conducted for all police officers in Malaysia. This has led to women facing stigmatisation when lodging reports at certain police stations.

ISSUES & CHALLENGES

This section of the paper will list the main issues and challenges surrounding GBV that have arisen during the course of this pandemic. This list is non-exhaustive.

3.1 'The Shadow pandemic'



The Covid-19 pandemic has only further marginalised women and young girls. Countries all over the world have recorded an increase of GBV from the onset of the pandemic. During this period of economic decline, job losses, online classes and remote working, staying at home proved to be more dangerous to women and children. The UNFPA predicted that for every three months the lockdowns continue, an additional 15 million cases of domestic violence occur worldwide (UNFPA, 2020). As such, the Executive Director of UN Women, Phumzile Mlambo-Ngcuke, has labelled violence against women the ‘shadow pandemic.’ (UN Women, 2020).

Victims are forced to remain in confined spaces with their perpetrators for months on end, with no access to help. Perpetrators have adopted dangerous behavioural patterns during this period, such as restricting communication, movement and independent thought. This violence is not just physical, but also mentally abusive. Victims begin to feel completely reliant on their perpetrators, causing them to lose their self-identity and preventing them from escaping the vicious cycle of GBV. Their dependency on perpetrators could also stem from losing their source of income and financial autonomy during the pandemic.

Although the government and various NGOs established helplines and digitalised most of their resources, many women, especially those from marginalised communities, were cut off from the outside world. This resulted in a lack of awareness and disempowerment.

A big data analysis conducted by the UNFPA and the UN Women, focusing on Asia Pacific countries (including Malaysia), concluded that the shadow pandemic of violence against women and girls is widely recognised by now and the data collected only proves what we have long anticipated. Mohammad Naciri, Asia-Pacific Regional Director of UN Women, gives us a better picture of exactly what different women need most urgently, and how all support agencies - government, private-sector, international organisations and civil society - can improve the ways they reach out to these groups.

3.2 Underreporting of GBV Incidences

Violence against women is commonly associated with women “suffering in silence”. One of the speakers at RYTHM Foundation’s fourth session of its second symposium, Ms Amy Bala, explained how data on GBV was recorded solely through helplines. As such, there is no way to truly ascertain the extent of GBV across our communities. Although surges of GBV cases during the multiple lockdowns were tabulated, the actual figures are much higher. Underreporting prevents authorities and NGOs from coming up with effective solutions to eradicate GBV. Several factors are indicative of why women and young girls choose to “suffer in silence” and go without reporting incidents of violence perpetrated against them.

Firstly, prevalent stigmas surrounding instances of GBV such as rape and sexual assault deter women and girls from coming forward to lodge police reports.

The permeation of 'victim-blaming' within our society and amongst authorities results in women and girls feeling unsafe when deciding whether to lodge a report. To make matters worse, misogynistic norms, such as expecting the subservience of women and young girls, causes disempowerment. They choose to stay silent as they believe it is their 'role' to be accepting and deserving of such violence. Infographics, released early in the pandemic by the MWFCD to combat domestic violence, encouraged the subservience of women, advising them on ways to avoid angering their husbands. These infographics were severely criticised as disempowering women and encouraging misogynistic behaviour within households. By disseminating such information, women would certainly avoid reporting GBV situations, assuming the fault lies with them

Secondly, a lack of access and awareness also results in underreporting of GBV. This is especially the case for women and children living in rural areas. Many of them are not provided with pertinent information on helplines, OSCCs and the procedures involved when lodging a police report. Due to the lockdowns and stay-at-home orders, it was much more difficult for women and children living in rural areas to extricate themselves from GBV situations. They were not able to leave their homes and even if they had chances to, travelling long distances and crossing district boundaries were not permitted. This further discouraged many victims from lodging reports.

Thirdly, authorities such as the police force are ill-equipped, at times, when dealing with GBV reports. This deters survivors from coming forward with complaints. Another speaker, Ms Rozana Iza, highlighted the importance of how police officers react towards victims making reports. They must make them feel safe and continuously emphasise that they made the right decision in reporting the violence perpetrated. CEO of Women's Institute of Management (WIM), Datuk Dr Nellie Tan-Wong in her welcome remarks at the United Nations Gender & Health Seminar, exemplified how dangerous it can be if police officers dismiss GBV complaints as 'mere arguments' and advise the victim to apologise to the perpetrator. This factor will be explained further below under the sensitization of the police force.

These are only a few of the many reasons why GBV cases are underreported in Malaysia. These various reasons need to be considered when deciding on effective solutions to tackle this issue of underreporting.

3.3 GBV within rural communities

The Covid-19 pandemic has highlighted the infrastructural and digital gaps prevalent between urban areas and rural Malaysia, especially in Sabah and Sarawak. Road networks, transportation, internet access and digital tools are severely lacking. This factor has severely deterred women and children in these regions from extricating themselves from GBV situations.

Although the government has set up helplines, shelters, OSCCs and various other resources to tackle GBV, those living at the outskirts are less likely to gain access to these modes of assistance. Firstly, the underdevelopment of road networks and transportation makes it dangerous for women and children to escape GBV. They are likely to be caught by their perpetrators and may get harmed in the process. The effects of these movement restrictions are only worsened if the perpetrator is limiting the victim's access to phones and other communication devices, preventing them from getting any form of help, especially during the pandemic.

Secondly, the lack of digital infrastructure results in difficulties for victims in rural areas to gain access to helplines, counsellors and online resources. During lockdown periods, digital access is absolutely vital. Hence, women and children in rural areas who lack this access are disproportionately affected by GBV.

3.4 Effects on children

The worsening economic situation has resulted in a high rate of job losses, leading to many parents facing financial and emotional insecurities. The stress they face has taken a toll on their children who critically require love, attention and a nurturing environment.

3.4.1 Children with special needs

Ms Amy Bala highlighted that children with special needs are especially at risk during this pandemic. Lockdowns imposed have cut off their access to vital counselling sessions, therapy and other simulation-based classes. Although these sessions can be conducted online, this would be very challenging for children with special needs, where physical contact is of utmost importance to their development. Parents may lack the required training to ensure their children's development continues even during the pandemic. This can be extremely harmful for children with special needs in the long run.

Universiti Pendidikan Sultan Idris (UPSI) senior lecturer Dr Grace Annammal Piragasam explained how two of her online cohorts had difficulty communicating with their students, organising synchronous sessions, and assisting and supervising their special needs students with insufficient teaching aids. National Autism Society of Malaysia (NASOM) former chairperson Feilina Feisol highlighted that students with autism need to follow a schedule. Not only did they lose their structure, they also had to be taught online. Many parents had difficulties sitting their children in front of the computer to do work.

The accumulation of stress due to all these factors could result in parents resorting to violence against their children or between each other. Either way, abuse in any form would be especially detrimental to children with special needs. It could affect their development and cause them to adopt dangerous behavioural patterns.

3.4.2 Violence and lack of care towards children

The MWFC reported a total of 4,349 cases of child abuse in 2020. The figures reported are estimated to be much below the actual number due to the inability of children to reach out for help, especially due to the movement restrictions. According to Bukit Aman Criminal Investigation Department director Huzir Mohamed, familial disputes, drug abuse, loss of income and stress were among the contributing factors to these domestic violence circumstances. During the lockdown periods, being at home was more dangerous than going out for some children. Parents were channelling their frustration and stress through violence against their children. To make matters worse, the lockdown also prevented social workers from delivering urgent aid and assistance to children and families in need.

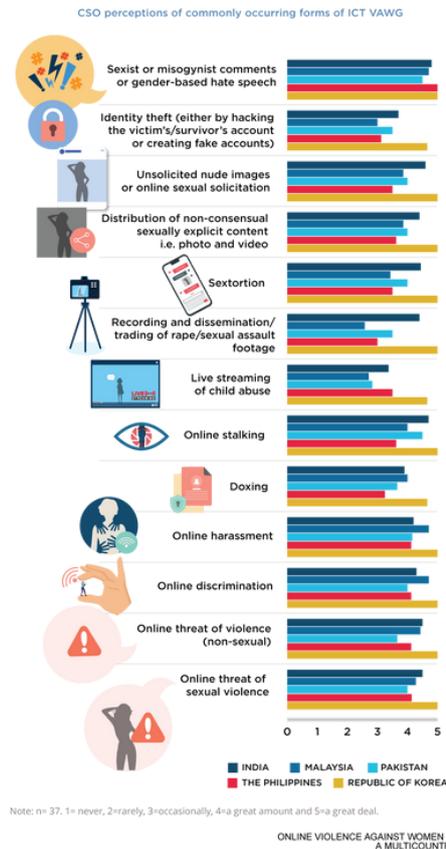
Rates of child abuse online also grew exponentially during the lockdown. In April 2020, the Office of the Children's Commissioner (OCC) and the Human Rights Commission of Malaysia (Suhakam) highlighted a surge in internet usage among children amidst the lockdowns and heightened exposure of potential child predation. This is reflected in the rise of child pornography from 18 to 45 cases after the implementation of MCO 1.0 in March 2020. The lack of face-to-face classes and physical supervision have also caused these instances of abuse to go unchecked.

Difficulties also arise when children are left stranded when parents or close family members test positive for Covid-19. When unattended to, these children are left vulnerable and may fall into the wrong hands. The general insufficiency of social workers (Professional Pelindung) available to aid these children only further exacerbates this issue. It was reported that, in 2019, Malaysia had a ratio of one social worker for every 8,756 Malaysians, far behind the ratio of countries like Singapore and Australia (UNDP, 2020). This has worsened since social workers have been deployed to care for those who have contracted Covid-19. As a result, nurseries were set up in hospitals to attend to children who were stranded but these soon became overcrowded as Covid-19 cases surged in 2021.

3.5 Online GBV

The increase of internet usage over the past decade has posed a significant threat towards women and children. Women and young girls with a social media presence have faced instances of cyber-stalking, online sexual abuse, digital voyeurism and exploitation. These incidents have only increased during the course of this pandemic when people spent more time than usual online.

The lack of awareness campaigns, programmes, preventions and punitive measures carried out by our authorities and governmental bodies have exacerbated GBV online. UN Women highlighted how online GBV is increasingly utilised in Asia Pacific countries to oppress and silence women human rights defenders; women in politics; journalists; women with disabilities; lesbian, bisexual or transgender women; and women from marginalized groups. The figure below demonstrates the manifestations of GBV online in 5 Asia Pacific countries, including Malaysia.



Source: UN Women, Online Violence Against Women in Asia: A Multicultural Study.

According to a 2018 survey by the Malaysian Centre for Constitutionalism and Human Rights, 50.4% of respondents had experienced one form of online harassment at least once in their life, with women experiencing online sexual harassment at least twice as often as men. These numbers are predicted to have worsened since the inception of the pandemic. According to Malaysian CSOs, Muslim women's advocates, in particular, are harassed online over dressing and behaviour deemed "inappropriate" by those intent on moral policing of women's bodies and actions. The internet has become an extremely dangerous place for women and children, especially young girls. Violence perpetrated against them online could potentially cause physical harm and emotional trauma.

3.6 Absence of parliamentary sessions

Due to the Emergency Declaration that came into effect in January 2021, Parliament was dissolved for 8 months. As such, urgent debates surrounding the Anti-Sexual Harassment Bill, the amendment to include stalking within the Domestic Violence Act (DVA) 1994 and the Social Workers Professional Bill were delayed. These are crucial legislative instruments that could enhance the protection of women and children against violence.

The Anti-Sexual Harassment Bill, in particular, requires urgency as the existing legislative framework on sexual harassment is severely lacking. Through a survey conducted by AWAM in 2020, results showed that out of the 119 female students who responded, 58 (or 48.7%) have been sexually harassed. Driven by incidents such as the V2K Telegram group responsible for the dissemination of paid nudes, child pornography, hidden camera footage (CCTV), and lifetime subscriptions to pornographic material, women's groups have been pushing for the passing of this Bill since before the pandemic. The Bill would set out an adequate legislative framework to protect men and women from sexual harassment, online and offline, ensuring appropriate punitive measures for perpetrators and justice for survivors.

The amendment to include the crime of stalking within the DVA is long overdue. It is very common for perpetrators of domestic violence to engage in stalking during the process of divorce or separation. This could lead to potential physical and mental harm inflicted upon the survivor. As observed above, there is also a dire need for the Social Workers Professional Bill to be passed in order to reduce the ratio by increasing the number of social workers within the Welfare Department.

3.7 Limited sensitization of the police force

Since the passing of the Domestic Violence Act and Childs Act, the authorities have increased sensitization training within the police force. However, it has been observed that not all police officers attend this training. As a result, there are only a few police stations that appropriately treat a GBV survivor.

This poses a problem as police officers are at the frontlines and if they behave negatively, survivors may be discouraged from pursuing the report. Ms Rozana gave a recent example of how a police officer told a victim who was lodging a report, "No wonder you were beaten up, your face is so ugly." It is evident that sensitization of the police force is absolutely vital in order to prevent the passing of such remarks.

Following a negative statement by the deputy inspector-general of police, when commenting on a rape threat, several NGOs called for police to ensure that all staff are gender sensitive in their language. They emphasised that gender responsiveness was crucial in enabling law enforcement authorities to effectively address GBV cases.

3.8 Inadequate legislative protections

Malaysia's inadequate legislative framework contributes to the exacerbation of GBV. Without these legal protections, perpetrators are not deterred from committing acts of violence and survivors have very few avenues of legal recourse. This vicious cycle of abuse and harm is then allowed to continue.

3.8.1 The Domestic Violence Act

Through the DVA, domestic violence is punishable under law. The Act provides for situations of domestic violence and introduces protection orders that can be obtained by victims to extricate themselves from such circumstances. It also sets out the types of compensation victims can claim for. Although the DVA and its pursuant amendments have helped in combating domestic violence, it does not go far enough to eradicate this threat.

Firstly, although the DVA is designed to provide legal protection in situations of domestic violence and matters incidental thereto, the Act does not recognize domestic violence as crime per se. It does not define domestic violence as a specific crime punishable by new penalties. It is merely attached to the Penal Code. As such, the cases are heard by ordinary courts and subject to the same procedures as other criminal cases. This poses an issue as the regular court system isn't appropriate for handling domestic violence cases. The system lacks the understanding of domestic violence complexities, especially the powerful social, emotional and economic ties that bind victims to their abusers. Gender sensitivity, security and protections that are vital to domestic violence cases are also absent.

The Act's definition of domestic violence also does not include relationships outside of marriage. As such, intimate partner violence (IPV) is not punishable under this legislation. The shadow pandemic in fact does include instances of IPV. This is indicative in an analysis by the UNFPA from the Asia-Pacific region which revealed huge increases in online searches for help related to intimate partner violence amid the Covid-19 pandemic. UNFPA Malaysia's Gender Consultant, Dr. Rita Reddy summarised IPV as a violation of human rights and a major public health problem with enormous social and economic costs. With these factors in mind, it is absolutely vital to begin discourse on including IPV within the ambit of the DVA.

The DVA also does not include stalking and intimidation within its definitions. These crimes often occur alongside domestic violence and IPV as methods to psychologically abuse victims. Ms Rozana described how when there is an issue of domestic violence and there is a period of separation between the spouses while they are dealing with the legal aspects of their divorce or aspects of their relationship, the perpetrator resolves to stalking his partner. GBV ultimately boils down to control over the victim, both physically and psychologically. Stalking and intimidation are utilised to achieve this level of control over the victim.

3.8.2 The Anti-Sexual Harassment Bill

Sexual harassment is a violation of a person's rights and dignity. It inflicts mental and physical harm onto its victims. As observed, sexual harassment is on the rise in Malaysia, both online and offline. The WAO highlighted how these individual incidents of sexual harassment "add up and hurt society as a whole – in the form of lost productivity, strain on the healthcare system, and other costs". Malaysia has several legislative provisions in place to protect our communities from sexual harassment, however, they barely scratch the surface in terms of the various manifestations of this crime.

The Penal Code and other criminal laws contain offences related to sexual harassment. However, in many instances, sexual harassment may not amount to a crime. Additionally, online sexual harassment is not explicitly set out. A major difficulty with sexual harassment within these laws is the high standard of proof - beyond reasonable doubt. This threshold is very difficult to meet and as such, prevents survivors from obtaining remedies and compensation.

Some stakeholders argue that the Anti-Sexual Harassment Bill is redundant due to the prevalence of sexual harassment offences within the Employment Act. They insist that harassment mostly occurs at the workplace and as such, the latter Act is sufficient in dealing with these circumstances. However, as seen in many surveys and analytics, harassment outside the workplace is more common now than ever before, proving the urgent need for a uniform Anti-Sexual Harassment Act. Furthermore, the Employment Act is also inadequate when dealing with harassment at the workplace:

Firstly, it only applies to employers and employees – leaving out harassment involving job seekers, clients, etc. Secondly, while the Act does provide for the oversight of the Labour Department, this is only the case if the employer refuses to investigate sexual harassment complaints. There is no oversight of an investigation's integrity or findings. The Employment Act also does not apply in Sabah and Sarawak (which have their own ordinances). Thirdly, the Act does allow for an employee, who resigned or was unfairly dismissed due to sexual harassment, to be reinstated through the Industrial Relations Department. However, the employee would have already suffered from the trauma of harassment and having to leave their job.

As such, it is evident that there are distinct gaps in the existing legislative framework on sexual harassment offences. These gaps can only be filled with the introduction of a holistic, comprehensive Anti-Sexual Harassment Act.

3.8.3 Marital rape is not a crime

In defiance of international pressure, Malaysia has yet to ratify the criminalisation of marital rape as recommended in the United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) despite being a signatory to the Convention. Marital rape usually occurs when the solicitation of sex is done via intimidation, threat, force or in other situations in which the element of consent cannot accrue. YB Teresa Kok stated that this delay in criminalising marital rape stemmed from the difficulty in establishing proof that constitutes marital rape in court, and the predicament in describing the crime to the public, especially to mullahs.



Although marital rape is not specifically criminalised, s.375A of the Penal Code provides for the punishment of a husband who solicits sex via intimidation and causing hurt to his wife. Some may then question the need for criminalising marital rape when s.375A exists. However, WAO's Executive Director Sumithra Visvanathan emphasises the importance of its express criminalisation as s.375A does not explicitly make consent a prerequisite to conjugal acts, nor does it punish the perpetrator who forces intercourse in the absence of consent. Further, s.375A does not set a minimum term of imprisonment, thus allowing the perpetrator of such violence to get away with a light sentence.

Malaysia still holds on to the archaic English notion that consent to intercourse is provided by both spouses upon entering into a contract of marriage. This notion is dangerous, especially to women who are often victims of marital rape, as it strips them of their bodily autonomy and right to withhold consent. Marital rape must be criminalised in order to protect wives from sexual violence and assault.

RECOMMENDATIONS

The recommendations stated below need to be urgently considered by the government and policy makers as the social issue of GBV is only getting worse. Legislative changes and implementations, awareness and education, as well as empowerment campaigns should be conducted in order to eradicate this violence.

4.1 Raising awareness and enhancing existing services

Relevant ministries and policy makers should focus on raising awareness, enhancing services and educating the general public on the multiple forms of GBV and ways our communities should work towards eradicating its occurrences. As observed through the data above, GBV is still severely underreported due to issues such as stigma and a lack of awareness. Women are either too afraid to come forward with a complaint or they are unaware of the procedures to make such complaints.

In 2019, the MWFCDD introduced various initiatives to increase awareness on GBV. A creative video competition was launched to involve the public in understanding that each individual has a role to play in eradicating sexual harassment. The ministry also launched online surveys to tackle the issue. Although these are important starting points, more needs to be done for general public awareness. Authorities, however, should be cautious in the phrasing and wording of these educational materials. For example, the MWFCDD provided damaging, misogynistic ‘tips’ on how women can avert domestic conflict during the lockdown. Such actions could potentially cause the women empowerment agenda to regress. The ministry should look to the ways NGOs, CSOs, international organisations and foreign countries campaign to increase awareness on violence against women. For example, during the pandemic, UN agencies grouped together to conduct effective awareness campaigns in the Middle East and North Africa to combat the rising occurrences of GBV.

The 11th Malaysia Plan contains a strong policy to promote gender equality and develop respectful relationships between girls and boys. However, early this year, when a high school student raised the issue of a rape joke made by her teacher, it was evident that there exists a lack of awareness and education amongst the most important group of people - frontline educators. As such, there is a rising call for the Education Ministry to include gender sensitization when training teachers. Educators could contribute immensely to raising awareness and educating the younger generation on GBV. Additionally, there are also proposals to introduce gender equality topics into the syllabus.

Ministries should work with NGOs such as WAO and AWAM and others who dedicate their time and resources to raising awareness, conducting trainings and providing essential counselling services to survivors of GBV. The availability of counselling services during the pandemic must be maintained as they are important to the psychological recovery of GBV survivors.

4.2 Empowering women

The equal rights, opportunities and empowerment of women have been included in the 17 Sustainable Development Goals (SDG). As Malaysia is committed to achieving the SDGs, our administration and communities must do more to empower women in coming forward to report GBV.

Currently, many GBV-related cases have gone unreported due to the fear instilled in victims. Perpetrators isolate their victims from society, disempowering them and cutting them off from external aid. NGOs in Malaysia have been working hard to reach out to these victims but it is difficult to identify them, especially when they are unable to come forward. Lockdowns and movement restrictions have only made the situation worse.

B40 women, refugees and minorities have been especially disempowered during the pandemic. They choose to ‘suffer in silence’ due to their dependencies on perpetrators. As such, the relevant ministries and government departments should work with NGOs and CSOs to empower these women in extricating themselves from GBV situations. They should be made aware of the support available - helplines, counselling services, shelters, security and financial aid.

Aside from fear and stigma, these women are also financially disempowered. As such, they are economically reliant on their perpetrators and do not have the means to sustain themselves independently. During the pandemic, Nadia (pseudonym) was forced to return to her abusive situation after initially escaping due to a lack of adequate shelter, indicating an absence of financial means. The UNDP estimated that 47 million women will be pushed into poverty by 2021. Additionally, UN Women reported that women do 2.6 times more volunteer care and domestic work than men. This is essentially unpaid work, resulting in a lack of independent financial security.

The government’s initiative to provide childcare services in the PENJANA economic stimulus package would enable women to go back to work and earn an income. This is certainly a step forward in economically empowering women. However, more needs to be done to ensure women are easily able to gain employment or start businesses. The government can work with corporates and companies to initiate training programmes and seminars. As an example, in 2020, Brickfields Asia College obtained funding from MITRA to conduct entrepreneurship training for B40 Indian women in suburban areas.

4.3 Enhancing access to transportation and infrastructure in rural regions

As stated above, transportation and infrastructure are severely lacking in rural regions, resulting in great difficulties for women to escape GBV. The Sabah Women Action Resource Group (SAWO) conducted a survey of eight villages within the state. They found that 47% - 100% of adult women had suffered from some form of emotional, sexual or physical violence. The project also found that almost all the districts lacked the necessary facilities and personnel to provide support and protection. It is estimated that these lived realities for rural women have only worsened during the course of this pandemic.

As such, transportation and infrastructure needs to be improved within these areas to ensure that women are able to access urgent aid and support. Phone networks and internet access are especially vital due to the ongoing pandemic as helplines and over-the-phone counseling services must be readily available to these women. In the 2022 budget, the government has allocated RM1.5 billion for rural development and RM700 million for digital connectivity in rural regions. These funds should be used appropriately to ensure adequate transportation and infrastructural development enables women to seek aid for GBV.

4.4 Passing vital legislations and amendments

As seen in the data highlighted above, there is an urgent need to pass legislations that will combat sexual harassment, stalking and the insufficient number of social workers. The legislative framework is pivotal in efforts to eradicate GBV within our society. Parliament has recently recommenced after an 8-month hiatus pursuant to the Emergency Declaration. With the rising cases of GBV, Members of Parliament (MPs) should recognise the urgency in passing these laws and amendments. This agenda should be treated as a priority in upcoming parliamentary sittings.

The absence of these legislative provisions has been proven to further expose women and children to the threat of GBV. The increase of internet usage and social media presence has caused a rise in online sexual harassment amongst women and young girls. Our current laws and provisions are inadequate in dealing with such incidents, thus encouraging the further perpetuation of this form of GBV.

Legislation is also required to address the insufficiency of social workers. Worrying statistics indicate that social workers are spread too thin and as such, women and children suffering from GBV may not receive the attention required. The passing of a Social Workers Professional Bill will strengthen the role and efficiency of social worker services, as well as reducing the current ratio of social workers to people.

4.5 Sensitizing the police force

Police officers are at the frontlines of this fight against GBV. They are one of the first people victims encounter upon deciding to come forward with a GBV complaint. However, due to the limited scale of gender sensitization within the police force, most victims encounter officers who pass off insensitive remarks and comments, thus deterring them from proceeding with the report. Upon escaping from circumstances of violence, victims/survivors are at their most vulnerable, engulfed with emotions, pain and fear. They need to be handled with care, sensitivity and positive reaffirmations.

When conducting detailed investigation, it is vital for the police to adopt a ‘survivor-centred’ approach. Appropriately framing their language would have tremendous power in challenging existing public narratives, preconceptions and biases surrounding GBV. It would also encourage more survivors to come forward and lodge police reports. Additionally, gender sensitization is important to diminish personal biases held by police officers themselves. It was found that male police officers are constrained by gender stereotypes and misogynistic attitudes towards women and their social positions in society. They perceive violence against women as a norm and would often resort to victim-blaming in justifying the harm inflicted. Therefore, gender sensitization is required to ensure police officers are no longer constrained by such harmful notions.

As such, authorities need to standardise gender sensitization training and make it compulsory for every police officer. It would be beneficial to work with NGOs and CSOs providing gender sensitization training as they are equipped with the necessary resources and information to conduct these sessions.

4.6 Focusing on parental roles in preventing GBV

Gender role stereotypes are powerful moderators of behaviour in families and relationships. Parents could potentially influence their children’s gender-typed preferences, behaviours and attitudes. As such, rigid gender roles could instil the notion of ‘the subservient female’ within a child. This will potentially culminate in the acceptance and perpetuation of GBV when the child reaches adulthood. Evidently, parents play an important role in determining a child’s early development. In Malaysia, such stereotypes and gender norms are prevalent across all sections of society.

Parents must disassociate themselves from such false beliefs and begin to adopt gender equality within their households. The government should intervene by producing resources and materials to encourage breaking down stereotypes and suggesting certain effective parenting techniques to ensure gender sensitivity is inculcated within family units.

Circumstances are made worse when children themselves are exposed to GBV at home. Witnessing acts of violence inflicted upon their mothers or siblings potentially sets in motion a cycle of violence, with children growing up to adopt violent behaviours in intimate relationships, most notably boys. This behaviour must be rooted out at the onset. The government should set in place certain interventions, such as home visitations where domestic violence or abuse is suspected. Such interventions conducted in surveys within high-income countries have proved to be successful. Pursuant to this intervention, children should be immediately removed from the household and placed in a safe environment, with access to counselling.

4.7 Supporting NGOs and encouraging involved parties to take action

Non-governmental organisations such as WAO, AWAM, Sisters In Islam (SIS), Women’s Centre for Change (WCC), EMPOWER and many others in Malaysia focus their efforts on the women agenda. They supplement the Welfare Department’s efforts by providing services and support in aid of GBV survivors. As observed, these NGOs play a pivotal role in eradicating GBV and ensuring survivors are able to integrate back into society.

The government and other stakeholders need to furnish these efforts by providing them with essential funding and platforms necessary to expand their impact. In the 2022 Budget, RM100 million has been allocated for matching grants for NGOs involved in social programmes. These will be funded by foundations owned by GLCs. This allocation is a good starting point but more must be done to help NGOs in their work for GBV survivors. Fiscal benefits such as tax reliefs for contributions towards social good causes could also encourage the general public to support NGOs involved in GBV-related efforts. Additionally, governments should work directly with NGOs to enhance women’s shelters, counseling services, gender sensitivity training, awareness campaigns and the complete eradication of GBV.

The government also needs to focus efforts on sensitising the general public on ways to act when they have witnessed GBV. People need to be equipped with the awareness and knowledge on how to proactively assist GBV victims. This would be advantageous especially if victims/survivors feel apprehensive about coming forward to consult with an NGO or lodge a police report. Eradicating GBV is a community effort, hence the government must begin sensitizing the public.

STATELESS CHILDREN : MEASURES TAKEN TO SUPPORT STATELESS CHILDREN

Nurfarhani Abdul Japar and Mary Anne K. Baltazar

INTRODUCTION

According to the United Nations High Commissioner for Refugees (UNHCR), there are at least 10,000 stateless people in West Malaysia alone with unknown numbers in East Malaysia (UNHCR, n.d.). UNHCR states that there are also 80,000 “others of concern” under the category of Filipino Muslims (UNHCR, 2015). Stateless people are denied basic rights like education, jobs, and even healthcare as they do not have any form of identification. This creates a major setback in the quality of life of stateless people.

The lack of awareness and knowledge about statelessness has been a challenge in addressing the issue of statelessness. In the Malaysian public discourse, stateless people are frequently referred to as outsiders or refugees from another nation. Not all stateless people are foreigners or migrants; rather, some are born and live among us, since not all statelessness is a result of migration. It is important to note that there are various reasons why people in Malaysia find themselves stateless; including gaps in the laws and policies, the lack of accessibility of civil registration, lack of documentation, lack of political willpower, among others. Statelessness is common among descendants of Filipino refugees, the semi-nomadic Bajau

Laut community (Brunt, 2013) and descendants of Indonesian migrant workers in Sabah. In Sarawak it is more common along the borders of Sarawak-Kalimantan due to mix-marriages, and among indigenous Sarawakians who live in the heartlands. While in Peninsular, it is more common among ethnic Indians (and some ethnic Chinese. Many continue to be exploited and suffer from government neglect and institutionalised discrimination; they live in poverty, are under-educated and under-skilled, and are unable to acquire a better standard of living or existence.

There are six types of stateless people: (1) people who have lived in the country since before independence and their descendants; (2) people who lack documentation; abandoned or 'foundling' children and adopted children; (4) children of 'mixed' marriages or alternative families and cases where children are born out of wedlock or before marriage was registered; (5) indigenous people; and (6) refugees or children of migrant workers (Liew, 2019). The individuals listed in five of the categories appear to match the legal requirements for citizenship but encountered administrative or legal obstacles to attaining citizenship. The obstacles as well became the potential reasons why people remained stateless.

The pandemic has exacerbated this situation leaving many stateless persons losing jobs and facing food shortages because there is no agency or body that provides protection or support and services to these communities.

Organisations who have been providing services in healthcare and education have now extended to providing food for these communities (Baltazar & Cheong, 2021). The impact of the pandemic on children 18 months down the road sees cases of malnourishment and starvation, babies have had very little nutrition while their mothers are unable to produce milk through breastfeeding because they are unable to eat well while looking for ways to provide for their own families.

The Movement Control Order (MCO) or lockdowns has not been easy for the stateless communities, it means losing the chance to provide food on their table. Since the stateless are often unable to have proper jobs, they are usually employed in daily paid jobs and are not paid when they are unable to work during the lockdowns. Many relied on food aid from NGOs, their employers or leftovers from neighbours (Baltazar & Cheong, 2021) and this has affected the food security of children greatly. In terms of security, stateless persons and their children can be detained at detention centres at any time and deported, even though Malaysia is often the only home the children have ever known.

CURRENT PRACTICES

Malaysia has been practising a citizen's first approach and reservations have been made in the 1989 Conventions on the Rights of the Child on issues that affect non-citizen children such as on Article 2 on non-discrimination, Article 7 on name and nationality and Article 28 (a) on compulsory primary education. Due to the reservations, non-citizen children including stateless children face exclusionary treatment and lack protection from the Malaysian government. This includes the difficulty of enrolling into public schools, expensive healthcare costs including infant vaccinations, among others.

During the pandemic, the government has taken the responsibility of vaccinating and screening stateless communities for COVID-19 but this was not without the lobbying effort of NGOs, international organisations and UN agencies. On the ground, it has been a difficult effort to encourage stateless persons to come forward to face government agencies for the fear of being arrested. The government has long sidelined stateless persons but expects them to come forward for testing and vaccinations.

ISSUES & CHALLENGES

3.1 No agency or body that provides support and services for stateless people

Since Malaysia is not a signatory to the UN statelessness conventions, it does not recognise statelessness. Due to this, there is no specific agency or body that provides support and services for stateless people. They are usually lumped and categorised together with undocumented or irregular immigrants and this has affected how the stateless community is perceived by the public.

Malaysian laws and policies have made it difficult to register stateless children in the system. Even though the situation has improved, there are still many gaps to be filled. Many government workers face a dilemma when these children are presented to their agency as the current government policy does not give any service or financial aid to support stateless children. Very often, they will be treated as foreigners. Even in an emergency, some hospitals refuse to provide continuity of treatment, despite their ethical basis - *primum non-nocere*, *nonmaleficence*, and *beneficence*.

During the pandemic, healthcare services have been largely inaccessible to stateless communities due to the high cost of medical fees and the fear of being arrested while seeking government treatment. Although at the beginning of the pandemic, the Ministry of Health announced that everyone may and should seek testing without fear of prosecution or incarceration regardless of position (Wahab, 2020). However, it later failed to safeguard people from being arrested during Ministry of Defence operations. This scenario pushes them into the corner, with limited options; some depend on civil society and NGOs, and many stateless communities have come out in their social media to seek help during the MCO.

3.2 Worsening Conditions

The MCO had a particularly devastating effect on the ability of stateless communities to earn a living. The majority are employed informally in daily wage jobs in construction, agriculture, food and beverage, and domestic work. Labour performed by stateless and legally marginalised individuals are frequently characterised as '3D' (dirty, dangerous, and difficult) and do not include benefits such as health or unemployment insurance or strong labour protections. There has been widespread fear-mongering, with fake messages and misinformation online putting migrants at risk of backlash from Malaysians. Stateless people are not excluded from facing hate speech, which affects their mental health and emotional well-being, particularly during the pandemic.

All these issues were already present pre-pandemic, and the pandemic has made things worse; violence against children, mental health, access to education, and other documented protection issues have surfaced. In varying degrees, these issues intersect with the socioeconomic status of families and children, with the common denominator being that children from low-income families are more exposed and vulnerable. This is even more difficult for families with stateless or undocumented children. There has been a rise in domestic violence, especially incest cases. children are trying their best to hide away from parents for fear of being punished to be able to call service providers for help.

It is a challenge to get these victims out of the situations they are in. Along with these also is the incidence of mental health. Child protection policies and services are usually not offered to stateless children.

They continue to face barriers to complete reporting and investigative processes. These are just a few of the issues that stateless children face in the absence of adequate care and protection from the government and other stakeholders.

Meanwhile, the Malaysian government's social security schemes and aid packages in the aftermath of the pandemic have typically been restricted only to citizens. Stateless populations are denied a great deal of welfare assistance to which others are entitled.

3.3 Healthcare Issues

Public health advice and measures do not always reach stateless communities due to their invisibility. For instance, as stateless people do not have access to education, many of them are illiterate, which is a barrier to gaining public health information or responses during emergencies such as COVID-19. Some of them rely on their employer, neighbour or family member to get information; this may lead to the spread of misinformation and conspiracy theories about its origins and the motivations of preventive measures like vaccination, social distancing, and face masks. To address this issue, various stakeholders such as international organisations, non-governmental organisations (NGOs), civil society organisations (CSOs), and private entities have been established to offer a wide range of health care services to the undocumented and stateless community that are mostly free or offered at a significantly lower cost than any public or private health facilities, however, these services are mostly offered in Peninsular Malaysia only.



The cost of giving birth for non-citizen at government hospitals is significantly higher compared to the cost for Malaysian citizens (Official Website of Hospital Sungai Buloh , n.d.). Due to their situations of poverty, many stateless families are unable to afford hospital costs and see home birth as their only cost-cutting option. Most times, expectant stateless mothers are only rushed to the hospital due to birth complications (Cheong & Baltazar, 2021) and this has increased maternal and infant mortality. According to the Home Ministry, Sabah has approximately 500,000 undocumented residents, and 95 percent of their children are not vaccinated (Lum, 2019). The low vaccination rate among non-citizen children is a result of high vaccination fees for non-citizens and their fear of being arrested in government facilities if they are present without proper identification. On December 8th, 2020, a new case of polio was reported in Sabah, 27 years after the last polio case which sparked an outbreak. As a result of this, the Health Department with the support of UNICEF and WHO conducted an aggressive immunisation campaign for four doses of oral polio vaccine to all children in Sabah under the age of 13 regardless of documentation status (Avoi et al., 2020).

This is the problem when the government does not take care of the internally displaced and marginalized people such as the stateless communities which will see an increase in health issues. Although stateless persons still have access to public and private healthcare facilities, this is frequently restricted by several reasons, such as the cost of treatment and the fear of moving in public to seek those services. The pandemic has been linked to stigma and isolation, as well as a lack of access to healthcare service providers during MCO. Stateless communities commonly live in heavily populated settlements without access to clean running water and the inability to isolate those who become ill, they are particularly vulnerable to the COVID-19 infection.

3.4 Laws, Policies and Government Practice

A critical challenge is recognising that statelessness is a result of the law and system in place. It worsens and obscures the plight of the stateless, as people take a 'citizens first' approach to self-protection, and an entire community is ignored. Despite the fact that these children are state wards, the National Registration Department (NRD) has not instituted any form of citizenship determination procedures to determine their citizenship status.

In Malaysia, a person can obtain citizenship in four ways: by operation of law or automatically; by registration; by naturalisation; or by incorporation of territory. There are provisions in the law that serve as safeguards against statelessness. However, in terms of practice, there are still gaps in the implementation of the law. This has resulted in many children being issued birth certificate indicating the child citizenship as non-citizen despite having one parent who is a citizen or a permanent resident.

Relying on a parental relationship is complex because Article 14 should be read in conjunction with part II, section 17 in schedule II, which states:

"For the purposes of Part III of this Constitution references to a person's father or to his parent, or to one of his parents, are in relation to a person who is illegitimate to be construed as references to his mother, and accordingly section 19 of this Schedule shall not apply to such a person"

This provision has been understood to suggest that if a child's parents are not legally married, a child inherits the mother's citizenship rather than the father's. As a result, if a child is considered 'illegitimate,' she cannot benefit from gaining citizenship from her father, even though he is her only Malaysian parent. Children born out of legal marriage inherit their mothers' citizenship, so children born to an unmarried Malaysian father and a non-Malaysian mother are not citizens. If the mother is stateless or has abandoned the child without documentation and is untraceable, the child is at a higher risk of becoming stateless.

Also, it appears that there are persons who are stateless simply because they do not have the appropriate documentation to help them obtain citizenship. Parents who perform a customary marriage without a marriage certificate or delayed marriage registration can eventually result in a child's statelessness. Article 15A gives the Minister of Home Affairs broad discretionary powers to grant citizenship to anyone under the age of 21. However, in many cases, the Ministry of Home Affairs takes an extremely long time to process and is rejected many times without an explanation.

There is a case in which the Malaysian government makes an unfavourable decision to appeal after cases involving citizenship are brought to court and won. Case in point, Wong Kueng Hui, one of many stateless people in Sabah fighting a decade-long legal battle to gain Malaysian citizenship. Wong was finally granted citizenship in October 2019 by the Kuala Lumpur High Court (Chen, 2019). Nonetheless, this breakthrough only lasted three weeks. The Malaysian government applied for a stay of execution to grant Wong citizenship.

3.5 Unsustainable Solutions

There must be a continuous flow of emergency food assistance to ensure that food is provided to every single family in Malaysia, as food is a fundamental human right. Then we must ensure that the assistance continues in terms of food security and that it is extended to every family. The Ministry of Women, Family, and Community Development announced that they would prepare food baskets under Bantuan Bakul Prihatin National, but it is only entitled to Malaysian citizens. In response to the situation, numerous non-governmental organisations (NGOs) established a food aid programme to assist non-Malaysians, including stateless people.

However, food aid can be linked to an individual, household, or community's dependency when it cannot meet its immediate basic needs without external assistance. Food aid has saved lives, but it cannot solve hunger on its own and not long term; it is not an efficient way of using resources. We must transform the food-aid programme into a national plan that assists individuals, communities, and nations in achieving long-term food security. In this way, it can respond in a more innovative and targeted manner which can assist the most vulnerable people, such as the stateless community in preparing for pandemics, natural disasters, economic crises, or food price volatility. The supply chain must be transformed, and everyone in the community inclusively should be educated on building food security resilience.

Resilience measures save money in two ways: reduce the amount of money spent on cyclical crisis response while also helping to narrow development gaps. Furthermore, food aid cannot provide consistent and long-term support because it is reliant on individual and corporate donations.

3.6 Lack of Political Will

Efforts in Malaysia to address the issue of stateless children have encountered multiple challenges, including a lack of political will on the part of leaders and politicians. While various groups and concerned citizens have brought this issue to the government's attention, the government has been slow to act. The Malaysian government's reservation to Article 7(1) of the United Nations Convention on the Rights of the Child (UNCRC) 1989 and the country's failure to ratify Article 24 of the 1966 International Covenant on Civil and Political Rights (ICCPR), which guarantees the right to education, name, and nationality, indicate a degree of reluctance. Currently, there are no political parties that take a leadership role in advocating for policies that improve universal child health and the lives of marginalised children.

Nevertheless, there was a government initiative to grant citizenship to stateless persons via The Malaysian Indian Blueprint April 2017, the Mega MyDaftar and outreach programme facilitated registration and citizenship application led by the Special Implementation Task Force mainly to solve the Malaysian Indian citizenship issue (Kannan, 2017). This is a significant step forward in efforts to grant citizenship to stateless persons. On the other hand, this program showed that there is no problem if our government wishes to push forward and end statelessness on the national level, we simply lack political will.

3.7 Education

Due to the fact that non-citizen children are not eligible for government education, gaps have been filled by those concerned about the children's welfare. Learning centres have been established by NGOs, faith-based organisations, individuals, and communities to provide education for children. These learning centres primarily focus on fundamental education, reading, writing and counting. Some follow a more simplified Malaysian, Indonesian, or Philippine education syllabus.

However, several learning centres are being closed (Brunt, 2013) and were also summoned by the Malaysian Ministry of Education (MOE) for failing to adhere to MOE standards, such as lack of qualified teachers or adequate teaching facilities.



This is a problem for the majority of learning centres, which are struggling to maintain the necessary financial resources to operate the centres. Monthly fees and donations primarily support learning centres, but it is very common for children to be unable to pay consistently. Apart from the learning centres, it appears as though little effort is being made to assist children with other issues such as healthcare and obtaining legal identification documentation (Baltazar, Abubakar & Wan Hassan, 2019). Learning centres make every effort to provide additional assistance, such as coordinating vaccinations with the Ministry of Health and assisting children in applying for their legal identification documents.

Children must adapt to the new normal by attending online classes yet the new learning style has triggered financial concerns and created an internal conflict. Families needed to cut costs to cut back on other expenses to purchase internet data for their children to participate in online learning. In some cases, children choose to abandon online classes. However, the primary issue with stateless children's access to education is that their status as stateless children without a legal identity in Malaysia makes it difficult for them to enrol into public schools and further their studies. For many children of one citizen parent who were more fortunate to have been able to attend public schools despite their stateless status, their future is uncertain to them once they finish secondary school, even if they have achieved excellent examination results.

3.8 Limited Movement

The lack of documentation has limited the freedom of movement, and individuals without documents are labelled as criminals while on the move. Stateless people have become targeted by corrupt authorities, persons without documentation have reported cases of extortion by police or RELA to avoid being arrested or detained (Baltazar, Abubakar & Wan Hassan, 2019). Immigration raids have driven migrant workers into hiding, particularly those without a valid passport or work permit.

Several raids occurred in residential areas in the middle of Kuala Lumpur during the implementation of MCO (approximately between March and June 2020). Undocumented migrant workers were the targets of the raids (Wahab, 2020). Regardless of their immigration status, migrants were frequently arrested first. They were then taken to a transit facility where authorities determined whether they possessed valid documentation. Those that didn't were transferred to an immigration detention centre. The high volume of people arrested and investigated, seated in crowded vehicles, and processed in transit halls, exposed the workers to a high risk of COVID-19 infection.

Stateless people working particularly in high-risk industries with daily wages such as construction, manufacturing, and in plantations, are not only unable or unwilling to work for fear of arrest but also are unable or unwilling to get tested for COVID-19 even if they exhibit symptoms or have relevant travel history.

As these jobs often do not have 'working from home' arrangements during the pandemic they were forced to choose between losing their jobs or increasing health risks. If their workplace remained open, they were practically forced to continue working in an unsafe environment. In addition, public transportation was limited during the pandemic, this made it more difficult for stateless people to access vaccination centres or go to work. Taking public transportation such as taxis or other transportation services such as Grab could become too costly for those living far from a vaccination centre. Again, they will be left in a tough situation, having to choose between getting vaccinated or saving money.

Foreign nationals (stateless, refugees, irregular migrants, and other undocumented persons) who are infected with COVID-19 or are close contacts of coronavirus patients are exempt from outpatient fees as well as registration, examination, treatment, and hospitalisation fees at government facilities, according to a circular issued by the Ministry of Health on 29th January 2020. However, grassroots observations indicate that stateless individuals still continue to be fearful of seeking COVID-19 testing or treatment at government facilities for fear of being arrested for lack of legal identification documents – despite the government's assurance that no arrests will be made (DHRRA, 2020). This makes determining the spread of COVID-19 among the country's stateless population more difficult.

RECOMMENDATIONS

4.1 The police force, other enforcement agencies, related NGOs etc. should be sensitised to the needs of the stateless

- All child protection enforcement agencies should be trained to ensure that all children, regardless of their legal status, ethnic origin, socioeconomic status, physical or mental ability, or nationality, have equitable and non-discriminatory access to national child safety services.

4.2 The government to plan for short term and long term needs and requirements of the stateless

- When the issue of statelessness is left unresolved, it heightens the risk of intergenerational statelessness which will continuously increase the numbers of stateless persons in the country. A short term and long term plan must be available to address the issue at the federal level and to also ensure that it includes stateless children in East Malaysia.
- Transparent implementation and enforcement of a long-term birth registration campaign similar to the Malaysian Indian Blueprint and the MyDaftar initiative launched in 2017.

4.3 Government to think of formulating policies that address the plight of the stateless.

- Fully implement Article 14(1)(b) Part II(1)(e) Second Schedule of the Federal Constitution. Administrative and legal requirements that are excessive and can result in statelessness should be eliminated.

- Comply to Article 24 of the Convention on the Rights of the Child and ensure that no child is deprived of his or her right to healthcare. Provide ALL children living in Malaysia, regardless of their legal status, with free and equitable access to primary and preventive public health services, including inpatient and outpatient care.

4.4 Government to work in collaboration with NGOs to conduct awareness-building among the public to understand the issue of statelessness.

- Government agency to work with local organisations to conduct awareness campaigns on the issue of statelessness, particularly in rural areas, bringing it to the public's attention.
- Conduct a census or record the number of stateless people in Malaysia.

4.5 Support NGOs who are reaching out to women and children with community welfare services, as the Government will not be able to handle this massive predicament by themselves.

- Establish shelter for stateless people that are victims of domestic violence or support existing women's shelters operated by NGOs.

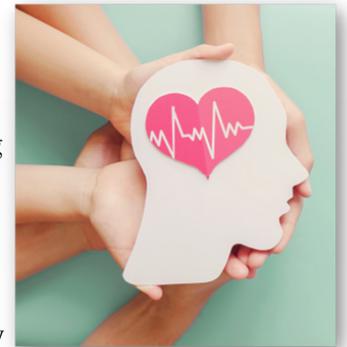
MENTAL HEALTH & WELL-BEING : HOW EFFICIENT ARE WE IN SUPPORTING THE COMMUNITIES

Eng Eng Ng

INTRODUCTION

Prior to the COVID-19 pandemic that first hit Malaysia in January 2020, there has already been a steady growth in the general well-being of Malaysians. Based on data released by the Department of Statistics, there was an increase of 0.6% in the Malaysian Well-Being index from 120.3 points in 2018 to 121.0 points in 2019 (Mahidin, 2020). The increase in well-being was attributed to the growth in economic well-being by 2.3%. In terms of the subdivisions, the working life component index experienced the highest growth rate (4.4%). However, the social well-being component index showed a decline of 0.6%.

In line with the declining social well-being, the lifetime prevalence of mental health in the country has also diminished. According to data published by the Malaysian Ministry of Health in 2015, the prevalence of mental disorders among adults in Malaysia was 29% (Chua, 2020; Mahidin, 2020). This is a threefold increase from the mere 10% prevalence rate discovered back in 1996. The data is also revealed a similar alarming trend of poor subjective well-being among the younger generations. Two years later in 2017, the NHMS conducted a survey which showed that among Malaysian school-going adolescents aged 13 to 17-years, one in ten were stressed, one in five struggled with depression, and two in five suffered emotionally from anxiety (Institute for Public Health, 2017). Furthermore, the suicidal rates among adolescents are on a sharp rise. 10% of adolescents struggled with suicidal ideations compared to 7.9% five years ago in 2012. Moreover, 6.9% of adolescents attempted suicide in contrast to a slightly lower figure of 6.4% in 2012. In 2019, NHMS further reported that Malaysian adults had a prevalence rate of 2.3% for depression (Institute for Public Health, 2015).



Historically, much progress has been made in the Malaysian mental health scene. For instance, the Mental Health Policy was established back in 1998 and the aforementioned Mental Health Act was formulated in 2001 (Ministry of Health Malaysia, 2020). Moreover, mental health services have been introduced in the Primary Health Care setting under the Community Mental Health program. In 2011, the multi-agency Mental Health Promotion Advisory Council chaired by the Minister of Health in Malaysia was set up. Discussions surrounding the mental health burden in Malaysia also took place at a high level Inter-Ministerial meetings held by the Prime Minister's Department and chaired by the Deputy Prime Minister of Malaysia (Ministry of Health Malaysia, 2020). These initiatives, however, need to be strengthened as more adverse mental health outcomes are generated with the onset of the COVID-19 pandemic and post-pandemic era in the country.

The onset of the COVID-19 pandemic in Malaysia has led to lengthy lockdowns imposed nationwide, exacerbating a decline in the overall well-being of Malaysians and a rise in mental health outcomes (Hassan, 2021). Recent studies suggests that more than 40% of Malaysians will suffer from at least one mental health issue in their lifetimes (Ministry of Health Malaysia, 2020; SOLS 24/7, 2020). Meanwhile, the World Bank predicted that 340 million people will suffer from depression by 2020. Other sources quoted even larger figures. The true extent of these figures is unclear as statistics often proved unreliable due to inaccurate reporting of numbers. It is widely known that the actual figures for those struggling with mental health-related problems are much bigger. Due to social stigma and the lack of awareness surrounding mental health issues, many cases are often left unreported. Malaysia's mental health state is comparable to those of other developing countries (Ministry of Health Malaysia, 2020). Yet, mental health issues in Malaysia have come to the forefront within the surrounding Asia Pacific regions (Ministry of Health Malaysia, 2020).

The extended lockdowns imposed in conjunction with the Movement Control Order (MCO) resulted in many socioeconomic and psychological effects. Businesses and schools were ordered to remain shut or forced to close. Although these extended lockdowns have affected many, the indoor confinement has had profound effects on people of certain age groups such as children, young adults, and the elderly. This data has been backed by a report from the Befrienders, an organisation set up to offer mental health support to the general public. According to a source from the Befrienders, the organisation has largely received calls seeking support from young adults around the ages of 20 – 29 and also older adults in the recent times.

CURRENT PRACTICES

The Mental Health Act 2001, in conjunction with the Mental Health Regulations 2010, defines mental health disorder as “any mental illness, arrest or incomplete development, psychiatric disorder, or any other disorder or disability of the mind” (Khan et al., 2015). The Act specifies that a person is excluded from mental health suffering “by reason only of sexual promiscuity or other immoral conduct, sexual deviancy, consumption of alcohol or drugs, when one expresses or fails to express a particular political or religious opinion or belief, or of antisocial personality.” Consequently, the Act specifies that exclusions from psychological suffering, temporary or permanent serious physiological, biochemical or psychological effects of drug or alcohol consumption, do not prevent a person from being regarded as one suffering from a mental disorder. In cases where detention for the mentally ill is required, the statutory criteria states that a patient must suffer from a mental disorder to the extent that it warrants admission into a psychiatric care unit to assess and treat the individual for his own health and safety, and that of people around him.

One of the latest formidable plans for mental healthcare practices involves the recent development of the National Mental Health Strategic Plan for the years 2020-2025 (Ministry of Health Malaysia, 2020). The need arose for an overarching policy, strategy and action plan comprising all sectors and all levels of governance on a national level. Such a plan allows various national divisions including the law, policy, framework, and council to be better translated into applicable strategies. These strategic applications aim to achieve a comprehensive and continuous mental healthcare service in Malaysia.

Currently, there are a few options for seeking mental health support in Malaysia. First, the public can seek mental health services at a local private hospital. It is also possible to seek professional mental healthcare services at a public hospital. However, before one can directly approach a mental health practitioner, psychiatrist, psychologist, or a counsellor, the patient would need to obtain a referral letter either from a Klinik Kesihatan (Health Clinic) or a private clinic. Only upon receiving the referral letter, can the patient set up an appointment with the mental health professional at a public hospital. Alternatively, they could seek outpatient, walk-in mental health services at a public hospitals as well, though the waiting time may take longer than at private hospitals.

Apart from the above initiative, the Ministry of Health Malaysia has set up Pusat Mentari (Mentari Centers) all over the country. What is Pusat Mentari? Pusat Mentari is part of the Mentari initiative, a new approach initiated by the Ministry of Health Malaysia (MOH) to improve outreach and re-integration of people with mental health problems. Pusat Mentari is a community mental health organisation whereby prior to the pandemic, members of the public could travel to the centre and receive treatment at more affordable rates. The travel restrictions during the MCO may have limited patient walk-in's and led to the scheduling of appointments. Patients will first undergo screening for mental health issues. Once the results are made available, the centre's staff will then advice the individual on the next steps to take. Presently, there are 26 such centres nationwide.

Third, the general public could call up a helpline and talk to someone for emotional support if they prefer not to consult a mental health professional or talk to friends and family about their predicaments. This is a viable option, given that there are many such emotional support helplines set up in Malaysia – besides Befrienders KL. Other psychological support helplines include the Malaysian Mental Health Association (MMHA), Mental Illness Awareness and Support Association (MIASA), SOLS Health, Life Line Association Malaysia, All Women's Action Society, (AWAM), Women's Aid Organisation (WAO), and Relate Malaysia (AIA Malaysia, 2021). Notably, Befrienders KL is one of the few emotional support helplines whereby trained volunteers offer support for 24-hours, daily support (Befrienders Kuala Lumpur, 2021). Although the volunteers are not professional counsellors, they are trained to practice active listening skills and offer emotional support to people who call in by using words and tone of voice to convey empathy.



Thus, the public is invited to contact Befrienders KL or similar helplines if they are experiencing psychological distress and would like to seek a listening ear without being judged. Calling the Befrienders KL is also a low-cost option that is feasible for people who are struggling with financial constraints and may not be able to pay the telephone bills for the calls made. It is worth mentioning that the Befrienders KL helpline is free of charge for members of the public who use the Digi, TM, UMobile, Maxis, Celcom, Time, Yes, and Unifi telecommunication service providers.

Efficacy in Implementing Mental Health Initiatives

Nonetheless, there are still barriers to effective implementation of mental health practices and policies in Malaysia. Firstly, the necessary information on the current mental health practices in Malaysia has to be made more accessible to the public. There is a lack of awareness among the general public on how and where they could find mental health support. Many people do not receive accurate information (either wrong or misleading) about mental health disorders, preventing them from seeking appropriate psychiatric care and proper psychological support (Jorm et al., 1997).

Secondly, financial difficulties have proven to be a barrier for people needing to seek out mental health support. However, people could still opt for more affordable mental health services by seeking help and meeting professionals at public hospitals instead of private ones. Due to the more affordable rates at public hospitals, the waiting list for receiving mental health services at public hospitals is generally longer. Nevertheless, meeting mental health professionals at public hospitals is still a feasible option for those from a lower socioeconomic status as their meagre income is spent on meeting their most basic needs like food and shelter.

Corresponding to the financial difficulties of individuals, the costs of mental health rehabilitation has also been a hindrance for many who may suffer psychologically and need treatment. Mental health rehabilitation in Malaysia has thus far been a costly option for people who could not afford it, especially individuals who come from the B40 income levels, with a household income of RM3,900 a month and below (Ooi, 2017). However, there are a few aforementioned, cheaper alternatives out there for such individuals requiring professional mental health treatment.

Fourth, stigma is a universal barrier that prevents people from reaching out and seeking mental health support (Ministry of Health Malaysia, 2020). Stigma is a negative attribute associated with individuals, which may result in negative labelling and exclusion of the said individuals from the rest of the society (Ibrahim et al., 2019). Thus, effectiveness of mental health policies and practices needs to account for these barriers and change the general attitude towards mental health to effectively meet the public's mental health needs during the pandemic and beyond.

ISSUES & CHALLENGES

3.1 Creation of Vulnerable Population Groups: Broken Families

The effects of the pandemic are many and diverse. Firstly, the pandemic has created vulnerable population groups. Families are torn apart when, for instance, children lose their parents to the COVID-19 disease and vice-versa. Such sudden, unfortunate deaths of loved ones also cause a variety of psychological distress, including experiences of Post-Traumatic Stress Disorder (PTSD) among affected children and families. Sudden deaths due to the COVID-19 outbreak leave long-lasting psychological and physical impact on both children and families involved. Besides experiencing psychological distress, affected children who have lost both parents become physically displaced and stranded, not knowing where to go and who to reach out to. This is especially felt among young children and babies who are born into such unfortunate family circumstances.

3.2 Affected Existing Vulnerable Population Groups: Single Mothers, Homeless Persons, Individuals Struggling with Substance Abuse, and the Elderly

Secondly, the pandemic has not only created vulnerable population groups, but also increased its effects on already existing vulnerable population groups. Effects of the pandemic can be felt by the socially and economically vulnerable population groups. Single mothers, homeless persons, and individuals struggling with substance abuse who face special and complex needs experience loneliness as well as a loss of support from society. As a result of the pandemic, the homeless have been driven to the very edge of their already sparse living conditions prior to the pandemic. This is because the pandemic has led to societal instability. Members of society may become less able to care for vulnerable population groups as they are also dealing with losses of their own.

Besides single mothers, the homeless, and individuals who engage in substance abuse, the pandemic has also affected the elderly. Older persons revealed that they are afraid of contracting the deadly virus, which would complicate their health – possibly resulting in their deaths. Older adults also worry that if they contract the virus, they would be unsure of what to do about it, and where to gain access to necessary healthcare services. This is especially true for older persons without abled family members, relatives, or dependents to help them gain access to such needed mental health resources. Due to the travel restrictions, many of the older adults reported that they were unable to meet their children, spend time with their family members, and indulge in their daily activities which they have routinely kept prior to the pandemic, such as morning walks, exercise goals, and trips to places of worship.

3.3 Students' Increased Screen Time and Online Fatigue

Students are another population group that has been affected by the COVID-19 pandemic. Due to the risks of contracting the COVID-19 virus, students have spent much of their time studying and attending classes from the comfort of their homes. However, this has resulted in a hike in screen time as students spend much of their time staring at their laptop screens when attending online classes. In addition, students also spend additional hours facing the screens on their devices as they rush to complete their assignments. This change of learning environment has resulted in what is known as “screen fatigue.” Students are getting more fatigued by the day due to increased hours spent studying in front of their laptop screens (Rapin, 2021). This screen fatigue has led to increased stress and mental health problems among students. Disciplinary issues are also a concern as students struggle to complete their tasks and revisions from their homes.



3.4 Adolescents Experiencing Negative Physical, Emotional, and Behavioral Changes in Lockdown

Many teenagers reported different emotional challenges since the onset of the pandemic, coupled with the MCO. For example, teenagers reported feeling lethargic, agitated, depressed, anxious, lost, exhaustion, demotivation, and mood swings (Teoh, 2020). Youth also reported physical and behavioural changes such as sleeping problems and dwindling productivity even as the school workload continued to grow.

3.5 Breakdown of Relationships within the Family

The pandemic has led to families experiencing poor family dynamics and even, discord in the home. A representative from the Befrienders stressed that the common perception among the general public is that being in extended lockdown will create opportunities for family members to reconnect with one another.. However, spending too much time confined in a shared space with family members without being able to leave the house can lead to strained relationship and breakdowns. Loved ones spending too much time together can result in stress and conflict. For example, adults working from home and students studying online may not be able to perform as well as they would working at physical offices and studying in school campuses. This dip in performance is due to the home environment often being uncondusive for work or study.

Stress and conflict can arise, for example, when parents are unable to understand why their children spend much of their time on their devices and laptops without helping out with household chores.

In turn, students may not understand why their parents are spending so much time working and not on household duties even though they are physically present at home. Although they may have fulfilled their children's physical needs, parents may not be aware that they have neglected their children's emotional needs. Children can feel like they are not adequately loved and cared for by their parents, especially when they are at an age where they could be dealing with pressure from peers and self-discovery.

These issues can instill a low self-esteem among children and implicate behavioral problems such as disruptive and argumentative attitudes directed at their parents. Parents who struggle to understand the reasons for such negative and problematic behaviors may resort to reinforcing punishments, leaving the child's emotional needs unmet and predisposing the child to more psychological despair. Children at young ages (i.e., 10) are predisposed to mental health problems such as suicidal thoughts. Besides stress and conflict experienced in the home, children may also experience delays in psychosocial maturity. Parents may also unknowingly disregard a child's emotional needs by downplaying their children's feelings and/or refusing to provide financially for their children's psychological needs.

3.6 Loss of Jobs and Employment Opportunities

The pandemic has severely impacted people's economic well-being. For example, the pandemic further reduced the income of already low-wage earners who struggle to survive daily. In addition, the pandemic has also displaced people from their jobs and hindered employment opportunities. In Malaysia, over 360,000 people have lost their jobs. Due to reduced wages and loss of income, many cannot afford to put food on the table and feed their family. Thus, the priority of the general community is focused on making ends meet rather than addressing mental health issues.

According to the Befrienders, the organisation has received calls from people who are having financial difficulties, including individuals who contacted the organisation asking where they can get access to free food. Although the Befrienders focused on providing mental health support to the public, many individuals contacted the organisation, desperately seeking for charitable sources of free food as they were unable to put food on the table for their families. With more dire issues on their plate, mental health issues were of a lower priority to low-wage earners.

A loss of income among working adults causes severe physical impact not only for themselves, but also for their family members, who may suffer emotionally (i.e., experience depression and other mental health outcomes) from the financial instability. This devastating financial impact is further complicated by the suffocation experienced by family members who are confined indoors with one another, leading to poor family dynamics and mental health issues.

The loss of a stable income has also resulted in a decrease in the ability to seek mental health services such as consulting a psychiatrist, psychologist, counsellor, or any mental health professional.

3.7 Uncertainty of Mental Health Treatments for the Psychologically Vulnerable

Those who are already vulnerable to mental health problems also make up an existing population group that is negatively affected by the pandemic. Supported by the national mental health statistics available prior to the pandemic, there is evidence of some individuals already struggling with mental health issues. The COVID-19 pandemic further exacerbated this situation.

During the pandemic, many psychologically vulnerable individuals reported being confused and disorientated as they were unsure if they were able to continue attending their psychiatric and psychological treatments at hospitals. This uncertainty is compounded by a rise in cases of severe anxiety and depression among the psychologically vulnerable. Schizophrenia and bipolar disorder are also among the commonly reported mental health conditions by psychologically vulnerable individuals.

Those who have been receiving treatment for their psychological issues reached out to mental health support organisations for mental health support and counselling to complement their current treatments i.e., whenever they were unable to consult a psychiatrist at the hospitals. Most of them were only able to meet their psychiatrist or mental health practitioners once a month or once in two months, resulting in a lack of perceived mental health support.

People with addiction issues were also considered psychologically vulnerable individuals. Substance abuse disorders contribute to comorbidity with other mental health conditions such as bipolar disorder, schizophrenia, and risk for suicide. This is because they are not able to engage in substance abuse activities as they are unable to purchase these substances. For these substance abuse cases, calls to the hospitals and ambulances for help go unanswered as medical facilities are busy meeting the needs of patients with COVID-19 related predicaments.

3.8 Increased Anxiety among Lower Income Groups

Increased anxiety has been felt by members of the B40 community due to a lack of access to gadgets, good Internet connectivity, and a loss of income. For students and adults who work from home, limited or slow Internet connections, lack of mobile computing devices and study tools posed additional challenges (Malaysian Collective Impact Initiative, 2020). Poverty has prevented those in the B40 community from improving these resources.

3.9 Rise in Suicide Cases

The mental health effects could also be seen in the rise in suicide cases. In the past year, the suicide cases nearly doubled on average regardless of age groups. The data showed that there were approximately 94 cases per month in the first five months of 2021 as compared to about 51 cases per month the previous year.

According to a news report by the Star, Health Director-General Tan Sri Dr. Noor Hisham Abdullah stated that the number of suicide cases reported increased from 609 in 2019 to 631 in 2020 (Hasbullah & Chong, 2021). From January to March 2021, a total of 336 suicide cases have been reported.

3.10 Increase in Domestic Violence Cases

The Women's Aid Organisation (WAO), a non-governmental organization that provides support for women and children who have encountered abuse, has identified a 360% jump in distress calls received between February and April 2020 (Hasbullah & Chong, 2021).

3.11 Negative Portrayal of the Mentally Ill in the Media

Additionally, the media does not adopt a safe and responsible standard when reporting about mental health problems. For example, insensitive portrayal of people with suicidal tendencies as negative characters is common in the media. The types of media include all sorts of visual and verbal media such as in the movies and news. This incorrect portrayal of people struggling with suicide is done using inappropriate images or language, portraying such persons in a negative way to the public.

RECOMMENDATIONS

There are a few recommendations in which the government, relevant stakeholders, and policymakers can better address mental health outcomes to increase mental health literacy. Mental health literacy comes from the concept of health literacy. Mental health literacy is defined as a person's knowledge and beliefs about mental health issues and topics (Sirey et al., 2001). Such knowledge and beliefs would help them recognise, manage, and prevent mental disorders. In other words, mental health literacy enables the person to understand the signs and symptoms of psychiatric disorders. Studies have shown that poor mental health literacy might lead to people's reluctance to seek help for mental health problems while improvement in mental health literacy has increased mental health help-seeking behaviors (Sayarifard & Ghadirian, 2013). The recommendations for increasing mental health literacy are threefold: (1) Increasing Mental Health Support among the Community, (2) Properly utilise different mediums to increase mental health awareness, and (3) Developing actionable strategies to promote mental health.

Increasing Mental Health Support among the Community

4.1 Increase Informal Social Support

Initiatives to increase informal social support among members of the general community is crucial for reducing the adverse effects of mental health outcomes. The aim here is for community members to find support among each other and in turn, support others in their times of need.

Informal support garnered from the community ensures that its members could remain vigilant and recognise those who are suffering emotionally. This supportive environment could also foster an atmosphere where community members could reach out more openly to one another and seek emotional support during times of psychological distress – especially during this pandemic era when challenges and difficulties in various aspects of life have intensified.

4.2 Train Religious/Spiritual Leaders about Mental Health Issues

Efforts could also be directed at training non-conventional community leaders such as religious leaders to recognise mental health issues. Much of the stigma about mental health issues comes from religious contexts where people assume that experiencing negative emotions leading to mental health crises is due to a lack of spirituality or belief in their religion.

4.3 Providing Mental Health Support in the Workplace

Next, employers and peers alike could work towards normalising and providing more mental health support in the workplace. Fellow employees could offer peer support. Meanwhile, both employers and employees could actively listen to their colleagues, subordinates, and superiors, if possible, functioning as a collective primary care unit for emotional support in the workplace.

4.4 Increase Mental Health Literacy among Parents and Families

Family plays an important role in creating mental health literacy – beginning at home when children are young. Parents could become role models for their children by having open conversations about their emotions and feelings with their children. By doing this, parents are also able to better monitor their child's emotional health and observe their children for early signs of mental health struggles that may require early interventions.

Reflecting with their children and understanding why people experience a range of emotions help build an emotionally supportive context as well as a safe space to talk about psychological distress or mental health topics.

Educating children about mental health in the home could also shift the stigma away from mental health issues and help children recognise these issues in themselves or others, fostering an attitude of acceptance towards seeking help for mental health conditions.

4.5 Implementing Mental Health Initiatives among Rural and Marginalised Communities

Policy makers could also focus on implementing mental health initiatives among certain population groups such as those situated in more rural areas. This is because such vulnerable groups may not be able to access the mental health resources they need due to the poor dissemination of reliable mental health information and the lower socioeconomic background of individuals from marginalized communities.

When reaching out to people who are dwelling in more rural areas, policy makers could build mental health awareness by using the education system through subjects like Pendidikan Moral, and local hospitals as well as initiatives including Klinik Kesihatan and Jabatan Kebajikan Masyarakat Malaysia (Social Welfare Department of Malaysia) can also be mobilised to this effect.

Proper Use of Mediums to Increase Mental Health Awareness

4.6 Implementing Mental Health Elements into the National Education Syllabus

The government, relevant stakeholders and policy makers could consider implementing elements of mental health in the school's Pendidikan Moral (Moral Education) syllabus. This is the first step to educating every student from a young age about mental health issues as they mature. People who are struggling emotionally may also recognize these issues earlier through exposure garnered from increasing mental health literacy obtained at a younger age through their schools.

This initiative could also be done in hopes to lessen the social stigma that many experience about mental health issues due to a lack of exposure to such a difficult and sensitive topic. In addition, such an initiative could create a safe space for people who are able to express negative emotions and explore the reasons for why they feel that way.

Often, only students who take the social sciences subjects would be able to gain exposure to mental health topics and psychological issues. By incorporating mental health components within a compulsory school subject like Pendidikan Moral (Moral Studies), schools can also play a role in providing a safe space for children to learn about mental health issues. This will reduce the unfamiliarity and phobic attitudes towards mental health topics from an early age.

4.7 Use of Positive Language to Describe Mental Health Issues

Additionally, authorities could encourage the general public by beginning to use positive language to not only increase mental health awareness, but also to normalise mental health support. Such positive language includes active and empathetic listening that has also been practiced by volunteers at Befrienders KL when providing emotional support to the general public who call in via their helpline.

Besides learning about mental health literacy, the public could also learn to deal with their own and others' mental health experiences by reflecting and validating feelings instead of passing judgments or offering advice without in-depth knowledge of the situation. For example, when a person calls in to express that he is feeling angry at his mother, a good response would be to reflect and validate the caller's feelings with responses like: "It seems that you are very angry at your mother because she does not seem to understand you." Instead, most current responses are less empathetic and more judgmental, for example: "Do not be angry with your mother – that is wrong. She is your mother, and you should respect her."

4.8 Encourage Safe and Responsible Reporting about Mental Health Issues in the Media

Safe yet impactful reporting by the media is also crucial for information about mental health issues to be appropriately conveyed to the public. For example, suicide contagion occurs when individuals already struggling with suicidal thoughts are further impacted to end their lives when they are exposed to negative images or information about suicide. Thus, safe reporting to create proper mental health awareness is important.

Care and responsibility should be practiced when using images and language to purposefully create mental health awareness among the public. People who struggle with mental health problems should be portrayed as experiencing emotional problems. The public could learn to recognise that it is helpful for those who struggle with their emotions to seek support from available sources.

Developing Actionable Strategies to Promote Mental Health

4.9 Collaboration between Stakeholders and Mental Health Frontliners

More collaboration between stakeholders, and work with frontliners for emotional support is much needed to provide support to the larger community. Relevant stakeholders and community organizations could work together to make mental health literacy and treatment more accessible to communities. For example, staff from the Klinik Kesihatan could consider providing primary mental health screening for public experiencing some form of psychological difficulty and online mental health support during the pandemic where movement and physical contact are restricted.

In terms of online mental health support, the post-pandemic period may see the emergence of telepsychology following a surge in users of online platforms during the pandemic. Online mental health support may continue post-pandemic as there appears to be a bright future for telepsychiatry, given that many service sectors are offered online (Perera et al., 2020). Development of online tools and assessments such as e-Mental health screening apps could be implemented (Ministry of Health Malaysia, 2020).

NGOs around Malaysia could work together with and act as a bridge between stakeholders as well as the affected communities. There are organizations such as the Greenwing Psychological Centre who work together with non-governmental organizations and collaboratively reach out to those who need psychological treatment for mental health conditions from among the community.

4.10 Development of Early Interventions for Mental Health Problems

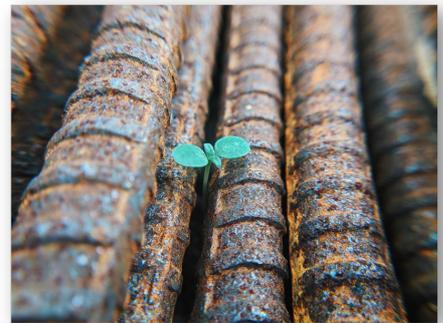
Relevant parties could also seek to focus on developing early interventions learning to detect early signs of poor well-being and mental health issues. Early intervention development could focus on developing screening tools; early detection and intervention tools for specific population groups such as children, adolescents, adults and elderly; and psychological assessment tools for specific emotional/behavioural issues such as ADHD and autism (Ministry of Health Malaysia, 2020).

4.11 Increasing Awareness of Coping Techniques

Prior to undergoing full treatment, patients could learn about coping techniques that could serve as a temporary buffer while they await and simultaneously undergo mental health treatment. However, it is important to note that coping mechanisms are only temporary solutions, and does not replace proper therapeutic healing, full-term recovery, and mental health stabilisation. Simple coping mechanism tools include breathing techniques and hypnotherapy.

4.12 Train Mental Health Practitioners at the University Level

Education at the university level needs to focus on training future mental health practitioners to specialise in working with children and adolescents, and even providing online therapy session. This step is consistent with the plan laid out in the National Strategic Plan for Mental Health 2020-2025 where one of its goals is to raise mental health awareness at all education levels, be it among school-going children or college-age young adults (Ministry of Health Malaysia, 2020).



Mental healthcare delivery services and proper mental health screening by trained mental healthcare practitioners could be given at the primary, secondary, and tertiary settings to ensure both the availability and accessibility of comprehensive and quality mental health services.

For the success of telehealth interventions to be secured, telepsychologists must be well-trained to know how to assess and evaluate individuals for mental health issues. Assessments and evaluations carried out over online platforms proved to be more challenging as it is difficult or even impossible to read nonverbal cues and body language on limited screen widths (Marmarosh et al., 2020). Thus, it is crucial that telepsychologists are able to carefully listen to the client's voice and tone, and to notice and interpret nonverbal behaviours.

4.13 Increased Advocacy and Budgeting for Mental Health Resources

Lastly, more advocacy and budget are needed for mental health. Allocation of resources could be used for training and development of mental health interventions. For example, resources could be invested in developing telehealth interventions as mental health needs are projected on online platforms to ensure accessibility to individuals' convenience even post-pandemic.

CONCLUSION

"It is not the strongest of species that survive, nor the most intelligent but one that is most adaptive to change."- Charles Darwin

Hardships, sufferings, and natural disasters are phenomena that humankind can never hope to be free of. They come and go, but the world and its people need to sustain these calamities and continue moving on the right trajectories to continue living well, if not better. In essence, it is important to be adaptable to change as elaborated by the quote above.

This is what the two Symposiums organised by RYTHM Foundation set out to accomplish; to start a conversation about issues that have been brought up by the recent pandemic, what the road to recovery should look like and how we can safeguard ourselves from possible future misfortunes. As pointed out by the Executive Chairman of Qi Group, Dato Sri Vijay Eswaran, in his closing remarks at the Symposium on 27th August 2021, "In every challenge that we face, therein lies the solutions. Let's focus on the solutions and not the problems."

RYTHM Foundation organised two Symposiums to address the needs of the various categories of community in Malaysia during the Pandemic. The aim of the Symposiums was to synergise the thoughts and inputs of stakeholders who can support the nation in decision making during and post crisis. Discussions at the Symposiums have highlighted the actual issues on ground before and during the COVID-19 pandemic and its corresponding solutions. This position paper which, in essence is a contribution from RYTHM Foundation, brings forth recommendations specifically for the consideration of policy makers with the hopes that the it can be put to effect in line with bringing about positive changes and informed solutions for a better and progressive future of the nation.

As Datin Sri Umayal Eswaran very aptly concludes at the symposium,

"We need to come together with the same purpose and focus, as a community and as a nation to be able to succeed"

REFERENCE

1. Aboriginal Peoples Act 1954. (Revised 1974)
2. Alhadjri, A. Projek Empangan Nenggiri akan hapuskan identity Orang Asli, kata JKOAK. Malaysiakini. September 4, 2021. <https://m.malaysiakini.com/news/589907>
3. Abdul Aziz, Z. (November 2020). Online violence against women in Asia: A multicountry study. UN Women
4. Alshoura H, Critical Review of Special Needs Education Provision in Malaysia: Discussing Significant Issues and Challenges Faced
<https://www.tandfonline.com/doi/full/10.1080/1034912X.2021.1913718>
5. AIA Malaysia. (2021). Mental Helplines and Resources. <https://www.aia.com.my/en/what-matters/seetheotherside/mental-health-helpline-resources.html>
6. AWAM. AWAM's fight to table the Sexual Harassment Bill at Parliament this November. 8th October 2020. <https://www.awam.org.my/2020/10/08/awams-fight-to-table-the-sexual-harassment-bill-at-parliament-this-november/>
7. Bernama 6 Apr 2021. Vaksinasi: Masyarakat Orang Asli tidak harus tercicir – Zahidi. https://www.bernama.com/bm/am/news_covid-19.php?id=1949339
8. Bernama 11 July 2021. Tok Batin: Daripada pemimpin komuniti kepada ikon vaksin. <https://www.bernama.com/bm/news.php?id=1981183>
9. Befrienders Kuala Lumpur. (2021). Suicide helpline. <https://www.befrienders.org.my/services>
10. Bransteter R, (October 2020), How Teachers Can Help Students With Special Needs Navigate
11. Che Noriah Othman, Roz Azinur, Che Lamin, Maryam Farooqui, Norsabrina Sihab, Saadiah, Mohd. Said. (2012). Lifestyle Related Diseases amongst Orang Asli in Peninsular Malaysia- Case Study. Procedia. Social and Behavioral Sciences 36, 383-392.
12. Cunha N, (May 2021), Pros and Cons of online learning for students with learning disabilities
<https://www.onlinecultus.com/2021/05/27/pros-and-cons-of-online-learning-for-students-with-learning-disabilities/>
13. Centre for Women and Work (February 2020). Economic Impacts of Sexual Harassment: Combating Sexual Harassment Can Further Gender Equality. Rutgers
14. Colombini, M & others. (2011). One stop crisis centres: A policy analysis of the Malaysian response to intimate partner violence. Health Res Policy Sys 9, 25
15. Dr Verghis, S, Dr Kwong, YH & others (March 2021). Women leadership in Malaysia's response against gender-based violence (GBV). International Institute for Global Health.
16. Distance Learning
https://greatergood.berkeley.edu/article/item/how_teachers_can_help_students_with_special_needs_navigate_distance_learning

17. DOSM. (2021, August 6). Household Income and Expenditure. Retrieved September 30, 2021, from Department of Statistics Malaysia: https://www.dosm.gov.my/v1/index.php?r=column/cthemByCat&cat=493&bul_id=VTNHRkdiZkFzenBNd1Y1dmg2UUlrZz09&menu_id=amVoWU54UTl0a21NWmdhMjFMMWcyZz09
18. DOSM. (2021). Special Survey on Effects of COVID-19 on Economy & Individual. Department of Statistics Malaysia.
19. Duke J, Addressing Challenges in Online Special Education
20. <https://education.fsu.edu/addressing-challenges-online-special-education>
21. Economic Planning Unit. (2010). Tenth Malaysia plan 2011-2015 (Prime Minister's Department). Retrieved from http://www.pmo.gov.my/dokumenattached/RMK/RMK10_Eds.pdf
22. EPF. (2021). EPF focused on rebuilding members' retirement savings following the exceptional withdrawal facilities. Corporate Affairs Department. EPF Media Desk.
23. eStatistik. (2021). Retrieved October 9, 2021, from Department of Statistics Malaysia: <https://newss.statistics.gov.my/newss-portalx/ep/epFreeDownloadContentSearch.seam?cid=986766>
24. Education in the time of Covid-19, Covid 19 Report ECLAC Report UNESCO, (August 2020) https://repositorio.cepal.org/bitstream/handle/11362/45905/1/S2000509_en.pdf
25. Fallahi, B & others. (2015). The National Policy of Malaysia toward Violence against Women. Public Policy and Administration Research, 5(3)
26. FMT Reporters. NGOs want cops to be more gender-sensitive in their language. Free Malaysia Today. 28 April 2021. <https://www.freemalaysiatoday.com/category/nation/2021/04/28/ngos-want-cops-to-be-more-gender-sensitive-in-their-language/>
27. Farudin, F. Activists warn of 'shadow pandemic' surge in gender-based violence. Malaysia Now. 19 April 2021. <https://www.malaysianow.com/news/2021/04/19/activists-warn-of-shadow-pandemic-surge-in-gender-based-violence/>
28. Gan, Z. COVID-19 transforms gender-based violence response in Malaysia. UNICEF Connect. 29 November 2020. <https://blogs.unicef.org/blog/covid-19-transforms-gender-based-violence-response-malaysia/>
29. Hasbullah, N & Chong, S. Do more to protect women, children from abuse during lockdown. Malaysiakini. 2 June 2021. <https://www.malaysiakini.com/columns/577218>
30. Hodges, C.; Moore, S.; Lockee, B.; Trust, T.; Bond, A. The difference between emergency remote teaching and online learning. Educ. Rev. 2020. <https://er.educause.edu/articles/2020/3/the-difference-between-emergency-remote-teaching-and-online-learning>
31. Hasbullah, N. E., & Chong, S. (2021). Do more to protect women, children from abuse during lockdown. Malaysia Kini. <https://www.malaysiakini.com/columns/577218>
32. Hassan, H. (2021). Covid-19 lockdown sees rising mental health concerns among teens in Malaysia. The Straits Times. <https://www.straitstimes.com/asia/se-asia/covid-19-lockdown-sees-rising-mental-health-concerns-among-teens-in-malaysia>
33. IWGIA. Malaysia: New project addresses violence against women. IWGIA. 8 March 2015. <https://www.iwgia.org/en/malaysia/2214-malaysia-new-project-addresses-violence-against-wo.html>

34. Idrus, R. (2011). The Discourse of Protection and the Orang Asli in Malaysia. *Kajian Malaysia*, 29(1), 53 – 74.
35. Idrus, R. (2013). Left behind: The Orang Asli under the New Economic Policy. In E. T. Gomez & J. Saravanamuthu (Eds.), *The New Economic Policy in Malaysia: Affirmative action, ethnic inequalities and social justice*. 265 – 291. Retrieved from: <http://www.mphonline.com/books/nsearchdetails.aspx?&pcode=9789675832673>
36. Idrus, R. (2020). Poster Team. Personal Communication, Universiti Malaya.
37. Idrus (2021). In Low, C.C. Pertandingan video Orang Asli hilangkan ketakutan pada vaksin. *Malaysiakini*. September 4, 2021. <https://www.malaysiakini.com/news/589895>
38. Ibrahim, N., Amit, N., Shahar, S. et al. (2019). Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. *BMC Public Health* 19, 544 <https://doi.org/10.1186/s12889-019-6862-6>
39. Institute for Public Health. (2017). Institute for Public Health Adolescent National Health and Morbidity Survey 2017
40. Institute for Public Health. (2020). National Health & Morbidity Survey 2015. Volume II: Non-Communicable Diseases, Risk Factors & Other Health Problems. Ministry of Health Malaysia, 2015.
41. JAKOA, Orang Asli Development Department. 2019. <https://www.jakoa.gov.my>. Accessed 20 July 2019.
42. Joint Action Group for Gender Equality. JAG: Yes, we need the Sexual Harassment Bill. WAO. 17 September 2021. <https://wao.org.my/jag-yes-we-need-the-sexual-harassment-bill/>
43. Jorm A. F., Korten A. E., Jacomb P. A., Christensen H., Rodgers B., Pollitt P. (1997). Mental health literacy: a survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. *Med J Aust*. 166, 182–186
44. Kajian Masyarakat Orang Asli amat tak percaya maklumat berkaitan politik. *Malaysiakini*. April 23, 2021. <https://m.malaysiakini.com/news/571820>
45. Khan, N. N., Yahya, B., Abu Bakar, A. K., & Ho, R. C. (2015). Malaysian mental health law. *BJPsych international*, 12(2), 40–42. <https://doi.org/10.1192/s2056474000000271>
46. Kannan H. Wan Azizah: Malaysians still lack awareness of sexual harassment. *NST*. 5 August 2019. <https://www.nst.com.my/news/nation/2019/08/510322/wan-azizah-malaysians-still-lack-awareness-sexual-harassment>
47. Kwan, F. Don't neglect domestic abuse affecting rural children, govt told. *Free Malaysia Today*. 30 January 2021. <https://www.freemalaysiatoday.com/category/nation/2021/01/30/dont-neglect-domestic-abuse-affecting-rural-children-govt-told/>
48. Khor, G.L. & Mohd. Shariff, Z. (2019). Do not neglect the indigenous peoples when reporting health and nutrition issues of the socio-economically disadvantaged populations in Malaysia. *BMC Public Health*, 19, 1685. <https://doi.org/10.1186/s12889-019-8055-8>
49. Mohd. Shariff, Z, & Tham, B,L. (2002). Food security and child nutritional status among orang Asli (Temuan) households in Hulu Langat, Selangor. *Med Journal Malaysia*. 57, 36–49.

50. Malaysian education Blur print 2013-2025 (Pre-school to post-secondary education)
https://www.ilo.org/dyn/youthpol/en/equest.fileutils.dochandle?p_uploaded_file_id=406
51. MOF. (2021). Kewangan Rakyat. Retrieved September 30, 2021, from Ministry of Finance Malaysia:
<https://kewanganrakyat.com/>
52. Mahdzir, N, A Rahman, A & others. (2016). Domestic violence court: A new model to combat domestic violence against women in Malaysia. UUMJLS, 7, 95-105.
53. McCloskey, L. (2011). A systematic review of parenting interventions to prevent child abuse tested with Randomised Control Trial (RCT) designs in high income countries. Sexual Violence Research Initiative.
54. Mukundan, S R. Domestic Violence amid COVID-19 in Malaysia: Diving Deeper into the Heart of the Matter. UNDP Malaysia, Singapore & Brunei Darussalam. 9 September 2020.
<https://www.my.undp.org/content/malaysia/en/home/blog/2020/domestic-violence-amid-covid-19-in-malaysia--diving-deeper-into-.html>.
55. Mahidin, M. U. D. S. D. (2020). Malaysian Well-Being Index 2019. Department of Statistics Malaysia. https://www.dosm.gov.my/v1/index.php?r=column/cthemByCat&cat=477&bul_id=TWE5V0ErbEVndFh6QXJjS3ZPQnJSQT09&menu_id=U3VPMldoYUxzVzFaYmNkWXZteGduZz09
56. Malaysian Collective Impact Initiative. (2020). What is the B40 student experience after 6 months of MCO? MCII speaks to the Malaysian Reserve. Malaysian Collective Impact Initiative.
<https://mci.org.my/2020/11/16/what-is-the-b40-student-experience-after-6-months-of-mco-mcii-speaks-to-the-malaysian-reserve/>
57. Marmarosh, C. L., Strauss, B., Forsyth, D. R., & Burlingame, G. M. (2020). The psychology of the COVID-19 Pandemic: A group-level perspective. Group Dynamics: Theory, Research, and Practice, 24(3), 122–138. <https://doi.org/http://dx.doi.org/10.1037/gdn0000142>
58. Ministry of Health Malaysia. (2020). National Strategic Plan for Mental Health 2020-2025.
[https://www.moh.gov.my/moh/resources/Penerbitan/Rujukan/NCD/National Strategic Plan/The National Strategic Plan For Mental Health 2020-2025.pdf](https://www.moh.gov.my/moh/resources/Penerbitan/Rujukan/NCD/National%20Strategic%20Plan/The%20National%20Strategic%20Plan%20For%20Mental%20Health%202020-2025.pdf)
59. Nicholas, C. (2018). The Orang Asli Situation and the Reforms Needed. Submission to the Committee on Institutional Reform (The Council of Eminent Persons), Colin Nicholas, Coordinator, Center for Orang Asli Concerns, 30 May 2018\
60. Ning, C. (2020). The economic cost of mental disorders in Malaysia. Lancet Psychiatry; 7(4): e23
61. MalayMail. (2021, September 28). 10,317 individuals declared bankrupt during MCO period.
<https://www.malaymail.com/news/malaysia/2021/09/28/pm-10317-individuals-declared-bankrupt-during-mco-period/2009091>
62. Nazir T, (July 2021), Students With Special Needs Face Challenges Of Virtual Learning Amid Pandemic <https://thelogicalindian.com/inclusivity/impact-of-online-education-on-kids-with-disabilities-29752>
63. OECD (2020), Learning remotely when schools close: How well are students and schools prepared? Insights from PISA, OECD Publishing, Paris

64. Qistina, T. Community responses to Gendered issues during Malaysia’s fight against COVID-19. LSE. 14 December 2020. <https://blogs.lse.ac.uk/seac/2020/12/14/community-responses-to-gendered-issues-during-malaysias-fight-against-covid-19/>
65. Ooi C. S. (2017). The T20, M40 and B40 income classifications in Malaysia. <https://www.comparehero.my/blog/t20-m40-b40-malaysia>.
66. Perera, S. R., Gambheera, H., & Williams, S. S. (2020). “Telepsychiatry” in the time of COVID-19: Overcoming the challenges. *Indian Journal of Psychiatry*, 62(3), 391–394. <https://doi.org/10.4103/psychiatry.IndianJPsychiatry>
67. Rapin, K. (2021). How screen fatigue has negatively affected students both mentally and physically. *Calgary Journal*. <https://calgaryjournal.ca/2021/05/19/how-screen-fatigue-has-negatively-affected-students-both-mentally-and-physically/>
68. Ring, I. & Brown, N. (2003). The health status of indigenous peoples and others. *British Medical Journal*, 327, 404-405.
69. Rivera J, (February 2017), The Blended Learning Environment: A Viable Alternative for Special Needs Students *Journal of Education and Training Studies*, 5(2). <http://dx.doi.org/10.11114/jets.v5i2.2125>
70. Shanmuganathan, T. (2016). Water for Life Project. Collaboration between UMCares Universiti Malaya and Mr. DIY.
71. Shanmuganathan , T., Peruma, T., Sinayah, M. & Ramalingam, S. (in press). Information uptake of the COVID-19 pandemic by the Semai community in Southern Perak, Malaysia. Kuala Lumpur: Universiti Malaya Press.
72. Sukhani, P. The domesticated Doraemon: the outlook for women under Perikatan Nasional. *New Mandala*. 10 June 2020. <https://www.newmandala.org/the-domesticated-doraemon-the-outlook-for-women-under-perikatan-nasional/>
73. Singh, A, (2019). Malnutrition and Poverty among the Orang Asli (Indigenous) Children of Malaysia. (Submission for UN Special Rapporteur on Extreme Poverty). <https://www.ohchr.org/Documents/Issues/Poverty/VisitsContributions/Malaysia/IndigenousChildren.pdf>
74. Sayarifard A, Ghadirian L. (2013). Mental health literacy in Iran: an urgent need for a remedy. *Int J Prev Med*. 4, 741–743.
75. Sirey J. A., Bruce M. L., Alexopoulos G. S., Perlick D. A., Raue P., Friedman S. J., Meyers B. S. (2001). Perceived stigma as a predictor of treatment discontinuation in young and older outpatients with depression. *Am J Psychiatry*. 158, 479–81.
76. SOLS 24/7. (2020). Why Mental Health in Malaysia is a Serious Topic. SOLS 24/7. <https://www.sols247.org/blog/why-mental-health-in-malaysia-is-a-serious-topic>
77. The Edge Markets. (2021, August 25). Malaysia is not in a recovery yet. Retrieved October 9, 2021, <https://www.theedgemarkets.com/article/my-say-malaysia-not-recovery-yet>
78. The Malaysian Reserve. (2021, September 27). Almost half of EPF contributors have less than RM10,000. Retrieved from <https://themalaysianreserve.com/2021/09/27/almost-half-of-epf-contributors-have-less-than-rm10000/>

79. The Star. (2021, March 29). Channel aid via Welfare Department, Ismail Sabri tells NGOs. Retrieved September 28, 2021, from <https://www.thestar.com.my/news/nation/2020/03/29/channel-aid-via-welfare-department-ismail-sabri-tells-ngos>
80. Tan, H. Marital rape: What you need to know. UM Law Review. 21 November 2018. https://www.umlawreview.com/lex-omnibus/marital-rape-what-you-need-to-know#_ftn1
81. Tata, S & others (April 2021). The Covid-19 Pandemic and Violence Against Women in Asia and the Pacific. United Nations ESCAP (Social Development Division). Policy Paper.
82. The Star. Covid-19: Impact on special needs group. The Star. 23 May 2021. <https://www.thestar.com.my/news/education/2021/05/23/covid-19-impact-on-special-needs-group>
83. The Star. ‘Violence against women under-reported or misreported’. The Star. 26 November 2019. <https://www.thestar.com.my/news/nation/2019/11/26/violence-against-women-under-reported-or-misreported>
84. True, J & Fitz-Gibbon, K (2020). The ‘Shadow Pandemic’ of Covid-19. Monash University.
85. Teoh, M. (2020). Life interrupted: How has the pandemic affected our youth? The Star. <https://www.thestar.com.my/lifestyle/family/2020/06/04/what-do-malaysian-youth-think-about-the-covid-19-pandemic>
86. The Star. (2021). Health DG: Be sensitive, have empathy and help those at risk of suicide. The Star Online. <https://www.thestar.com.my/news/nation/2021/06/29/health-dg-be-sensitive-have-empathy-and-help-those-at-risk-of-suicide>
87. UNESCO. Distance Learning Strategies in Response to COVID-19 School Closures. 2020. <https://unesdoc.unesco.org/ark:/48223/pf0000373305>
88. UNESCO. Education for Sustainable Development Goals: Learning Objectives. 2020. <https://unesdoc.unesco.org/ark:/48223/pf0000247444>
89. UN Aids. New awareness campaign on gender-based violence in the Middle East and North Africa. UN Aids. 25 November 2020. https://www.unaids.org/en/resources/presscentre/featurestories/2020/november/20201125_awareness-campaign-gender-based-violence-middle-east-north-africa
90. UNFPA (Asia & The Pacific). Online searches and social media posts mirror ‘shadow pandemic’ of violence against women in Asia. 3 March 2021. <https://asiapacific.unfpa.org/en/news/online-searches-and-social-media-posts-mirror-‘shadow-pandemic’-violence-against-women-asia>
91. UNFPA Malaysia. Malaysian women and girls need to be at the centre of the Covid-19 recovery. UNFPA Malaysia. 18 November 2020. <https://malaysia.unfpa.org/en/news/malaysian-women-and-girls-need-be-centre-covid-19-recovery>
92. UNFPA. Recognising Intimate Partner Violence (IPV) and protecting Malaysian women and girls. Malay Mail. 9 September 2021. <https://www.malaymail.com/news/what-you-think/2021/09/09/recognising-intimate-partner-violence-ipv-and-protecting-malaysian-women-an/2004288>
93. Valeggia, C.R. & Snodgrass, J.J. (2015). Health of Indigenous Peoples. Annual Review of Anthropology, 44, 117 – 135. <https://doi.org/10.1146/annurev-anthro-102214-013831>

94. Vegas E; Winthrop R.; Beyond Reopening Schools: How education can emerge stronger than before COVID-19 (8 Sept 2020). <https://www.brookings.edu/research/beyond-reopening-schools-how-education-can-emerge-stronger-than-before-covid-19/>
95. Vincent -Lancrin S (2020), United States : Wide open school” Education continuity
96. Vlachopoulos, D. (2020). COVID-19: Threat or opportunity for online education? Higher Learning Research Communication, 10(1), 16–19. DOI: 10.18870/hlrc.v10i1.1179
97. VSO London. Position Paper on Gender-Based Violence. VSO International. <https://www.vsointernational.org/sites/default/files/VSO-GBV-position-paper.pdf>
98. Wong, C.Y., Mohd. Shariff, Z, Chua EY, Norhasmah S, Yit Siew C, Siti Nur Asyura A. (2015). Double burden of malnutrition among the indigenous peoples (Orang Asli) of peninsular Malaysia. BMC Publ Health. 15, 680.
99. Wong, Y.S., Allotey, P. & Reidpath, D.D. (2014). Health Care as Commons: An Indigenous Approach to Universal Health Coverage. The International Indigenous Policy Journal. 5(3).
100. World Bank. (2021). A Strong but Uneven Recovery, Global Economic Prospects. N.W. Washington, DC: The World Bank Group.
101. World Bank. (2021). Aiming High: Navigating the next stage of Malaysia's development. N.W. Washington, DC: The World Bank Group.
102. Yahoo News. (2021, July 18). Malaysia’s Covid-19 stimulus packages on par with those in developed countries, says Finance Ministry report. Retrieved from <https://malaysia.news.yahoo.com/malaysia-covid-19-stimulus-packages-051257527.html>
103. Young J, (June 2020), Shifting Special Needs Students to Online Learning in the COVID-19 Spring: Challenges for Students, Families, and Teachers. Pioneer Education Policy Brief <https://eric.ed.gov/?id=ED605503>
104. Yusof A, et al, (2011) Teachers’ Perceptions on the Blended Learning Environment for Special Needs Learners in Malaysia: A Case study 2011, 2nd International Conference on Education and Management Technology, IPEDR vol.13 (2011) © (2011) IACSIT Press, Singapore

RYTHM FOUNDATION



QI SOCIAL IMPACT INITIATIVE



Level 10, Block C, PJ8,
No.23, Jalan Barat, Section 8,
46050, Petaling Jaya,
Selangor, Malaysia



+603 7967 0247



+603 7967 9981

Vijayaratnam Foundation is the
Malaysian Chapter of RYTHM Foundation



www.rythmfoundation.org



www.facebook.com/RythmFound



www.instagram.com/rythmfoundation



www.youtube.com/RythmFoundationQi

