• Malaysia has doubled its per-capita GDP in real terms and kept undernourishment stable and at very low levels. Unhealthy dietary practices and lack of physical activity could be the contributing factors for overweight and obesity in the country, which affects nearly half of the adult population. The prevalence of obesity in Malaysia has increased from 4.4% in 1996 to 14% in 2006, and then increased gradually to 15.1% in 2011. However, it is encouraging to note that Malaysia has managed to reduce the rate of increase of obesity prevalence in 2011 to 15.1%.

• In Malaysia, adherence to the International Code of Marketing of Breastmilk Substitutes is voluntary and only about one in every seven infants is exclusively breastfed until 6 months of age.

• Access to improved water and sanitation is nearly universal in rural and urban Malaysia.

• Although anemia amongst women and children has been a moderate public health issue, routine data indicate a very successful decline in anemia amongst pregnant women in recent years.

![Figure 1.1 Food Availability](image1)

**Figure 1.1 Food Availability**

*From 1990 to 2011:*
- DES increased 7%
- Animal-origin supply increased 7%
- Vegetal-origin products increased 8% and remain the major DES source

![Figure 1.2 Undernourishment and Economic Growth](image2)

**Figure 1.2 Undernourishment and Economic Growth**

*From 1990 to 2012:*
- GDP per capita increased 115%
- Undernourishment remained below 5%

International $  
24000 22000 20000 18000 16000 14000 12000 10000 8000 6000 4000 2000 0  
21897 21055 10155 5

Percent  
10 9 8 7 6 5 4 3 2 1 0


![Figure 1.3 Child Malnutrition](image3)

**Figure 1.3 Child Malnutrition**

*From 1990 to 2006:*
- Stunting declined 17%, with 17% overall stunted, considered a low level
- Underweight declined 42%, with 13% overall underweight, a medium level
- Low Birth Weight was 11% in 2007, a public health concern

![Figure 1.4 Child Mortality](image4)

**Figure 1.4 Child Mortality**

*From 1990 to 2012:*
- Under-5 mortality reduced 49%
- Infant mortality reduced 49%
- Neonatal mortality reduced 45%

![Figure 1.5 Anaemia](image5)

**Figure 1.5 Anaemia**

- Anaemia is still a moderate public health issue in Malaysia for women and young children, although unpublished data from the Health Informatics Centre indicate success in reducing anaemia among pregnant women from 38% in 2004 to 12% in 2013

<table>
<thead>
<tr>
<th>Prevalence of Anaemia (%)</th>
<th>Children &lt;5 years</th>
<th>Non - pregnant women of reproductive age</th>
<th>Pregnant women</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 20 40 60 80 100</td>
<td>32</td>
<td>30</td>
<td>38</td>
</tr>
</tbody>
</table>


**Anthropometry (Table 1.1)**

<table>
<thead>
<tr>
<th>Underweight women (BMI &lt; 18.5 kg/m2)</th>
<th>8.2%</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight adults (BMI &gt;= 25 kg/m2)</td>
<td>44.5%</td>
<td>2011</td>
</tr>
</tbody>
</table>

* BMI values calculated using adult cut off points, population < 20 should be analyzed using WHO growth reference for school aged children and adolescents

<table>
<thead>
<tr>
<th>Proportion of infants with low birth weight</th>
<th>11%</th>
<th>2007</th>
</tr>
</thead>
</table>

Source: National Health and Morbidity Survey 2011/LBW SDWC 2014
**Food Availability**

Figure 2.1 Food supply by food

(kcal/person/year) Total dietary energy supply = 2,855 (2011)

- Cereals remained the most important source of food energy (44%). Rice continues to be the major contributor among cereals; however, wheat has increased its contribution by 85%
- Vegetable oils have slightly increased (6%), and they still contribute significantly to overall DES
- Fruits and vegetables contribute only 4% of DES, whereas sugars and syrups contribute 14%, (almost 4 times as much)

**Access to food**

Figure 2.2 Economic access to food

General and food inflation

- Food prices are correlated to general inflation.

**Figure 2.3 Share of food expenditure** (2009)

- Non food items
- Cereals: 46%
- Fruits and vegetables: 3%
- Fish: 4%
- Sugars: 13%
- Veg oils: 13%
- Meat, milk and eggs: 8%
- Other: 0%

Source: UN_FAO RAP based on national HIES, ECS, SES, HLSS_2013 Update, Malaysia
Food Utilization

Food utilization refers both to household preparation practices of foods, which influence nutrient content of consumed foods, and to the absorption of nutrients by the human body after consumption. Nutrient absorption in the gut is strongly influenced by health status, particularly the presence of diarrhoea. Hygienic environmental conditions related to improved water and sanitation are important determinants of health and infection incidence and prevalence. In Malaysia, water and sanitation conditions have improved during the past 20 years, to the extent that they no longer represent a key development issue.

Water and Sanitation

**Figure 3.1 Access to Improved Sanitation**
*From 1990 to 2012:*
- Access to improved sanitation increased 13% in 22 years and covers 96% of the population
- Disparities between rural and urban areas are non-existent

![Graph showing access to improved sanitation](image1)

**Figure 3.2 Open Defecation**
- Open defecation has almost completely been solved; just 1.2% of the population in rural areas continues this practice

![Graph showing open defecation](image2)

**Figure 3.3 Access to Improved Water Sources**
*From 1990 to 2012:*
- Almost 100% of homes have improved water source access

![Graph showing access to improved water sources](image3)

Food Safety

The mandate for Ministry of Health Malaysia to ensure food safety and protect consumers against fraud in the preparation, sale and use of food is provided through the Food Act 1983 and its regulations. Based on this mandate, strategies and activities are formulated to ensure that an effective food control system is in place to ensure that unsafe food is not placed on the market (including for export) and that systems exist to identify and respond to food safety problems in order to protect consumers' health.

**Figure 3.4 Diarrhoea**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>94%</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>2011</td>
<td>99%</td>
<td>98%</td>
<td>99%</td>
</tr>
</tbody>
</table>


**Management of Diarrhoea (Table 3.1)**

<table>
<thead>
<tr>
<th>Policy Framework</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zinc</strong></td>
<td>Share of children under age 5 with diarrhoea receiving zinc treatment</td>
</tr>
<tr>
<td><strong>Existing policy framework</strong></td>
<td>Zinc Supplementation and Reformulated Oral Rehydration Salt in the Management of Diarrhea</td>
</tr>
</tbody>
</table>

Source:
### Food Utilization

#### Nutrition and Health

**Figure 3.5 Exclusive Breastfeeding**
- Exclusive breastfeeding rate (<6 months) = 14.5%


**Figure 3.6 Complementary Feeding**
- Timely complementary feeding rate (6-9 months) = 41.5%


**Figure 3.7 Duration of Breastfeeding**
- Continued breastfeeding rate (20-23 months) = 37.4%


**Figure 3.8 Child Malnutrition and Poverty**

No Data

**Figure 3.9 Vitamin A**
- Vitamin A deficiencies (only 3.5% of pre-schoolers) indicate that Vitamin A is adequate in the daily diet

Source: a/ UNICEF, State of the World's Children 2014,

* VAD is a severe public health problem if >20% of preschool children (6-71 months) have low serum retinol (<0.7µmol/L)

**Iodine (Table 3.2)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households consuming adequately iodized salt 2008</td>
<td>17.6 %</td>
</tr>
<tr>
<td>Iodine deficiency (Urinary Iodine Concentration &lt;100µg/L) among school-age children</td>
<td>48.2 %</td>
</tr>
</tbody>
</table>

*Optimal UIC 100 - 199µg/L

Source: National IDD Survey Malaysia, 2008
## Enabling environment for Nutrition and Food security - Policy documents addressing nutrition issues

1. National Nutrition Policy of Malaysia (Ministry of Health, 2005)

Provides the multisectoral framework for the country's nutrition interventions. The National Coordinating Committee on Food and Nutrition operates through the establishment of five technical working groups (TWGs): Policy, Dietary Guidelines, Promotion, Training and Research in collaboration with other government and non-government agencies.

3. National Dietary Guidelines for Malaysians and Recommended Nutrient Intakes for Malaysia, 2005

Government has directed the public sector to set up crèches to facilitate breast-feeding at the workplace

5. Guidelines for the Feeding of Infants and Young Children

### Nutrition related issues covered in these policies

<table>
<thead>
<tr>
<th>Maternal and Child Undernutrition</th>
<th>Covered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child undernutrition</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Maternal undernutrition</td>
<td>yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obesity and diet related NCDs</th>
<th>Covered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child obesity</td>
<td>both</td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet related NCDs</td>
<td>yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant and Young Child Nutrition</th>
<th>Covered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding</td>
<td>yes</td>
<td>Code of Ethics for the Marketing of Infant Foods and Related Products; Adherence to provisions in the international code of BMS is voluntary</td>
</tr>
<tr>
<td>Complementary feeding</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Int’l Code of Marketing of BMS</td>
<td>Voluntary</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vitamins and Minerals</th>
<th>Covered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A children/women</td>
<td>no</td>
<td>Iron Folate and other vitamins available for pregnant women</td>
</tr>
<tr>
<td>Iron Folate children/women</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Zinc children</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>Other vitamins &amp; min child/women</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Food fortification</td>
<td>yes</td>
<td>Voluntary for various types of food such as flour, milk, bread, cereal-based foods, spreads and biscuits.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Underlying and contextual factors</th>
<th>Covered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Safety</td>
<td>yes</td>
<td>The Ministry of Health ensures food safety and protects consumers against fraud in the preparation, sale and use of food through the Food Act 1983 and related regulation. The subsidiary legislation under the Food Act 1983 includes the Food Regulations 1985, Food Hygiene Regulations 2009 and Food Irradiation Regulations 2011.</td>
</tr>
<tr>
<td>Food security</td>
<td>yes</td>
<td>Maternity leave allowance for non-wage labourers not less than RM6 per day</td>
</tr>
<tr>
<td>Food Aid</td>
<td>yes</td>
<td>Tax exemptions for employers that set-up crèches to facilitate paid nursing breaks after return to work. Paternity leave of 7 days for government employees.</td>
</tr>
<tr>
<td>Nutrition and Infection</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Maternal leave</td>
<td>12 weeks</td>
<td></td>
</tr>
</tbody>
</table>

### Social Protection policies or legislation including food or nutrition component


### Food safety policies or legislation

1. National Food Safety Policy and Its Plan of Action

Food safety activities in Malaysia are guided by the National Food Safety Policy developed in 2002. The policy provides direction to all stakeholders in establishing and implementing food safety measures, through collaborative efforts to safeguard human health. The Food Safety and Nutrition Council, chaired by the Honourable Minister of Health Malaysia, will ensure that the food safety policies are well managed and implemented.

2. Legislation

Food Safety and consumer protection against fraud in the preparation, sale and use of food is governed through the Food Act 1983 and related regulation. The subsidiary legislation under the Food Act 1983 includes the Food Regulations 1985, Food Hygiene Regulations 2009 and Food Irradiation Regulations 2011.
I. Malaysian Food Regulations 1985

The Food Regulations 1985 prescribe standards for food including standards of identity for foods, additives, pesticide residue, drug residues, microbiological contaminants and labelling of foods. The Food Regulations 1985 is updated on a regular basis to be in line with Codex and current needs.

II. Food Hygiene Regulations 2009

The Food Hygiene Regulations 2009 regulates food premises and activities in relation to these premises. This includes the requirements such as: the conduct and maintenance of food premises including implementation of food safety assurance programme and food traceability system; food handlers training, health condition and personal hygiene; and special requirements in handling, preparing, packing, serving, storing and selling specific food.

III. Food Irradiation Regulations 2011

Food Irradiation Regulations 2011 regulates irradiated food and its premises.

Other policies addressing food security


### Demographic Indicators (Table - 5.1) | Year | Economic Indicators (Table - 5.3) | Year
---|---|---|---
Population size (thousands) | 29,240 | GDP annual growth rate | 5.64 % | 2012
| /a | | GDP per capita (PPP) | 21,897 | 2012
Average annual population growth | 1.66 % | | | 2012
Proportion of population urbanised | 73.4 % | | | 2012
Number of children <5 years (thousand) | 2,483 | Gini index /c | 46.21 | 2009
Education level of mothers of under-fives: None (%) | - | | 46 | 2007
Life expectancy at birth (Years) | Male 73 | Unemployment rate /c | 3.1 % | 2012
| /a | Female 77.2 | | | 2012
Agriculture population density(people/ ha of arable land) | 0.5 | Population below US $ 1.25 (PPP) per day /c (%) | 0 | 2009
Employment in agriculture sector (% of total employment) | 12.6 % | Poverty gap ratio /e | 0 | 2009
| /c | | | | 2009
Women employed in agriculture sector (% of total female employment) | 8.2 % | Income share held by households /c | Poorest 20% 4.54 % | 2009
| /c | | | Richest 20% 51.45 % | 2009
Adolescents (Table - 5.2) | Year | | |
Adolescent birth rate (number of births per 1,000 adolescent girls aged 15-19) | 14 | | 2008
Adolescent girls aged 15-19 currently married or in union | 5 % | | 2005-2012
Women aged 20-24 who gave birth before age 18 | - | | -

Sources:

b/ FAOSTAT 2013 Update;
c/ World Bank, World Development Indicators Database, 2014 Update;
d/ UNICEF, State of the World Children 2014 (data refer to the most recent year available during the period specified);
e/ UN Statistics Division, MDG database 2013 Update.