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## Breaking the Cycle Empowering Multi-Ethnic Communities Through Integrated Social Welfare Programs in Kuala Langat, Selangor

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### ABSTRACT

This community service initiative addresses multidimensional poverty and social welfare challenges affecting multi-ethnic communities in Kuala Langat District, Selangor, Malaysia. The eighteen-month integrated program engaged 247 households from Malay, Chinese, and Indian ethnic communities experiencing economic vulnerability, social marginalization, and limited access to welfare resources. Utilizing asset-based community development approaches, the intervention combined skills training, microenterprise development, healthcare access facilitation, educational support, and social capital building to strengthen household resilience and wellbeing. Participatory methodology emphasized community agency and cross-ethnic collaboration, challenging social fragmentation affecting welfare outcomes. Results demonstrated significant improvements across multiple welfare dimensions, with 73 percent of participating households achieving income increases averaging 42 percent, 89 percent reporting improved healthcare access, and measurable enhancements in social cohesion and collective efficacy. The program

established sustainable community-led welfare structures bridging ethnic divisions while connecting marginalized populations with government welfare systems. This initiative offers replicable models for comprehensive social welfare interventions addressing inequality in Malaysia's diverse society.

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## INTRODUCTION

Social welfare encompasses the comprehensive wellbeing of individuals, families, and communities across multiple dimensions including economic security, health, education, housing, and social inclusion. Despite Malaysia's impressive economic development transforming the nation from low-income to upper-middle-income status over recent decades, significant welfare challenges persist, particularly affecting marginalized communities in rural and peri-urban areas. Income inequality remains substantial, with the Gini coefficient of 0.407 in 2019 indicating concerning wealth concentration, while absolute poverty rates mask widespread relative poverty and economic vulnerability among lower-income populations. According to the Department of Statistics Malaysia (2020), approximately 5.6 percent of Malaysian households lived below the poverty line, with significantly higher rates among indigenous communities, rural populations, and certain ethnic minorities. Beyond economic measures, welfare challenges encompass inadequate healthcare access, educational disparities, housing insecurity, and social fragmentation affecting community resilience and collective problem-solving capacity.

Kuala Langat District in Selangor represents a microcosm of Malaysia's welfare challenges, combining rapid urbanization pressures with persistent pockets of poverty and marginalization. Located south of Kuala Lumpur, Kuala Langat experienced substantial economic transformation as agricultural land converted to industrial and residential development, disrupting traditional livelihoods while creating new economic opportunities primarily captured by those with education and capital. Many traditional fishing and farming communities found themselves economically displaced without skills or resources to transition to new economic activities. The district's ethnic diversity including Malay, Chinese, and Indian communities adds complexity, with historical economic specialization and residential segregation creating differential vulnerability and limiting cross-ethnic solidarity. According to Abdul Rahman and Othman (2018), peri-urban areas like Kuala Langat often experience worst welfare outcomes, lacking both rural community support systems and urban service access while facing high living costs and economic competition.

Multidimensional poverty perspectives have increasingly replaced income-focused poverty definitions, recognizing that welfare encompasses numerous interrelated dimensions that cannot be reduced to economic measures alone. The United Nations Development Programme's Multidimensional Poverty Index measures poverty across health, education, and living standards dimensions, capturing deprivations that income measures overlook. Sen (1999) articulates

poverty as capability deprivation rather than merely low income, emphasizing that true wellbeing requires ability to achieve valued functionings including health, education, social participation, and self-determination. This expanded understanding implies that effective welfare interventions must address multiple dimensions simultaneously rather than focusing exclusively on income generation. Research consistently demonstrates that households may escape income poverty while remaining vulnerable across health, education, or social dimensions, or conversely may maintain wellbeing despite low incomes through strong social capital and community support.

Asset-based community development provides valuable frameworks for welfare interventions, emphasizing community strengths and resources rather than focusing exclusively on deficits and needs. Traditional welfare approaches often position communities as passive recipients of external assistance, potentially reinforcing dependency and undermining community agency. Mathie and Cunningham (2003) argue that effective community development begins by identifying and mobilizing existing community assets including individual skills, associational relationships, institutional resources, physical infrastructure, and economic opportunities, building on strengths rather than merely addressing weaknesses. This asset-based approach proves particularly relevant in diverse communities where different groups possess complementary assets that cross-ethnic collaboration could mobilize. For instance, some ethnic groups may possess business networks and capital access while others hold agricultural knowledge or craft skills, with integration enabling mutually beneficial exchanges impossible within segregated communities.

Malaysia's ethnic diversity represents both opportunity and challenge for social welfare programming. The nation's population includes Malay and indigenous bumiputera communities constituting approximately 69 percent, Chinese Malaysians at 23 percent, Indian Malaysians at 7 percent, and other groups, each with distinct cultural traditions, economic profiles, and historical experiences. Historical economic specialization associated different ethnic groups with particular occupations and economic niches, creating income disparities and differential vulnerability to economic changes. According to Embong (2013), ethnic-based politics and affirmative action policies favoring bumiputera communities have created complex dynamics where economic disadvantage intersects with ethnic identity in ways that can either facilitate or hinder welfare programming. Welfare interventions in multi-ethnic contexts must navigate these sensitivities while building inclusive approaches that bridge ethnic divisions rather than reinforcing them. Successful interventions create spaces for cross-ethnic collaboration around shared interests while respecting cultural diversity and addressing legitimate concerns about fairness and inclusion.

Social capital – the networks, norms, and trust enabling collective action – plays crucial roles in determining welfare outcomes and community development success. Putnam (2000) distinguishes between bonding social capital connecting similar

individuals within groups and bridging social capital linking diverse groups, arguing that while bonding capital provides crucial support, bridging capital enables broader resource access and collective problem-solving. Ethnically diverse communities often possess strong bonding capital within ethnic groups but limited bridging capital across groups, constraining collective welfare improvement efforts. Welfare interventions that strengthen bridging social capital could therefore produce benefits beyond immediate program outcomes by enabling sustained community collaboration addressing multiple challenges. However, building such bridging capital requires careful facilitation overcoming historical mistrust, cultural barriers, and structural inequalities affecting inter-ethnic relationships.

This community service initiative emerged from extensive consultation with community leaders, local government welfare officers, and civil society organizations in Kuala Langat identifying welfare challenges and opportunities for coordinated intervention. Multiple stakeholders recognized that fragmented, single-issue approaches addressing income, health, or education separately produced limited impacts, while ethnic segregation prevented communities from collectively addressing shared challenges. The project aimed to demonstrate integrated approaches addressing multiple welfare dimensions simultaneously while intentionally building cross-ethnic collaboration and community organizing capacity. Our university team positioned itself as facilitator rather than service provider, supporting community-led problem-solving while connecting communities with government welfare resources, technical expertise, and external partnerships. This article documents the program's development, implementation, and outcomes, contributing evidence for comprehensive, integrated approaches to social welfare improvement in Malaysia's diverse communities while offering insights applicable to other multi-ethnic developing country contexts.

## **METHOD**

This community service project employed community-based participatory research methodology implemented over eighteen months from January 2023 through June 2024 in three adjacent communities in Kuala Langat District, Selangor, representing Malaysia's ethnic diversity with predominantly Malay Kampung Bahagia, Chinese-majority Taman Harmoni, and Indian-majority Ladang Sri Maju. The research design integrated quantitative outcome measurement with qualitative process documentation, examining both program impacts and mechanisms producing change. According to Israel et al. (2005), community-based participatory research involves community members as equal partners throughout research processes from question formulation through dissemination, enhancing research relevance, quality, and translation into action. Our approach established community advisory committees in each location including elected community representatives, religious leaders, and civil society activists who shaped program design, monitored implementation, and ensured cultural appropriateness across ethnic contexts.

Household recruitment utilized purposive sampling identifying economically vulnerable households through consultation with community leaders and local welfare officers, ultimately engaging 247 households including 134 Malay, 71 Chinese, and 42 Indian families. Eligibility criteria included household income below 60 percent of state median, presence of school-age children or elderly members, and willingness to participate in program activities. The integrated intervention combined multiple components addressing different welfare dimensions through coordinated programming. Economic empowerment activities included vocational skills training in marketable trades such as food preparation, tailoring, and small business management; microenterprise development support providing small grants averaging RM 2,500 (approximately USD 600) with business mentoring; and cooperative development organizing 23 households into three multi-ethnic production and marketing cooperatives. Healthcare access facilitation connected households with government health programs, organized health screening and education events, and established health savings groups enabling cost-sharing for medical expenses. Educational support provided tutoring for struggling students, school supply assistance, and parent workshops on supporting children's education.

Social capital building activities intentionally created cross-ethnic interaction around shared interests and mutual benefit, challenging segregation patterns limiting collective welfare improvement. Monthly community dialogues brought residents from all three communities together to discuss shared concerns, celebrate cultural diversity through food and performance sharing, and identify collaborative opportunities. Joint livelihood projects paired households from different communities for mutual support, such as Malay and Chinese households collaborating on food businesses combining halal certification access with Chinese business networks. According to Narayan (1999), social capital building requires creating opportunities for sustained positive interaction around meaningful shared activities rather than superficial diversity celebrations, with cooperatives and livelihood partnerships providing such substantive collaboration platforms. Community organizing training developed residents' capacity for collective action including meeting facilitation, conflict resolution, advocacy with local government, and resource mobilization, building community leadership capable of sustaining welfare improvement efforts.

Data collection employed comprehensive mixed methods measuring welfare outcomes across multiple dimensions. Baseline and endline household surveys administered at program start and conclusion assessed economic status including income, expenditure, assets, and debt; health status and healthcare access; educational participation and achievement; housing conditions; food security; and psychological wellbeing using standardized instruments. Social capital measurement utilized name generator methods mapping social networks and scales measuring trust, reciprocity, and collective efficacy. Economic data collection tracked microenterprise performance, cooperative activities, employment transitions, and income changes. Healthcare data documented clinic visits, health insurance

enrollment, and health outcomes. Educational data monitored school attendance, academic performance, and educational attainment. According to White and Phillips (2012), comprehensive welfare assessment requires measuring multiple dimensions with validated instruments while recognizing measurement challenges for complex concepts like empowerment or social cohesion. Our mixed-methods approach combined quantitative indicators with qualitative exploration of participants' lived experiences and meaning-making processes.

Qualitative data collection included monthly focus group discussions with program participants exploring experiences, challenges, and perceived impacts; semi-structured interviews with 45 purposively selected households representing diverse demographic profiles and program engagement levels; and ethnographic observation of program activities documenting participation patterns, interaction dynamics, and program implementation processes. Participatory evaluation engaged community advisory committees in analyzing preliminary findings, interpreting results, and identifying lessons learned and recommendations. This participatory approach ensured that evaluation captured dimensions communities considered important rather than only outcomes researchers or funders prioritized. All research activities received approval from Universiti Kebangsaan Malaysia Research Ethics Committee and followed informed consent protocols ensuring participant understanding and voluntary participation.

## **RESULT AND DISCUSSION**

The integrated social welfare program produced substantial improvements across economic, health, educational, and social dimensions while revealing important insights regarding effective approaches for comprehensive welfare intervention in multi-ethnic contexts. Household engagement remained high throughout the eighteen-month period, with 89 percent of enrolled households completing the program and participating in at least 75 percent of activities. The cross-ethnic design proved highly successful despite initial skepticism, with participants increasingly recognizing benefits of inter-ethnic collaboration and expressing appreciation for opportunities to interact across ethnic boundaries. Program achievements extended beyond measurable outcomes to include transformed community dynamics, with three formerly separate ethnic communities developing meaningful bridging social capital enabling sustained collective action. The initiative demonstrated that comprehensive approaches addressing multiple welfare dimensions simultaneously can produce synergistic effects exceeding impacts of single-issue interventions.

### **Economic Empowerment and Livelihood Development**

Economic outcomes demonstrated substantial improvements in household income and financial security, with 73 percent of participating households achieving income increases averaging 42 percent from baseline to endline assessment.

Microenterprise development proved particularly successful, with 134 households establishing or expanding small businesses including food production and catering (47 businesses), tailoring and garments (23 businesses), retail and trading (31 businesses), and services such as cleaning, repairs, and transportation (33 businesses). These microenterprises generated average monthly profits of RM 847, representing significant supplemental income for low-income households. Cooperative enterprises combining multiple households' production and resources achieved greater scale and market access than individual microenterprises could achieve, with the three established cooperatives generating combined annual revenues of RM 286,000 by program conclusion. According to Yunus (2007), microenterprise development proves most effective when combining capital access with business training, mentoring, and market linkages rather than merely providing loans, precisely the comprehensive approach our program implemented.

The multi-ethnic composition of cooperatives and some business partnerships generated unexpected economic benefits through complementary resources and capabilities. One highly successful cooperative combined Malay women's traditional kuih (cake) production skills with Chinese members' business networks and marketing expertise, producing halal products marketed through both Malay and Chinese retail channels. This cross-ethnic collaboration accessed markets neither group could reach independently, with Chinese retailers serving non-Malay customers comfortable purchasing from Chinese vendors but wanting halal-certified products, while Malay retailers appreciated product variety and quality. Another successful partnership connected Indian households' agricultural experience with Malay landowners possessing farmland but lacking agricultural knowledge, creating mutually beneficial arrangement where Indian families cultivated land on revenue-sharing basis. These examples illustrate how ethnic diversity can become economic asset when bridging social capital enables collaboration, challenging deficit framings of ethnic diversity as primarily obstacle.

Skills training programs equipped 189 participants with marketable vocational skills, with 76 percent subsequently utilizing these skills for income generation either through microenterprises or wage employment. Training prioritized practical, market-relevant skills with clear employment or enterprise pathways rather than generic training disconnected from economic opportunities. Food safety and halal certification training proved particularly valuable, enabling food entrepreneurs to access formal markets and premium customers willing to pay higher prices for certified products. Some participants transitioned from informal to formal sector employment, with 23 participants securing wage employment in factories, retail, or service businesses, while 17 improved employment conditions by moving from daily wage labor to salaried positions. These employment transitions reduced income volatility and improved household financial security beyond income increases alone. However, participants noted that childcare responsibilities, transportation costs, and limited employment opportunities in the area constrained labor market

participation, particularly for women who represented 71 percent of program participants.

Financial capability development complemented income generation, with training on budgeting, saving, debt management, and financial planning enabling households to better manage increased incomes and build assets. Savings groups organized through the program demonstrated remarkable success, with 167 households participating in 14 community savings groups that accumulated RM 127,000 in collective savings over eighteen months. These savings groups provided members with accessible credit for business investment, emergency expenses, or children's education without resorting to expensive informal moneylenders charging exploitative interest rates. Several participants eliminated high-interest debt by using savings group loans to repay loan sharks, dramatically improving financial wellbeing. According to Banerjee and Duflo (2011), financial services appropriately designed for poor households' circumstances prove as important as income increases for poverty reduction, as poor households often lose gains from income increases to predatory lending or emergency expenses that savings could buffer.

### **Health and Social Welfare Enhancement**

Healthcare access improvements represented another significant program achievement, with 89 percent of participating households reporting improved healthcare utilization and 67 percent enrolling in government health insurance programs that many previously did not access despite eligibility. Program facilitation connecting households with existing government health services proved crucial, as many low-income households lacked information about available programs, found enrollment processes confusing, or feared that accessing services might affect other benefits. Community health volunteers trained through the program provided ongoing peer support helping households navigate health systems, attend appointments, and follow treatment protocols for chronic conditions. Health screening events identified previously undiagnosed conditions including diabetes, hypertension, and vision problems in 94 participants who subsequently received treatment, potentially preventing serious complications.

Health education addressing nutrition, hygiene, chronic disease management, and preventive care produced measurable knowledge improvements and behavioral changes. Participants demonstrated increased understanding of health topics across all assessed domains, with particular improvements in nutrition knowledge and chronic disease management. Reported behavioral changes included increased vegetable consumption, reduced sugar and salt intake, regular physical activity adoption, improved hand washing and food safety practices, and consistent medication adherence for chronic conditions. These behavioral changes contributed to objective health improvements, with participants showing average reductions of 7.3 mmHg systolic blood pressure for hypertensive participants, 1.2 percent HbA1c reduction for diabetic participants, and 3.8 kg weight loss for obese participants. While these clinical improvements remained modest, they demonstrate meaningful

progress in managing conditions causing significant morbidity and mortality in Malaysia. According to Marmot (2005), health inequalities reflect social determinants including income, education, and social support as much as healthcare access, suggesting that comprehensive welfare interventions addressing multiple social determinants could improve health outcomes beyond healthcare interventions alone.

Mental health and psychological wellbeing showed notable improvements based on validated wellbeing scales administered at baseline and endline. Average life satisfaction scores increased from 4.8 to 6.7 on 10-point scales, while depression screening scores decreased from 12.4 to 7.6 on standardized instruments. Qualitative interviews revealed multiple mechanisms contributing to wellbeing improvements including reduced financial stress from income increases, enhanced self-efficacy from successful microenterprise management, strengthened social support through program relationships, and increased hope for the future stemming from visible progress. The social dimensions of program participation proved as important as material outcomes for psychological wellbeing, with participants emphasizing how group activities reduced isolation, provided emotional support, and created sense of purpose and belonging. One participant explained that "before the program, I felt alone with my problems and saw no way forward, but now I have friends who understand my situation and together we help each other face challenges."

Health savings groups organized through the program demonstrated particular value for managing health costs while building cross-ethnic solidarity. The 14 established health savings groups pooled small regular contributions that members could access for health expenses, reducing reliance on expensive loans or asset depletion when health emergencies occurred. These groups also negotiated bulk rates with private clinics for services not adequately provided by government facilities, stretching members' resources further. The multi-ethnic composition of most groups built trust and mutual support across ethnic boundaries, with members providing emotional support, transportation assistance, and caregiving help when group members or family members faced health challenges. These mutual aid relationships exemplified bridging social capital producing tangible welfare benefits while challenging ethnic stereotypes through positive personal relationships.

### **Social Capital and Community Empowerment**

Social capital development represented perhaps the program's most transformative outcome, with measurable increases in both bonding and bridging social capital that participants identified as crucial for improved wellbeing and future prospects. Network analysis comparing baseline and endline social connection patterns revealed dramatic expansion in cross-ethnic relationships, with the average participant reporting 2.3 close relationships with people from other ethnic groups at baseline increasing to 8.7 at endline. Trust measures similarly improved, with 67 percent of participants reporting trust in neighbors from other ethnic groups at endline compared to 34 percent at baseline. These relationship changes reflected genuine friendships developing through sustained collaboration

rather than superficial acquaintance, as evidenced by participants describing practical support exchanged including childcare assistance, business collaboration, resource sharing, and emotional support during difficulties.

The transformation in inter-ethnic relationships proved particularly striking given Malaysia's history of ethnic segregation and periodic tensions. Participants initially expressed skepticism about cross-ethnic collaboration, with some questioning whether people from other ethnic groups could be trusted or whether cultural differences would prevent effective cooperation. Early program activities deliberately created low-stakes positive interactions around food sharing, cultural performances, and community improvement projects where success depended on cooperation. These positive experiences gradually built trust that enabled deeper collaboration around livelihood development and mutual aid. By program conclusion, participants enthusiastically endorsed multi-ethnic approaches, with 94 percent agreeing that "working together across ethnic groups strengthens our community" and 88 percent disagreeing that "people should mainly help others from their own ethnic group." Focus group discussions revealed that economic collaboration proved particularly powerful for building relationships, as mutual economic benefit provided strong incentive for cooperation while demonstrating that ethnic diversity creates complementary advantages rather than merely representing source of conflict.

Table 1 presents comprehensive social capital indicators measured at baseline and endline, demonstrating substantial improvements across multiple dimensions. These quantitative indicators align with qualitative evidence from interviews and focus groups where participants described how the program transformed community dynamics and their relationships with neighbors. Participants emphasized that these social connections represented the program's most valuable outcome, viewing improved relationships as both intrinsically meaningful and instrumentally valuable for accessing resources, solving problems, and facing future challenges.

**Table 1.** Social Capital Indicators at Baseline and Endline (N=247 households)

Indicator	Baseline	Endline	Change	Significance
Average number of close friends	6.4	11.8	+5.4	p < .001
Average number of cross-ethnic close relationships	2.3	8.7	+6.4	p < .001
Trust in neighbors (% agreeing)	54%	87%	+33%	p < .001
Trust in people from other ethnic groups (% agreeing)	34%	67%	+33%	p < .001
Received practical help from neighbors in past month (%)	42%	78%	+36%	p < .001
Participated in community organizations (%)	28%	73%	+45%	p < .001
Collective efficacy scale (1-10)	4.7	7.3	+2.6	p < .001

Indicator	Baseline	Endline	Change	Significance
Would take collective action to solve community problems (% agreeing)	38%	81%	+43%	p < .001

Note. Statistical significance assessed using chi-square tests for categorical variables and paired t-tests for continuous variables. Collective efficacy measured using validated 8-item scale assessing community cohesion and informal social control.

Collective efficacy—community members' capacity for collective action addressing shared concerns—increased substantially, with communities demonstrating growing ability to identify problems, organize responses, and mobilize resources. During the program period, communities initiated numerous self-organized activities beyond program requirements including neighborhood clean-up campaigns, cooperative childcare arrangements, collective purchasing cooperatives reducing household expenses, and advocacy with local government securing infrastructure improvements including road repairs, streetlighting, and drainage improvements. These community-initiated activities demonstrated internalization of organizing skills and growing confidence in collective capacity. According to Sampson et al. (1997), collective efficacy strongly predicts community outcomes including crime reduction, youth development, and environmental quality, suggesting that program success in building collective efficacy could generate sustained community welfare improvements beyond specific program interventions.

Leadership development represented another crucial social outcome, with the program intentionally cultivating community leaders capable of sustaining welfare improvement efforts and advocating for community needs. The community advisory committees that guided program implementation provided leadership experience for 36 committee members who developed skills in meeting facilitation, conflict resolution, resource mobilization, and engagement with government officials and external partners. Many committee members subsequently assumed broader community leadership roles including positions on community development councils, religious organization boards, and political party structures. Importantly, new leaders included women, youth, and previously marginalized individuals rather than only traditional elite leaders, diversifying community leadership and increasing representation of vulnerable groups. Several women participants described how leadership experience transformed their confidence and family roles, with one explaining that "before I never spoke in meetings or made decisions, but through the program I learned I have valuable ideas and can lead, now my husband respects my opinions and I help lead our community."

## CONCLUSION

This community service initiative demonstrates that integrated, comprehensive approaches addressing multiple welfare dimensions simultaneously while building cross-ethnic bridging social capital can significantly improve social welfare outcomes in Malaysia's diverse communities. The eighteen-month program in Kuala Langat engaged 247 multi-ethnic households in coordinated activities spanning economic empowerment, healthcare access, educational support, and social capital development, producing substantial improvements across all measured welfare dimensions including 42 percent average income increases, improved health outcomes and healthcare access, educational gains, and transformed social relationships enabling sustained collective action. Critical success factors included comprehensive programming addressing multiple interrelated welfare challenges rather than single issues, intentional bridging of ethnic divisions creating cross-ethnic collaboration and solidarity, asset-based approaches mobilizing community strengths and resources, participatory methodology emphasizing community agency and leadership rather than service delivery, and strategic connections with government welfare systems and external resources.

The program establishes replicable model for social welfare intervention in Malaysia and similar multi-ethnic developing countries, demonstrating that diversity can become asset through appropriate facilitation while showing that sustainable welfare improvement requires addressing structural barriers, building community capacity, and strengthening social cohesion alongside material assistance. However, program success also highlighted continuing challenges including limited government welfare resources, economic structural barriers constraining livelihood opportunities regardless of household efforts, persistent inequalities affecting welfare program access, and political sensitivities surrounding ethnic issues that constrained open discussion of discrimination and differential vulnerability.

Comprehensive welfare improvement therefore requires complementary policy actions addressing structural determinants of inequality including quality employment creation, universal social protection systems, equitable public service delivery, and inclusive governance ensuring that marginalized communities influence policy decisions affecting their lives. Future research should examine long-term sustainability of program outcomes after external facilitation concludes, investigate factors enabling successful scaling across diverse Malaysian contexts, and explore how community-level welfare interventions can inform and connect with policy advocacy addressing structural inequality dimensions that community programs alone cannot resolve.

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