

Understanding the impact of COVID-19 on Rohingya and Bangladeshis in Malaysia – Update #2

Since May 2020, MMC Asia has been interviewing Rohingya and Bangladeshis in Malaysia to better understand their migration experiences and protection needs during the COVID-19 pandemic. This snapshot builds on themes covered in the first snapshot, produced in June 2020.¹ This includes the impact of COVID-19 on daily life, as well as the consequences of COVID-19-related income loss. In addition, this snapshot focuses on respondents' access to healthcare, risk perception and awareness of COVID-19, as well as the impact of the pandemic on migration journeys. It aims to contribute towards building a solid evidence base to inform targeted responses on the ground, as well as advocacy efforts related to the challenges facing Bangladeshis and Rohingya in Malaysia.

Recommendations

- Stop the arrest, detention, and deportation of refugees and migrants in Malaysia;
- Provide equal access for both male and female refugees and migrants to free healthcare services, including testing and treatment;
- Facilitate access to income-generating activities for Bangladeshis and Rohingya, while addressing the impacts of income loss on their living conditions and psychological well-being;
- Provide rental relief and freeze evictions of refugees and migrants during the pandemic

Profiles

Information in this snapshot was collected between 1 May and 26 June 2020 in Johor, Kedah, Kelantan, Kuala Lumpur, Malacca, and Selangor, in Malaysia. 119 phone interviews were conducted - 79 with Rohingya and 40 with Bangladeshi respondents.

More than half of Rohingya respondents were women, while Bangladeshi respondents were primarily men (90%).²

All respondents had arrived in Malaysia within the past 24 months. The average age of Rohingya respondents was 24, compared with 30 for Bangladeshis. Findings in this snapshot are representative only of those interviewed and cannot be generalized to the wider Rohingya and Bangladeshi populations in Malaysia.

Awareness of COVID-19 and protective measures is high

All participants had heard of COVID-19, and 99% said they knew how to protect themselves from the virus (n=119). The most common protective measures practiced by both Rohingya and Bangladeshi respondents include washing hands more regularly and/or using hand sanitizer (94%), wearing a mask (88%), and staying at home and isolating from others (78%).

Rohingya respondents report high levels of worry about contracting and transmitting the virus

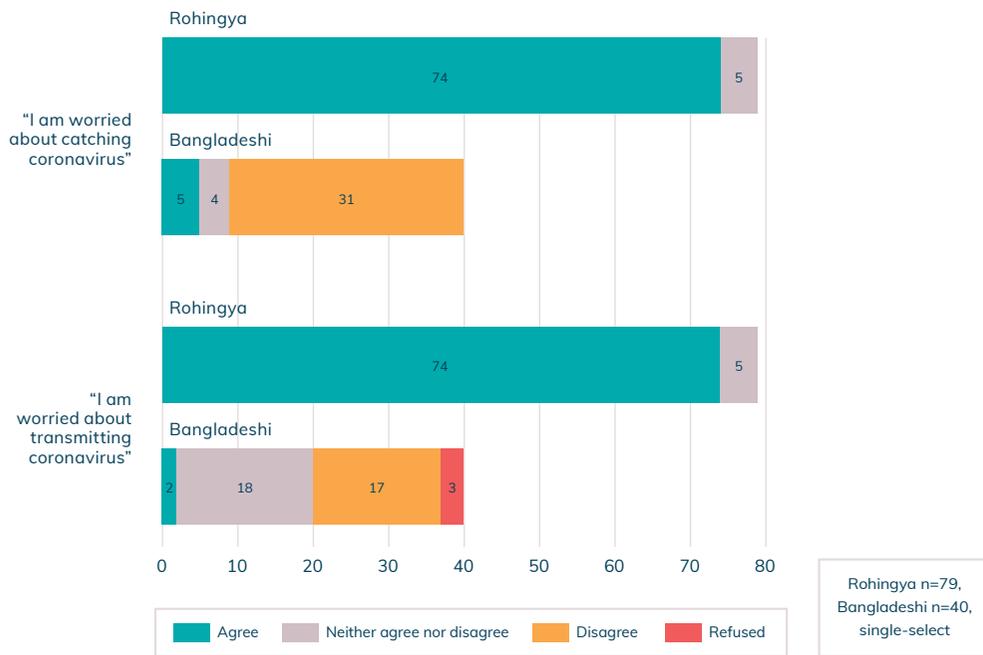
Significantly higher levels of worry about transmitting and contracting the virus were reported by Rohingya compared with Bangladeshi respondents, see Figure 1. Only 2 out of the 40 Bangladeshis interviewed reported they were worried about contracting COVID-19, compared with almost all Rohingya interviewed (74 out of 79 respondents). Similarly, 74 out of 79 Rohingya respondents reported feeling worried about transmitting

1 See <http://www.mixedmigration.org/resource/4mi-snapshot-understanding-the-impact-of-covid-19-on-rohingya-and-bangladeshis-in-malaysia/>

2 The high proportion of male respondents from Bangladesh is likely to reflect the high number of Bangladeshi migrant men, compared to women, in Malaysia. See <http://www.data.gov.my/data/dataset/jumlah-pekerja-asing-plks-aktif-mengikut-jantina-dan-negara-sumber/resource/e5353b72-0b63-4f3a-9b39-047c513952c5>

the virus, compared with 5 Bangladeshi respondents.

Figure 1. COVID-19 risk perception



An increased proportion of respondents have been tested for COVID-19, although women are significantly less likely to have been tested than men

This update saw an increase in the share of respondents reporting they had been tested for COVID-19. By 22 May, 13 out of 64 interviewed reported they had been tested for COVID-19 in Malaysia, compared with 38 people out of 119 by 26 June.³ The share of people reporting they had been tested for COVID-19 in Malaysia is significantly higher than other refugee and migrant groups surveyed by MMC in Asia.⁴ This is likely to be due to large-scale testing

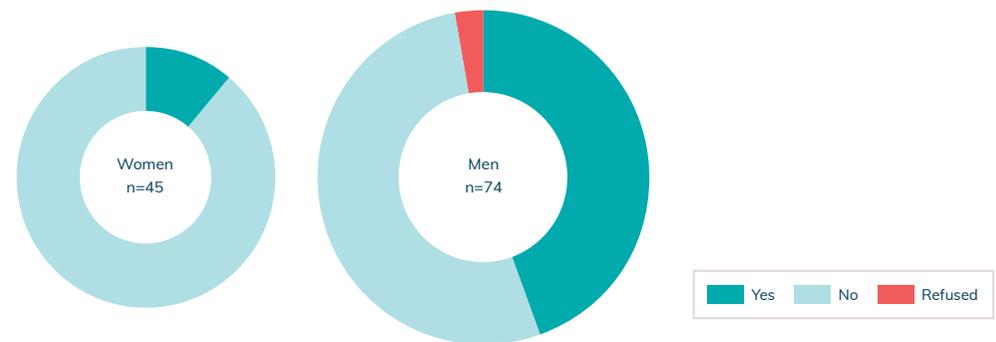
³ See <http://www.mixedmigration.org/resource/4mi-snapshot-understanding-the-im-pact-of-covid-19-on-rohingya-and-bangladeshis-in-malaysia/>

⁴ According to MMC's survey of refugees and migrants in other locations across Asia, as of 26 June, only 2 Afghans were tested in Indonesia (n=170) and 0 Afghans were tested in India (n=145)

initiatives being carried out in Malaysia since the beginning of the outbreak.⁵

Among those tested, men (33 out of 74 respondents), were much more likely to have been tested than women (5 out of 45 respondents), see Figure 2. Also, nearly half of all Bangladeshis reported being tested (19 out of 40), compared with roughly one-quarter of all Rohingya respondents (19 out of 79). This may be in part because over half of all Rohingya respondents were women, compared with only 10% of Bangladeshi respondents.

Figure 2: Have you been tested for coronavirus?



Inability to afford health care and fear of arrest are common barriers to accessing medical support

71% of respondents (n=119) reported that they could access health services should they have COVID-19 symptoms. Among the 17% (n=20) who said they could not access healthcare, the majority were Rohingya (18 respondents, n=79), compared with 2 Bangladeshi respondents (n=40). The remaining 12% said that they did not know whether they could access health services or not (7 Bangladeshi and 7 Rohingya respondents). The main barriers to health care included the inability to afford health services (total 15 responses), followed by fear of arrest, detention, and deportation (total 12 responses). This

⁵ See <https://foreignpolicy.com/2020/06/19/malaysias-coronavirus-scapegoats/>

supports reports of both high levels of income loss due to the pandemic, and increases in police raids and arrests targeting migrants and refugees in Malaysia.⁶

“The government should provide free COVID-19 checkup facilities because a lot of migrants have lost their income.”

39-year-old Bangladeshi man, interviewed in Kuala Lumpur, Malaysia

“During the pandemic, the Malaysian government has turned against migrants and refugees. They want to catch [us all].”

24-year-old Bangladeshi man, interviewed in Kuala Lumpur, Malaysia

COVID-19 has resulted in reduced access to work, basic goods, and asylum procedures

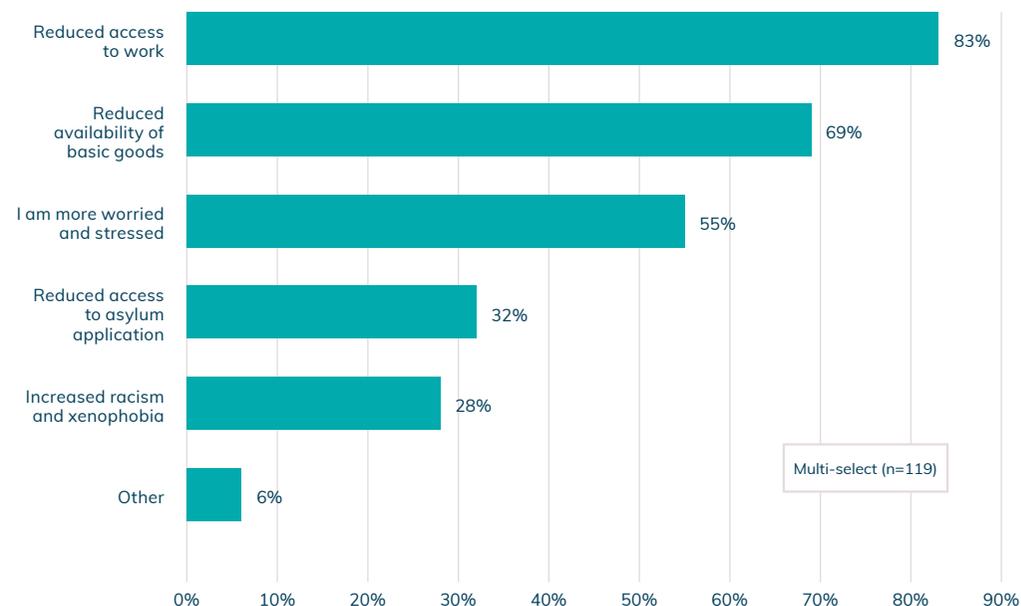
The most commonly cited day-to-day impacts of COVID-19 across both groups of respondents include reduced access to work (83%), reduced availability of basic goods (69%) and increased worry and stress (55%), see Figure 3. These were also the top three most commonly cited impacts of COVID-19 reported in the last snapshot.

Additionally, 32% said that COVID-19 had reduced access to asylum processes, an increase from approximately a quarter of respondents (15 people out of 64) in the last snapshot.

“Unfortunately, I was never called for asylum registration. I am now pregnant and unable to access any healthcare. I am also unable to register my pregnancy at any maternity clinics.”

20-year-old Rohingya woman, interviewed in Kuala Lumpur, Malaysia

Figure 3. What impacts has the crisis had on your day-to-day life?



Reports of rising xenophobia continue among Rohingya respondents

Among Rohingya respondents (n=79), nearly half reported experiencing increased racism and xenophobia due to COVID-19 (33 responses), a similar proportion to last update.⁷ This confirms concerning reports of rising anti-migrant and refugee sentiment in Malaysia raising widespread international concern.⁸

“Ever since the coronavirus outbreak began in Malaysia, some locals have been against us and see us as a threat. This makes me feel so stressed and fearful. We don’t know what’s going to happen next.”

26-year-old Rohingya man, interviewed in Kuala Lumpur, Malaysia

6 See <https://www.thestar.com.my/news/nation/2020/06/10/malaysia-to-deport-new-rohingya-refugees>

7 In the [last update](#), 19 out of 44 Rohingya respondents reported increased racism and xenophobia

8 See <https://reliefweb.int/report/malaysia/malaysia-covid-19-stop-crackdown-migrants-journalists-and-civil-society-un-rights>

Income loss has led to destitution and homelessness among participants

While Malaysia has started to lift COVID-19-related economic restrictions, a nearly-three-month lockdown has significantly impacted refugees' and migrants' access to livelihoods.⁹ Indeed, almost 60% of respondents reported income loss due to COVID-19 restrictions (n=119). Income loss was reported slightly higher proportionally among Rohingya respondents (50 out of 79 respondents), compared with Bangladeshi respondents (18 out of 40 respondents). Furthermore, 11 Bangladeshi respondents (n=40) reported being able to continue to work amid the pandemic, compared with 0 Rohingya.

The most commonly reported impact of income loss by the majority of both Bangladeshi and Rohingya respondents was the inability to afford basic goods (16 out of 18 Bangladeshi respondents; 46 out of 50 Rohingya respondents), see Figures 4 and 5. Loss of housing was another commonly cited impact of income loss reported by 8 Bangladeshi and 39 Rohingya respondents. This is a continuation from the last update and highlights the growing threat of homelessness among refugee and migrant communities as they struggle to pay rent amid COVID-19-related income reductions.¹⁰

"My husband has been jobless since the lockdown was imposed. We haven't been able to pay our rent for 3 months. We spent all our savings while I was hospitalized to deliver our baby. As a result, we have been driven out of our house as we couldn't manage to pay rent."

18-year-old Rohingya woman, interviewed in Kelantan, Malaysia

"Our family is facing inexpressible hardship during this crisis as we are refugees. We are unable to work as nobody wants to hire us. We couldn't manage to pay the rent."

27-year-old Rohingya man, interviewed in Kedah, Malaysia

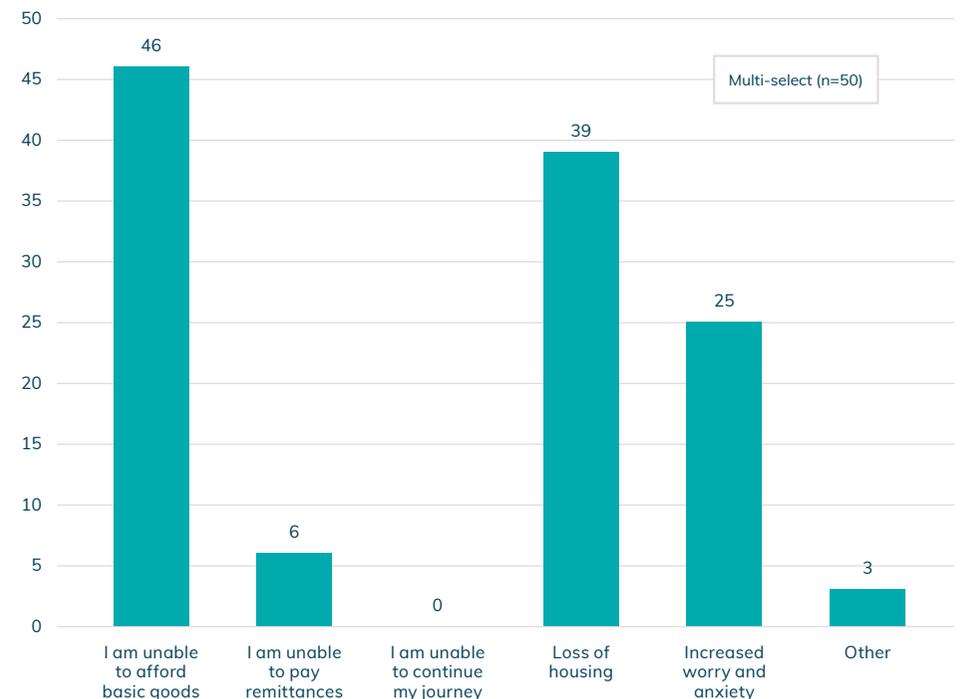
⁹ See <https://www.canberratimes.com.au/story/6788517/malaysia-reopens-after-3-month-lock-down/?cs=14232>

¹⁰ In the [last update](#), 4 Bangladeshis out of 20, and 22 out of 44 Rohingya reported loss of housing due to COVID-19-related income reductions

Figure 4. What impact has the loss of income had? (Bangladeshi respondents)



Figure 5. What impact has the loss of income had? (Rohingya respondents)



Half of the 50 Rohingya respondents who lost income reported increased worry and anxiety as a result, compared with only 2 out of 18 Bangladeshi respondents, see Figures 4 and 5. This may be due to the proportionally higher number of Rohingya respondents reporting income loss, as well as the higher number of Bangladeshi respondents reporting they were able to continue to work amid the pandemic.

Among Bangladeshi respondents who lost income, the inability to pay remittances was reported among almost all respondents (15 out of 18 respondents), compared with Rohingya respondents (6 out of 50 respondents).

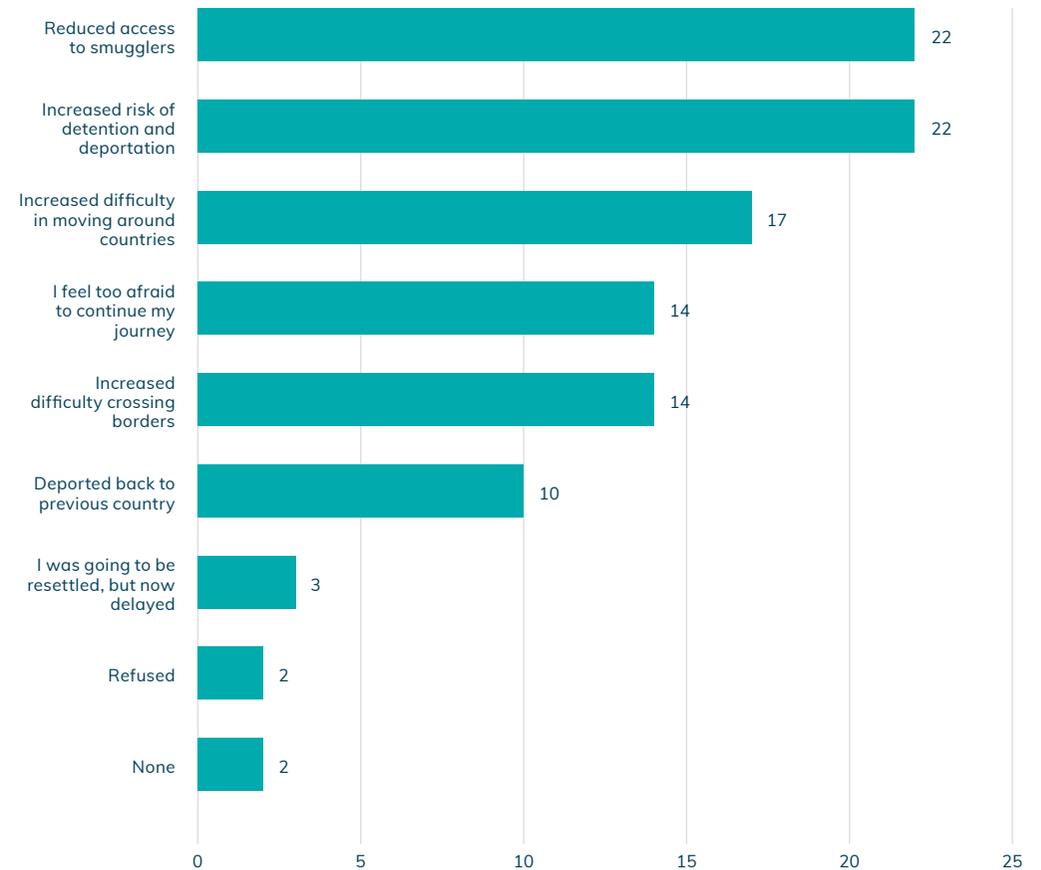
COVID-19 has impacted on Bangladeshi respondents' migration plans

Among Bangladeshi respondents who reported losing income due to COVID-19 (n=18), half cited that income loss had resulted in the inability to continue their migration journey, see Figure 4. Results are different among Rohingya, where none of the 50 respondents having lost income reported that this meant they were unable to continue their journey, see Figure 5.

When Bangladeshi respondents (n=40) were asked how COVID-19 had impacted their migration journey, they mentioned various migration obstacles, see Figure 6. Over half cited an increased risk of detention and deportation during their migration journey (22 respondents) and reduced access to smugglers (22 respondents) as a result of COVID-19. Increased difficulty moving within countries and crossing borders was also commonly cited (17 and 14 responses, respectively).

When all survey participants were asked whether their migration plans had changed as a result of the crisis, the majority of Rohingya respondents answered that they had not (52 responses, n=79). In contrast, among Bangladeshi respondents, 13 out of 40 said that they decided to return to Bangladesh as a result of COVID-19, and 18 reported they had changed either their intended migration destination or migration route as a result of COVID-19.

Figure 6. What impact has the coronavirus crisis had on your migration journey? (Bangladeshi respondents)





4Mi & COVID-19

The [Mixed Migration Monitoring Mechanism Initiative](#) (4Mi) is the Mixed Migration Centre's flagship primary data collection system, an innovative approach that helps fill knowledge gaps, and inform policy and response regarding the nature of mixed migratory movements. Normally, the recruitment of respondents and interviews take place face-to-face. Due to the COVID-19 pandemic, face-to-face recruitment and data collection has been suspended in all countries.

MMC has responded to the COVID-19 crisis by changing the data it collects and the way it collects it. Respondents are recruited through a number of remote or third-party mechanisms; sampling is through a mixture of purposive and snowball approaches. A new survey focuses on the impact of COVID-19 on refugees and migrants, and the surveys are administered by telephone, by the 4Mi monitors in West Africa, East Africa, North Africa, Asia and Latin America. Findings derived from the surveyed sample should not be used to make inferences about the total population of refugees and migrants, as the sample is not representative. The switch to remote recruitment and data collection results in additional potential bias and risks, which cannot be completely avoided. Further measures have been put in place to check and – to the extent possible – control for bias and to protect personal data. See more 4Mi analysis and details on methodology at www.mixedmigration.org/4mi