

# Integrated approach to improve Food Insecurity and Nutrition status among migrants, asylum seekers and refugees (MARs) in Malaysia.

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## Issue / Purpose Background

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This report aims to address food insecurity status and improve nutritional status among migrants, asylum seekers, and refugees (MARs) in Malaysia. Based on the four dimensions (availability, access, utilisation and stability) of food security, this report focuses on the pillar of “access” where access to food can be tackled. Food insecurity occurs when there is an inability to access adequate food, mainly due to little to no income and other factors. (2) The poverty among the MARs residing in Malaysia causes food insecurity which may exacerbate their pre-existing poor nutritional status and other underlying health issues. This report is targeted at our government and private sectors – Ministry of Foreign Affairs Malaysia, Malaysia’s Human Resource and Labour Department, Ministry of Education, Ministry of Public Health, relevant ministries and non-governmental organisations (NGOs) such as UNHCR.

## Why MARs population is at risk of food insecurity and poor nutritional status?

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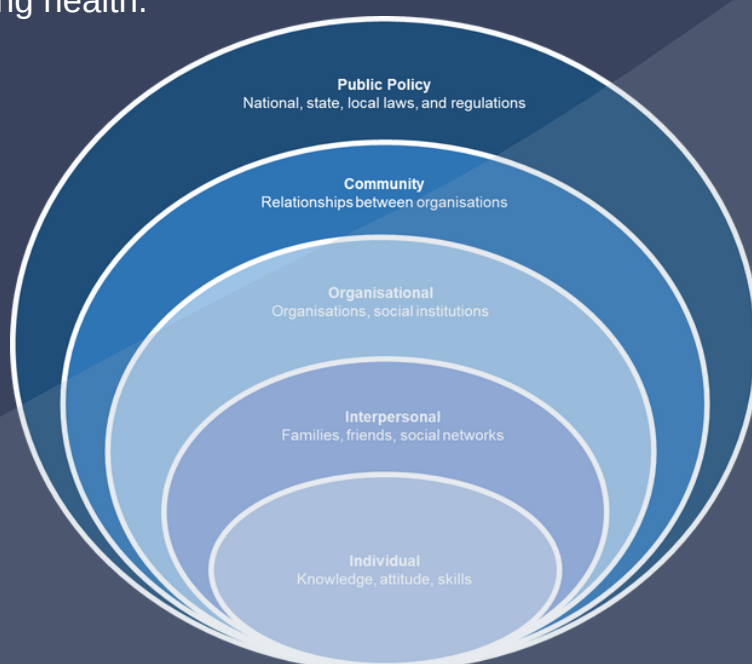
MARs need to earn sufficient income to provide food for themselves and their families. As Malaysia did not sign the UN Convention relating to the status of refugees (1951) and the protocol relating to the status of refugees (1967), the MARs population suffer as they are not protected the Malaysian law. Most MARs do not have work rights, healthcare access and a proper education system. These factors contribute to a rise in their poverty status that compromises their health. According to a report by UNHCR, over a thousand calls were received daily during the pandemic requesting food aid as MARs did not have the resources for food supplies. (3) Although Malaysia has sufficient food production all year round, food security in Malaysia is still an important issue. (4) Hence, MARs would be among the groups affected the most.

## What is the current status of outcome?

Food insecurity among refugees are on the rise in Malaysia. (5) Food insecurity was recently studied to affect the nutritional status of migrants in Malaysia. (6) Evidence suggests that poverty affects the food insecurity status, which then affects one's nutritional status. (6-8) The current alarming food insecurity status that Malaysians face was also published on Malaysiakini's portal. (9) That being said, individuals from impoverished households are more likely to be food insecure. (10) Some MARs are employed to conduct labour jobs in Malaysia, with low wages. As such, MARs are left with no choice but to ration their food supplies at home to make ends meet. (11)

## Recommended action:

This pressing issue needs to be tackled by a multifaceted approach using the socio-ecological model (SEM) in Figure 1 below. SEM highlights the importance of a multifaceted approach in promoting health.



**Figure 1 : SEM levels of multifaceted approach**  
Redesigned from sketchbubble.com - templates for SEM

## Individual level

Nutritionists should work with private and public sectors such as NGOs, UNHCR and the Ministry of Foreign Affairs to provide nutrition education for MARs. Education can be done through refugee clinics, detention centres, distribution of flyers, scheduled nutrition talks at residential flats or public spaces close to MARs, and specific social media (Facebook and Instagram) pages for the MARs communities. A peer-led approach is practical for health promotion among MARs communities. (12) Therefore, working closely with community leaders that can speak the languages to MARs is essential. I.e. Myanmar Ethnic Rohingya Human Rights Organization Malaysia (MERHROM) for Myanmar or Rohingya refugees. Recruiting translator or someone that can resonate and speak the language is crucial to channel the correct information to MARs.

The second recommended action is nutrition supplementation through sectors such as the Ministry of Health Malaysia. Funding should be allocated for public health clinics to provide free iron and folic acid supplementation for all MARs women of childbearing age to prevent the risk of nutrient deficiencies in the long term. A study in Vietnam warranted the importance of distributing iron supplementation, especially to the vulnerable women in living rural areas. (13)

## Interpersonal – Organisational - Community level

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The ministers in the government must raise awareness on the importance of showing humanitarian assistance (food aid) to mobilise positive support among the public. The government can enforce selected private businesses. I.e. Sunway, Sime Darby and YTL Corporation that have the means to allocate fundings to give back to not only to the underprivileged Malaysians but also to the MARs that suffer from poverty. The response to this situation requires a joint initiative by the public and private sectors to identify gaps, as discussed in a commentary titled “The Private Turn in Humanitarian Aid”. (14) Thus, to support this population, it must start from the upstream targeting the MARs.

The following recommended action is for the Ministry of Education, national policymakers and MARs community leaders to work closely and incorporate non-discrimination education that covers different cultures, languages and traditions from primary to secondary education in all public and private schools in Malaysia. This is to instil open-mindedness and respect among Malaysians to the MARs. Students will be encouraged to engage with NGOs that conduct extensive work on the ground with the MARs communities. A study conducted in New Zealand by McIntosh et al, 2019 discussed that more partnerships and communication are required to make refugees feel welcomed. (15)

Granting temporary work permit will provide MARs with employment opportunities and strengthen relationships between countries. Sectors such as Malaysia’s Employer Federation (MEF) must work with Malaysia’s Human Resource and Labour Department to provide work permits for MARs. For example, in Thailand, their government provides work permits to undocumented migrants from Myanmar, Cambodia, and Laos. (16)

The subsequent intervention is to provide essential medical checkups. The sectors required are the Ministry of Education, Clinical lecturers and students from the health sciences. Students of the medical, nutrition and dietetics background will conduct biochemical assessments for iron, urine iodine, and hydration to assess nutritional status. Based on this, the nutritional status in MARs will be assessed. If the MARs face any nutrition issues, the students will provide advice on changes to diet and basic nutrition education. A study by Haidar et al, 2011 in Ethiopia studied that refugees commonly encounter micronutrient deficiencies as the food aid received are of a monotonous diet that does not encompass sufficient nutrient-rich foods such as fruits and vegetables. (17) Nutrition status assessments are seen to be done in Kenya and Netherlands. (18) (19) In Vietnam, the nutrition improvement project was also carried out to increase mothers’ knowledge of nutrition-related information. This project showed successful improvement of women’s nutrition knowledge and children’s nutritional and health status. (20) Therefore, public health campaigns such as medical and nutrition status checkups targeted at nutrition education are essential to improve nutrition knowledge and application among MARs.

The following intervention is a joint inter-agency seeking donations. This ensures the MARs population's health, nutrition, and food needs are managed. It will be carried out through collaborative working relationships between UNHCR, various NGOs (e.g. Tenaganita, Amnesty International Malaysia) and MARs community leaders. The agencies must reach out to the public for food emergency aid and channel all food aid directly to MARs. These agencies must carry out comprehensive food security interventions to include basic needs such as food provisions. (21) This is done by seeking donations from public or private corporations. For example, The Asylum Seeker Resource Centre (ASRC), a human rights organisation based in Australia, relies solely on the community for its funding. (22, 23)

## Public Policy level

Moving forward, the Malaysian government should sign the UN Convention relating to the status of refugees (1951) and the protocol relating to the status of refugees (1967). By doing this, there will be more job opportunities and purchasing power among the MARs. Without being protected by law, they will not have the substantial income to support their daily food intake. A recent study by researchers of economic policy background showed evidence that if the Malaysian law protected refugees and asylum seekers, it is estimated to increase our country's economic development and GDP by RM3billion by 2024. (24)

The second recommended action is to provide complementary healthcare to MARs on par with Malaysians. Although there are subsidised healthcare fees at public health clinics for some MARs, it is still exorbitant for them, being of low socioeconomic status. The Ministry of Health and Ministry of Foreign Affairs should collaborate to ensure coherence among their policies to provide complementary healthcare. For example, although India and Iraq did not sign the UN Convention 1921, these countries still provide free healthcare to refugees on par with their nations healthcare benefits. (25)

Offering food aid will not solve food insecurity in the long term. Public health experts must work with the government to mobilise long term food accessibility for the MARs population. This can be done by creating more education and job opportunities. In return, the MARs will be able to improve their food security and nutrition status and continue to contribute to the economic growth of our developing country with peace of mind. Ultimately, as Public Health experts, we should work closely with public and private sectors to channel efforts to those in need, such as the MARs population in Malaysia.

(Total words: 1500 words)

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