SCAPEGOATING DURING COVID-19: MALAYSIANS FEAR OF COVID-19 AND ATTRIBUTING THE BLAME TOWARDS IMMIGRANTS

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Abstract

There is an increase in scapegoating tendency against selected minorities due to the crisis imposed by the COVID-19 global pandemic. This behavioural pattern was observed between the local Malaysians and immigrants during the pandemic. The present study employed a cross-sectional survey design to examine whether Malaysians' tendency to scapegoat the cause of the virus and its related threats towards immigrants is higher among those with heightened fear against COVID-19. Using an online survey, 256 Malaysian citizens were recruited using convenience sampling (18 to 63 years old, M = 23.28, SD = 4.23). Using Partial Least Squares Structural Equation Modelling, the data examined revealed that the model proposed is partially supported. The results of this study may provide insight into the relevance of scapegoating theory in explaining the dynamic between Malaysians and foreign immigrants when there is a sudden and deadly threat present. This paper recommends reducing stigma to maintain intergroup harmony among Malaysian during the pandemic.

Keywords: Asylum seekers, COVID-19, Malaysia, Migrant workers, Refugees

Introduction

There is an increase in scapegoating tendency - frustration and attribution of blame - against selected minorities due to the crisis imposed by the COVID-19 global pandemic (Ahuja et al., 2020; Cheah et al., 2020; Croucher et al., 2020; Hammer, 2007; Wang et al., 2020). The tendency to attribute blame towards others could be explained through the Scapegoat Theory. Under this theory, people with prejudices against outgroups perceived themselves as victims of unfortunate circumstances (Schaefer, 2015). These individuals transfer the responsibility of personal failure to another vulnerable group.

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Malaysia, housing over 32 million civilians, nearly two million of whom comprise migrant workers, observed a similar incident (International Labour Organization, 2020). In the country, the sudden surge in COVID-19 cases among immigrants in the middle of 2020 triggered greater tension between the local Malaysians and immigrants (Wahab, 2020). Malaysia announced its first lockdown phase on March 18, 2020, right after the sudden increase in COVID-19 cases attributed to the *Sri Petaling Tabligh* cluster (Restriction of Movement Order, 2020). The *Sri Petaling* cluster refers to the religious gathering involving 16,000 attendees, consisting of both foreign and local Malaysians (Babulal & Othman, 2020). The event was a three-day event held at *Sri Petaling* Mosque from February 27. There was a report that many attendees were reluctant to come forward, and these attendees were reported to be illegal immigrants residing in Malaysia, including refugees and asylum seekers. The situation worsened in June 2020, when four immigration detention centres reported over 770 cases of COVID-19, causing a sudden surge in cases in Malaysia (Ruzki & Halid, 2020).

Since June 18, 2020, there has been a sudden surge of immigrants due to the outbreak in several immigration detention centres all over Malaysia. The strain between Malaysians and immigrants during the pandemic, especially Southeast Asian immigrants coming from Bangladesh and Myanmar, was visible during several points. The first incident was when Malaysia initiated immigration raid operations in May 2020 (Zack, 2020). The second incident was the arrival of a boat boarding 269 Rohingya refugees on Malaysia's shore in Langkawi (Human Rights Watch, 2020). Another boat with 300 passengers remained at sea and was denied entrance. During this time, the nation had ramped up control of its borders due to the risk of COVID-19.

The high cases recorded among immigrants in Malaysia could lead to the attribution of blames and other xenophobic tendencies. COVID-19 is not the sole cause of a rise in hate. However, it triggers an already established internalised prejudice towards the outgroup (Ahuja & Banerjee, 2020). It could explain why various nations have various targeted outgroups for xenophobic behaviours. The Malaysians' perceptions of foreign workers and refugees, especially those arriving from the neighbouring South-East Asian countries, have been consistently negative (Crinis, 2005).

The present study aims to examine whether Malaysians' tendency to scapegoat the cause of the virus and its related threats towards immigrants is higher among those with heightened fear against COVID-19. Additionally, the study aims to assess whether individuals' personalities, prior intergroup contact, and attitude towards immigrants may significantly predict scapegoating tendencies and support for equal medical treatment provided for the immigrants.

Literature Review

Historically, scapegoating tendency is a widespread occurrence during infectious disease outbreaks. Among the most recent, the Ebola virus disease (EVD) outbreak in West Africa between 2014 to 2016 had led to socially undesirable consequences, including being heavily discriminated against in their society even after they have recovered (James et al., 2020). The spread of HIV infection and AIDs had led to severe oppression of individuals infected as they were associated with homosexual people, intravenous drug users, and people of colour (O'Hare et al., 1996). Feelings of anger, disgust, and blaming the individuals for getting infected are public reactions to the AIDs crisis in the United States back in the 90s (Herek & Capitanio, 1993).

In the case of COVID-19, it is visible that the tendency to scapegoat is ongoing within various countries worldwide. Chinese or Sino-Asian minorities in several Western nations were the main target of scapegoats for the lockdown as presumably the origin of infectious disease, COVID-19, came from Wuhan, mainland China (Cheah et al., 2020). The resultant anger caused a rise in tension and hate crimes committed towards both Chinese and any other Sino-Asian minorities. The experiences of racism, both physical and online, have significantly affected the wellbeing of Chinese ethnics residing in America (Cheah et al., 2020). The worst-case outcome as of 2021 has been multiple civilians' deaths (Cabral, 2021). In the U.S. alone, the number of anti-Asian hate crimes increased to 145 per cent in 2020 (Center for the Study of Hate & Extremism, 2020). Prominent examples of incidences in the U.S. include an elderly Thai immigrant who died after being shoved to the ground, a Filipino-American slashed in the face with a box cutter, and a Chinese woman was slapped and set on fire.

The targets of scapegoats are not exclusive to Chinese ethnic nor Sino-Asian. In India, the Muslims became the target of scapegoats for the novel coronavirus (Ahuja et al., 2020). The novel coronavirus triggered a new level of hatred against the Muslim communities residing in India (Ahuja & Banerjee, 2020). The rise of Islamophobia triggered by COVID-19 is not isolated in India, as a similar incident could be observed in a Southeast Asian country, Sri Lanka (Kapur, 2020).

Internalised prejudice and discriminatory tendencies have several potential predictors, including personality traits and prior intergroup contacts. For example, a study by Tausch et al. (2009) uncovered that amount of prior contact and quality contact plays a significant role in determining whether Hindus and Muslims in India would see the other as a potential threat. Additionally, individuals' personality traits, such as level of social dominance orientation (SDO) and right-wing authoritarianism (RWA), could also affect prejudicial tendencies with higher standing on the traits increases prejudice (Duckitt, 2001). It is illustrated in the study by Sibley et al. (2006) assessing a sample of 2164 New Zealand European participants. The study looked at the effects of SDO and RWA towards various domains of intergroup-related attitude, including racism. The study found that the two personality traits are significant independent predictors of prejudice.

Malaysian Trades Union Congress (MTUC) uncovered several violations of migrant workers' labour rights, including poor living conditions and being unable to refuse work (International Labour Organization, 2020). During the lockdown, they are at a higher risk of neglect, and due to their poor living conditions, the likelihood of getting infected is high (Wahab, 2020). The lack of support given to the migrant workers and refugees could be resulted from internalised prejudice and blaming the minority groups for getting infected themselves. The heightened fear of having cases within the community could further lead to discrimination and refusal to assist them due to fear of being infected (Kim, 2020).

Method

The study was designed with four hypotheses. First, personality traits, social dominance orientation (SDW) and right-wing authoritarianism (RWA) traits, and prior intergroup contact have significant predictive values over attitude towards immigrants, attributing blames towards immigrants for COVID-19 and acceptance of equal medical treatment provided for immigrants, i.e., treatment equality. Second, attitude towards immigrants would predict the likelihood of attributing blames towards immigrants for COVID-19 and treatment equality. Third, fear of COVID-19 moderates the relationship between attitude towards immigrants and attributing blames towards immigrants for COVID-19. Fourth, attributing blames towards immigrants for COVID-19 predicts acceptance of equal health treatment for immigrants.

Study design and participants

The present study's focus is to look at how the surge of coronavirus cases in Malaysia had impacted the social situation in Malaysia back in July 2020. Therefore, a one-time data collection is deemed sufficient to assess various psychological variables related to Malaysians' perceptions of immigrants when there was a sudden surge of cases of COVID-19 and reports of cases among immigrants within the country. Subsequently, the design chosen for the present study is a cross-sectional survey design. A cross-sectional study is a one-time measurement of exposure and outcome. It can also explore and assess relationships between multiple psychological variables at a fast and inexpensive rate.

Meanwhile, the participants were recruited through the means of convenience sampling. Twenty-five undergraduate students were each instructed to recruit a minimum of ten participants for their coursework. The participants' inclusion criteria include Malaysian citizens currently residing in Malaysia. Within two weeks of July 2020, 256 participants were recruited, with 62 male participants (24.2%) and 8 participants refused to disclose their gender (0.03%). The rest of the participants were female (72.6%). The participants age ranged between 18 to 63 years old ($M = 23.28$, $SD = 4.23$).

Research instruments

Right-wing authoritarianism (RWA) scale (short version)

This scale was initially developed by Altemeyer (1998). Right-authoritarianism refers to the *"…degree to which people established authorities, show aggression toward out-groups, when authorities sanction that aggression and support traditional values endorsed by authorities."* (Saunders & Ngo, 2017, p.1). For the present study, the ten authoritarian aggression and submission items were selected from the short version of the RWA scale by Rattazzi et al. (2007). Participants were instructed to read each item and rate the degree of agreement to the statement on a 7-point Likert scale from *"totally agree"* (3) to *"totally disagree"* (-3).

Social dominance orientation (SDO) scale

This scale measures the belief that groups of people are inherently superior while other groups are inherently inferior and the personal approval of unequal group relationships (Pratto et al., 1994). The scale used contains fourteen items. Respondents were instructed to read each item and indicate their attitudes towards the statement ranging on a 7-point Likert scale from the highest score of 7, very favourable to the lowest score of 1, very negative [other points: *"positive"* (6), *"slightly positive"* (5), *"neither positive nor negative"* (4), *"slightly negative"* (3), and *"negative"* (2)]. Item 8 to 14 were reverse scored.

Generalised Group Attitude (GGA) Scale

The Generalized Group Attitude Scale was taken originally from Duckitt et al.'s (2005) study. The scale contains eight items describing the members of the outgroup. The eight items are four positive ("good", "kind", "honest", "trustworthy") and four negative ("bad mannered", "unpleasant", "dishonest", "bad") evaluative trait adjectives. In this study, the outgroup refers to immigrants, refugees, and asylum seekers. Participants were requested to read the eight items and indicate their agreement to each statement on a 5-point Likert scale: *"strongly disagree"* (1), *"disagree"* (2), *"neutral"* (3), *"agree"* (4), and *"strongly agree"* (5).

Fear of COVID-19 scale

Fear of COVID-19 scale was developed by Ahorsu et al. (2020) to assess the level of fear against the novel coronavirus 2019, i.e., COVID-19. Participants needed to indicate the extent to which they agree with each of the items on a 7-point Likert scale from *"strongly agree"* (7) to *"strongly disagree"* (1).

Prior intergroup contact

This scale measured the frequency and perceived quality of contact (or interaction) that participants had had with migrant workers, refugees, and asylums seekers before the enforcement of the Movement Control Order. More specifically, participants were requested to specify their experience before March 18, 2020. Eight items in this scale were originally taken from Islam and Hewstone (1993) and Sampton et al. (1997). Three items looked at the frequency of contact. For these three items, participants were requested to rate using a 7-point Likert scale: (1) how

often they had contacts with ("*none at all*" = 1 to "*a great deal*" = 7), (2) engaged in informal conversations with and (3) visited the homes of migrant workers, refugees and asylum seekers residing in Malaysia ("*not at all*" = 1 to "*very often*" = 7). The other five items looked at the perceived quality of contact. For these five items, participants were requested to rate using a 7-point Likert scale: whether the contact was voluntary ("*definitely involuntary*" = 1 to "*definitely voluntary*" = 7), intimate ("*very superficial*" = 1 to "*very intimate*" = 7), pleasant ("*not at all*" = 1 to "*very*" = 7), cooperative ("*very competitive*" = 1 to "*very cooperative*" = 7), and equal ("*none at all*" = 1 to "*a great deal*" = 7).

Attribution of blames towards immigrants for COVID-19

The scale represents a measure of scapegoating tendency. It focuses on the tendency to blame immigrants, including migrant workers, refugees, and asylum seekers, for the rise in COVID-19 infection cases in Malaysia. There is a total of three items in the scale: "I believe migrant workers, refugees and asylum seekers are the main sources of the rapid rise in cases of COVID-19 infection in Malaysia"; "If I come in contact with foreigners, I am scared that they may infect me with COVID-19"; "If I come in contact with migrant workers, refugees and asylum seekers, I am scared that they may infect me with COVID-19".

Providence of equal treatment for the immigrant

The scale measures the acceptance of Malaysians to allow medical treatment provided for immigrants residing in the country equal to the nation's citizens. This scale contains a total of three items: (1) "I believe the Malaysian Health Ministry should provide treatment to cure COVID-19 regardless of the individual's status and position in this country."; (2) "All migrant workers, refugees and asylum seekers should receive treatment by the Health Ministry equal to the Malaysians when it comes to testing and cure for COVID-19"; (3) "I believe the Malaysian Health Ministry should prioritise to test and treat Malaysians rather than non-Malaysians for COVID-19". Participants were requested to indicate their degree of acceptance on a 7-point Likert scale from "*strongly agree*" (7) to "*strongly disagree*" (1). The third item is negative and, during analysis, was reverse scored.

Procedure

The present study was conducted through virtual dissemination of Google Form's online survey form to all eligible participants. During an active semester at a local university, 25 undergraduate psychology students were tasked to recruit a minimum of 10 eligible participants, as part of their research coursework. Participants were recruited via means of convenience sampling, and each participant reached out must be a minimum age of 18 with no maximum age limit. The participants were contacted via various online means, including WhatsApp, Facebook, and Twitter. Within a period of fewer than two weeks in July, a total of 256 participants were recruited.

In the Google Form, participants were briefed on the study's objective, which is to assess the relationship between fear of COVID-19 and the relationship

with migrants residing in Malaysia. The participants were reassured that their participation was entirely voluntary and that all information they provided would be kept private and confidential. The participants were required to type in their age and gender in the first section. Subsequently, they were requested to fill in the scales in the following order, (1) Right-wing authoritarianism, (2) Social dominance orientation, (3) Generalized group attitude, (4) Fear of COVID-19, (5) Attribution of blames towards migrants, (6) Treatment equality, and (7) Prior intergroup contact.

Results

Overview

To provide an overview of the relationships between the items, the results begin with presenting the correlation index across all predictor variables and the outcome variables, which are attributing blame towards immigrants and the acceptance of equal medical treatment. Next, confirmatory factor analysis was run and presented to examine the suitability of the predictors standing on their own as formative constructs. Again, IBM SPSS version 21 was used for acquiring the correlation index and running confirmatory factor analysis. Lastly, path analysis was computed to investigate the relationship between the various predictor variables and the outcome variables. Again, SmartPLS version 3 was used for the path modelling.

PLS-SEM is considered suitable as it can address a complex structural model containing multiple constructs and indicators without a high sample size (Hair et al., 2016; Manley et al., 2020). Therefore, for the present analysis, the reflective measurement model has been best suited following the criterion listed in Hair et al. (2016) and Manley et al. (2020). Among the criterion that substantiates the decision include the indicators (i.e., the items) of the present study represent consequences of the construct (i.e., the latent variables). The constructs serve as traits explaining the indicators, and all measured items will change if the assessed trait changes.

Evaluation of measurement model

Prior to the analysis, the stop criterion of the algorithm was checked whether it converged before the maximum number of iterations. The results exhibited from SmartPLS that the PLS-SEM algorithm converged after 16 iterations. For reflective measurement models, assessment of the internal consistency reliability and validity is required. These include acquiring composite reliability, convergent validity, and discriminant validity. Table 1 summarises the results of the measurement model with the remaining items with a factor loading above .60 (following the suggestion by Hair et al., 2017). The measure of internal reliability looked at the outer loadings of all indicator variables, which could vary between 0 to 1. Since the present study used a reflective measurement model, only items with outer loadings above .60 were retained for the analysis and are presented in Table 1.

The composite reliability and Cronbach alpha values found that all constructs presented acceptable to satisfactory internal consistency reliability. For the convergent validity, the extent to which a measure correlates positively with alternative measures of the same construct was examined using the average variance extracted (AVE). All constructs exhibited values above .50, indicating good validity. Lastly, for the discriminant validity, the Heterotrait-monotrait ratio (HTMT) was used to examine the ratio of the between-trait correlations to within-trait correlations. None of the HTMT confidence intervals includes 1, which indicates that discriminant validity is acceptable across all constructs.

To conclude, the results of the measurement model analysis indicated acceptable items and constructs for the path modelling analysis. Therefore, the following section presents the structural model results to test the hypotheses of the present study.

Table 1: Results Summary of the Measurement Model

Construct	***Items***	***Outer Loadings***	***Mean***	***SD***	***Composite Reliability***	***Cronbach Alpha***	***AVE***	***Discriminant Validity***
		>0.60			***0.60-0.90***	***0.60-0.90***	***>0.50***	***HTMT confidence interval does not include 1***
SDO	SDO1	0.75	3.79	1.89	0.88	0.82	0.634	Yes
	SDO4	0.83	3.5	1.85				
	SDO5	0.84	3.72	1.94				
	SDO6	0.77	3.68	1.82				
RWA	RWA2	0.73	4.74	1.75	0.91	0.88	0.622	Yes
	RWA5	0.79	5.41	1.59				
	RWA7	0.79	5.64	1.49				
	RWA8	0.79	4.96	1.71				
	RWA9	0.81	5.14	1.64				
Quality of Contact	QC1	0.72	2.77	1.58	0.905	0.87	0.658	Yes
	QC2	0.82	3.31	1.72				
	QC3	0.75	2.70	1.43				
	QC4	0.89	3.38	1.54				
	QC5	0.87	3.62	1.51				
Frequency of Contact	FQC1	0.91	2.67	1.59	0.876	0.80	0.707	Yes
	FQC2	0.94	2.66	1.60				
	FQC3	0.64	1.64	1.18				
Attitude towards Immigrants	GA1	0.81	3.62	0.89	0.832	0.70	0.623	Yes
	GA4	0.80	3.17	0.86				
	GA5	0.75	-3.25	0.81				
Fear of COVID19	FOC1	0.83	5.23	1.52	0.897	0.85	0.686	Yes
	FOC2	0.86	4.93	1.71				
	FOC5	0.88	4.17	1.84				
	FOC7	0.75	3.09	1.79				
Attribution of Blames	AOB1	0.79	4.15	1.68	0.908	0.85	0.769	Yes
	AOB2	0.92	4.63	1.63				
	AOB3	0.91	4.71	1.71				
Treatment Equality	TE1	0.73	6.11	1.13	0.797	0.63	0.571	Yes
	TE2	0.87	5.84	1.24				
	TE3	0.66	4.38	1.87				

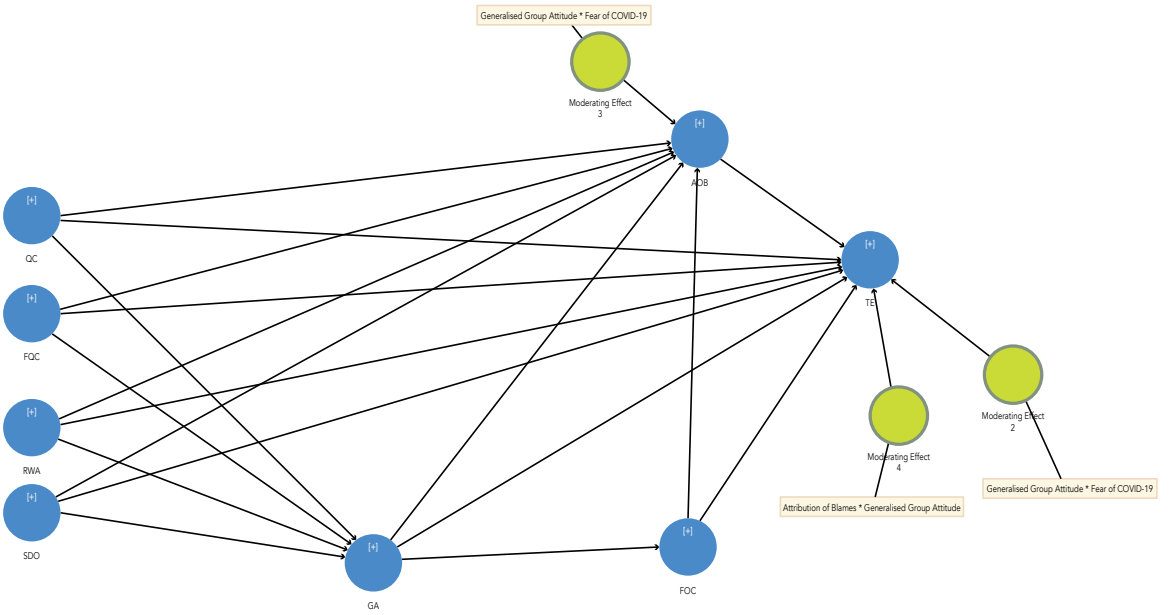

Figure 1: PLS Model for showcasing Direct Effects and Moderation Effect

Evaluation of structural model

A path-analytic model is constructed to present the interrelations between endogenous and exogenous variables. The model in the present study contains a total of eight latent variables with reflective measurement models, and all constructs contain a minimum of three items. The present study's endogenous variables (dependent variable) would be a measure of treatment equality, attribution of blames, and attitude towards immigrants. The exogenous variables would be personality traits (SDO and RWA) and intergroup contact (frequency and quality). Fear of COVID-19 would be the moderating variable between attitude towards immigrants and attribution of blames. Treatment equality and attribution of blame are treated as formative measures, and the others are treated as reflective measures. The goal of PLS-SEM is to maximise the explained variance (i.e., the R2 value) of the endogenous latent variable in the PLS path model. Fit measures in PLS-SEM are generally variance-based and focus on the discrepancy between the observed (in the case of manifest variables) or approximated (in the case of latent variables) values of the dependent variables and the values predicted by the model in question. The VIF for all independent variables was assessed to rule out the possibility of multicollinearity between the independent variable constructs of the structural model. The VIF values should be below 3.0 to rule out multicollinearity (Manley et al., 2020). All VIF values fall below the threshold of 3.0; therefore, collinearity among the independent variable constructs could be ruled out from causing bias to the results.

Table 2 summarises the results of path coefficients between the independent variable constructs and the three endogenous variables, attitude towards immigrants, attribution of blames as well as treatment equality. Attitude towards immigrants was significantly predicted by three variable constructs, RWA trait ($\boldsymbol{\beta}$ = -.24, t = 3.62, p <

.00), SDO trait (***β*** = -0.21, *t* = 3.02, *p* < .00) and quality of contact (***β*** = 0.19, *t* = 2.63, *p* = 0.01). Attribution of blames was significantly predicted by RWA trait (***β*** = 0.21, *t* = 3.54, *p* <.00), fear of COVID 19 (***β*** =. 0.23, *t* = 4.01, *p* < .00) and attitude towards immigrants (***β*** = -0.32, *t* = 4.73, *p* <.00). Lastly, treatment equality was significantly predicted by fear of COVID 19 solely (***β*** = 0.16, *t* = 2.00, *p* = .005). None of the path inclusive of moderator variables revealed a significant result.

Table 2: Results Summary of the Structural Model

Relationship	***Path Coefficients***	***Sample Mean (M)***	***Standard Errors***	***95% Confidence Intervals***	***t-value***	***p-value***
FC → AOB	0.00	0.00	0.07	[-.13, .13]	0.02	0.99
FC → GA	0.04	0.04	0.08	[-.12, .18]	0.50	0.61
FC → TE	-0.16	-0.16	0.10	[-.34, .07]	1.57	0.12
QC → AOB	-0.07	-0.07	0.07	[-.21, .08]	0.94	0.35
QC → GA	0.19	0.19	0.07	[.05, .32]	2.63	**0.01***
QC → TE	0.05	0.05	0.12	[-.18, .29]	0.43	0.67
RWA → AOB	0.21	0.21	0.06	[.09, .33]	3.54	0.00
RWA → GA	-0.24	-0.24	0.07	[-.37, -.02]	3.62	**0.00***
RWA → TE	-0.02	-0.03	0.09	[-.21, .15]	0.27	0.79
SDO → AOB	0.07	0.07	0.06	[-.06, .19]	1.06	0.29
SDO → GA	-0.21	-0.22	0.07	[-.35, -.07]	3.02	**0.00***
SDO → TE	-0.02	-0.01	0.08	[-.18, .15]	0.23	0.82
FOC → AOB	0.23	0.24	0.06	[.11, .34]	4.01	**0.00***
FOC → TE	0.16	0.17	0.08	[-.02, .30]	2.00	**0.05***
GA → AOB	-0.32	-0.32	0.07	[-.45, -.19]	4.73	**0.00***
GA → TE	0.06	0.06	0.08	[-.12, .21]	0.74	0.46
AOB → TE	-0.06	-0.06	0.11	[-.28, .17]	0.48	0.63
GA*FOC → AOB	-0.09	-0.09	0.06	[-.20, .02]	1.58	0.11
GA*FOC → TE	-0.03	-0.04	0.06	[-.15, .08]	0.57	0.57
GA*AOB → TE	-0.03	-0.02	0.06	[-.15, .08]	0.47	0.64

Note. * significant results.
FC: Frequency of Contact
QC: Quality of Contact
FOC: Fear of COVID-19
GA: Attitude towards immigrants
AOB: Attribution of Blames
TE: Treatment Equality

Assessment of the model followed the rule of thumb and procedures summarised by Manley et al. (2020). The value of R2 were substantial for attribution of blames (r2 = .40), attitude towards immigrants (R2 = .25) but extremely weak for treatment equality (r2 = .05). The effect sizes examined revealed that there were small effect sizes towards the attribution of blames from RWA trait ($f2$ = 0.04), fear of COVID 19 ($f2$ = .08), and generalised group attitude ($f2$ = .13). The effect

sizes towards attitude towards immigrants were also considerably small from RWA trait ($f2$ = .06), SDO trait ($f2$ = .05) and quality of contact ($f2$ = .03). The effect sizes towards treatment equality were small from fear of COVID 19 ($f2$ = .02). The predictive relevance of the model was assessed by using Stone-Geisser's *Q2*. Values larger than 0 indicate predictive relevance.

The analysis revealed that predictive relevance for endogenous latent variables indicated clear support only attribution of blames and attitude towards immigrants but not for treatment equality. The value of *Q2* were meaningful for attribution of blames (*Q2* = .29), attitude towards immigrants (*Q2* = .14) but falls outside of such criterion for treatment equality (*Q2* = -.00). Overall, the results identified meaningful input regarding the interrelations between attribution of blames and attitude towards immigrants during the COVID19 pandemic in Malaysia. However, evidence from this study indicates that acceptance of equal treatment provided for immigrants in Malaysia is not substantial enough; thus, precautions should be given when interpreting the results for the interrelation between fear of COVID-19 and treatment equality. The PLS model on direct effects and moderated effects is presented in Figure 1.

Discussion

The present study had intended to explore the predictors of attributing blames towards migrant workers and refugees during the COVID-19 pandemic among Malaysians. Additionally, the study intended to see the blame attribution towards acceptance of equal treatment provided for migrant workers and refugees. Using Partial Least Square Structural Equation Modelling, the study examined the model displayed in Figure 1 to explain the interrelation between the predictors and the outcome variables. It is found that personality traits and prior intergroup contact play a significant role in determining attitude towards migrant workers and refugees. High standing on RWA and SDO are associated with negative attitudes towards the outgroup.

Additionally, more significant quality contact also contributed to a more positive attitude towards the outgroup. On the other hand, negative outgroup attitude had positively affected attribution of blames. Moreover, fear of COVID-19 was also found to have a significant predictive effect towards the attribution of blames towards immigrants for COVID-19 cases in Malaysia. Although a similar effect was found for accepting equal medical treatment provided to immigrants, the results should be taken with precaution due to low predictive equivalence.

The predicted interrelations between variables were formed based on Scapegoating Theory, integrated Threat Theory, and findings of past literature (Hammer, 2007; Schaefer, 2015; Stephan & Stephan, 2000a). The Scapegoating Theory mainly represents the interconnection between the tendency to blame the outgroup and personalised negative attitude towards said group. Integrated Threat

Theory specifies the interconnection between prior intergroup contact predicting personalised outgroup attitude (Stephan & Stephan, 2000a, 2000b; Tausch et al., 2009). However, the connections between all predictor variables and the tendency to blame outgroup and support for equal medical treatment during a pandemic is a phenomenon yet to be established in theory. Therefore, the present study attempted to provide comprehensive coverage on how personality traits, prior intergroup contact predicting outgroup attitude could eventually affect the likelihood of blaming the outgroup for COVID-19 and accepting equal medical treatment for the outgroup during a pandemic.

The model in Figure 1 was tested, and the path analysis ran partially supported the model proposed. Blaming the outgroup, a form of scapegoating was significantly predicted by personality traits, prior intergroup contact, and attitude towards the outgroup. This indicates support for two established theories, the Scapegoating Theory and the Integrated Threat Theory. Additionally, the study found that an added element could contribute to the established knowledge on intergroup relations. The presence of threat from the environment, i.e., the novel coronavirus, COVID-19, could further exacerbate the pre-existing prejudice against the outgroup. Historically speaking, this occurrence is not novel as it was documented during the HIV-Aids and Ebola epidemic (Herek & Capitanio, 1993; James et al., 2020; O'Hare et al., 1996). However, it possibly indicates that internalised hate grew stronger when presented with a fatal threat (Kim, 2020).

Among the most significant implications of the present study is its highlights on the possible underlying causes of discriminatory behaviours and attitudes against immigrants during a pandemic in Malaysia. It could eventually lead to more COVID-19 cases and human rights violations due to neglect and hatred among the netizens (Ding, 2020). Aside from that, the blame's attribution could also lead to refusal to commit to strategies imposed by the government to end the pandemic. For instance, despite Malaysia having a high report of cases in sectors recruiting most immigrants, there was a lack of attempts to ensure measures were taken to reduce such cases (Wahab, 2020). It could be derivative from the attitude of "It's not me, it's them" among Malaysians.

Malaysia is a country with diverse communities, yet the present study did not account for the influence of races, religions, and regions. It may be relevant to propose targeted community intervention to educate individuals of various backgrounds on the importance of battling COVID-19 together and reduce the number of communities left behind. Therefore, future studies should consider the participants' demographic background to assess whether tendencies to blame and acceptance of equal treatment could also vary. Additionally, future studies should consider the subjective experience of the neglected communities, which are the migrant workers, refugees, and asylum seekers currently residing in Malaysia. Assessment of their subjective experience could enhance awareness among Malaysians and policymakers on the need for intervention.

Conclusion

Globally, the world faces challenges in battling a highly contagious and deadly virus and the rapid rise of intergroup conflict. Safeguarding against the novel coronavirus could only be achieved if everyone is protected from getting infected. Although Malaysia did not report extreme hate crimes and xenophobic-related criminal incidences, there are still prevailing discriminatory acts committed against the immigrants residing in Malaysia. These incidences should not be overlooked as they could escalate to violence. Moreover, ongoing discriminatory acts against immigrants in a time of pandemic could lead to neglect of the group, which would only impede the government's strategy to achieve herd immunity and end the pandemic. Therefore, the present study is an essential insight into the human and social issues affected by the COVID-19 pandemic. The way to move forward and end this pandemic requires intervention through improving policies related to fundamental human rights, including protecting the immigrants residing in Malaysia.

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The present study follows the ethical guidelines in conducting survey research as stipulated by the International Islamic University of Malaysia Research Ethics Committee, which provided negligible risk as the survey imposed no immediate mental nor physical risk upon the respondents. Furthermore, the study did not take any personal identifier of the respondents, which could make the answer traceable back to the respondents. The author would like to express gratitude to the undergraduate psychology students from the International Islamic University of Malaysia for their assistance in the data collection process.

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