COVID-19

Community Insights in Malaysia

(22 August to 7 November 2021)

MALAYSIAN RED CRESCENT

IFRC

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INTRODUCTION

A pandemic starts and ends in the community, which highlights the importance to regularly understand and respond to what communities know, still want to know and how they perceive the risks and support in their lives. Following the announcement of the National Recovery Plan to mitigate the surge in COVID-19 cases, Malaysia has implemented the Phase 1 to 4 standard operating procedures (SOPs) since 29 June 2021 when only 6.7% of the population were fully-vaccinated vaccinated against COVID-19 that rapidly grew to over 76% by late November.[1] The spike in COVID-19 cases, changing SOPs, and the vaccine rollout have greatly affected the community perception towards the pandemic. Malaysian Red Crescent Society (MRCS) implemented three rounds of perception survey funded by The World Health Organization (WHO) and supported by the International Federation of Red Cross/Red Crescent Societies (IFRC) to gather the attitude, concerns, and information needs of the people about the COVID-19 pandemic. Two rounds of the survey were conducted on convenience samples in 2020 and the results were reported.[2]

From 22 August 2021 to 7 November 2021, the MRCS conducted another round of the survey on an area probability sample stratified by the thirteen states and three federal territories. The data were collected face-to-face by the MRCS volunteers located across the administrative districts within the country. Due to the heightened COVID-19 risk and travel restrictions, only nine states, i.e., Johor, Kedah, Kelantan, Melaka, Negeri Sembilan, Pahang, Terengganu, Sabah, and Sarawak participated in this survey round with the final sample size of 2,775 respondents who were eligible and consented to answer the survey. The results are representative of the general adult population ages 18 and above of the participating states, which can be statistically generalized to the target population.

Additionally, a separate convenience sample of 794 from the groups of migrant, undocumented, and indigenous (i.e., Orang Asli) people were surveyed from 19 to 30 September 2021. These respondents primarily consisted of the indigenous community that the MRCS was reaching out to, as well as migrants and undocumented people who entered the COVID-19 vaccination centres after the Ministry of Health (MOH) began to permit walk-ins without an appointment and/or a valid identification. They answered the identical survey as the area probability sample respondents, but their responses were analysed and presented separately as indicative, rather than representative results in this report.

[1] "Share of people vaccinated against COVID-19, Nov 23, 2021", Published online at OurWorldInData.org. Retrieved from: https://ourworldindata.org/covid-vaccinations?country=OWID_WRL

[2] WHO, IFRC, and MRCS, "COVID-19: Community Insight in Malaysia – Round 2 (4 – 13 December 2020)", April 2021.

A vaccine module was added to this survey round with questions on the respondent's registration for vaccination against COVID-19, preferred location to receive the vaccine, preferred vaccine brand, recommendation of others taking the vaccine, what prevention measures will they continue to practice after vaccination, and questions and concerns about the existing vaccines. More specific questions were targeted on the respondent's search of information related to COVID-19 and what kinds of information concerning them. These were in addition to the community knowledge, attitudes, and communication preferences that were already surveyed in the previous rounds.

This report will present the key findings and recommendations from the general adult population survey responses, as well as those from the groups of migrant, undocumented, and indigenous people, followed by the background, research methodology, respondent demographics, and the findings by topics.

KEY FINDINGS AND RECOMMENDATIONS FROM THE GENERAL ADULT POPULATION

Key finding A1: Misinformation

Nearly two-thirds (62.5%) of the general adult population from the nine states thought that COVID-19 is air-borne, and 72.6% said that the existing vaccines are the cure, while only 14.8% responded correctly that there is no cure at the moment. Vaccines are protective and reduce the risk of severe disease, but are not a cure. Given the state of their beliefs, it is somewhat encouraging that at least two-thirds of the people said they would continue to wear a mask (79.4%), keep physical distance from others (78.3%), avoid crowded and confined spaces (70.8%), and/or continue with hand and respiratory hygiene after vaccination (62.2%).

Key finding A2: Communication Channels and Sources

Television and social media were by far the most frequently used channels which the general adult population find information about COVID-19. There were 74.3% who said they were viewing the television and 66.3% were viewing the social media on a daily basis. Moreover, 65.1% said they like to receive information through watching a video, and 52.3% through looking at a poster/picture. Over three-fourths answered that they trust the information about COVID-19 from MOH, the government, community health workers, and the Red Cross/Red Crescent volunteers a lot. There were 68.6% who said they definitely would, and 25.6% said they probably would begin a new protective measure if their health authorities or WHO recommended it. When asked how much they think the government and organisations responding to COVID-19 were listening to them, 51.3% said a lot, 28.7% said a little, 3.8% said not at all, and 16.8% said they do not know.

Key finding A3: Information Needed

When asked what information they need now, 38.2% mentioned the information about the development of treatment for COVID-19, 30.8% mentioned the symptoms of COVID-19, 29.8% mentioned the development of new vaccines, and 21.9% mentioned what their community can do. Of the 1,061 respondents who were actually searching for information about COVID-19 over the past week, 47.2% were looking for its symptoms and risk factors, 41.7% searched for treatment or drugs available for the disease, 35.9% searched for ways that they can protect themselves, and 35.8% searched for the cause of the disease.

Recommendations:

- Emphasize the paramount importance of continuing to practice the protective measures even after vaccination.
- Create visual content either short videos, posters, or pictures to communicate information about the development of treatment for COVID-19, the causes and symptoms of COVID-19, the development of new vaccines, what the community can do to mitigate the risk of COVID-19 spread and protect themselves from the disease.
- Use real-life health professionals as the spokespersons to communicate and engage communities to accentuate its trustworthiness to the audience.
- Utilise social media and television for two-way communication on the difference between vaccines and a cure and to answer community questions and concerns.
- Actively listen to the communities' questions and suggestions for responding to COVID-19 and assure them that they are heard.
- Document, highlight and support existing community-based solutions in order to show communities how to get involved in the response to the pandemic.

Key finding A4: Vaccination

Nearly the entire population (97.3%) had registered to get vaccinated against COVID-19, a mere 0.7% had not, and 1.9% were unsure whether they had registered or not. Similarly, 93.4% said they will, and 3.5% said they may advise their family or friends to take the vaccine. There were 19.5% of the people who had concerns about the vaccine as 9.4% experienced its side effects, and 5.2% did not think the vaccine is safe. Over half of the people (58.9%) preferred to get a vaccine in a community centre, meeting hall, or local shop, and another 25.9% preferred at a health centre/clinic. There were 59.3% of the population who said they highly trust the health care providers who would give them a COVID-19 vaccine, and 27% said they trust moderately. The majority (43.7%) of the people had no question about the COVID-19 vaccines. The others had questions about whether they are safe for children (29.9%), health risks in getting vaccinated (20.3%), how are the vaccines tested (20%), and how long the vaccines last (19.5%).

Recommendations:

- Communicate clearly the potential side effects of the vaccines and how to address them appropriately, and provide more information on the safety of the vaccines.

- Communicate the safety of COVID-19 vaccines for children, the potential health risks in getting the vaccination, how are the vaccine tested, and how long the vaccines are effective in preventing the disease.
- Mobilize the health care providers to give the vaccines in the major community centres, meeting halls, local shops, and health centres/clinics.

Key finding A5: Protective Measures

Nearly the entire population (97.2%) thought that COVID-19 is very dangerous, 2.6% thought it is a little dangerous, and only 0.3% thought it is not dangerous. As a result, 51.2% of the people were practicing the protective measures several times a day, 13.7% were practicing once a day, and 24.9% were practicing every other day. The protective measures mentioned most were effective measures: washing hands regularly using hand sanitizer (80.1%), covering mouth and nose when coughing or sneezing (69.4%), avoiding close contact with anyone who has a fever and cough (62.5%), and wearing a facemask (62.2%). The vast majority (75.6%) %) said there is no reason or did not mention any reason that would prevent them from taking the measures to protect themselves against COVID-19, while 9.1% said they cannot afford soap or sanitizer, and another 9.1% said their work cannot keep a physical distance from others.

Recommendations:

- Make hand soap and sanitizer available at no cost to the low-income group and in crowded places where people gather.
- Identify the types of workplaces with barriers to physical distancing and collaborate with authorities and/or office management to address the barriers.

Key finding A6: Stigmatism

The majority of the people (43.8%) did not think a specific group of people is the cause of COVID-19 spreading in their community, 14.5% said yes, 4.9% said a little, and 36.8% were unsure. Of the 537 respondents who said yes or a little that a specific group is responsible, 33.8% did not mention which group they thought was responsible, while 34.4% mentioned the people who do not follow the SOPs, and 13.5% mentioned the people who are anti-vaccine cause the virus to spread. Besides, there were 35% of the people who said no, 9.2% who said yes that other people would treat them badly if they knew he/she had COVID-19, while the majority of the people (42.8%) thought maybe, and 13% said they do not know. The large percentage of the people who were unsure rendered the result to be inconclusive.

Recommendations:

- Public/risk communication must continually reemphasise that anyone can get COVID-19 and people suffering from COVID-19 should not be stigmatised.
- Those who do not think that specific groups spread COVID-19 could be engaged to educate those who stigmatise.

Key finding A7: Health Care Access

Over two-thirds (68.7%) of the people sought essential health care services during the pandemic. Of the 869 respondents who did not seek essential health care services, 53.8% said they did not need it at that time, 16.8% said they are afraid of getting infected with COVID-19, 10.2% said it is too expensive, 8.7% said they do not know where and when to access health care.

Recommendations:

- Continually communicate to the public the prevention and control measures that have been in place at health care facilities to ensure patients are safe from COVID-19.
- Communicate the locations of public health care services that are available at low cost, and how to make an appointment or when can the patients walk-in for services.

KEY FINDINGS AND RECOMMENDATIONS FROM THE MIGRANT, UNDOCUMENTED, AND INDIGENOUS GROUPS (VULNERABLE PEOPLE GROUPS)

Key finding B1: Misinformation

Over half (58.1%) of the vulnerable people groups thought that COVID-19 is air-borne, and 66.2% said that the existing vaccines are the cure for COVID-19, while only 13.4% responded correctly that there is no cure at the moment. Vaccines are protective and reduce the risk of severe disease, but are not a cure. Still, 77.5% of them said they would continue to wear a mask after vaccination, 69.9% would keep physical distance from others, 49.2% would avoid crowded and confined places, and 46.2% would continue with hand and respiratory hygiene.

Key finding B2: Communication Channels and Sources

Social media was the most frequently used channel that the vulnerable groups find information about COVID-19, followed by television. There were 62% who said they were viewing social media, and 49.7% were viewing television on a daily basis. A vast majority, 62%, said they like to receive information through watching a video. Over three-fourths answered that they trust the information about COVID-19 from the MOH, community health workers, and the government a lot. There were 72.4% who said they definitely would, and 21.3% said they probably would begin a new protective measure if their health authorities or WHO recommended it. When asked how much they think the government and organisations responding to COVID-19 were listening to them, 39.9% said a lot, 31.5% said a little, 5.8% said not at all, and 22.8% said they do not know.

Key finding B3: Information Needed

When asked what information they need now, 30.4% mentioned the information about the development of new vaccines, 28.7% mentioned the development of treatment for COVID-19, 20.8% mentioned the symptoms of COVID-19, and 20.4% mentioned the details on travel restrictions. Of the 232 of the respondents who were actually searching for information about COVID-19 over the past week, 24.6% were looking for its symptoms and risk factors, 23.7% searched for treatment or drugs available for the disease, 23.3% searched for the distribution of the vaccines, 22.4% searched for the scientific progress in the development of a vaccine or treatment, and 22% searched for ways that they can protect themselves.

Recommendations:

- The same recommendations under key findings A1: Misinformation, A2: Communication Channels and Sources, and A3: Information Needed are applicable here.
- More than in the general population, the vulnerable groups need assurance that the government and organisations responding to COVID-19 are listening to them.
- Add content to communicate the details on travel restrictions due to COVID-19, how the vaccines will be distributed to the vulnerable people groups and the scientific progress in the development of a vaccine or treatment.

Key finding B4: Vaccination

An overwhelming majority (89.8%) had registered to get vaccinated against COVID-19, 6.8% had not, and 3.4% did now know whether they had registered or not. Of those who had not registered (n = 55), two-thirds said it was due to unavailability of a passport or other identity documents. Nearly all (92.3%) who said they will, and 3.9% said they may advise their family or friends to take the vaccine. Over half (53.9%) of the respondents had concerns about the vaccine as 31.8% experienced its side effects, and 10.1% did not think the vaccine is safe. A significant majority (68.1%) preferred to get a vaccine in a community centre, meeting hall, or local shop, and 12.1% preferred at a health centre/clinic. There were 58.7% of the respondents who said they highly trust the health care providers who would give them a COVID-19 vaccine, and 26.7% said they trust moderately. Over half (54.3%) of these groups had no question about the COVID-19 vaccines. The others had questions about whether they are safe for children (20.9%), health risks in getting vaccinated (15.4%), and how long the vaccines last (13%).

Recommendations:

- Recommendations under key finding A4: Vaccination are applicable to these vulnerable groups.
- Remove the barrier of registration to get vaccinated due to no passport or other identity documents.
- Continue and strengthen trust building with these vulnerable groups and connect to organisations that may have already gained this trust.

Key finding B5: Protective Measures

Nearly all of these vulnerable groups (94.6%) thought that COVID-19 is very dangerous, 4.8% thought it is a little dangerous, and only 0.6% thought it is not dangerous. As a result, 50.4% of them were practicing the protective measures several times a day, 28.1% were practicing once a day, and 16.5% were practicing every other day. The protective measures mentioned most were effective measures: washing hands regularly using hand sanitizer (76.7%), wearing a facemask (71.5%), avoiding close contact with anyone who has a fever and cough (58.6%), and covering mouth and nose when coughing or sneezing (49.2%). An overwhelming majority (85.4%) said there is no reason or did not mention any reason that would prevent them from taking the measures to protect themselves against COVID-19, while 6.1% said their work cannot keep a physical distance from others.

Recommendations:

- The same recommendations under key finding A5: Protective Measures are applicable to these groups.

Key finding B6: Stigmatism

The majority of these groups (43.1%) did not think a specific group of people is the cause of COVID-19 spreading in their community, 7.6% said yes, 6.6% said a little, while 42.8% were unsure. Of the 112 respondents who said yes or a little that a specific group is responsible, 18.8% did not mention which group they thought was responsible, 37.5% mentioned the people who do not follow the SOPs, 17% mentioned the foreigners and/or factory workers. Besides, there were 28.3% of the people who said no, 10.3% who said yes that other people would treat them badly if they knew he/she had COVID-19, while the majority of the people (43.3%) thought maybe, and 18% said they do not know. The large percentage of the people who were unsure rendered the result to be inconclusive.

Recommendations:

- The same recommendations under key finding A6: Stigmatism are applicable to the vulnerable groups.

Key finding B7: Health Care Access

Less than half (43.5%) of the vulnerable groups sought essential health care services during the pandemic. Of the 449 respondents who did not seek essential health care services, 69.5% said they did not need it at that time, 7.6% said it is too expensive, 6.2% said they are afraid that health care providers will share their details with other government agencies, 5.1% said they do not know where and when to access health care, and 4.5% said they are afraid of getting infected with COVID-19.

Recommendations:

- The same recommendations under key finding A7: Health Care Access are applicable here.
- Strengthen trust building with these vulnerable groups and communicate their health information are confidential and will be used for health care reasons only.

Note: The respondents of the vulnerable groups primarily consisted of the indigenous community that the MRCS was reaching out to, as well as migrants and undocumented people who entered the COVID-19 vaccination centres after MOH began to permit walk-ins without an appointment and/or a valid identification. They answered the identical survey as the area probability sample respondents, but their responses were indicative rather than representative of the target population which is the limitation of a convenience sample. Future research based on a representative sample of the vulnerable groups is recommended.

BACKGROUND

The community perception survey on COVID-19 is part of a multi-country effort to understand community knowledge and perceptions about the pandemic, vaccines, communication preferences, trust towards the health authorities, and other related topics. The first survey was conducted in June 2020 as an interagency effort under the Asia Pacific Risk Communication and Community Engagement Working Group,[3] which the data were collected via social media platforms. The second round was conducted in December 2020[4] face-to-face by the volunteers of the Malaysia Red Crescent Society (MRCS). Both rounds were based on a convenience sample of respondents and therefore the data were indicative rather than representative of the target population.

The current round took place between 22 August and 7 November 2021 on an area probability sample that is representative of the general adult population, as well as a convenience sample of the migrant, undocumented, and indigenous people groups that occurred from 19 to 30 September 2021. See Annex 1 for the respondent demographics of the general adult population, and the vulnerable people groups.

METHODOLOGY

Survey questions

Many of the research questions were from the interagency efforts that covered the topics of knowledge and behaviours, mental health, use of communication channels, stigmatism, trust in the various information sources, and information needs. The current round removed the mental health questions, added more respondent demographic questions, questions on information needs, and a vaccination module to gather specific information on:

- Registration for vaccination against COVID-19
- Recommendation of family and friends to take the vaccine and the reasons if they do not recommend
- Preferred location to get a vaccine
- Preferred vaccine brand
- Search for information about COVID-19 in the past week and what information they were looking for
- Questions/concerns about the vaccines

[3] COVID-19: Community insights from the Asia Pacific Region – Indonesia, Malaysia, Myanmar, and Pakistan (September 2020). United Nations Office for the Coordination of Humanitarian Affairs; 2020 (https://reliefweb.int/report/indonesia/covid-19-community-insights-asia-pacific-region-indonesia-malaysia-myanmar-and).

[4] WHO, IFRC, and MRCS, "COVID-19: Community Insight in Malaysia – Round 2 (4 – 13 December 2020)", April 2021.

The questionnaire was set up using KoBo Toolbox[5] to enable mobile data collection. The respondents were interviewed in Malay or English. See Annex 2 for the full questionnaire.

Sampling and data collection methodology

A stratified two-stage clustered sampling of households on the area-based frame was implemented on the general adult population ages 18 and above. The population frame was stratified by thirteen states plus three federal territories, totalling 16 strata. At the first stage, 72 administrative districts were sampled from the total 144 districts at the probabilities proportionate to the population size in each district. At the second stage, the urban versus rural area maps were overlayed on the Malaysia country map and geographical coordinates[6] of two urban clusters (i.e., neighbourhood blocks) and one rural cluster within each sample district were selected. This was done because the ratio of urban vs. rural population is approximately 2:1 in Malaysia. For districts that are fully urban or fully rural, three clusters were still sampled from each as the overall number of urban vs rural clusters should be approaching balanced. Within each sample household, one respondent was selected from all eligible adults who lived in the same house using the most recent birthday method.[7]

Nevertheless, only nine states participated in this round due to the heightened COVID-19 risk and travel restrictions. The nine states were Johor, Kedah, Kelantan, Melaka, Negeri Sembilan, Pahang, Terengganu, Sabah, and Sarawak. The data were collected face-to-face by the MRCS volunteers from 22 August to 7 November 2021. The interviewer training took place via Zoom on 20 August 2021 and all the volunteers were explained the sampling method, familiarized with the questionnaire, and practiced interviewing each other. The final number of completed interviews was 2,775 across the nine states. The sampling weights were adjusted for nonresponse and normalized so that the sum of the weights equals the unweighted sample size.[8] The data were analysed using the Survey package in R to incorporate the sampling weights and complex sampling design.[9] The results are statistically representative of the general adult population in the participating states.

Additionally, a separate convenience sample of 794 completed interviews from the groups of migrant, undocumented, and indigenous people, referred to as the vulnerable people groups, were collected from 19 to 30 September 2021. These respondents primarily

[5] KoBotoolbox, "Simple, Robust and powerful tools for data collection," https://www.kobotoolbox.org/
[6] Epitools, "Random Geographic Coordinates Sampling", accessed June 12, 2021, https://epitools.ausvet.com.au/rgcs
[7] Diane Binson, Jesse A. Canchola, and Joseph A. Catania, "Random Selection in a National Telephone Survey: A Comparison of the Kish, Next-Birthday, and Last-Birthday Methods," *Journal of Official Statistics* 16, no. 1 (2000): 53-59.
[8] Walter Leite, "Survey Data Analysis", 2014, https://education.ufl.edu/educational-research/files/2014/10/Survey-Data-Analysis.pdf
[9] Thomas Lumley, "Package 'survey'", July 19, 2021, https://cran.r-project.org/web/packages/survey/survey.pdf

consisted of the indigenous community that the MRCS was reaching out to, as well as migrants and undocumented people who entered the COVID-19 vaccination centres after the Ministry of Health (MOH) began to permit walk-ins without an appointment and/or a valid identification. They answered the identical survey as the area probability sample respondents, but their responses were indicative rather than representative of the target population which is the limitation of a convenience sample.

FINDINGS FROM THE GENERAL ADULT POPULATION

Respondent demographics

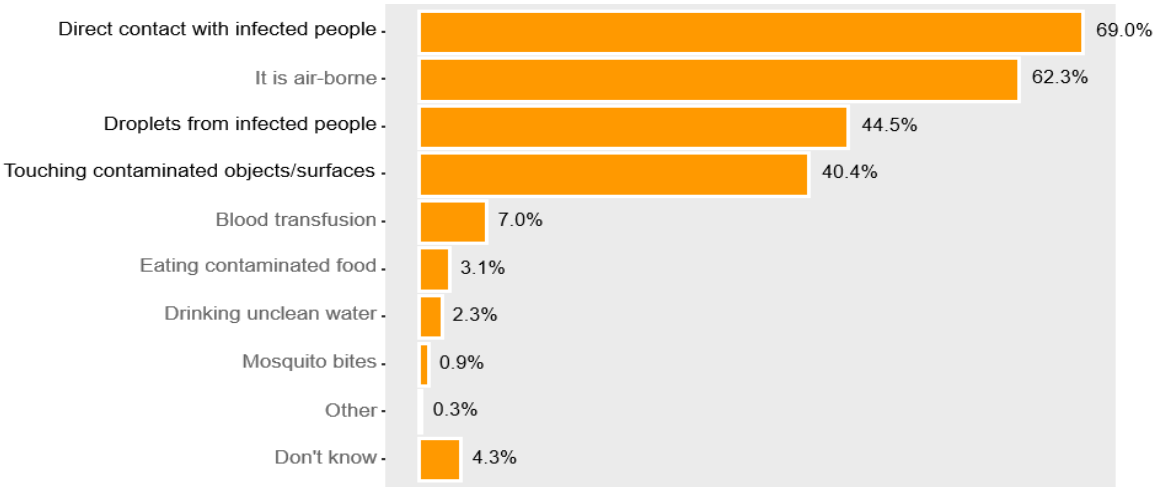
The respondents came from the nine states that participated in this round of survey: Johor (17.2%), Kedah (15.6%), Kelantan (15.3%), Melaka (7.1%), Negeri Sembilan (5.5%), Pahang (9.6%), Terengganu (14.5%), Sabah (4.6%), and Sarawak (10.6%). They consisted of 47.2% females, 52.6% males, and 0.2% preferred not to say their gender. There were 11.5% who identified themselves as LGBTIQ, and an additional 11% preferred not to say. The age distribution for age groups 18-29, 30-39, 40-49, 50-59, and 60 and over were 19%, 18.2%, 23.9%, 17.6% and 21.3%, respectively. The majority of the respondents (61.4%) graduated high school, 16.6% had a university or advanced degree, and 22% had an elementary-school level or no formal education. Over half of them (58.5%) were working a paid job, 4.7% were full-time students, 8.5% were retired, and 17.2% were not working at the time of the interview. There were 13.5% who identified themselves as having a lasting health condition (i.e., disability). Note that the percentages for the general adult population sample are weighted by the sampling probabilities. See Annex 1 for the detailed breakdown of the respondent demographics.

Knowledge and behaviours

A vast majority of the people from the nine states that participated in this survey round reported they believe that COVID-19 is air-borne (Figure A1). COVID-19 is spread by the answers in bold. The other answers are, with current knowledge, perceived as rumours.

Figure A1. How do you think COVID-19 is spread?

(n = 2,775 sampling weights are normalized)

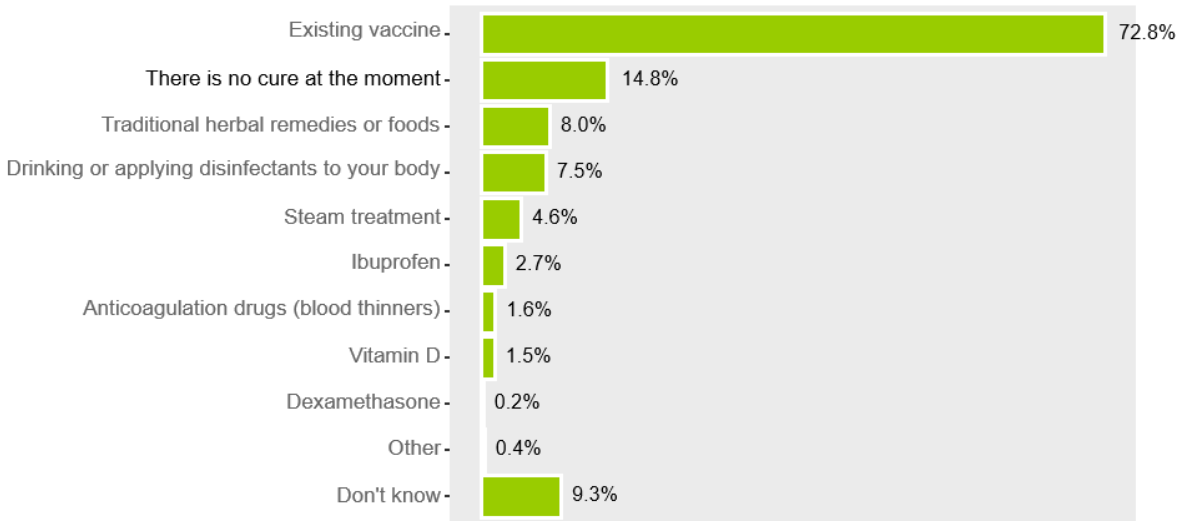


Note. The sampling weights were initially computed on the scale of the population size, but normalized to the scale of the unweighted sample size for easier interpretation of the data.

Similarly, an overwhelming majority thought an existing vaccine was the cure for COVID-19 (Figure A2). Vaccines are protective and reduce the risk of severe disease, but are not a cure. Health scientists have not yet developed a cure for COVID-19 at the moment.

Figure A2. Do you think there is a cure for COVID-19?

(n = 2,775 sampling weights are normalized)



Nearly all people perceived COVID-19 as very dangerous (Figure A3). Over half were practicing protective measures several times a day, and another two-fifths once a day or every other day (Figure A4).

Figure A3. How dangerous do you think COVID-19 is?

(n = 2,775 sampling weights are normalized)

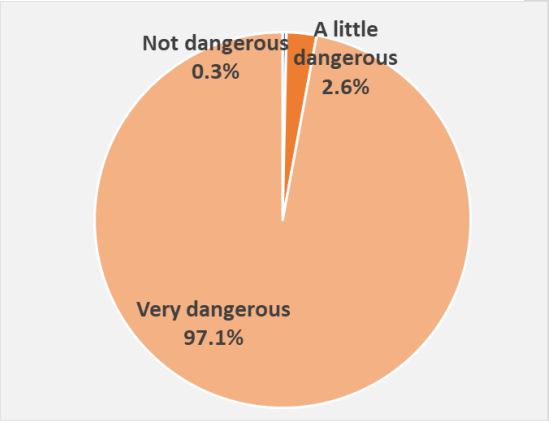
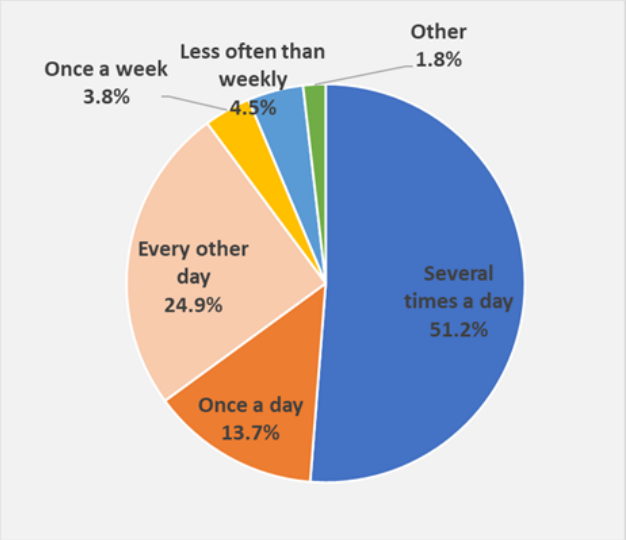


Figure A4. How often did you do these protective measures last week?

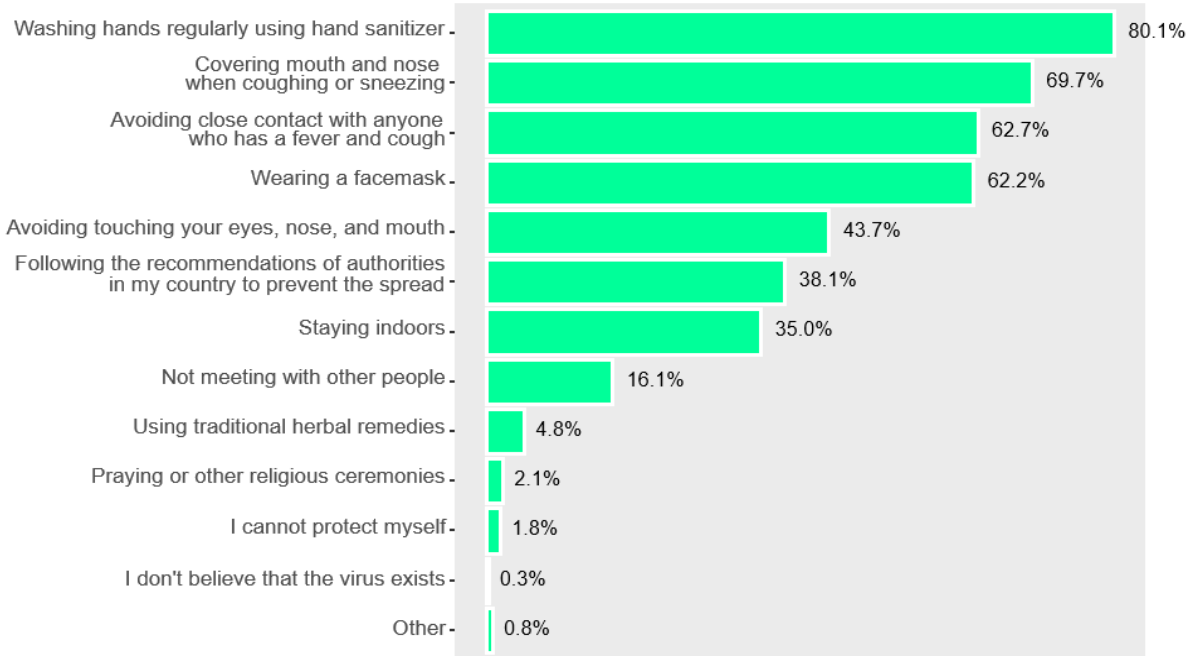
(n = 2,775 sampling weights are normalized)



The most practiced protective measures were washing hands regularly using hand sanitizer, covering mouth and nose when coughing or sneezing, avoiding close contact with anyone who has a fever and cough, and wearing a facemask (Figure A5). There were 10% of the people who chose only one protective measure from the list of check-all response options, 33.7% chose two or three protective measures, and 55.6% chose four or more measures.

Figure A5. What are the measures you use most to protect you and your family from COVID-19?

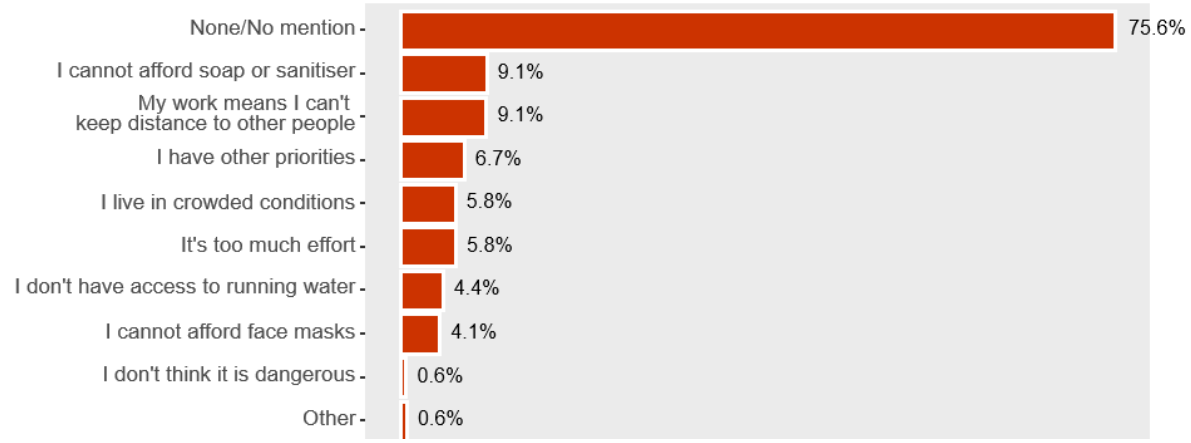
(n = 2,775 sampling weights are normalized)



Most people did not mention any hindrance in protecting themselves against the virus (Figure A6). Note that the respondents were not compulsory to answer this question and those who skipped this question (22.9%) were combined with those who said there was no reason preventing them from taking protective measures (52.7%). The top mentioned reasons that prevented people from taking the protective measures include they cannot afford soap or sanitizer, and their work means they cannot keep a physical distance from others.

Figure A6. What are some of the reasons preventing you from taking measures to protect yourself against the virus?

(n = 2,775 sampling weights are normalized)



Over two-thirds (68.7%) of the people sought essential health care services during the pandemic (Figure A7). Of the 869 respondents who did not seek essential health care services, over half (53.8%) said they did not need it at that time, 16.8% said they are afraid of getting infected with COVID-19 (Figure A8).

Figure A7. During COVID-19, have you sought essential health care services?
(n = 2,775 sampling weights are normalized)

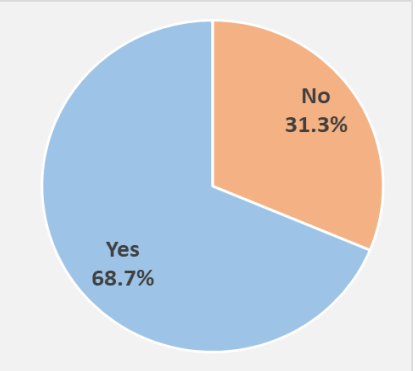
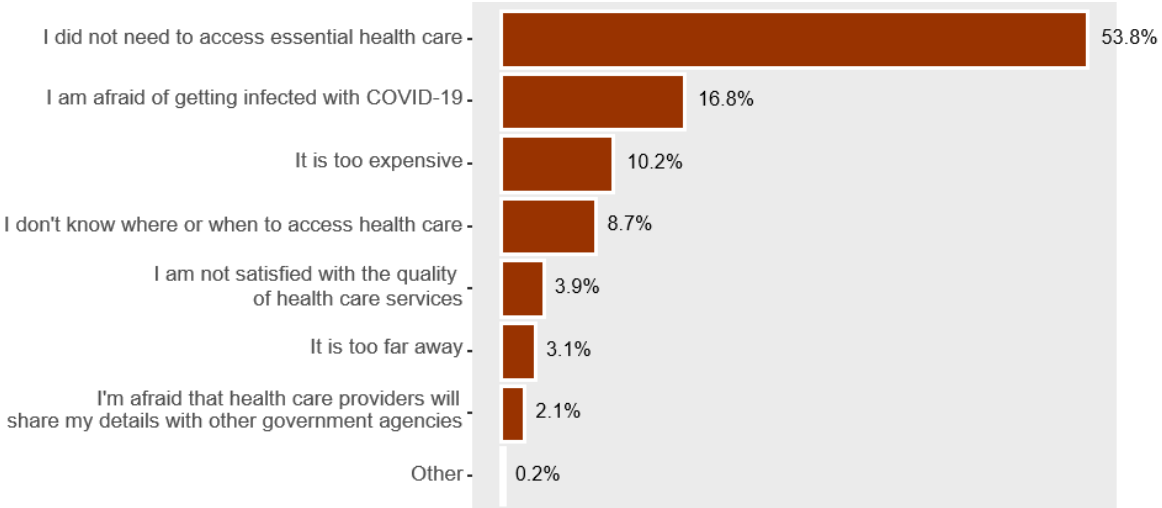


Figure A8. The main barrier for me to seek a health care provider is:
(n = 869 sampling weights are normalized)

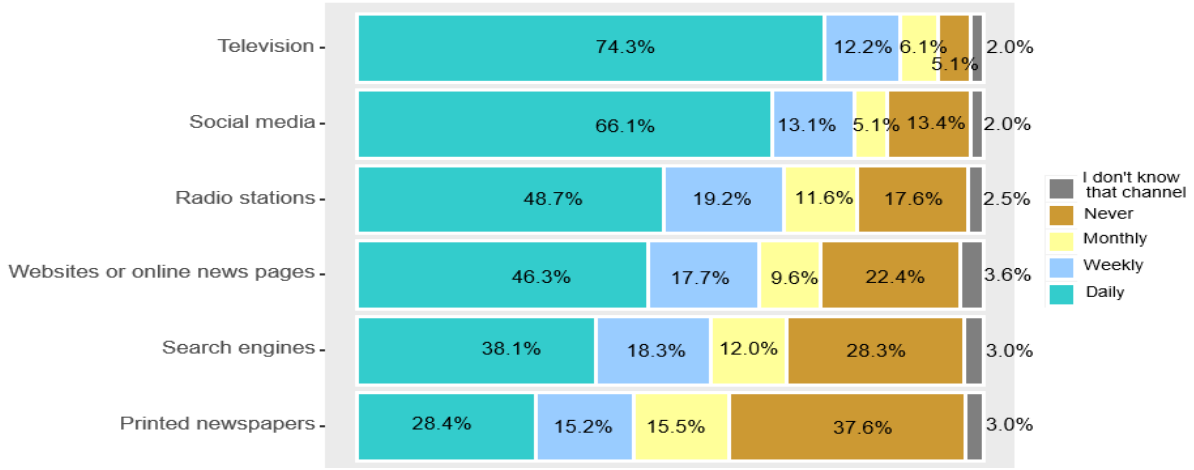


Communication channels and trusted sources

Most people were viewing information on television and/or social media on a daily basis (Figure A9).

Figure A9. How often do you use the following channels to find information about COVID-19?

(n = 2,775 sampling weights are normalized)



They preferred looking at visual information such as a video, poster, or picture (Figure A10) and sharing their opinion or feedback about COVID-19 via a messenger service or social media (Figure A11).

Figure A10. How do you like to receive information?

(n = 2,775 sampling weights are normalized)

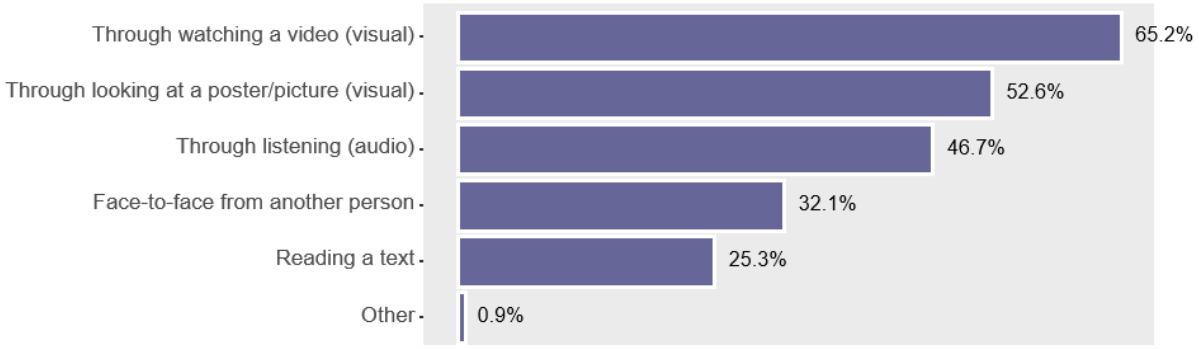
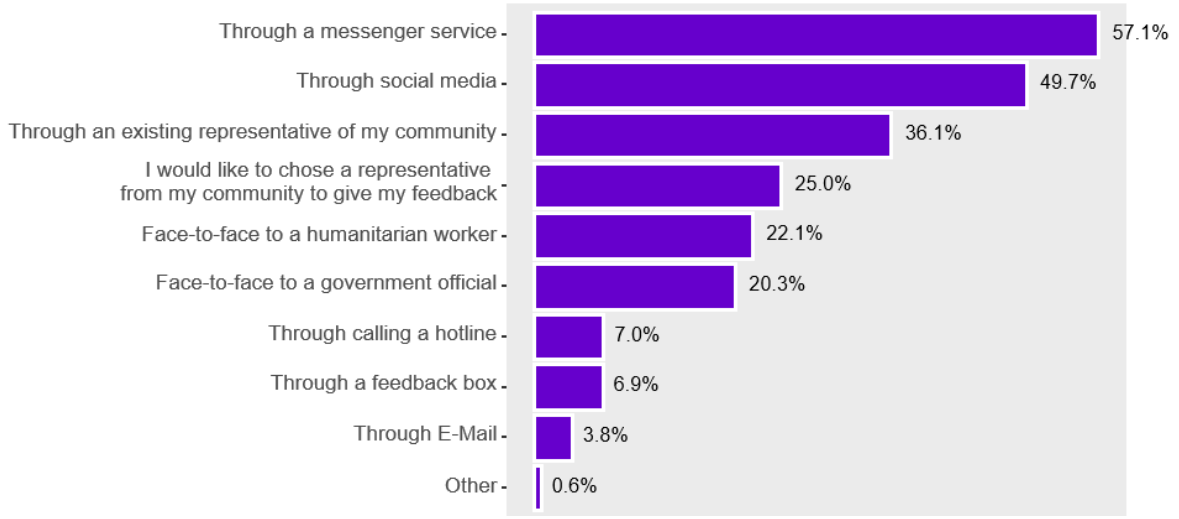


Figure A11. What is your preferred way of sharing your opinion or feedback related to COVID-19 with us?

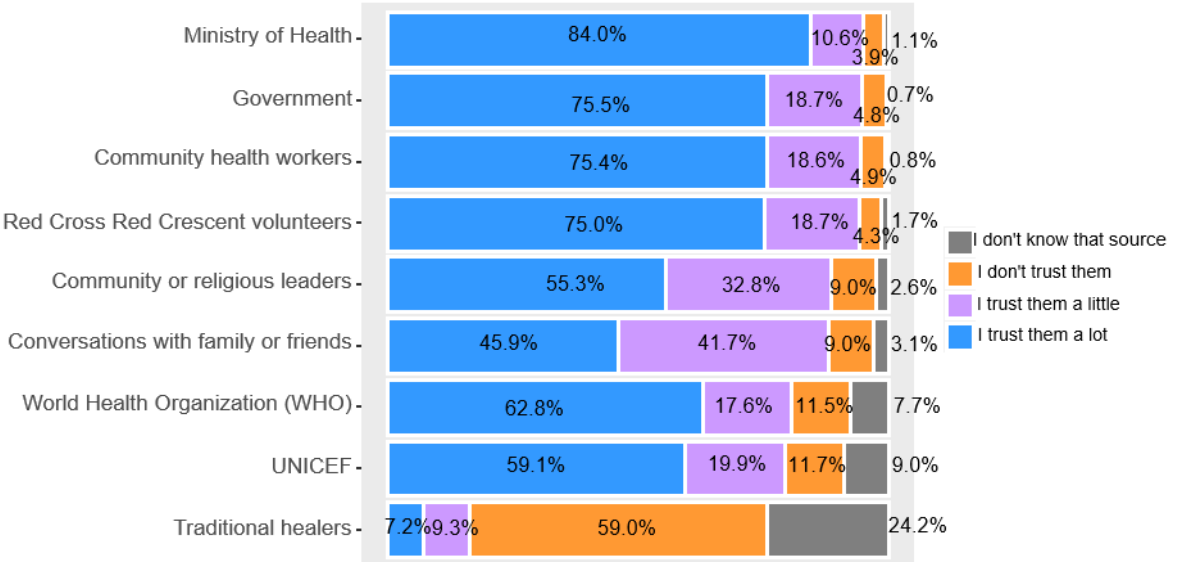
(n = 2,775 sampling weights are normalized)



Over three-quarters of the people said they highly trust information about COVID-19 from MOH, the government, community health workers, and Red Cross/Red Crescent volunteers (Figure A12).

Figure A12. How much do you trust information about COVID-19 from the following sources?

(n = 2,775 sampling weights are normalized)



Over two-thirds said they definitely would, and a quarter said they probably would begin using a new protective measure if their health authorities or the WHO recommended it (Figure A13). About half of the people felt that the government and organisations who are responding to COVID-19 are listening to them a lot, 28.7% said a little, 3.8% said not at all, and 16.3% said they do not know (Figure A14).

Figure A13. Would you begin using a new protective measure if your health authorities or the WHO recommended it?
(*n = 2,775 sampling weights are normalized)*

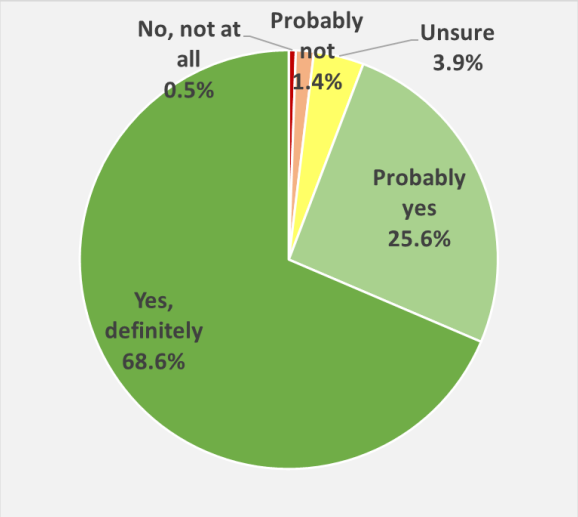
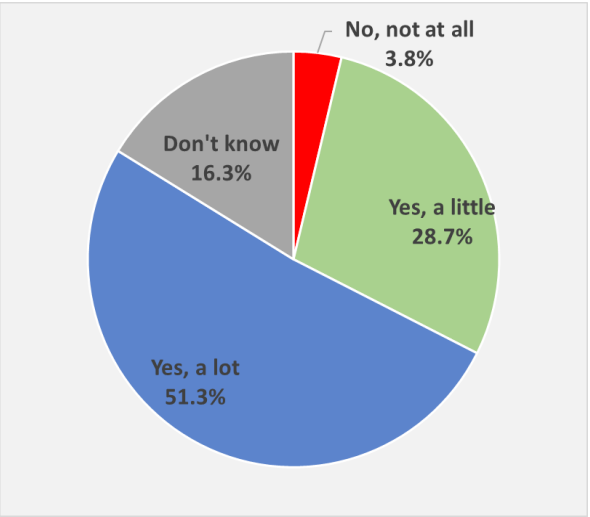


Figure A14. Do you feel governments and organisations who are responding to COVID-19 are listening to you?
(*n = 2,775 sampling weights are normalized)*

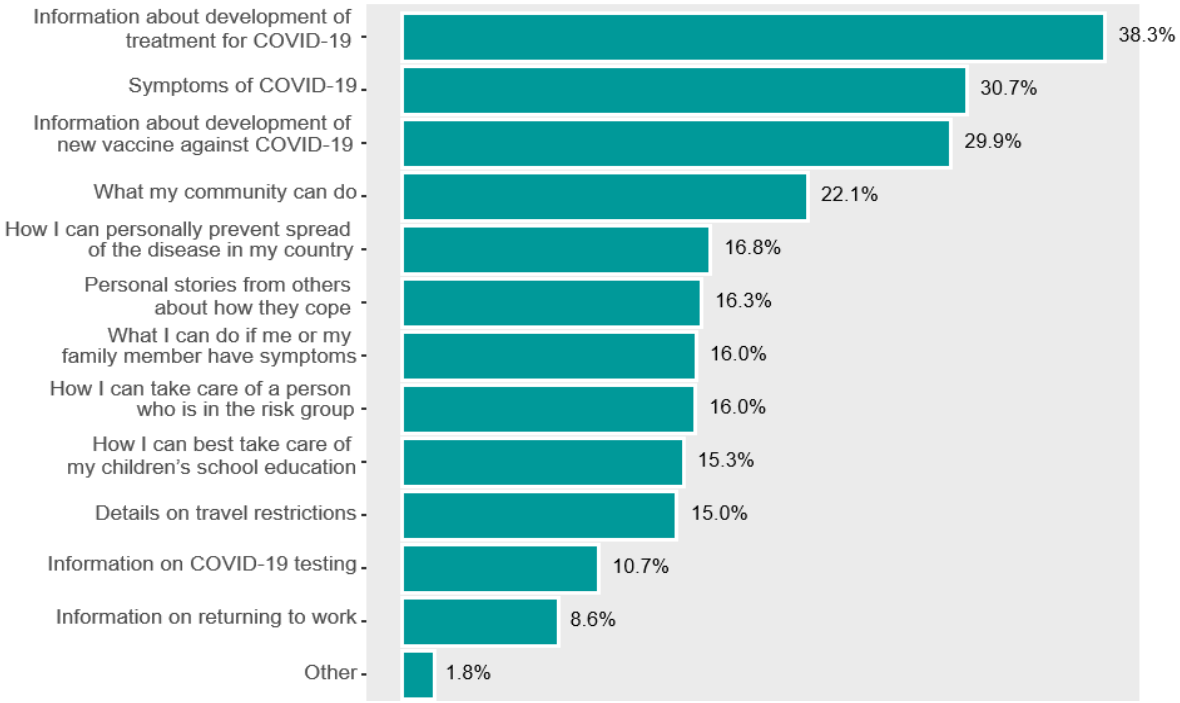


Information needs

The most frequently mentioned information that the people need included information about the development of treatment for COVID-19, symptoms of COVID-19, information about the development of the new vaccine, and what their community can do (Figure A15).

Figure A15. What type of information do you need now?

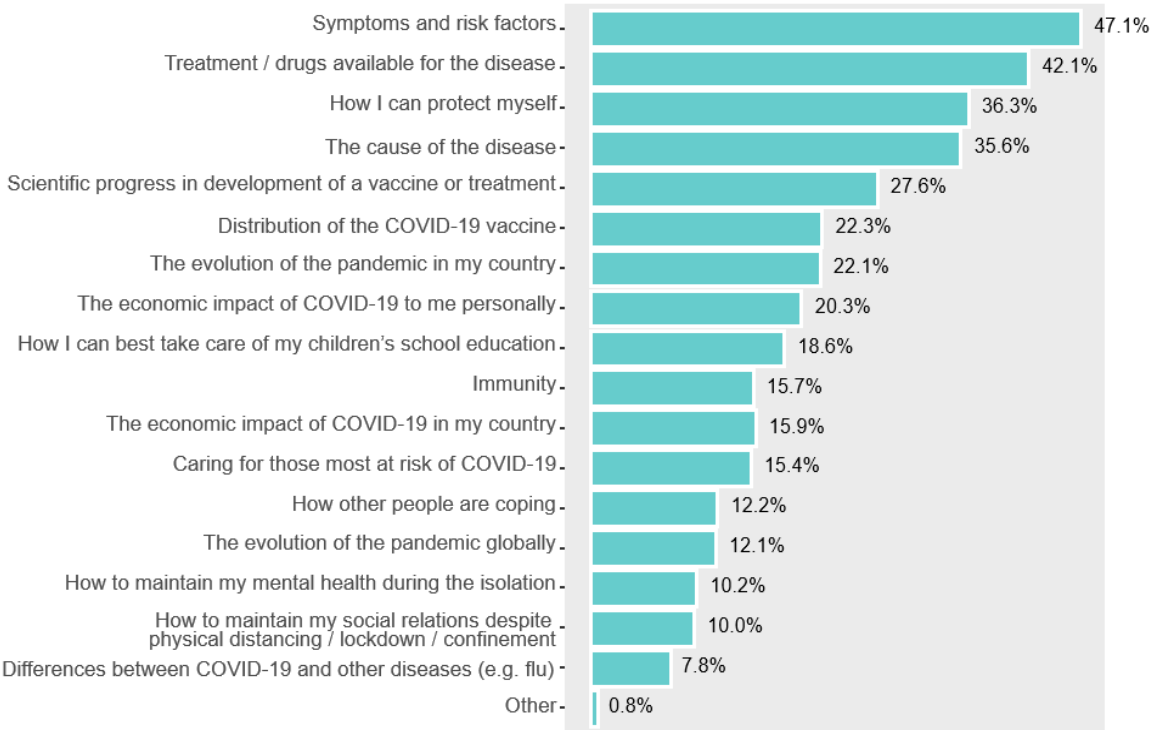
(n = 2,775 sampling weights are normalized)



There were 37.1% (n = 1,061) of the people who were actually searching for information about COVID-19 over the past two weeks. Among the most searched topics were symptoms and risk factors, treatment/drugs available for the disease, how can the people protect themselves, and the cause of the disease (Figure A16).

Figure A16. Over the past week have you been searching for information about COVID-19? If yes, what type of information have you been looking for?

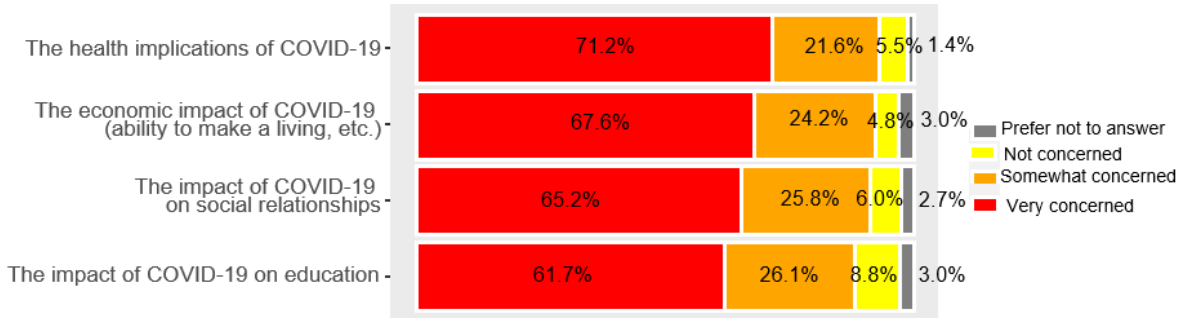
(n = 1,061 sampling weights are normalized)



At least two-thirds of the people felt very concerned in the past two weeks about the health implication, economic, and social-relationships impact of COVID-19, and three-fifths were very concerned about the impact of COVID-19 on education (Figure A17).

Figure A17. Thinking about the past two weeks, how often have you felt the following because of COVID-19?

(n = 2,775 sampling weights are normalized)



Stigmatism

When asked whether they thought other people would treat them badly if they knew they had COVID-19, the majority said maybe (Figure A18). Although the majority said no, 14.5% said yes, 4.9% said a little that they thought a specific group of people is the cause of COVID-19 spreading in their community, and 36.8% said they do not know (Figure A19). The large percentage of unknown/maybe renders the degree of stigmatism inconclusive.

Figure A18. Do you think other people would treat you badly if they knew you had COVID-19?

(n = 2,775 sampling weights are normalized)

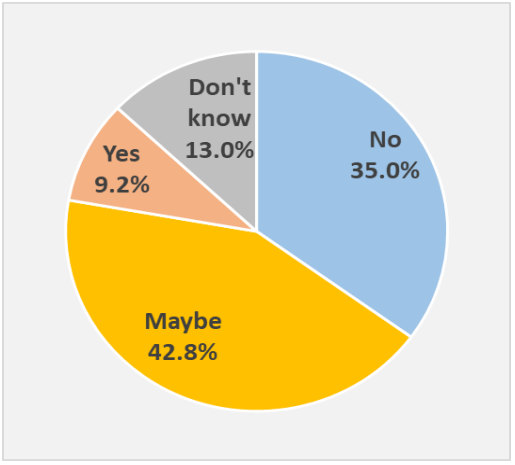
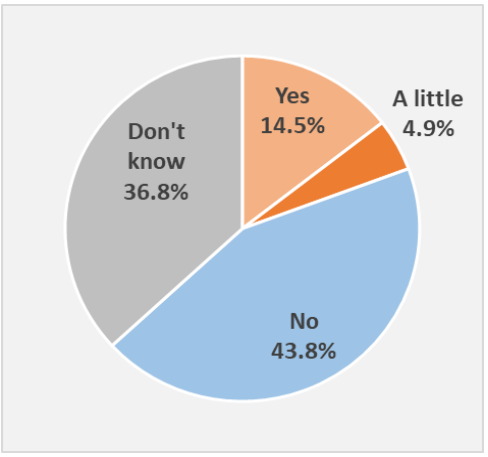


Figure A19. Do you think a specific group of people is the cause of COVID-19 spreading to your community?

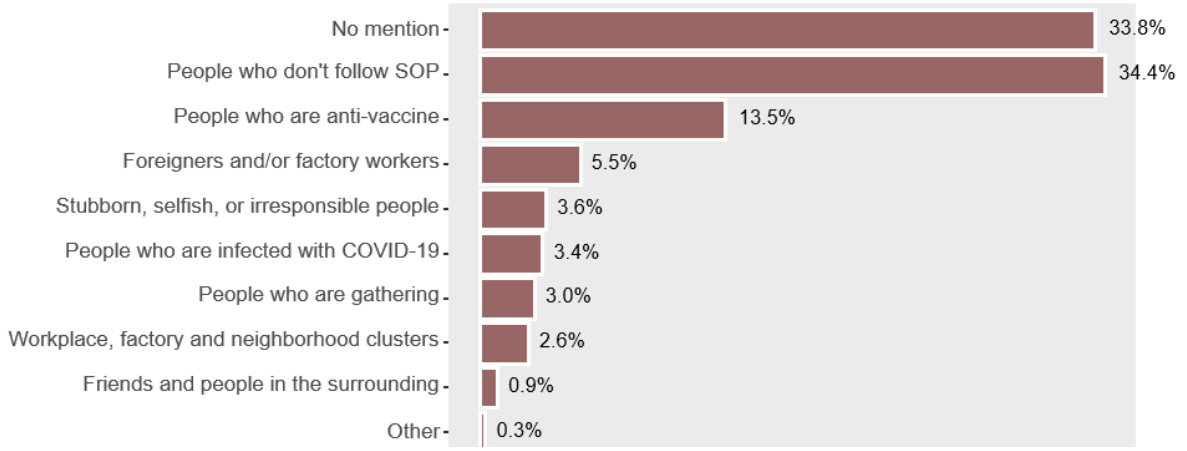
(n = 2,775 sampling weights are normalized)



Those who said yes or a little (n = 537) were asked an open-ended question on which group of people they thought was the cause of COVID-19 spreading. One-thirds did not mention a specific group, while 34.4% mentioned the people who do not follow SOPs, and 13.5% mentioned people who are anti-vaccine cause the virus to spread (Figure A20).

Figure A20. Which group of people do you think is the cause of COVID-19 spreading?

(n = 537 sampling weights are normalized)



Vaccination

Nearly all people (97.3%) had registered for vaccination against COVID-19. The majority said they highly trust the health care providers who would give them a COVID-19 vaccine, and a quarter said they moderately trust them (Figure A21).

Almost all would advise their family or friends to take the vaccine (Figure A22). Of the 54 respondents who would not recommend the vaccine, the reasons given were the side effects, family and friends were already vaccinated, or they did not believe the vaccine is safe.

Figure A21. How much do you trust the health care providers who would give you a COVID-19 vaccine?

(n = 2,775 sampling weights are normalized)

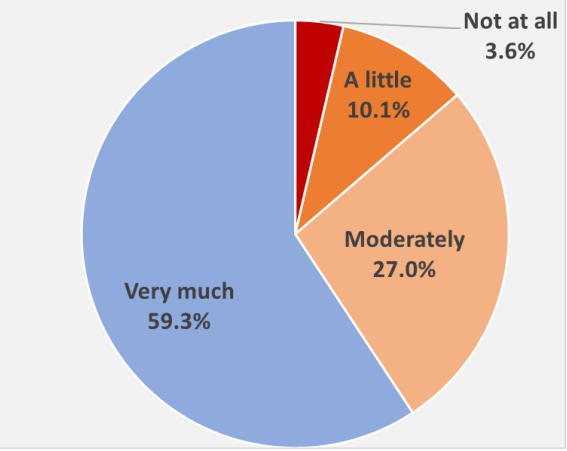
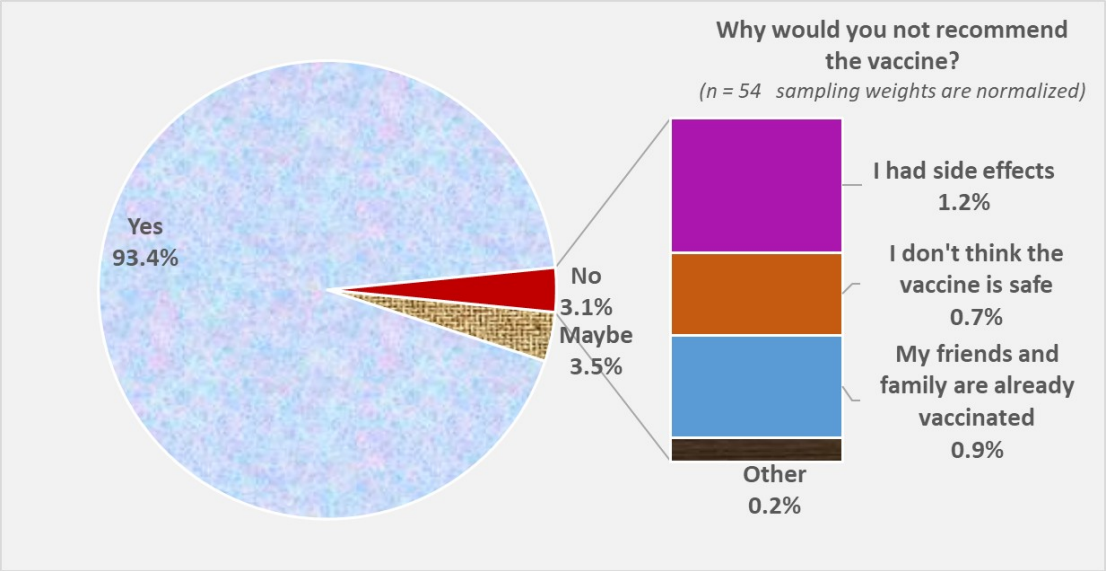


Figure A22. Would you advise your family or friends to take the vaccine?

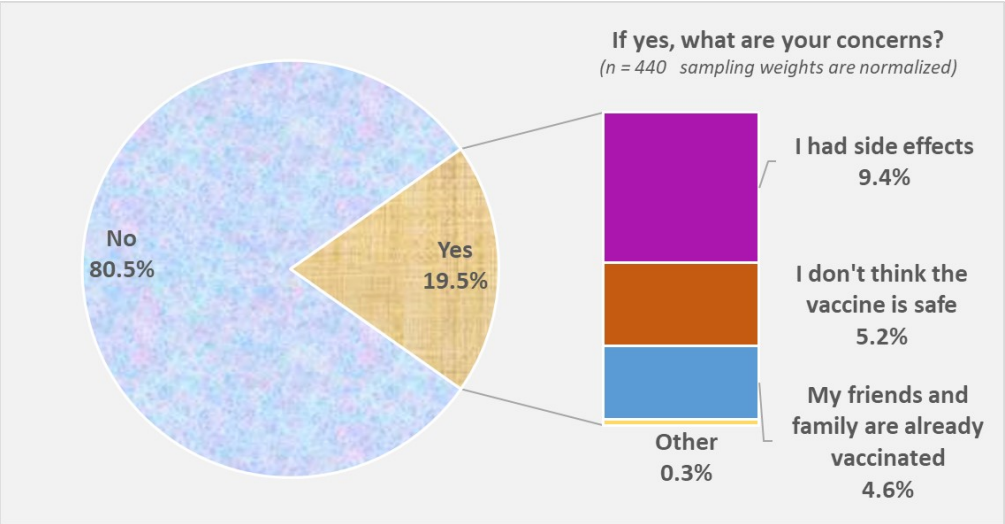
(n = 2,775 sampling weights are normalized)



There were 19.5% of the people who had concerns about the vaccine as 9.4% experienced its side effects, 5.2% did not think the vaccine is safe, 4.6% said their friends and family are already vaccinated, and 0.3% mentioned other concerns (Figure A23).

Figure A23. Do you have any concerns about the vaccine?

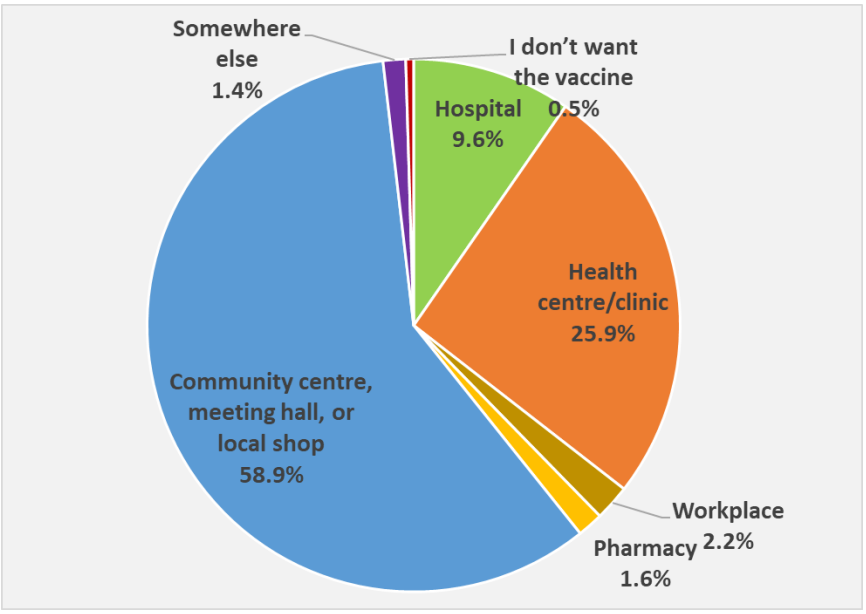
(n = 2,775 sampling weights are normalized)



The majority of the people preferred to get the vaccine at a community centre, meeting hall, or local shop, and another quarter preferred it at a health centre/clinic (Figure A24).

Figure A24. Where would you prefer to get a COVID-19 vaccine?

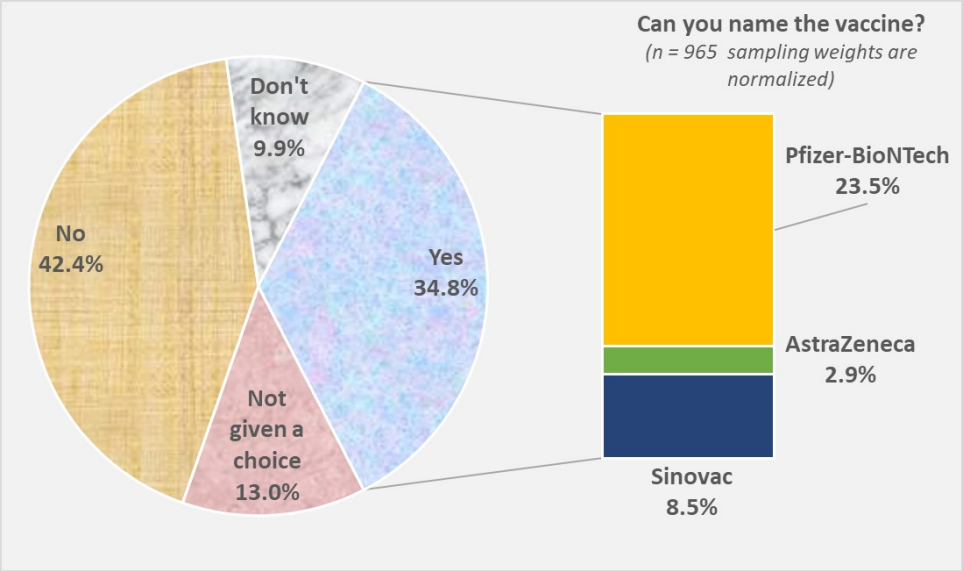
(n = 2,775 sampling weights are normalized)



One-third of the people had a preferred vaccine brand, and most of them named Pfizer-BioNTech as the preferred brand, followed by Sinovac and AstraZeneca (Figure A25). Note

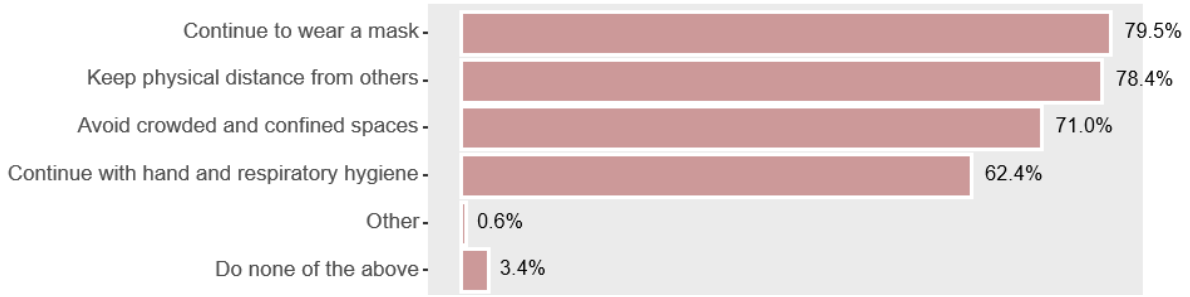
that these were the only vaccines available in Malaysia, and a large scientific study was published on an extremely rare but serious side effect of blood clots from AstraZeneca at the time.[10]

Figure A25. Do you have a preferred vaccine brand?
(n = 2,775 sampling weights are normalized)



At least two-thirds of the people said they would continue to wear a mask, keep physical distance from others, avoid crowded and confined spaces, and/or continue with hand and respiratory hygiene after vaccination (Figure A26).

Figure A26. After your vaccination, will you:
(n = 2,775 sampling weights are normalized)

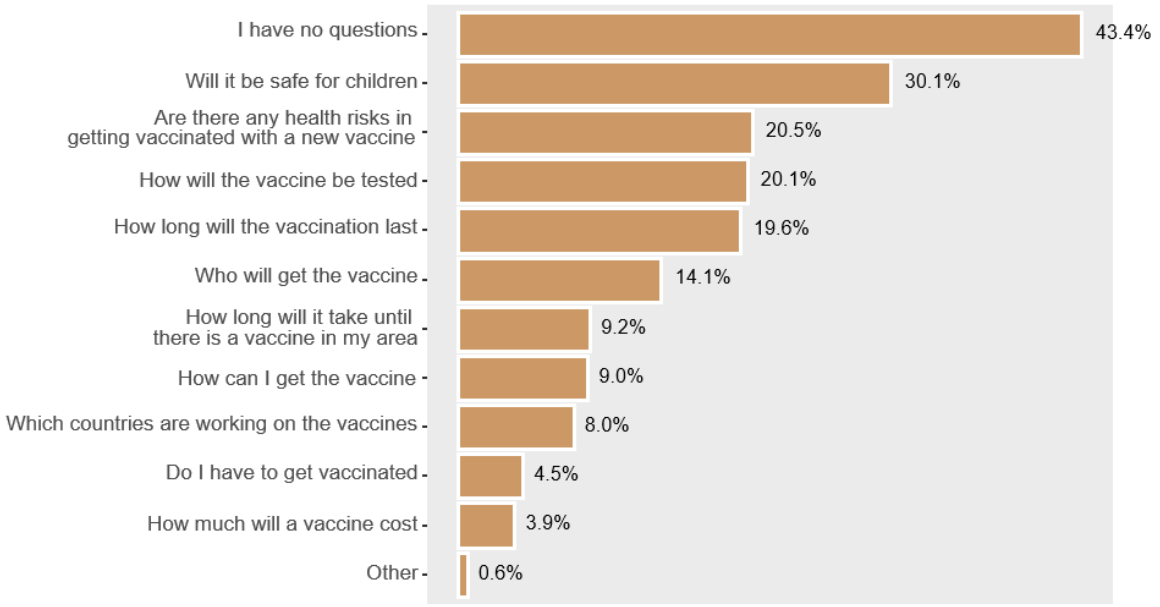


[10] Anton Pottegård et al., "Arterial events, venous thromboembolism, thrombocytopenia, and bleeding after vaccination with Oxford-AstraZeneca ChAdOx1-S in Denmark and Norway: population based cohort study," *BMJ* 373, no. 1114 (May 5, 2021) doi: https://doi.org/10.1136/bmj.n1114

The majority of the people had no question about the COVID-19 vaccines. The others had questions about whether they are safe for children, health risks in getting vaccinated, how are the vaccines tested, and how long the vaccines last (Figure A27).

Figure A27. What questions, recommendations or suggestions, if any, do you have about COVID-19 vaccines?

(n = 2,775 sampling weights are normalized)



FINDINGS FROM THE MIGRANT, UNDOCUMENTED, AND INDIGENOUS GROUPS (VULNERABLE PEOPLE GROUPS)

Respondent demographics

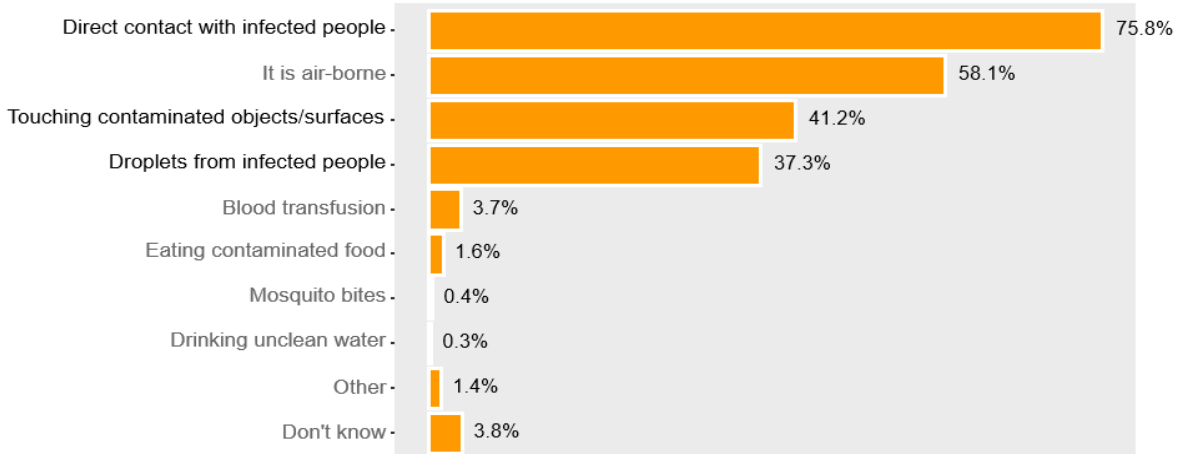
The vast majority (86.3%) of the respondents were Malaysian natives comprising the indigenous or undocumented people groups, 11% were Indonesia natives, and 2.7% were migrants from other countries. Nearly half (47%) of them resided in Johor, 16.8% in Kelantan, 14.8% in Pahang, 9.6% in W.P. Kuala Lumpur, and 12.3% in other states or federal territories. They consisted of 47.7% females, 52.2% males, and 0.1% preferred not to say their gender. There were 10.4% who identified themselves as LGBTIQ, and an additional 17.1% preferred not to say. The age distribution for age groups 18-29, 30-39, 40-49, 50-59, and 60 and over were 19.5%, 24.1%, 22.8%, 16.3% and 17.3%, respectively. About half of the respondents (46.3%) graduated high school, 14.2% had a university or advanced degree, and 39.4% had an elementary-school level or no formal education. Over half of them (54.8%) were working a paid job, 24.9% were full-time students, 6.3% were retired, and 8.6% were not working at the time of the interview. There were 7.3% who identified themselves as having a lasting health condition (i.e., disability). See Annex 1 for the detailed breakdown of the respondent demographics.

Knowledge and behaviours

Over half of the respondents reported they believe that COVID-19 is air-borne, and less than half of the respondents mentioned droplets as the source of transmission (Figure B1). COVID-19 is spread by the answers in bold. The other answers are, with current knowledge, perceived as rumours.

Figure B1. How do you think COVID-19 is spread?

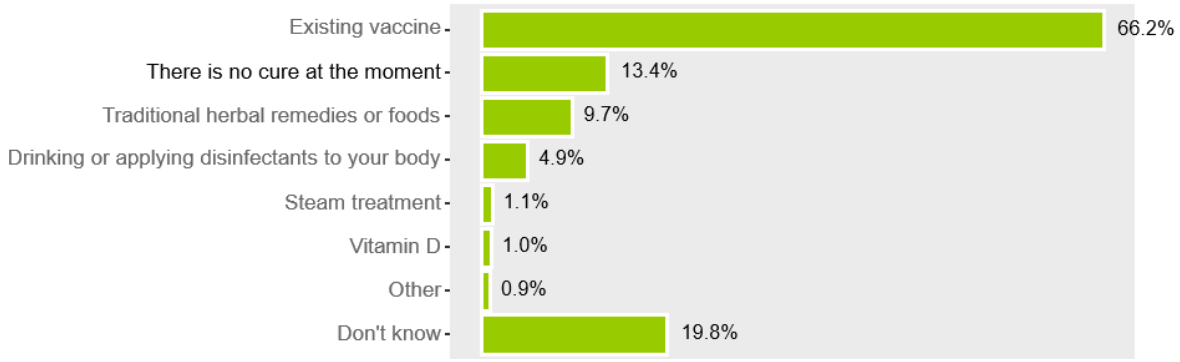
(n = 794)



Similarly, a vast majority thought an existing vaccine is the cure for COVID-19 (Figure B2). Vaccines are protective and reduce the risk of severe disease, but are not a cure. Health scientists have not yet developed a cure for COVID-19 at the moment.

Figure B2. Do you think there is a cure for COVID-19?

(n = 794)



Nearly all people perceived COVID-19 as very dangerous (Figure B3). Over half were practicing protective measures several times a day, and another two-fifths once a day or every other day (Figure B4).

Figure B3. How dangerous do you think COVID-19 is?

(n = 794)

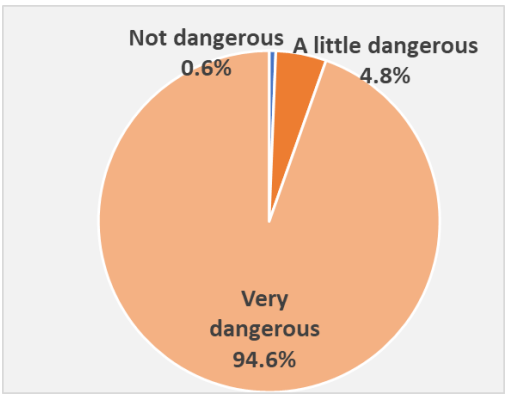
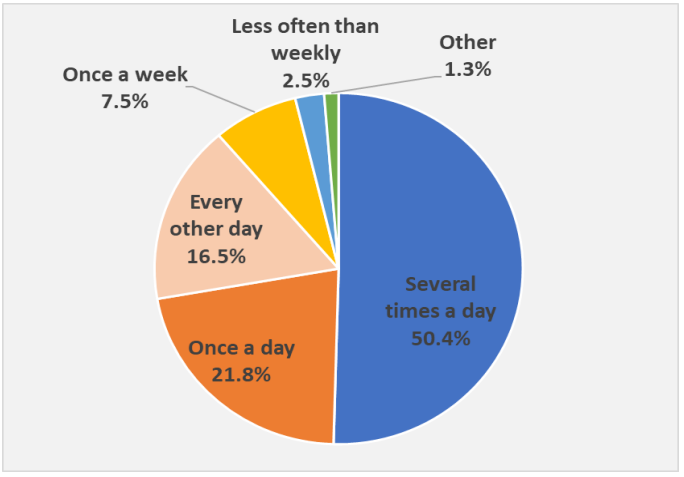


Figure B4. How often did you do these protective measures last week?

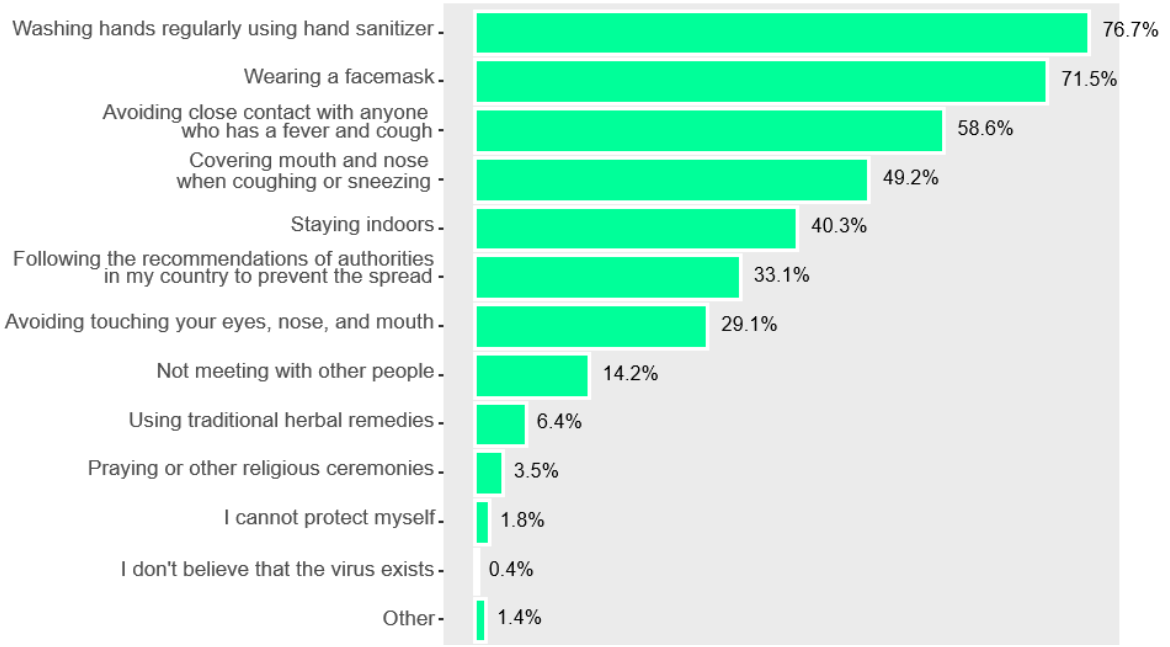
(n = 789)



The most practiced protective measures were regularly washing hands using hand sanitizer, wearing a facemask, avoiding close contact with anyone who has a fever and cough, and covering mouth and nose when coughing or sneezing (Figure B5). There were 7.7% of the respondents who chose only one protective measure from the list of check-all response

options, 44.8% chose two or three protective measures, and 47.2% chose four or more measures.

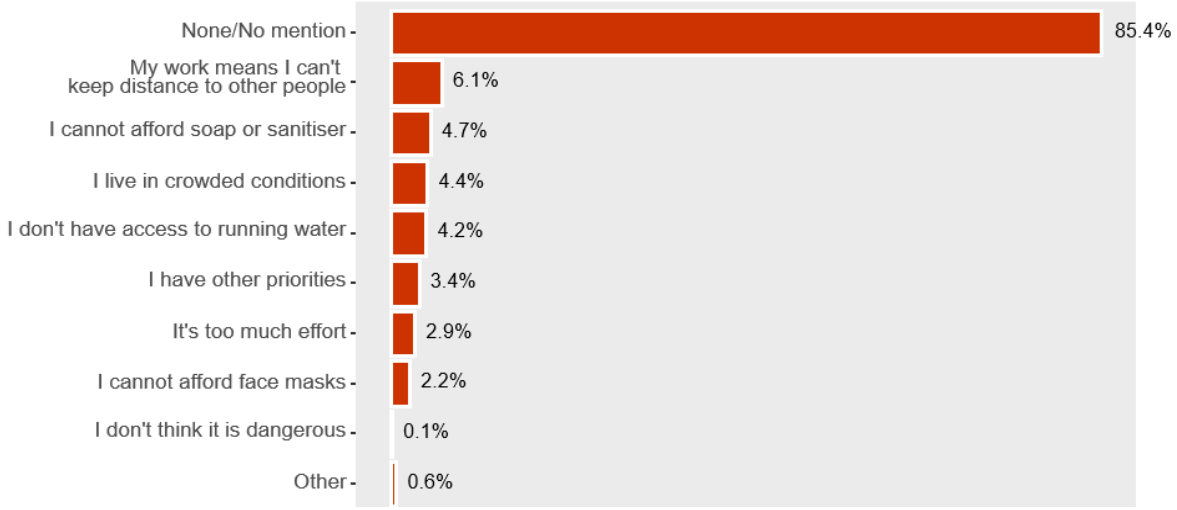
Figure B5. What are the measures you use most to protect you and your family from COVID-19?
(n = 794)



An overwhelming majority of the respondents did not mention any hindrance in protecting themselves against the virus (Figure B6). Note that the respondents were not compulsory to answer this question and those who skipped this question (23.2%) were combined with those who said there is no reason preventing them from taking protective measures (62.2%). The most mentioned reason that prevented people from taking the protective measures was their work means they cannot keep a physical distance from others.

Figure B6. What are some of the reasons preventing you from taking measures to protect yourself against the virus?

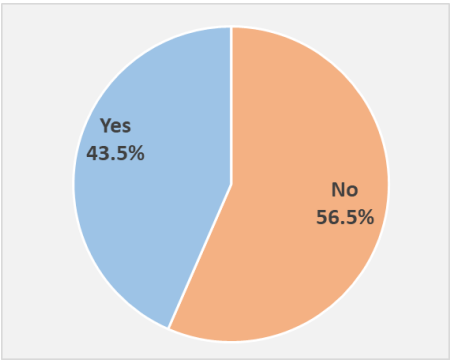
(n = 794)



Less than half of the respondents sought essential health care services during the pandemic (Figure B7).

Figure B7. During COVID-19, have you sought essential health care services?

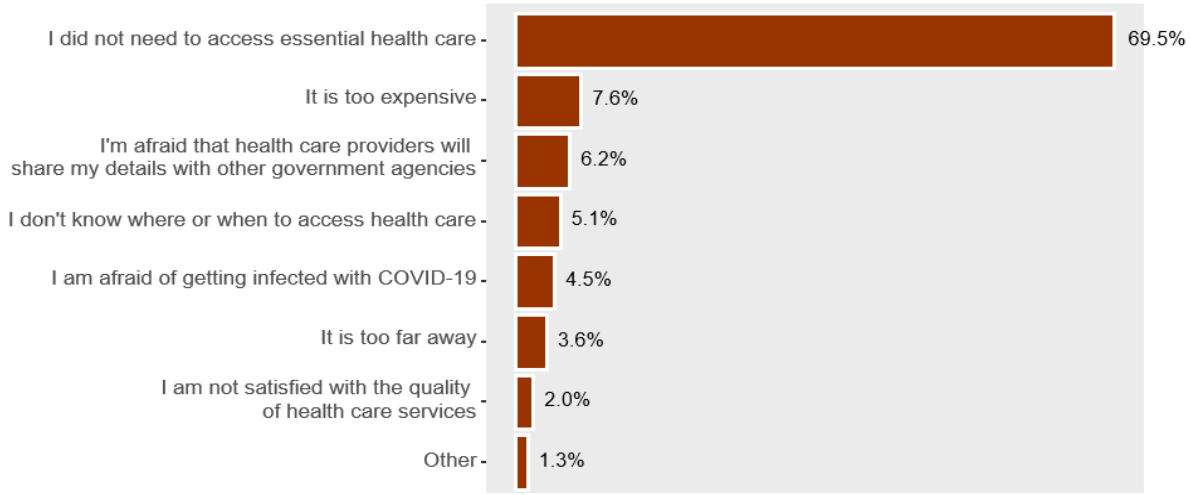
(n = 794)



Of the 449 respondents who did not seek essential health care services, over two-thirds said they did not need it at that time, 7.6% said it is too expensive, and 6.2% (n = 28) said they are afraid that health care providers will share their details with other government agencies (Figure B8). Of the 28 who were afraid that health care providers will share their details, 25 were foreigners.

Figure B8. The main barrier for me to seek a health care provider is:

(n = 449)

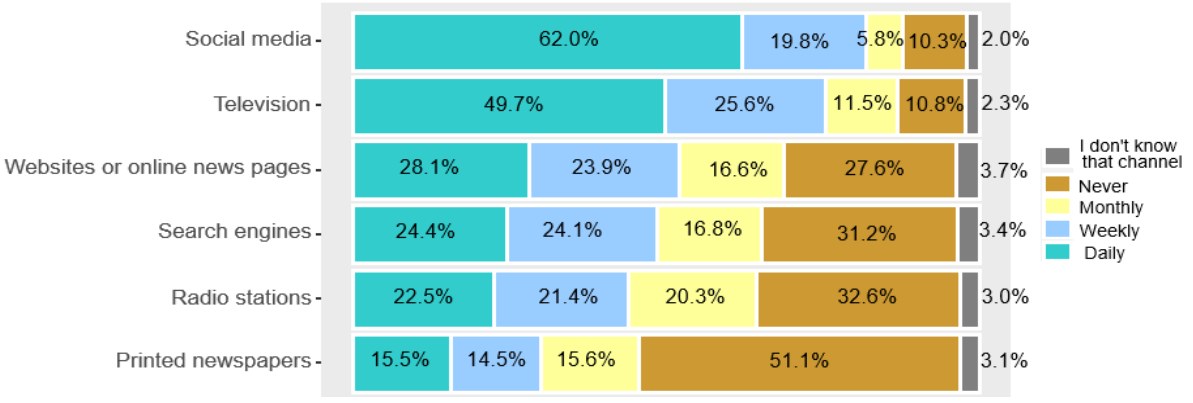


Communication channels and trusted sources

Most people were viewing information on social media and/or television on a daily basis (Figure B9).

Figure B9. How often do you use the following channels to find information about COVID-19?

(n = 794)



They preferred looking at a video (Figure B10) and sharing their opinion or feedback about COVID-19 via a messenger service or social media (Figure B11).

Figure B10. How do you like to receive information?

(n = 794)

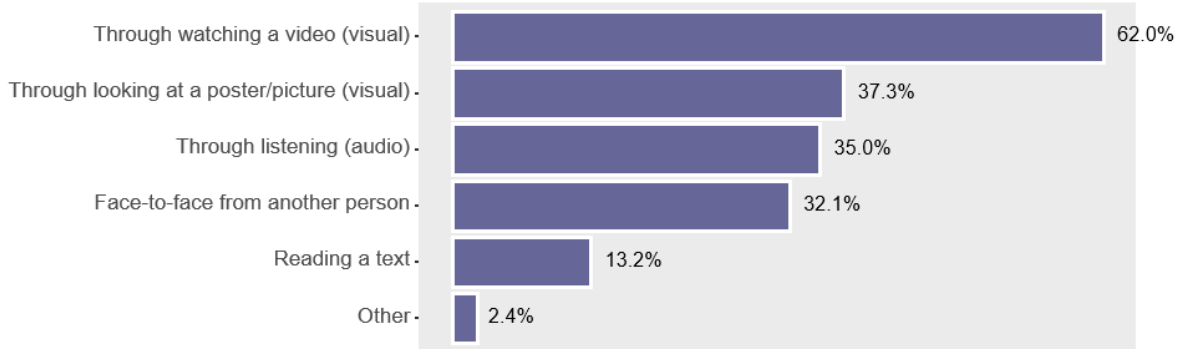
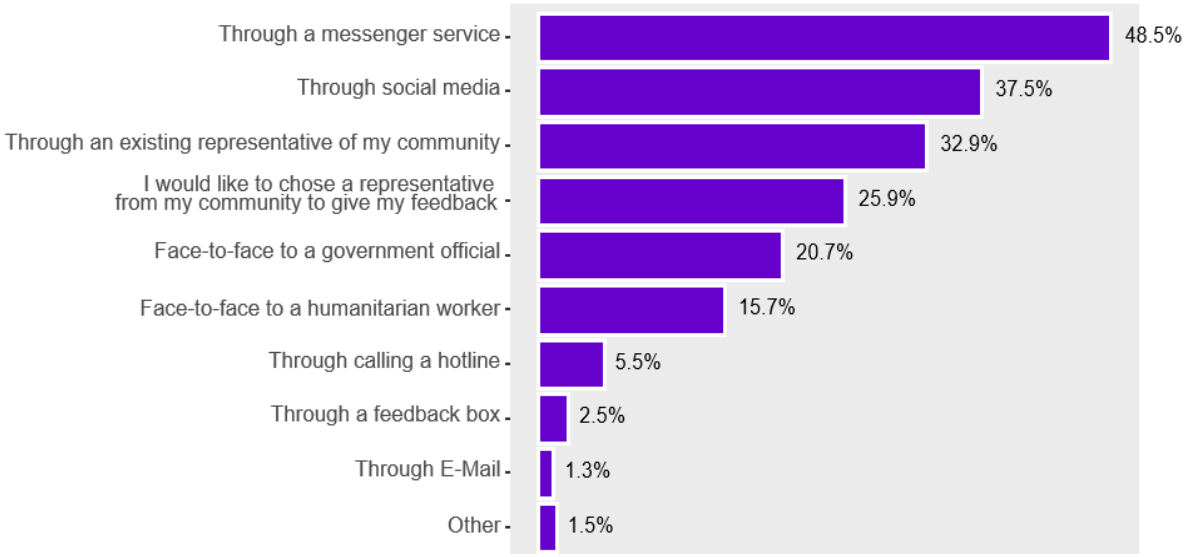


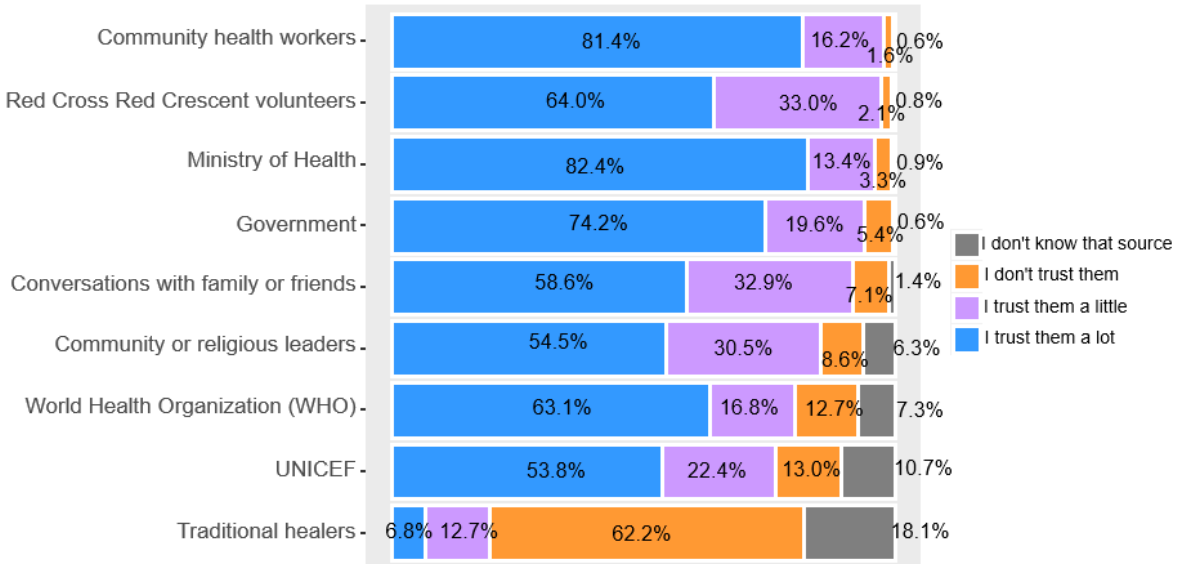
Figure B11. What is your preferred way of sharing your opinion or feedback related to COVID-19 with us?

(n = 794)



Over three-quarters of the respondents said they highly trust information about COVID-19 from MOH, community health workers, and the government (Figure B12).

Figure B12. How much do you trust information about COVID-19 from the following sources?
(n = 794)



Over two-thirds definitely would, and another one-fifth probably would begin using a new protective measure if their health authorities or the WHO recommended it (Figure B13). About two-fifths of the respondents felt that the government and organisations who are responding to COVID-19 are listening to them a lot, 31.5% said a little, 5.8% said not at all, and 22.8% said they do not know (Figure B14).

Figure B13. Would you begin using a new protective measure if your health authorities or the WHO recommended it?
(n = 794)

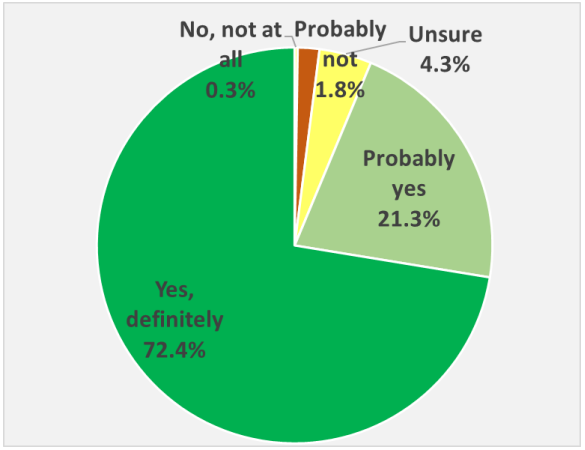
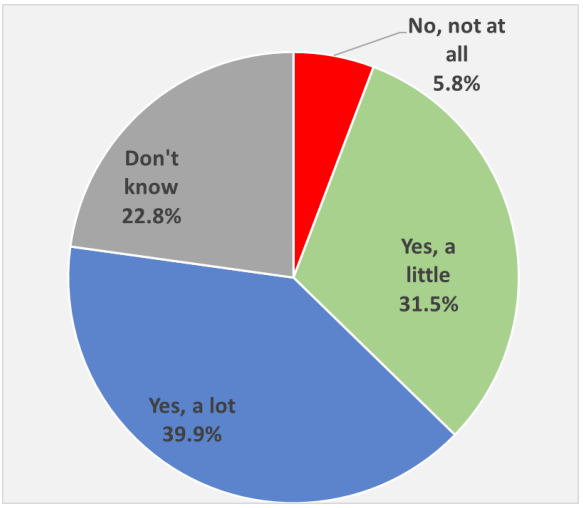


Figure B14. Do you feel governments and organisations who are responding to COVID-19 are listening to you?
(n = 794)

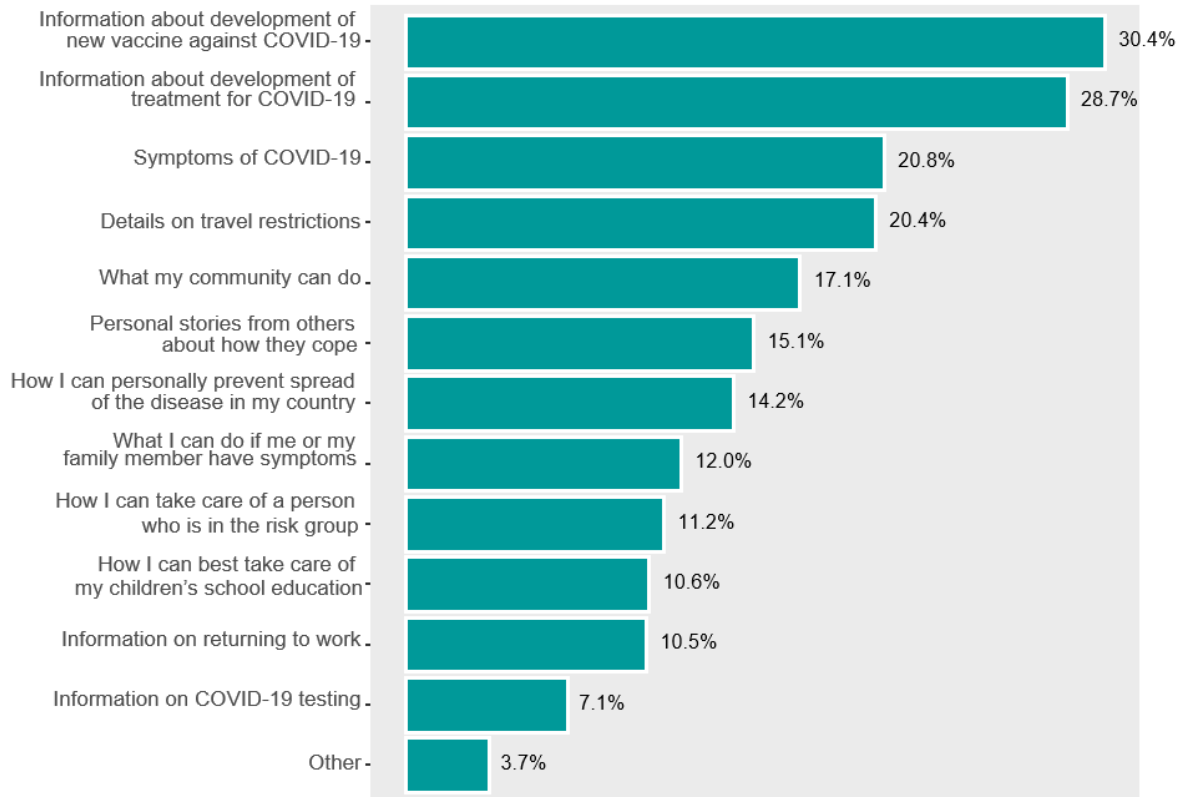


Information needs

The most frequently mentioned information that the respondents need included information about the development of the new vaccine, information about the development of treatment for COVID-19, symptoms of COVID-19, and details on travel restrictions (Figure B15).

Figure B15. What type of information do you need now?

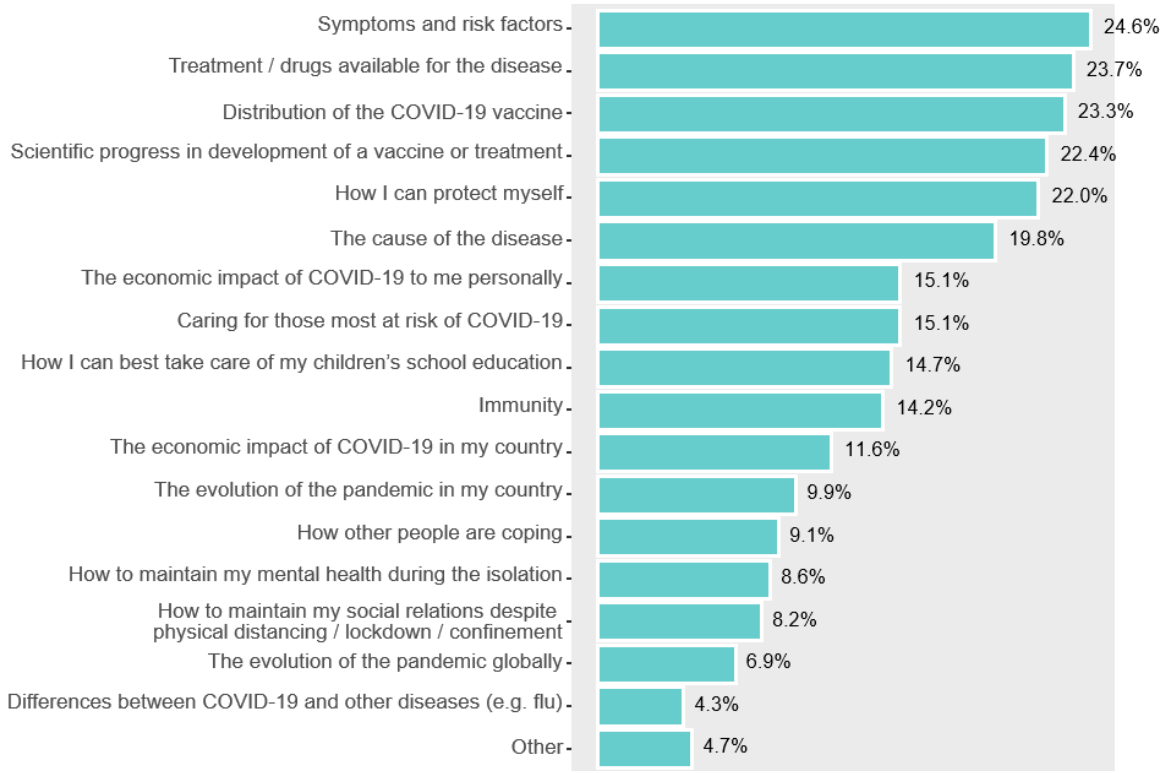
(n = 794)



There were 29.2% (n = 232) of the respondents who were actually searching for information about COVID-19 over the past two weeks. Among the most searched topics were symptoms and risk factors, treatment/drugs available for the disease, distribution of the COVID-19 vaccine, scientific progress in the development of a vaccine or treatment, how can the people protect themselves, and the cause of the disease (Figure B16).

Figure B16. Over the past week have you been searching for information about COVID-19? If yes, what type of information have you been looking for?

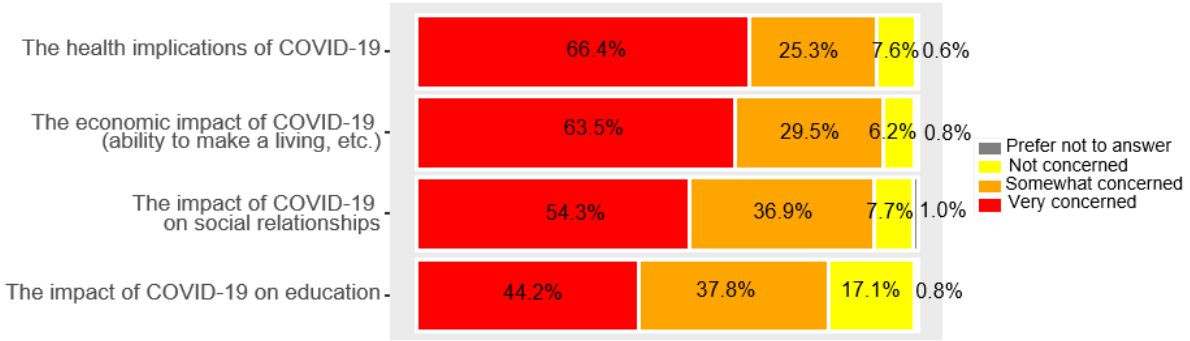
(n = 232)



There were 66.4% of the respondents who felt very concerned in the past two weeks about the health implication of COVID-19, 63.5% felt very concerned about its economic impact, and 54.3% were very concerned about its impact on social relationships (Figure B17).

Figure B17. Thinking about the past two weeks, how often have you felt the following because of COVID-19?

(n = 794)



Stigmatism

When asked whether they thought other people would treat them badly if they knew they had COVID-19, the majority said maybe (Figure B18). Besides, there were 7.6% who said yes, and 6.6% said a little that they thought a specific group of people is the cause of COVID-19 spreading in their community, with the majority said they do not know (Figure B19). The large percentage of unknown/maybe renders the degree of stigmatism inconclusive.

Figure B18. Do you think other people would treat you badly if they knew you had COVID-19?
(n = 794)

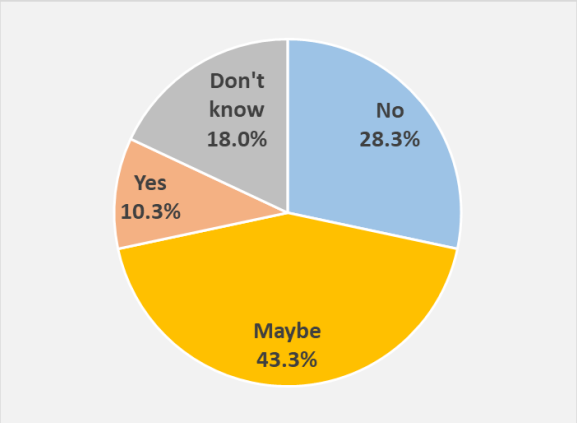
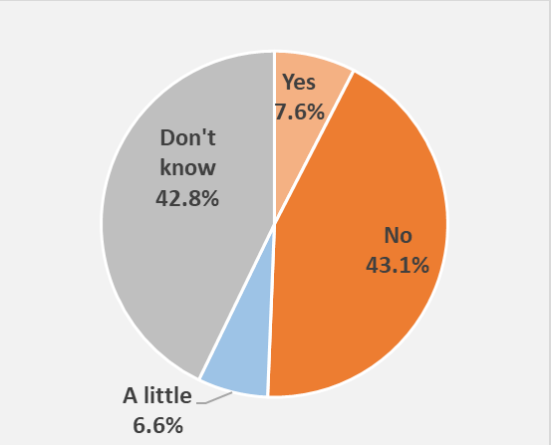
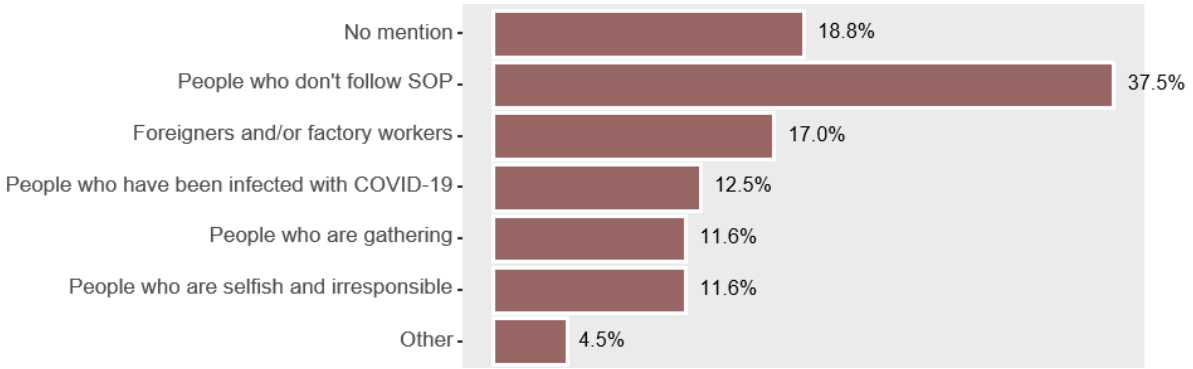


Figure B19. Do you think a specific group of people is the cause of COVID-19 spreading to your community?
(n = 794)



Those who said yes or a little (n = 112) were asked an open-ended question on which group of people they thought was the cause of COVID-19 spreading. About one-fifth did not mention a specific group, while 37.5% mentioned the people who do not follow SOPs, and 17% mentioned foreigners and/or factory workers cause the virus to spread (Figure B20).

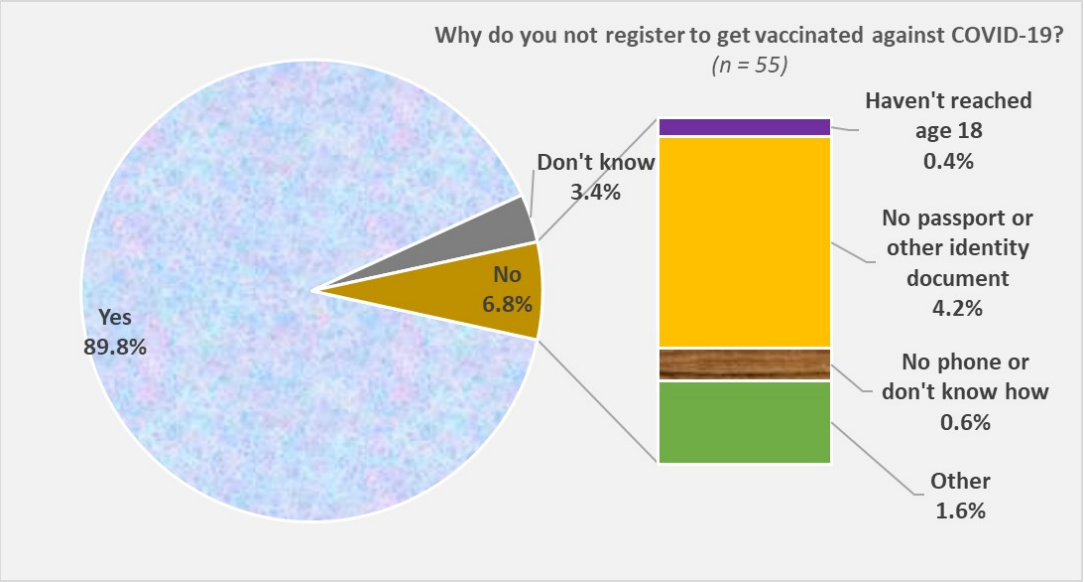
Figure B20. Which group of people do you think is the cause of COVID-19 spreading?
(n = 112)



Vaccination

An overwhelming majority (89.8%) of the respondents already registered for vaccination against COVID-19 (Figure B21). There were 4.2% (n = 30) of the total respondents who had not registered due to unavailability of passport or other identity document, and 29 out of 30 of the respondents who mentioned this were Indonesia natives.

Figure B21. Have you registered to get vaccinated against COVID-19?
(n = 794)



The majority said they highly trust the health care providers who would give them a COVID-19 vaccine, and another quarter of the respondents said they moderately trust them (Figure B22).

Nearly all (92.3%) would advise their family or friends to take the vaccine (Figure B23). Of the 3.9% who would not recommend the vaccine, the reasons given were the side effects, family and friends were already vaccinated, and they did not believe the vaccine is safe.

Figure B22. How much do you trust the health care providers who would give you a COVID-19 vaccine?
(n = 794)

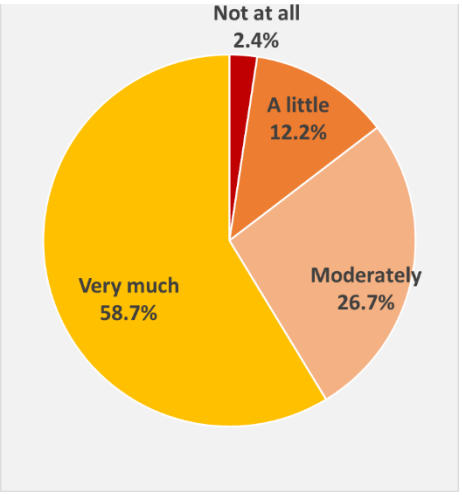
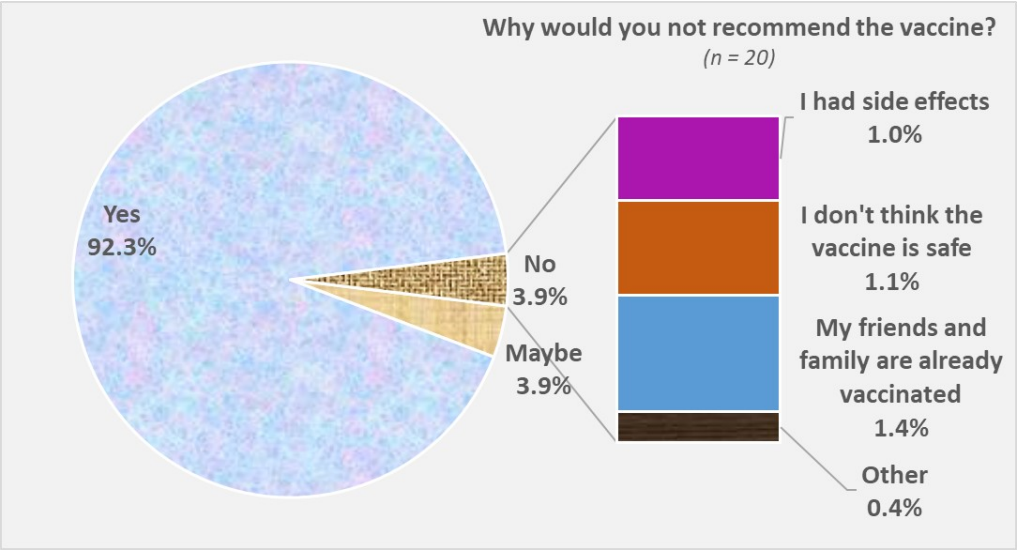
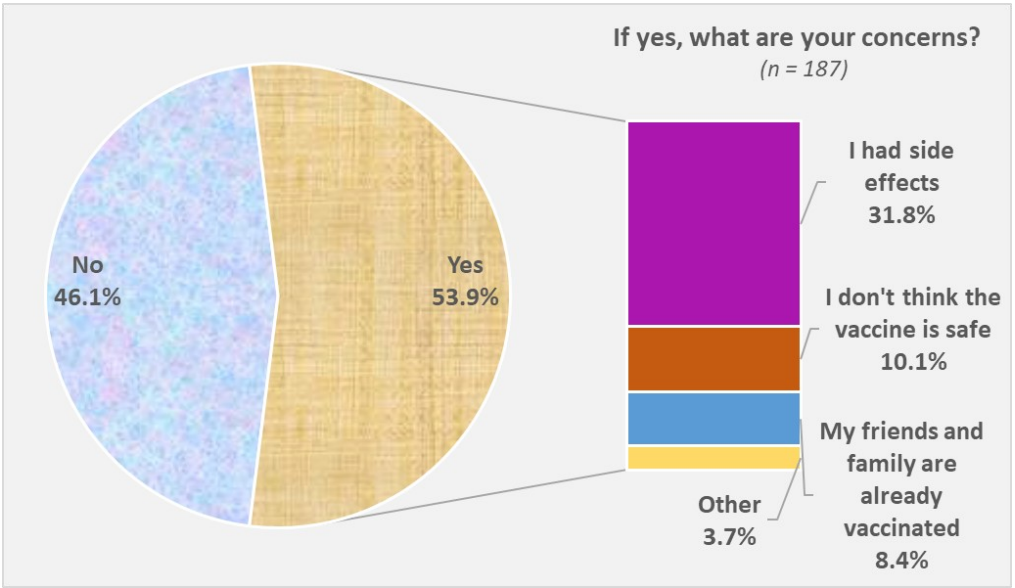


Figure B23. Would you advise your family or friends to take the vaccine?
(n = 794)



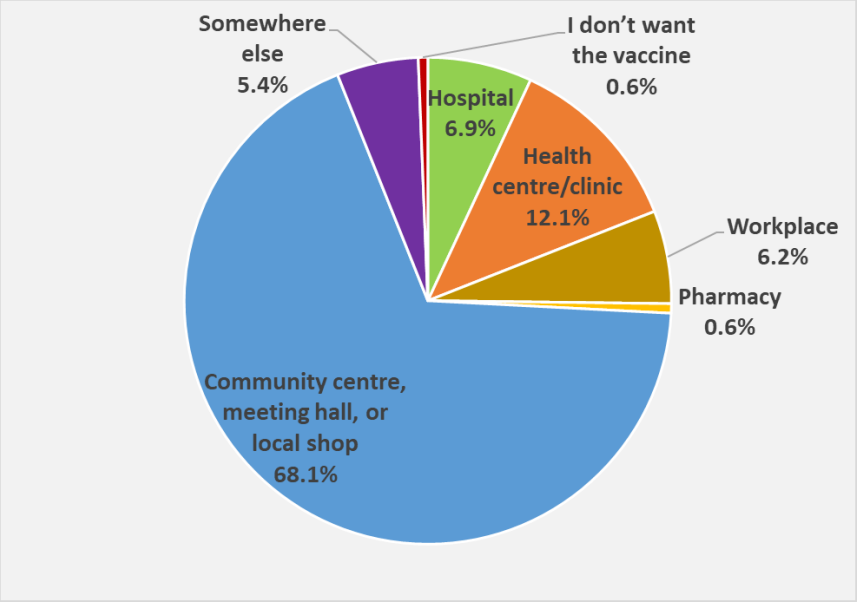
Over half of the respondents had concerns about the vaccine as 31.8% experienced its side effects, 10.1% did not think the vaccine is safe, 8.4% said their friends and family are already vaccinated, and 3.7% mentioned other concerns (Figure B24).

Figure B24. Do you have any concerns about the vaccine?
(n = 794)



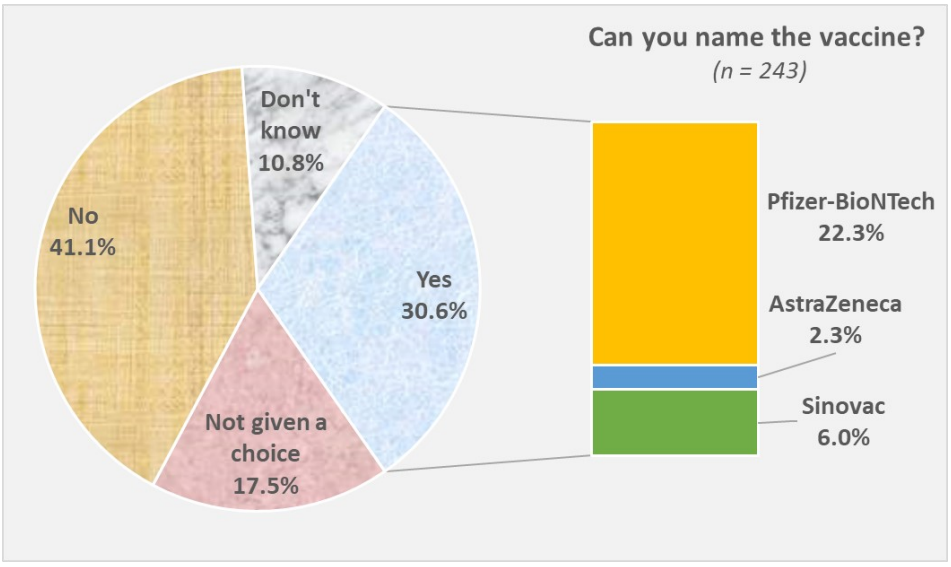
The majority preferred to get the vaccine at a community centre, meeting hall, or local shop, and 12.1% preferred it at a health centre/clinic (Figure B25).

Figure B25. Where would you prefer to get a COVID-19 vaccine?
(n = 794)



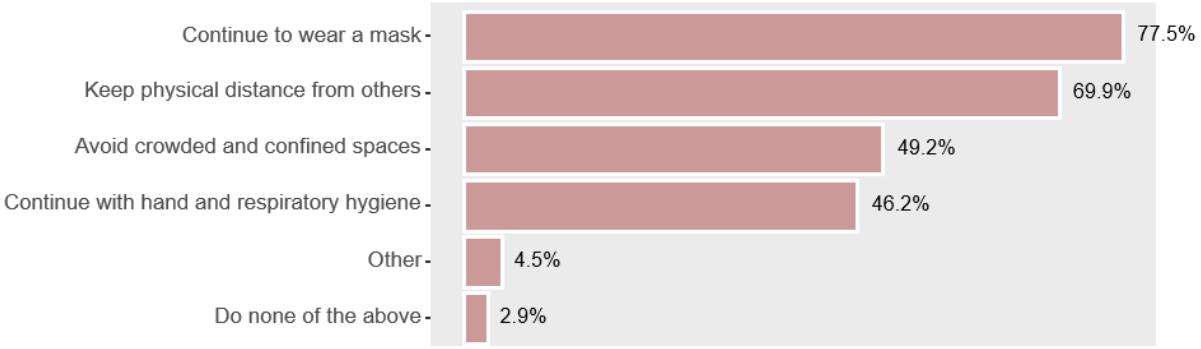
There were 30.6% of the respondents who had a preferred vaccine brand, and most of them named Pfizer- BioNTech as the preferred brand, followed by Sinovac and AstraZeneca (Figure B26).

Figure B26. Do you have a preferred vaccine brand?
(n = 794)



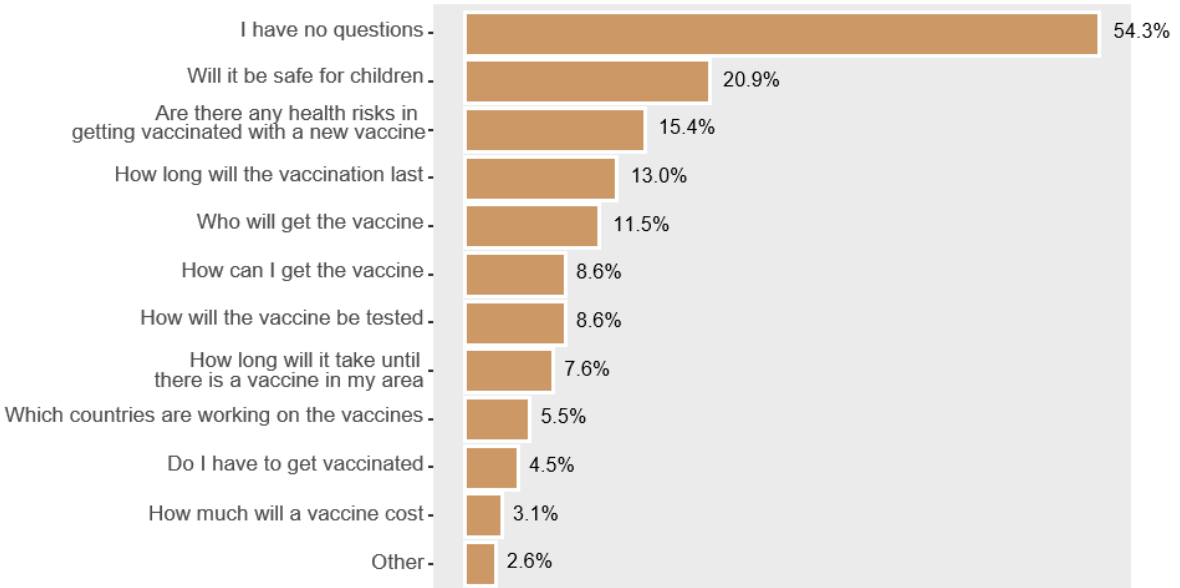
Over two-thirds of the respondents said they would continue to wear a mask, and keep physical distance from others (Figure B27).

Figure B27. After your vaccination, will you:
(n = 794)



Over half of the respondents had no question about the COVID-19 vaccines. The others had questions about whether they are safe for children, health risks in getting vaccinated, how long the vaccines last, and who would get the vaccine (Figure B28).

Figure B28. What questions, recommendations or suggestions, if any, do you have about COVID-19 vaccines?
(n = 794)



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ANNEX 1: DEMOGRAPHICS

Table A. Respondent demographics of the general adult population

(n = 2,775)

Demographics	Percent (weighted)
State	
Johor	17.2%
Kedah	15.6%
Kelantan	15.3%
Melaka	7.1%
Negeri Sembilan	5.5%
Pahang	9.6%
Sabah	4.6%
Sarawak	10.6%
Terengganu	14.5%

Primary language	
Chinese (Cantonese)	0.6%
Chinese (Hokkien/Minnan)	1.4%
Chinese (Mandarin)	7.5%
Chinese (Others)	1.0%
English	1.5%
Malay (Malaysian)	35.6%
Malay (Kedah)	14.8%
Malay (Kelantan)	15.0%
Malay (Negeri Sembilan)	1.4%
Malay (Others)	7.5%
Tamil	1.2%
Others	12.6%
Gender	
Female	47.2%
Male	52.6%
Prefer not to say	0.2%
LGBTIQ	
No	77.5%
Yes	11.5%
Prefer not to say	11.0%
Have a lasting health condition (disability)	
No	81.0%
Yes	13.5%
Prefer not to say	5.5%
Breastfeeding (n = 1,322)	
No	89.1%
Yes	6.2%
Prefer not to say	4.7%
COVID-19 history	
No	62.9%
No, I was tested and the result was negative	27.3%
I had COVID-19 symptoms but it was not confirmed by a test	2.1%
Yes, I was tested and the result was positive	7.6%
Age group	
18 - 29	19.0%
30 - 39	18.2%
40 - 49	23.9%
50 - 59	17.6%
60 and over	21.3%
Education	
No formal education	7.1%
Elementary school	14.9%

High school	61.4%
University degree	15.5%
Advanced degree	1.1%
Employment	
Health care worker	1.6%
Essential services worker	5.9%
Educator	4.2%
Business owner	11.9%
Other worker	26.2%
Irregular or informal work	8.7%
Not currently working	17.2%
Student	4.7%
Retired	8.5%
Other	11.0%

Table B. Respondent demographics of the vulnerable people group

(n = 794)

Demographics	Percent
Native country	
Bangladesh	0.3%
China	0.3%
Indonesia	11.0%
Malaysia	86.3%
Myanmar	0.8%
Pakistan	0.1%
Philippines	1.0%
Thailand	0.1%
Vietnam	0.1%
State	
Johor	47.0%
Kedah	1.1%
Kelantan	16.8%
Melaka	4.9%
Negeri Sembilan	0.1%
Pahang	14.3%
Perak	0.3%
Perlis	0.1%
Pulau Pinang	0.3%
Sabah	0.1%
Selangor	0.9%
Terengganu	3.3%
W.P. Kuala Lumpur	9.6%
W.P. Labuan	0.3%
W.P. Putrajaya	0.9%

Primary language	
Chinese	12.7%
English	4.2%
Iban	0.4%
Indonesian	0.5%
Malay	80.0%
Melanau	0.1%
Rohingya	0.1%
Tamil	1.9%
Gender	
Female	47.7%
Male	52.2%
Prefer not to say	0.1%
LGBTIQ	
No	72.5%
Yes	10.4%
Prefer not to say	17.1%
Have a lasting health condition (disability)	
No	87.2%
Yes	7.3%
Prefer not to say	5.5%
Breastfeeding (n = 382)	
No	82.2%
Yes	15.2%
Prefer not to say	2.6%
COVID-19 history	
No	66.4%
No, I was tested and the result was negative	26.4%
I had COVID-19 symptoms but it was not confirmed by a test	2.9%
Yes, I was tested and the result was positive	4.3%
Age group	
18 - 29	19.5%
30 - 39	24.1%
40 - 49	22.8%
50 - 59	16.3%
60 and over	17.3%
Education	
No formal education	19.4%
Elementary school	20.0%
High school	46.3%
University degree	13.1%
Advanced degree	1.1%
Employment	

Health care worker	1.9%
Essential services worker	12.2%
Educator	4.8%
Business owner	2.4%
Other worker	8.7%
Irregular or informal work	24.8%
Not currently working	8.6%
Student	24.9%
Retired	6.3%
Other	5.4%

ANNEX 2: QUESTIONNAIRE