



COVID-19: Community Perceptions in Malaysia



MALAYSIAN RED CRESCENT

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Introduction

What do you know about COVID-19? What information do you still require on COVID-19? And, who do you trust when looking for information on COVID-19? To find out the answers to these and other relevant questions Malaysian Red Crescent Society (MRCS) engaged with over 2000 Malaysians from all over the country. The research was funded by the World Health Organization (WHO) and supported through the International Federation of Red Cross Red Crescent Societies (IFRC) and at the regional level by the United Nations Office for the Coordination of Humanitarian Affairs. This report aims to present a concise synthesis of the results to better understand community knowledge, questions and communication preferences around COVID-19 and therefore design appropriate community-based responses. As perceptions are constantly changing and the research was done under the limitations of COVID-19 and movement restrictions the findings must be seen in the wider context of Malaysia and should be triangulated with further research.

The COVID-19 pandemic that has impacted the world in 2020 has also brought with it a significant amount of misinformation, misconceptions and rumours. So much so that it has been deemed an 'infodemic' by WHO¹. In addition, to this misinformation there is also a wealth of verified information flooding communities through various channels. This large amount of data of various degrees of accuracy can be overwhelming and make it hard for people to understand which sources to trust.

This means it is key for humanitarian organisations and other health responders to understand what knowledge individuals have and don't have, which channels are trusted and what solutions communities suggest. Perception surveys can be an excellent first step towards understanding communities better and supporting them effectively to combat the virus. Naturally collecting and analysing this data is only the first step and must be followed up with continuous and adaptive engagement with communities. The following section lays out some of the key findings and recommends possible actions to take to 'close the loop'. These 'ways forward' should be contextualised to fit the diverse contexts and communities in Malaysia.

¹ <https://www.who.int/news-room/feature-stories/detail/immunizing-the-public-against-misinformation>

Key Findings and Recommendations

Finding 1: Four in Five respondents shared that **they believe COVID-19 is not dangerous (78%)**. However, the research also shows that respondents ‘frequently worry’ about losing somebody they love (34.71% worry ‘frequently’). This finding is further underlined by some participants noting that one of the topics they are interested in learning more about is how to take care of at risk groups (33.91%). This suggests that they may be persuaded to take COVID-19 more seriously if it was communicated that this could keep their loved ones safe.

Ways forward

- a. Develop content to encourage individuals that do not belong to any at risk groups to be cautious and continue/take up preventative measures in order to keep others safe. Engage young people on how they can support COVID-19 prevention efforts. Themes: social solidarity, youth, keeping loved ones safe.
- b. Q&A sessions to answer questions on how to keep which at risk groups safe. With short follow up content to explain key measures on how to keep others safe.
- c. To counter COVID-19 fatigue, use the ‘identifiable victim effect’ by specifying a vulnerable person who may be impacted by your actions. (i.e. “Staying home can keep your grandmother healthy”).

Finding 2: One in two respondents (50%) believe **a specific group is responsible for spreading COVID-19**. The main group respondents hold responsible for spreading COVID-19 is foreigners, this is divided into sub-groups of migrants, tourists and Chinese people. However, people also blame those who do not abide by government rules or are COVID-19 positive and not staying at home.

Ways forward

- a. Plan inter-agency strategy to address stigma and include as many additional actors as possible, including non-humanitarian actors. Use evidence-based advocacy, media and other channels to lobby for a joint stand against stigma.
- b. Share content showing a diverse set of people dealing and overcoming COVID-19 together.
- c. Implement further research into what the fears and concerns are that lead to individuals blaming these specific groups and address these fears.
- d. Inform about what support there is for both migrants, other foreigners and for Malaysian Nationals and highlight the support available for both and struggles from both groups and how they may overlap.

Finding 3: While most respondents correctly identified modes of transmission, **17.4% think COVID-19 is transmitted through the air**. This suggests that there is still confusion between aerosols and air-borne transmission.

Ways forward

- a. Produce content that shares details about the difference between aerosols and air-borne transmission.
- b. Organise Q&A sessions in which individuals can ask specific questions they may still have about transmission modes and other COVID-19 related questions.
- c. Provide knowledge sharing sessions for volunteers to understand transmission differences and how to explain them to the public.

Finding 4: 31.82% of respondents worry about the health system being overloaded. With the recent rise in case numbers, this worry may have further increased.

Ways forward

- a. Highlight self-efficacy, the capacity of individuals to protect themselves and ability to contribute to controlling the situation in key communications and engagement activities.
- b. To counter lockdown fatigue, use the identifiable victim effect by specifying a vulnerable person who may be impacted by your actions. (i.e. “Staying home can keep your grandmother healthy”).

Finding 5: Respondents shared that they want to know more about vaccines (36.25%), with progression of time and more media coverage on the topic this interest is likely to have increased.

Ways forward

- a. While this is a sensitive topic it is key to not create an information vacuum that gives space for rumours and potential anti vaccine sentiments.
 - b. Share the process of vaccine development and make transparent discussions on strategy and roll out.
 - c. Plan opportunities for people to ask questions and raise their concerns about the new vaccine.
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Rationale and methodology

Background

This study is part of a multi-country effort to understand community knowledge and perceptions about COVID-19. The Malaysia study was funded by WHO Malaysia, implemented by MRCS and supported through IFRC. Further support was received through UNOCHA who manage an inter-agency dashboard which makes the data of all countries publicly available and therefore enables other partners to explore and use the data to inform their programmes². Interpretations of findings and recommendations must be contextualised and triangulated.

Survey questions

The survey questions are part of a regional inter-agency effort and were contextualised by IFRC Asia Pacific around the themes of knowledge, information, trust, behaviour, and participation based on a rapid assessment developed by IFRC, UNICEF, and WHO global. The questions were further translated and contextualised by MRCS together with volunteers. Other COVID-19-focused tools and surveys were reviewed to avoid duplicating efforts and to ensure that data would be useful and actionable. The questionnaire was set up on Kobo and the survey consisted of five parts aiming to understand who respondents were (language preferences, education, etc.) and what their perceptions and preferences around COVID-19 are:

1. Consent
2. Demographics
3. Knowledge and practices
4. Trust in communication channels and sources
5. Community participation and relationships

A test version of the online Kobo form can be found [here](#). As there will be more iterations of this survey, question and answer options were adjusted as warranted. IFRC is currently facilitating the process of adjusting the second round of the questionnaire based on partners' inputs and the learnings gained in the first round of the survey.

Sample size and methodology

The perception survey was conducted by Malaysian Red Crescent using Kobo as the data collection tool and MRCS volunteers used phone interviews, and when possible face-to-face and group surveys (always keeping physical distance and ensuring safety measures for the volunteers and the respondents) for the data collection process. Furthermore, the link for the questionnaire was disseminated through MRCS social media enabling some of the respondents to fill in the questionnaire by themselves. The main language used was Bahasa Malaysia and English. Volunteers used random sampling to collect data and the survey.

² <https://sites.google.com/view/rcce-community-insights/>

In total 2,012 people from all over Malaysia responded to the survey. From this group, 954 (47%) were men and 1048 (52%) women. The distribution of the sample between urban and rural population is skewed with, 77% of respondents from urban areas³, and 23% of respondents from rural areas.

In terms of age distribution, a large proportion belong to the age group between 18 and 59 years old that are at lower risk to face complications or death due to COVID-19, with 40% of the total number of respondents between ages 18 and 29, 19% between 30 and 39, 18% between 40 and 49 and 10% between 50 and 59. Only 13% of respondents belong to the high-risk group, above 60 years of age. This gap is important to consider when analysing the data.

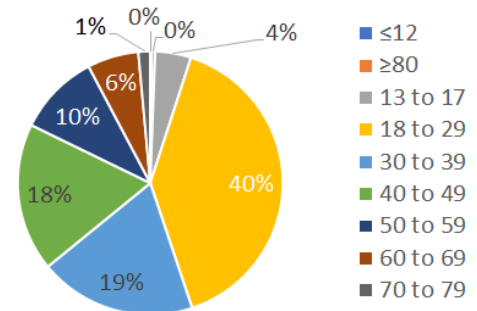


Figure 1 Age of respondents

Regarding education level distribution, the majority of respondents are at secondary school or BA/MA degree level, each of them with 44% of the total, and 9% of respondents in primary level. People that have accessed university level education or no education at all represent 2% of respondents.

The geographical distribution of the respondents is proportional among the states that actively participated with volunteers on the first round of perception survey. The biggest representation (above 10%) is from Terengganu (17%), Sarawak (16%), Johor (15%) Kelantan (15%), Sabah (11%), and Kuala Lumpur (10%).

Limitations and challenges

The context of COVID-19 presented several significant challenges. A key challenge was the Movement Control Order declared by the Government of Malaysia, which limited mobility of people around the country and made face-to-face data collection the less preferable option. Due to this, a mixed-method approach for data collection was used, collecting data through phone calls, social media, and some limited face-to-face interactions, where appropriate protective measures were taken. This means that participants sometimes filled in the survey themselves and sometimes the data was collected by enumerators. This may have some impacts on what participants chose to answer (especially for the non-prompted questions such as on channels and resources). Triangulation of the data with other datasets and findings to address discrepancies that might have derived from this mixed-method approach is an option, however other studies have faced the same challenges imposed by COVID-19, so even triangulation of data poses challenges at times.

Moreover, respondents' age range was not representative of older people who are more vulnerable to COVID-19 as the demographics section explores further. This highlights a need to actively reach out to older age groups to participate in the survey through channels, languages, and formats that they prefer.

Furthermore, the information regarding preconditions, such as high blood pressure or diabetes, that impose a higher risk of complication and fatality when contracting COVID-19 was not captured. To collect this information in the following rounds of surveys will allow a more comprehensive analysis of the perceptions vis-a-vis the risk faced by different groups.

³ According to urban areas listed on <https://www.citypopulation.de/en/malaysia/cities/>

Perception Analysis

Knowledge and Behaviours

Interestingly, risk perception is very low, with four in five respondents reporting that COVID-19 is not dangerous (79%). The relatively lower number of COVID-19 cases in Malaysia could be the reason for this difference (as of 28 June 2020, Malaysia had 8,634 cases)⁴. Younger adults (ages 18-29 and ages 30-39) who are also less at risk are more likely to say that COVID-19 is not dangerous compared to respondents in the high risk group of 60 and above with almost equal proportion of respondents responding not dangerous (53%) and very dangerous (44%). However, respondents from urban areas in Malaysia have a slightly higher risk perception (by about 18% increase), perhaps because COVID-19 cases in Malaysia are more concentrated in urban areas. Looking at differences across the states, Terengganu, Kelantan and Johor respondents had the lowest risk perception with 94%, 93% and 89% compared to Sarawak at 57% responding with not dangerous. This could be because Sarawak compared to other states at that time was considered a COVID-19 red zone⁵ due to its relatively higher concentration of confirmed cases.

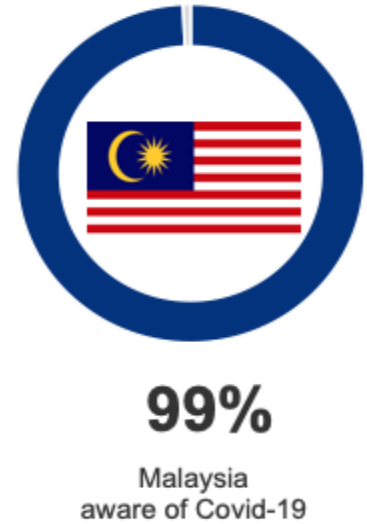


Figure 2 Knowledge of the existence of COVID-19

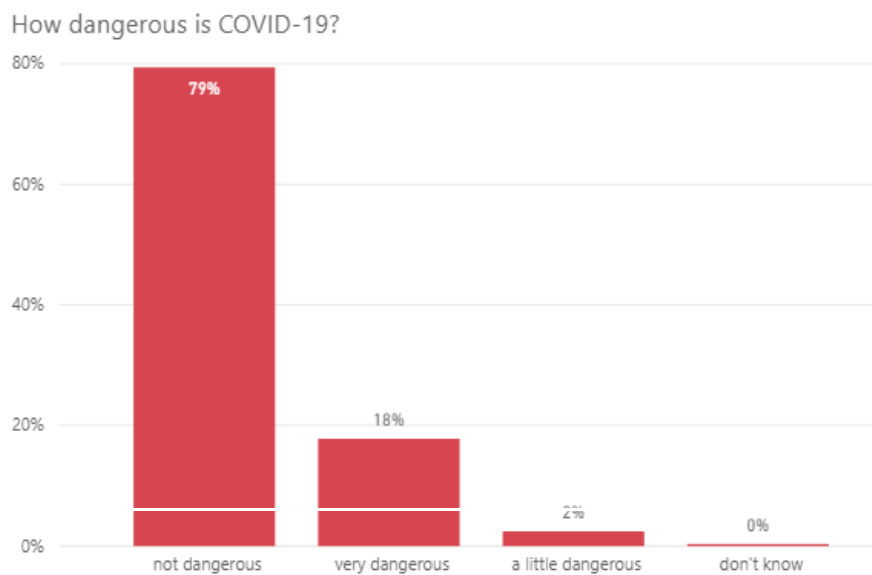


Figure 3 Risk perception of COVID-19

Overall, more than half of the respondents report the following as the main ways that COVID-19 is spread:

- direct contact with infected people/animals (80%)
- touching contaminated objects/surfaces (74%)
- droplets from the infected (72%)
- in the air (54%)

⁴ <https://newslab.malaysiakini.com/covid-19/en>

⁵ <https://www.nst.com.my/news/nation/2020/07/611613/kuching-declared-covid-19-red-zone>

How is COVID-19 spread?

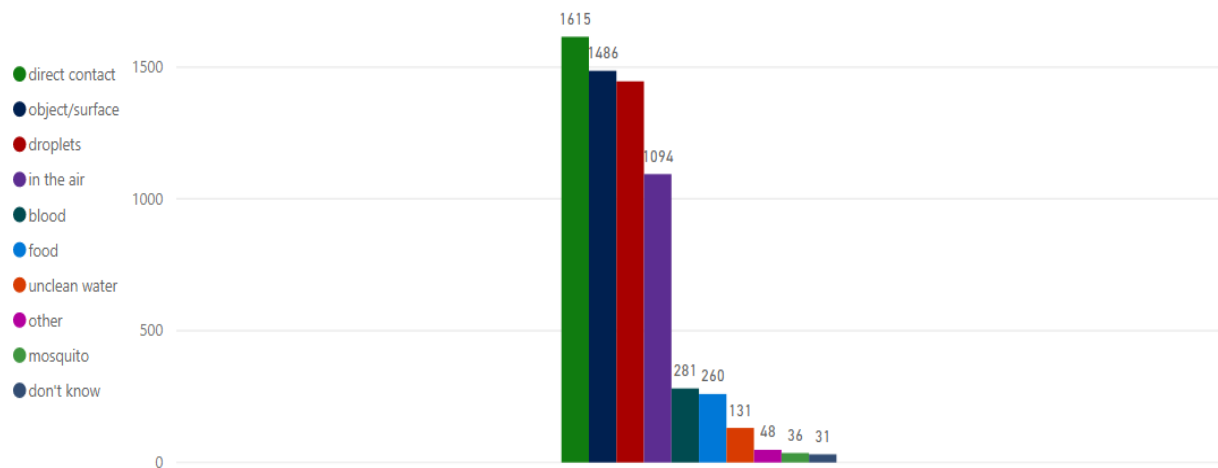


Figure 4 Knowledge of transmission modes

This highlights that the majority of respondents could correctly identify transmission modes. However, there is still confusion among some people on the difference between aerosols and air-borne transmission. Slight differences are seen amongst respondents in Johor who report droplets as the main transmission method, more often than direct contact (8% difference) or touching contaminated objects/surfaces (16% difference). Apart from that, direct contact remains the main reported transmission method across all education levels, age groups and urban/rural areas.

How do you and your family protect yourselves from COVID-19?

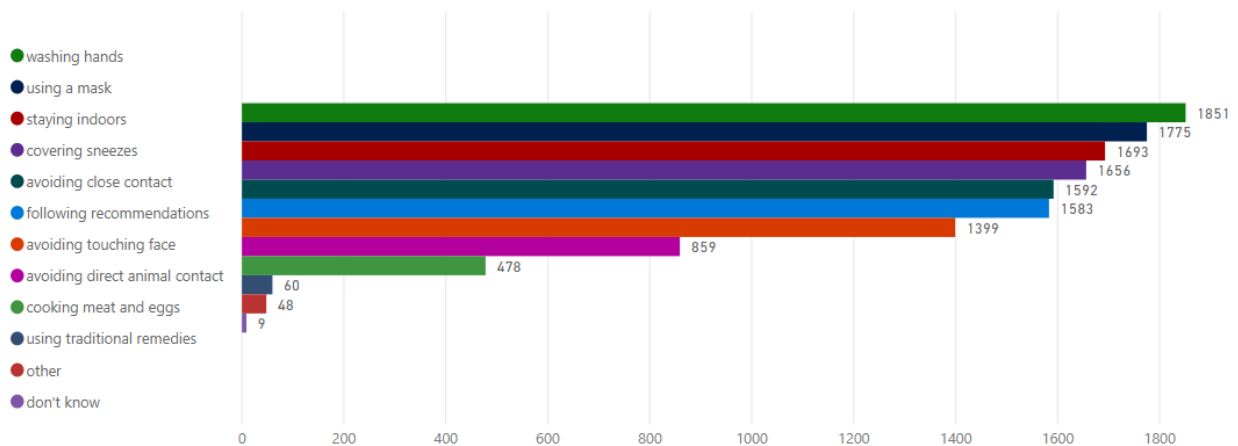


Figure 5 Protective measures of respondents against COVID-19

Overall, more than half of the respondents report the following as the main ways they use to protect against COVID-19:

- washing hands (92%)
- using a mask (88%)
- staying indoors (84%)
- covering mouth when coughing/sneezing (82%)
- avoiding close contact with anyone with symptoms (79%)
- following recommendations from authorities (79%)
- avoid touching face (69%)

Among those who report COVID-19 is very dangerous, these seven main ways of protection are almost equally used with slight preference for washing hands and covering sneezes. No significant differences are observed when comparing sexes, age groups, education levels, urban/rural areas and states. One reason that differences are very slight is perhaps because the seven most used protection methods are the main ones recommended by the authorities⁶. Additionally, at the time of the survey, it has already been more than three months since the government enacted the Movement Control Order (MCO) restrictions and many Malaysians likely internalized the government’s advice and restrictions.

Fears and worries

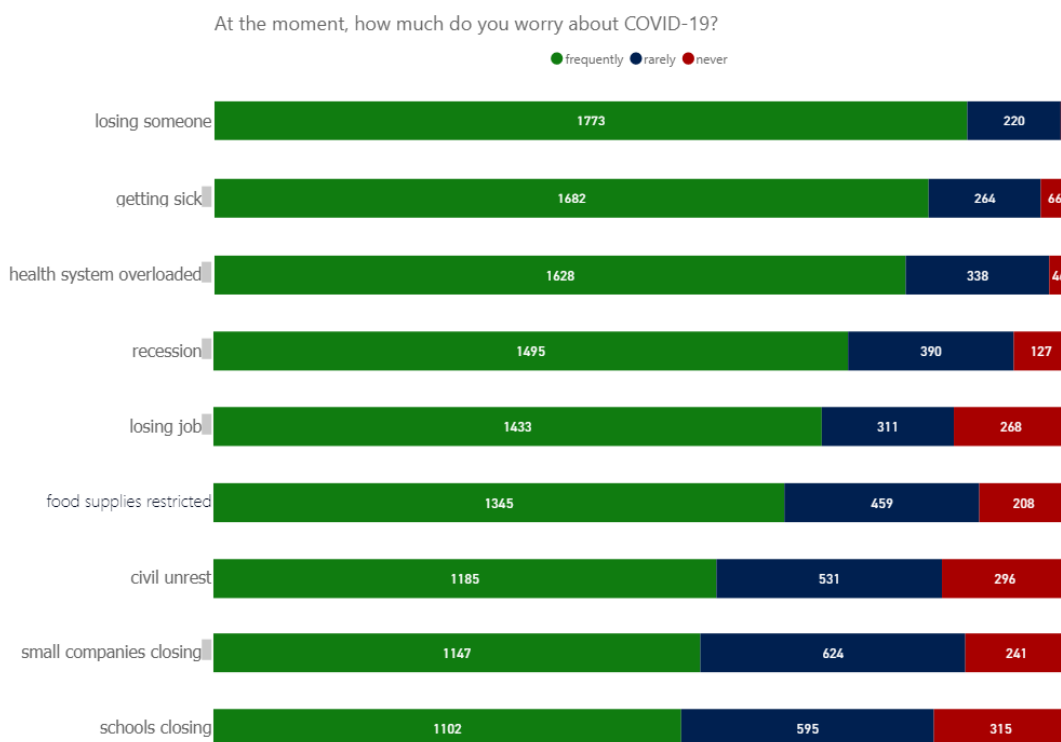


Figure 6 Key fears related to COVID-19

Most respondents are frequently worried about all nine worries. However, respondents with lower education levels (primary school) reported less frequent worry on recession, food supplies, civil unrest, and schools closing compared to respondents with higher education levels (secondary school and above). This could suggest that macro-level worries that affect the whole society seem to affect people with higher education levels slightly more, while worries involving direct harm is prevalent across all sexes and age groups, and education levels.

⁶ <http://covid-19.moh.gov.my/infografik>

Stigma

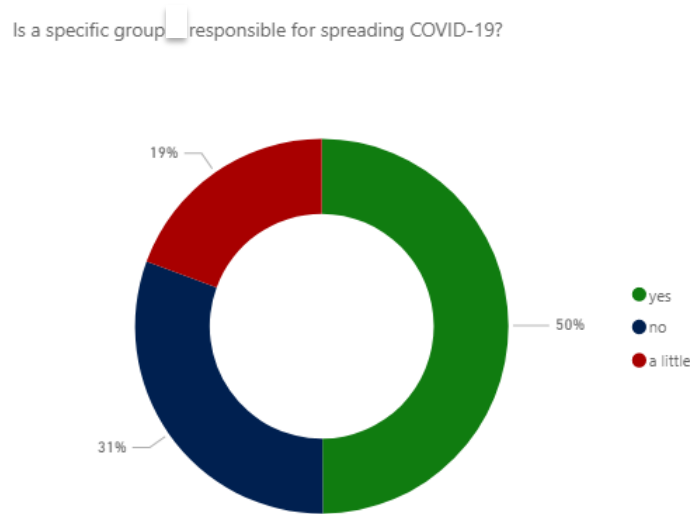


Figure 7 Respondents perception of who is responsible for spreading COVID-19

69% of respondents believe that a specific group is responsible for spreading COVID-19, with people that are 50 years and above agreeing by about 9% more than under 50-year-olds. Malaysian respondents with only secondary level education and below tend to agree more that a specific group is responsible by about 4% than respondents with tertiary education. Moreover, respondents from urban areas agree slightly more (7%) compared to rural respondents. Higher education had a small impact on whether respondents thought a specific group was responsible for COVID-19, with those having tertiary education being slightly less likely to hold a specific group responsible (by about 4% less).

Among the respondents who believe a specific group is responsible, foreigners are mentioned frequently with respondents specifically naming Chinese people, returning migrants, foreign tourists, 'illegal foreigners', migrant workers, and foreigners in general. This is followed closely by COVID-19 positive people and people who are not following government regulations. This is consistent with reports of moves made by Malaysia on foreign tourists and migrants during COVID-19 (particularly undocumented migrants), including by tightening regulations to restrict entry⁷ and increasing detention and deportation efforts⁸, and also supports evidence of declining public opinion on foreigners⁹ in general since the beginning of the pandemic.

⁷ <https://www.thestar.com.my/news/nation/2020/09/07/covid-19-immigration-releases-list-of-countries-whose-citizens-are-barred-from-entering-m039sia>

⁸ <https://foreignpolicy.com/2020/06/19/malysias-coronavirus-scapegoats/>

⁹ <https://www.malaysiakini.com/announcement/532379>; <https://www.reuters.com/article/us-health-coronavirus-malaysia-rohingya/rohingya-targeted-in-malaysia-as-coronavirus-stokes-xenophobia-idUSKBN22Z00K>

Information Needs and Engagement preferences

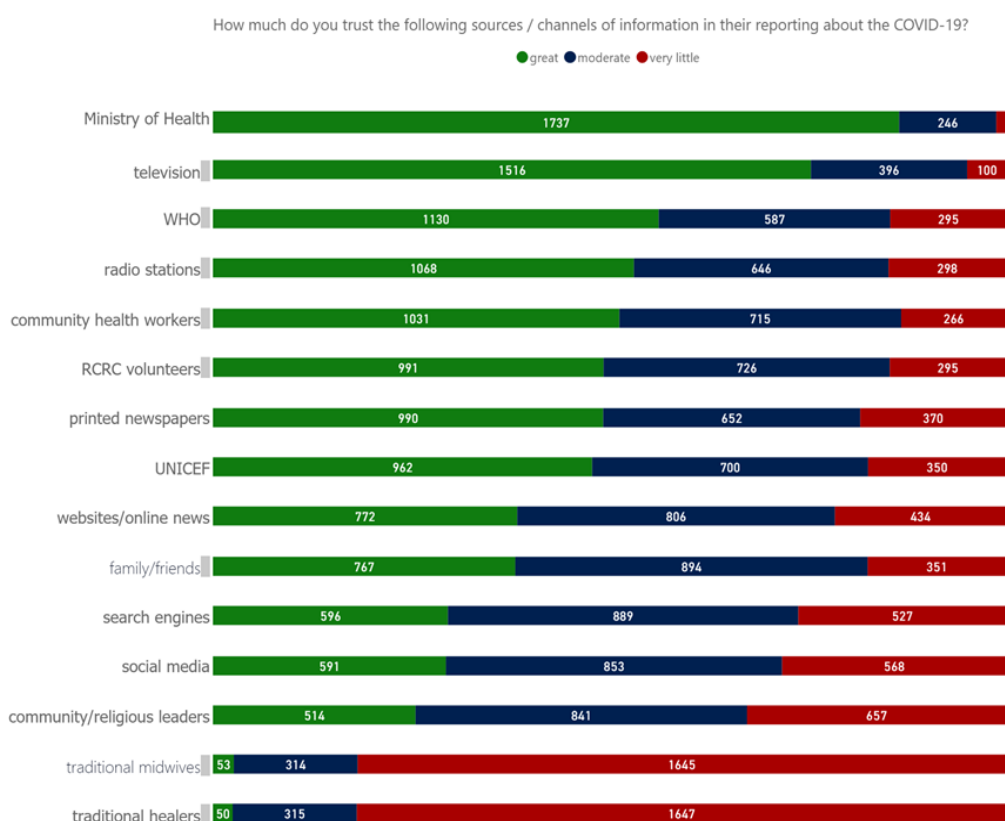


Figure 8 Trust in information sources and channels on COVID-19 content

The most trusted channels to receive information about COVID-19 are television, radio and then printed newspapers. It is noteworthy that the most used channels differ from the most trusted ones. Respondents frequently use social media, websites/online news and search engines to access information on COVID-19. However, less frequently used sources such as WHO, radio, community health workers, UNICEF and Red Cross Red Crescent volunteers are more trusted.

This suggests that on the one hand, respondents may be wary of the validity of content on social media, but may not receive enough relevant content through other channels and sources. This implies a need to shift strategy from blanket messaging to find out more directly what kind of questions people are looking for on social media and other search engines and try to address them through multiple channels. Additionally, it would be beneficial to share content through more ‘traditional’ channels such as TV and radio in addition to social media. Communicators may be well advised to gain trust and help individuals identify where they can find trusted information and who will answer their queries.

Not surprisingly, online channels such as social media, website/online news and search engines are used more often by respondents with higher education levels (Bachelor’s degree and above), from urban areas and below 50-years-old. Rural respondents use family and friends and community health workers as sources more often than those from urban areas. 50 and above age groups tend to prefer non-internet-based channels such as television, family and friends, radio and printed newspapers compared to other channels. There is also a slight preference by about 8% for social media rather than television amongst respondents from Sabah.



Figure 9 Frequency and trust of sources and channels for COVID-19 content

The vast majority greatly trust the Ministry of Health as their source of information, much more than other organizations across all sexes, education levels, age groups, states, and urban/rural areas. This suggests that collaboration with the ministry is crucial in the COVID-19 response to streamline messaging and avoid duplication of risk communication and community engagement activities.

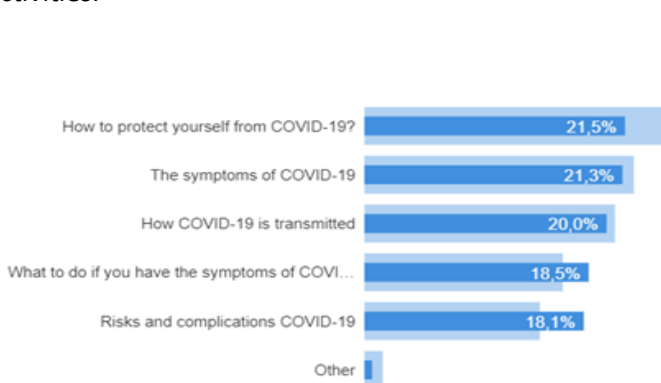


Figure 10 Key information received on COVID-19

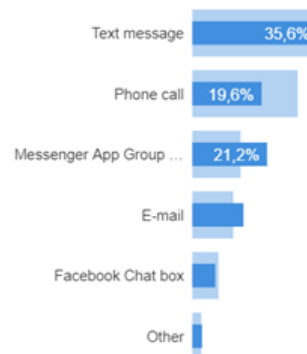


Figure 11 Preferred communication channels

Respondents shared that the main type of information they received on COVID-19 has been regarding protection measures (22%), symptoms (21%) and transmission of the virus (20%). This finding is nearly equally distributed between female and male respondents.

Respondents shared that their preference in terms of being contacted about COVID-19 was mainly through text messages (36%), messenger apps (21%) and in third place phone calls (20%). The preference for text messages, messenger apps and phone calls could be a further indication for a preference for two-way communication as this type of communication is normally more interactive. Respondents 50 years old and above prefer phone calls rather than other forms of communication.

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