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COVID-19: Community Insight in Malaysia - Round 2 (4 - 13 December 2020)



**World Health
Organization**

Representative Office
for Malaysia, Brunei Darussalam,
and Singapore



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Introduction

As the COVID-19 pandemic continues, community perceptions and information needs related to the disease continue to change. In December 2020, the Malaysian Red Crescent Society (MRCS) collected data from 5926 people (46% male, 52% female, 2% preferred not to say) from nine states in Malaysia in the second round of the community perception survey. The first round was conducted in June 2020 as part of an interagency effort of the Asia Pacific Risk Communication and Community Engagement Working Group.¹ The surveys were funded by the World Health Organization (WHO) and supported through the International Federation of Red Cross Red Crescent Societies (IFRC). As perceptions are constantly changing, and because data were collected in December 2020, the results must be seen in the broader context of Malaysia and should be triangulated with further research.

This report analyses the collected perception data to understand communities' knowledge, questions and communication preferences around COVID-19 and COVID-19 vaccines. It also offers recommendations to inform a community-based response. It is understood that these recommendations should be adapted and contextualized to specific groups and contexts.

Trust is crucial to build vaccine confidence and encourage communities to continue to keep up protective behaviours. Listening to, documenting and addressing questions and concerns are key to ensure a community-based response that increases trust in those supporting communities to tackle the pandemic. Perception surveys can be an important starting point for understanding communities better and tailoring support according to existing information gaps and demands instead of relying on blanket top-down messaging.

¹ 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>).



Key findings and recommendations

Key finding 1: Almost 94% of respondents think that COVID-19 is very dangerous. In contrast, in the previous round of the perception survey (June 2020), 78% of respondents felt that COVID-19 is not dangerous. This encouraging finding showcases that participants are taking the pandemic and risk of the virus more seriously than previously, which may help with the continued uptake of protective behaviour. The vast majority (82%) reiterated that they would follow the recommendations of the Ministry of Health Malaysia or WHO on continuing protective measures against COVID-19.

Key finding 2: The majority of respondents feel positive about getting vaccinated (56%), which is encouraging. Another 38% of respondents said they would “maybe” get vaccinated or “did not know” whether they would get vaccinated. Only 6% of participants shared that they do not want to get vaccinated. Key concerns and questions about the vaccine include potential side effects, overall safety and effectiveness, cost and religious appropriateness (whether the vaccine is *halal*). Religious concerns are mirrored by other majority Muslim countries in the region, where discussions about whether the vaccine is halal are ongoing.² Perceptions on vaccines change constantly. As data were collected in December 2020, it is necessary to triangulate the key findings and follow up with further research.

There were no significant differences in vaccine perception between genders and age groups.

Recommendations:

- Focus communication and engagement efforts on the 38% of the population that are not yet convinced about the vaccine but are asking questions.
- Increase engagement with religious leaders, particularly on vaccines. Share with them people’s concerns and questions and discuss how they can engage around vaccines and where they can find answers to their own questions on vaccines.
- Increase two-way engagement with communities on vaccines, offering them space to share their questions and concerns.

Key finding 3: Just over one third (38%) of the respondents mentioned that they practise protective measures on a daily basis. The majority of the respondents (56%) mentioned that they practise protective behaviours every other day, including 52% who say they wash their hands and 44% who wear masks every other day.

² Indonesia aims for halal ruling before COVID vaccine roll out. Aljazeera. 7 January 2021 (<https://www.aljazeera.com/news/2021/1/7/indonesia-aims-for-halal-ruling-before-covid-vaccine-roll-out>).

Recommendations:

- Expand engagement on the importance of maintaining protective behaviour.
- Explore reasons why people do not practise protective behaviours on a daily basis.

Key finding 4: The number of people perceiving others to be responsible for spreading the virus decreased by 22% compared to the first round of the survey, when 67% believed specific groups were spreading the virus. However, it is concerning that almost half of the participants (47%) continue to think that a specific group of people are causing the spread of COVID-19 in their community. Groups blamed for the spread of the virus are the same as those cited in the first survey: people who do not follow government guidance on protective behaviours, foreigners and migrants.³

Recommendations:

- Increase engagement around the importance of reaching everybody to fight the pandemic and leave no one behind.
- Reach out to employers of large and small to medium-sized enterprises (SMEs) who employ migrants to discuss how to support migrant workers in following standard operating procedures on COVID-19 and how to access tools necessary for protective measures for their employees (such as masks and hand sanitizer).
- Connect with grassroots organizations working with migrants to strengthen a joint strategy to address anti-migrant sentiments.

Key finding 5: About 43% of respondents said they did not seek any essential health-care services during the COVID-19 pandemic, and among those 46% mentioned that they were afraid of being infected by COVID-19 if seeking essential health care. This is concerning as it could mean that other health issues are not being taken care of out of fear of getting infected with COVID-19.

Recommendations:

- Explain the infection prevention and control measures that have been in place at health-care facilities to ensure patients are safe from COVID-19.

³ An open-ended question was posed to participants so as to not indicate that certain groups may be responsible. Qualitative data were then categorized into main groups.

- Offer opportunities for people to share their questions with hospitals using multiple channels offline and online to allow for different preferences, and proactively reach out to at-risk groups about how to access essential health care during the pandemic.
- Engage with health-care workers to give them the right tools to reassure patients about safety measures (community engagement guide, FAQs on prevention measures and infection control in place and how to explain them using familiar terms).

Key finding 6: To protect themselves from COVID-19, the vast majority of respondents believe in praying or practising religious norms (93%) and following the Ministry of Health’s recommended protective measures – washing hands regularly using hand sanitizer (92%), wearing a mask (82%), covering mouth and nose when coughing or sneezing (77%), avoiding contact with anyone with symptoms (69%), avoiding touching eyes, nose and mouth (60%), and staying home (51%). Around 33% of respondents trust information on COVID-19 shared by community or religious leaders “a lot”, 42% trust the information “a little”, and 13% do not trust the information. This finding highlights the potential of reaching some parts of communities through religious leaders and the need to give religious leaders the tools to discuss COVID-19-related topics confidentially.

Recommendations:

- Engage religious leaders to enhance knowledge of COVID-19 and protective measures.
- Explain the virus and vaccines using religious frameworks rather than only biomedical to gain trust and reach those who turn to religion as a form of protection and to seek safety (i.e. using religious terminology, linking health information to religious concepts).

Key finding 7: A high percentage of respondents frequently use social media (79%), television (68%), and websites/online news (57%) to get information. The most trusted sources of information mentioned are the Ministry of Health, the Government, WHO and Malaysian Red Crescent Society volunteers. These findings, similar to the first survey round, highlight the importance of diversifying communication channels. The top two information needs mentioned are information about the development of new vaccines against COVID-19 (56%) and information about the development of treatment for COVID-19.

Recommendations:

- Use multiple channels to engage communities, focusing less on feedback boxes and hotlines that appear to be unpopular.
- In preparing content on COVID-19, include more information about the development of new vaccines and treatment for COVID-19.
- Expand two-way engagement through trusted sources such as the Ministry of Health, WHO, MRCS volunteers and through district-level events. Use social media to not just share information but also offer opportunities for people to pose questions to trusted sources, such as Facebook live events hosted by the Ministry of Health.

Background

The second perception survey is part of a multi-country effort to understand community knowledge and perceptions about COVID-19, vaccines, communication preferences 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.⁴ The second survey was conducted on 4–13 December 2020. Both Malaysia perception surveys were funded by the World Health Organization (WHO), implemented by the Malaysian Red Crescent Society (MRCS) and supported by the International Federation of Red Cross Red Crescent Societies (IFRC).

Data from Malaysia's community perception survey are visualized on a publicly available [dashboard](#) hosted by IFRC, along with data from all other participating countries. This enables other partners to explore and use the data to inform their programmes. Methodologies between countries differ as national societies adapt data collection depending on existing community engagement with communities, COVID-19 rules and existing programmes. The dashboard therefore serves as a descriptive single-variable exploratory tool. Interpretations of findings and recommendations must be contextualized and compared to other data to fill gaps in the data (see the *Challenges and limitations* section).

Methodology

Survey questions

The [survey questions](#) were part of a regional interagency effort and covered the themes of knowledge, information, trust, behaviour and participation. The questions were translated into Bahasa Melayu and contextualized 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 using [KoBoToolbox](#) to enable mobile data collection. The survey consisted of five parts aiming to understand the respondents (their language preferences, education, etc.) and their perceptions and preferences around COVID-19:

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

As there will be more iterations of this survey, question and answer options were adjusted as warranted.

⁴ 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>).

Sample and survey methodology

MRCS collected a [snowball convenience sample](#) of 5926 respondents (46% male, 52% female, 2% preferred not to say) for the survey. Mixed methods to collect data were used in order to address changing movement restrictions and collect a larger sample. This meant data were collected through phone calls (13%), social media (34%), face-to-face interviews conducted by volunteers (31%) and other methods (22%), such as through friends, family and MRCS staff. Volunteers received training on conducting the survey and understanding the survey form. They were encouraged to approach men and women of different age groups when collecting data via phone and face-to-face. The survey form was also shared online through multiple channels such as Facebook and LinkedIn. Halfway through the data collection period, the sample was checked against population numbers to understand whether data were representative in terms of gender, age and location. While this step resulted in an improved spread in terms of age and gender compared to the previous survey, further improvements should be made to include a more representative sample of persons with disabilities and migrants (see analysis and charts in the *Demography* section).

Method and tools applied for data analysis

The data and variables were sorted and cleaned in line with the perception survey questionnaire. All variables were analysed in terms of frequency using pivot tables in MS Excel. Bivariate analysis, chi-square test and correlation were done using SPSS. Free text responses and “other” options were sorted and compiled separately to analyse repeated responses.

Challenges and limitations

About 92% of respondents were from urban areas, and under 2% were from rural areas. While Malaysia is highly urbanized, with 76.61% of people living in urban areas,⁵ the sample is skewed towards urban populations. It is therefore more representative of urban perceptions and their communication preferences. It is also noteworthy that Selangor, though home to approximately 20% of Malaysians, was home to only 4% of survey participants. To have a comprehensive urban-rural perception, the survey should have a balance of participants from urban and rural areas.

While the survey sample size was larger in comparison to the previous survey, it was not representative of more vulnerable groups such as persons with disabilities and migrant communities. For the next survey round, solutions should be found to increase the representation of persons with disabilities among the respondents as well as people from different ethnicities, states, districts and rural populations in order to more closely represent the population.

⁵ Urban population (% of total population) - Malaysia. In: DataBank [online databank]. Washington, DC: The World Bank; 2018 (<https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?end=2019&locations=MY&start=1960&view=chart>).

Survey findings

Demography

Of the total 5926 survey participants, 52% identified as female, 46% as male, and 2% preferred not to answer the question (Fig. 1). About 8% of respondents identified themselves as LGBTIQ.⁶ The highest number of respondents were from Sabah state (881), followed by Sarawak (872), Johor (863), Kelantan (829), Terengganu (806) and Kedah (764) states (Fig. 2). The respondents were predominantly from urban locations (92%). Only a few respondents, less than 2%, said they lived in rural areas.

One third of the surveyed population (33%) were young adults between the ages of 18 and 29. The majority of respondents (83%) were adults aged 18–59 years, while 8% were older adults aged 60–79 years and 5% were adolescents aged 13–17 years. The survey distribution for the adult group was slightly higher than the national proportion (56% of the Malaysian population are between the ages of 20 and 59) and slightly lower for the adolescent group (19% of the Malaysian population are between the ages of 10 and 19). However, the representation of older people between the ages of 60 and 79 is consistent with the national proportion.⁷

Fig. 1: Gender of respondents

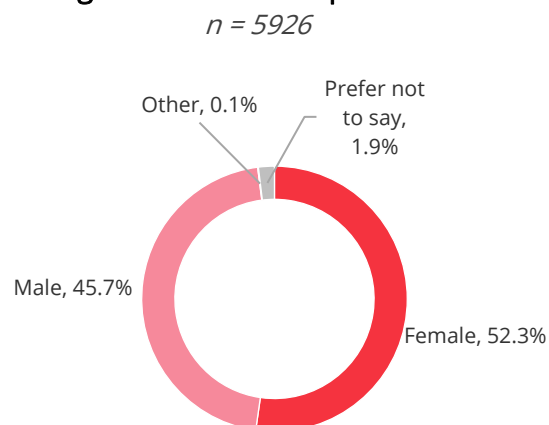
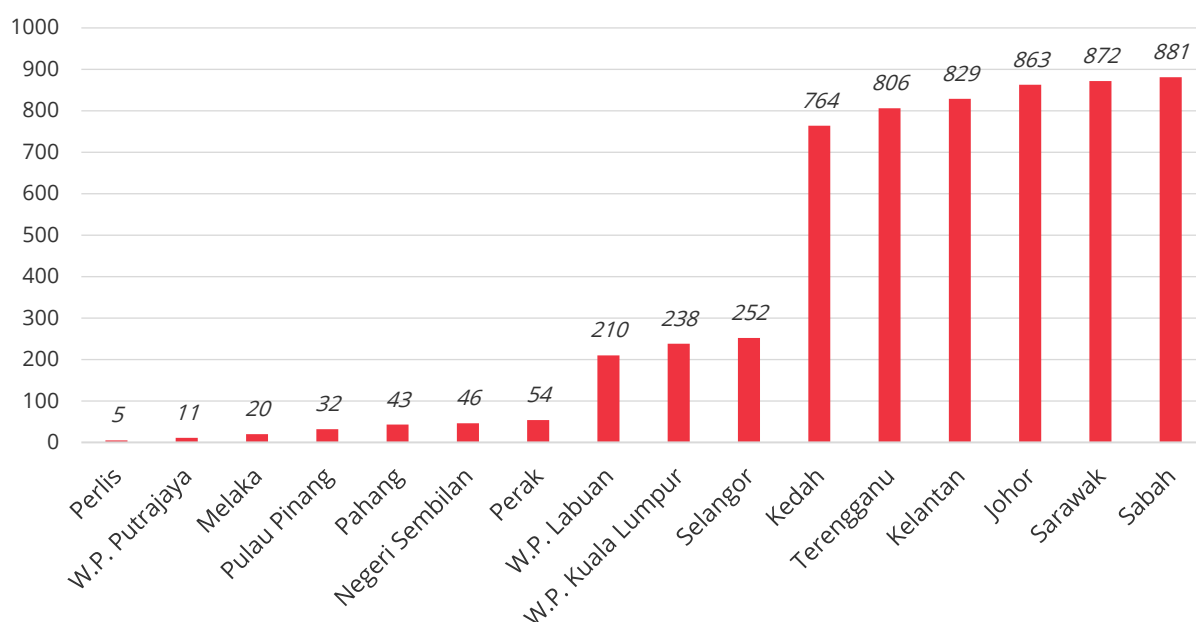


Fig. 2: Respondents by state

n = 5926

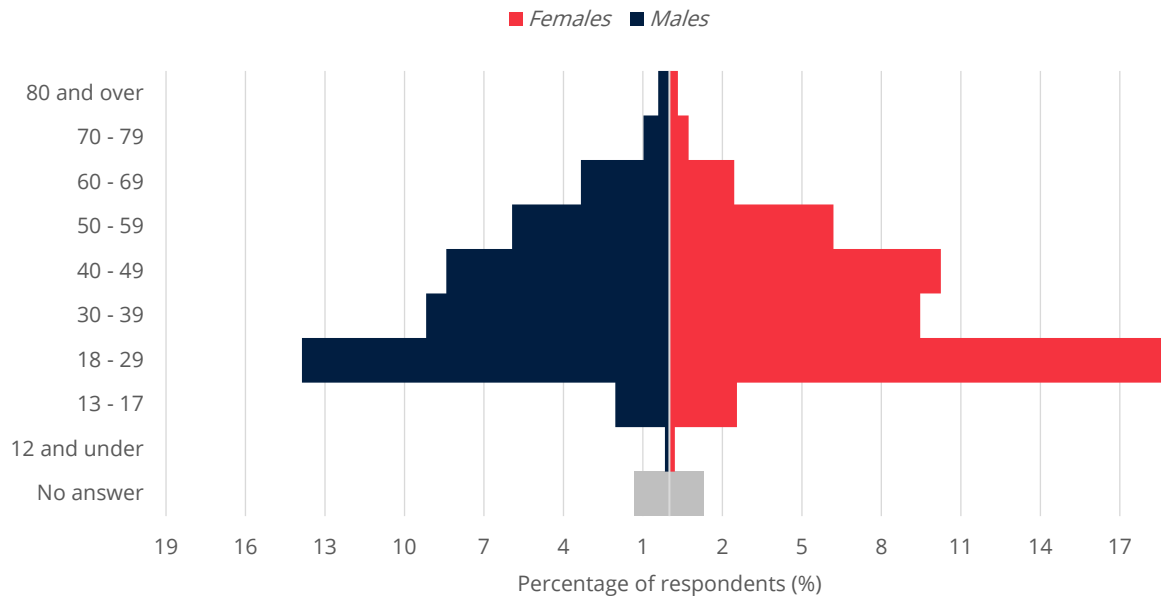


⁶ LGBTIQ: lesbian, gay, bisexual, transgender, intersex or queer/questioning

⁷ Department of Statistics Malaysia (<https://www.dosm.gov.my/v1/index.php>).

While the majority (95%) of respondents mentioned that they were born in Malaysia, 4% of respondents said they were not living in the country in which they were born, highlighting that they are most likely migrants.

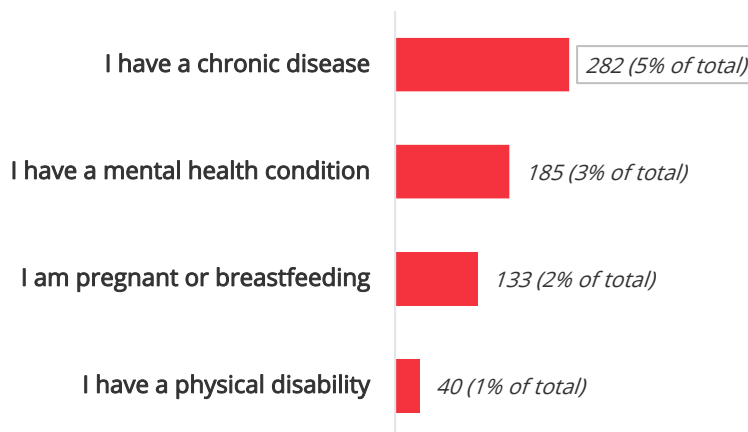
Fig. 3: Age and gender of respondents
n = 5926



Among the respondents who self-reported, 1% reported to have a disability, 2% were pregnant or lactating, 3% reported to have a mental health condition and 5% reported to have a chronic disease (such as cancer, lung disease, heart disease) (Fig. 4a).

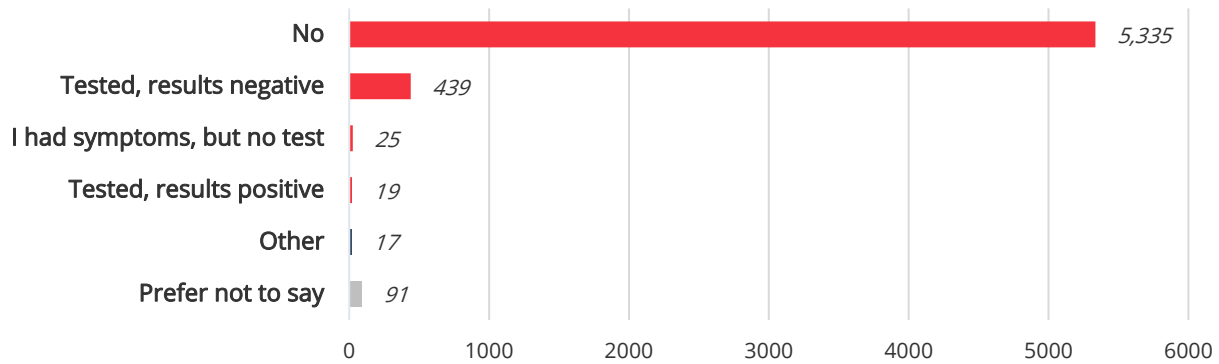
Although a significant proportion of respondents answered “other” for underlying health conditions (21%), these data were removed from analysis. Further examination of the free text field found a survey design error, as respondents were almost universally stating that none of the conditions applied to them, they were healthy, or they had no health issue. Aside from this, hypertension, diabetes and asthma were mentioned as the top three “other” health issues by 46, 20 and 15 respondents, respectively.

Fig. 4a: Are any of the following applicable to you?
n = 640 (of 5926 presented with the question)



As Fig. 4b underlines, very few respondents – just 19 – said they had tested positive for COVID-19. About 7% (439) said they had been tested, but the result was negative. Another 2% of respondents preferred not to respond to the question. In total, 7.7% (458) of respondents reported to have had a COVID-19 test, at a positivity rate of 4.15%.

Fig. 4b: Do you currently have COVID-19 or have had it in the past?
n = 5926

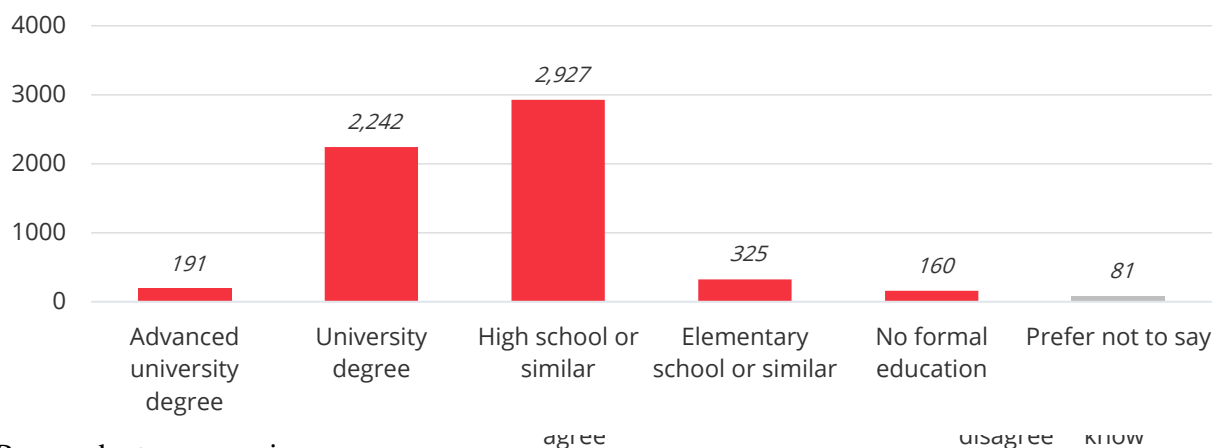


Education

When asked about education levels, the largest proportion (49%) of respondents said they held a high school or equivalent degree (about 13 years of schooling), 41% of respondents stated to have a university or advanced university degree (e.g. BA, MA, PhD), 5% of respondents with an elementary school education and 3% of respondents said to have no formal education (Fig. 5). States with the highest proportions of highly educated (university or advanced university degree) respondents were Sarawak (32%) and Johor (29%). In contrast, states with the highest proportion of respondents with no formal education were Sarawak (31%) and Kedah (25%).

Knowledge of COVID-19

Fig. 5: What is your highest level of education?
n = 5926



Respondents were given some statements to assess their knowledge of COVID-19. They were asked to respond on a scale from “strongly agree” to “strongly disagree”.

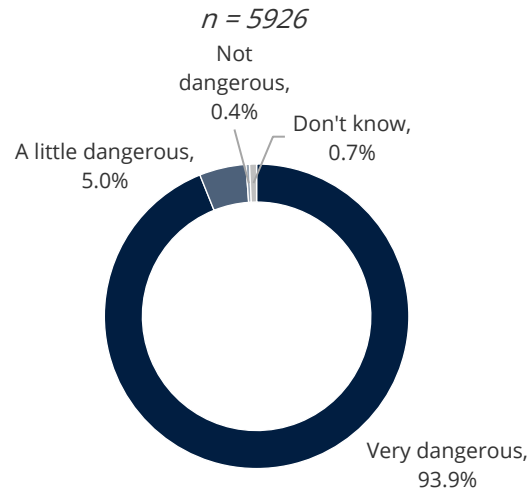
The vast majority of respondents (95%) feel that they are well informed about the steps they can take to keep themselves and others safe from COVID-19 (Fig. 6a). Correlation coefficient and chi-square statistic were used to understand whether or not the response from the vast majority is correlated with independent variables such as age, gender, LGBTIQ, disability and education (see Annex 1 for the tables). The level of correlation between age, gender and disability is very low, which means there was no strong relation found between levels of feeling informed and age, gender, disability, education or LGBTIQ respondents. However, a negative correlation was found for independent variables LGBTIQ and education, which means that participants identifying as LGBTIQ have less access to information about COVID-19; even LGBTIQ participants with higher levels of education were slightly less informed (Table A1.1).

Almost 99% of respondents think that COVID-19 is “a little dangerous” or “very dangerous” (Fig. 6b). Only 1% of respondents answered that they feel COVID-19 is not dangerous. This is a stark difference to the first survey, when 78% respondents claimed that they thought COVID-19 was not dangerous.

Risk perception does not vary significantly among the respondents in respect to age, disability and level of education (very low correlation) (Table A1.3).

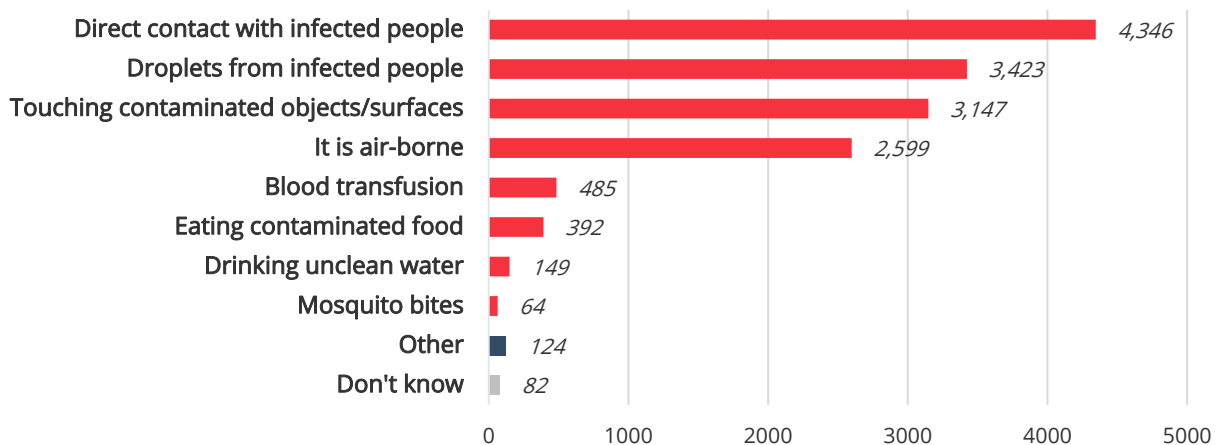
Respondents who answered that COVID-19 is “not dangerous” were further asked why they felt so. The most repeated responses include not believing COVID-19 is real, not being in a risk group, believing religious practice will keep them safe from COVID-19, staying at home/not being exposed, and taking herbal medicines.

Fig. 6b: How dangerous is COVID-19?



As perceived by respondents, the top three ways of spreading COVID-19 are “direct contact with infected people” (73%), “droplets from infected people” (58%) and “touching contaminated objects/surfaces” (53%) (Fig. 6c). About 44% of respondents continue to think that the virus is airborne, which is similar to the previous survey, in which 54% thought the virus was airborne.

Fig. 6c: How do you think COVID-19 is spread?
n = 5926 respondents (multiple responses were allowed)



Protective measures

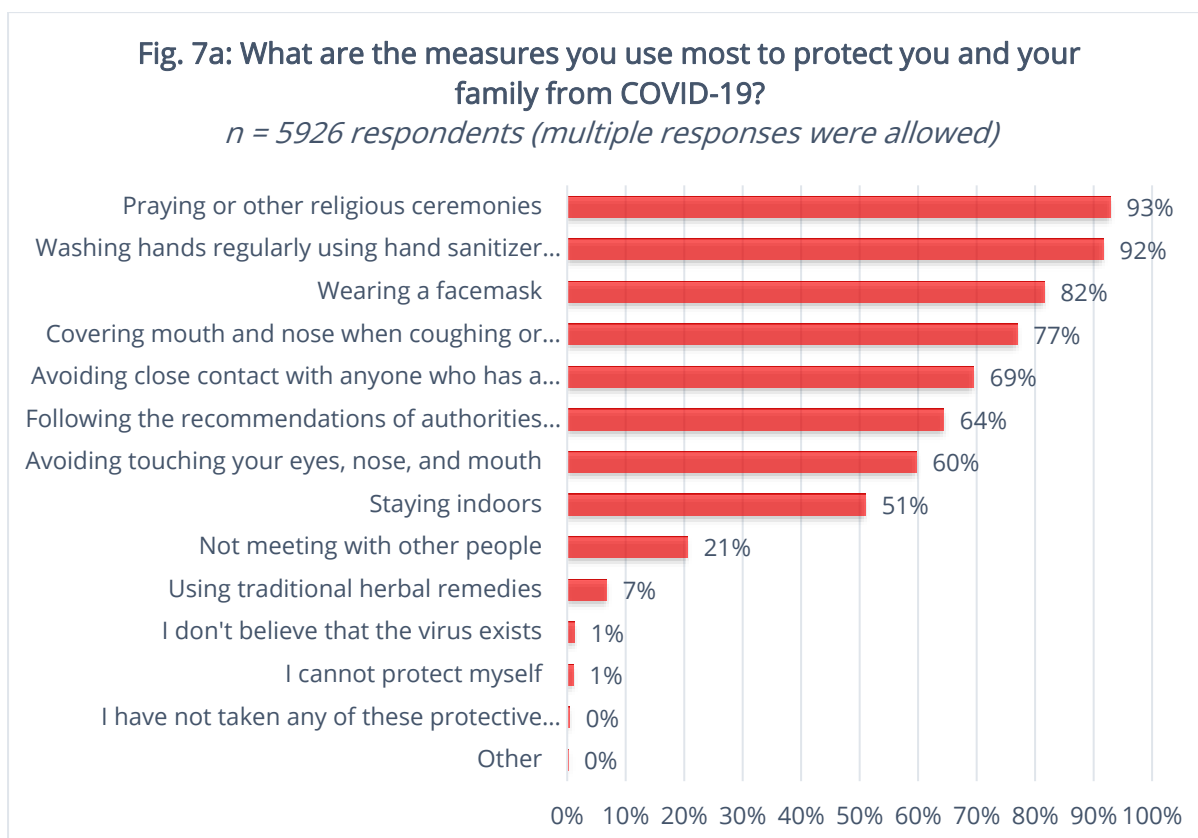
As Fig. 7a shows, the key measures respondents mentioned to keep themselves safe from COVID-19 include washing hands and using hand sanitizer regularly (92%), wearing a mask (82%), covering mouth and nose when coughing or sneezing (77%), avoiding close contact with anyone who has a fever and cough (69%), following the recommendations from authorities (64%), avoiding touching eyes, nose and mouth (60%) and staying indoors (51%). In addition to using protective measures recommended by the Ministry of Health, most respondents (93%) believe that praying or performing religious ceremonies can protect them from COVID-19. Only 1% of respondents still do not believe that the virus exists, and all those respondents are from Kelantan state. It would be interesting to explore whether this is due to the significantly lower rate of COVID-19 infections in the state compared to other states of Malaysia.⁸

Except for washing hands, the findings suggest a decrease in the use of protective measures compared to the first survey round. The most significant shift in protective behaviour is found in staying indoors. While this measure was taken up by 84% of respondents during the first perception survey in June 2020, it is now practised by only 51% of respondents, a decrease of 33 points. This change is likely due to the shift from the Movement Control Order (MCO) in June 2020 to a Conditional Movement Control Order (CMCO) in December 2020 that was less restrictive and allowed some people to go to work, cross districts and go out.⁹ The difference in overall protective behaviour may be due to the prolonged nature of the pandemic. A comparison of the protective measures between both survey rounds are presented in the below table.

⁸ Latest COVID-19 status in Malaysia <http://covid-19.moh.gov.my/>.

⁹ In January 2021, the CMCO changed back to an MCO.

Measures to protect yourself from COVID-19	Round 2 (N=5926)	Round 1 (N=2012)	% Change
Washing hands regularly using hand sanitizer	92%	92%	—
Wearing a mask	82%	88%	-6 points
Covering mouth and nose when coughing or sneezing	77%	82%	-5 points
Avoiding close contact with anyone who has a fever and cough	69%	79%	-10 points
Following the recommendations from authorities	64%	79%	-15 points
Avoiding touching eyes, nose and mouth	60%	69%	-9 points
Staying indoors	51%	84%	-33 points

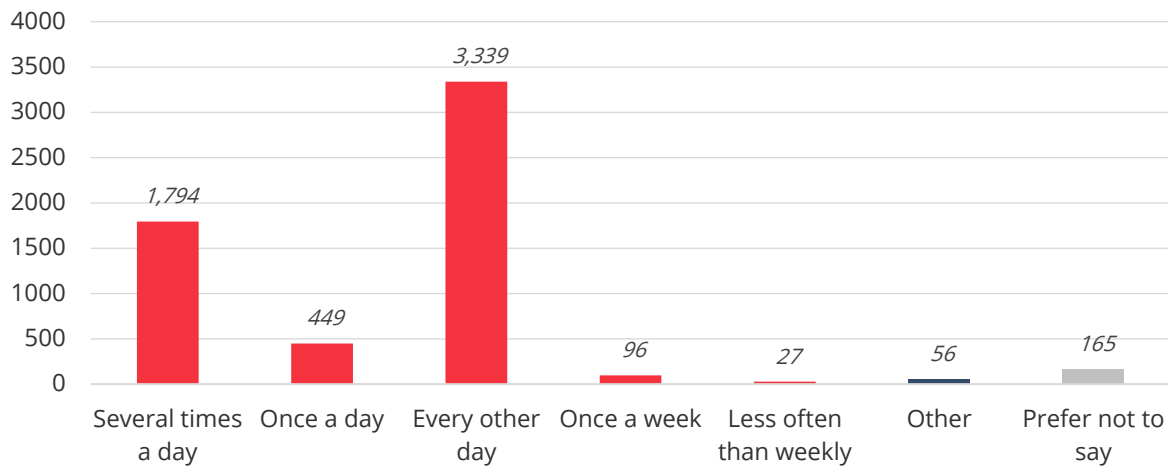


Over one third (38%) of respondents mentioned that they practise protective measures on a daily basis, while the majority of respondents (56%) take up protective behaviours every other day (Fig. 7b). This includes 52% who said they wash hands and 44% who said they wear masks every other day. Only 2% answered that they practise protective behaviours once a week.

The vast majority (82%) answered that they would follow the recommendation of the Ministry of Health or WHO on continuing protective measures against COVID-19. The highest level of participants prepared to continue following protective behaviours are from Perlis (100%),

Sabah (93%), Negeri Sembilan (91%) and Melaka (90%). The situation in Pulau Penang and Kedah is slightly different, with the highest proportion of respondents (19% and 10%, respectively) among all the states that answered they were unlikely to continue protective measures.

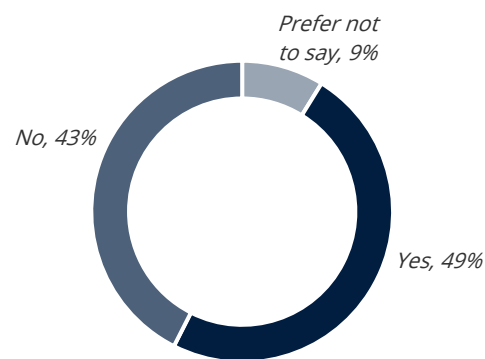
Fig. 7b: How often did you take protective measures last week?
n = 5926



Health care

About 43% of all respondents did not seek any essential health-care services during the COVID-19 pandemic due to fears of contracting the virus (Fig. 8a). A global WHO survey on essential health care conducted in 2020 similarly found that almost every country (90%) experienced a disruption in essential services to some extent, including Malaysia.¹⁰ In Pulau Penang (75%), Selangor (62%), Perlis (60%), Sembilan (57%), Sarawak (55%), Melaka (55%), Pahang (53%) and Kedah (52%), more than half of the respondents from those states did not seek essential health-care services.

Fig. 8a: During COVID-19, have you sought essential health services?
n = 5926



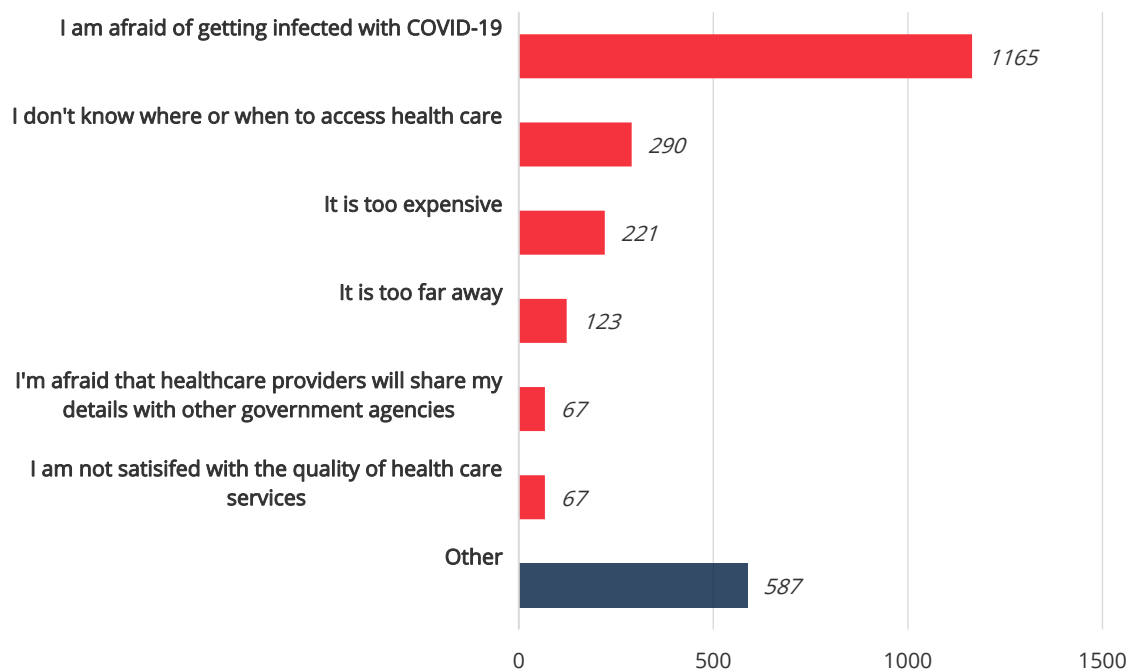
As Fig. 8b highlights, the main barrier to seeking essential health-care services is the fear of contracting COVID-19, which was mentioned by 46% (1165) of those who did not seek health services during the pandemic. About 11.5% of respondents who did not seek health services said that they did not know where or when to access health care. Other reasons given for not seeking essential health-care services were cost, distance, confidentiality/protection of personal

¹⁰ Pulse survey on continuity of essential health services during the COVID-19 pandemic. Interim Report. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1).

information, dissatisfaction with the quality of health-care services and not needing to access essential health care. (In subsequent surveys, respondents who did not need to access essential health-care services will be differentiated more clearly through a follow-up question.)

The tendency to not seek health-care services during the COVID-19 pandemic seemed higher among the group having “no formal education”, as 51% respondents of that group did not seek health-care services during the pandemic. Respondents with elementary school education (61%) and high school education (50%) were more likely to seek health care. This highlights that information about safety and infection control and prevention measures may have to be communicated using more familiar terms and languages in order to reach those with a lower level of education. Additionally, a concerted effort to use channels preferred by this group should be made.

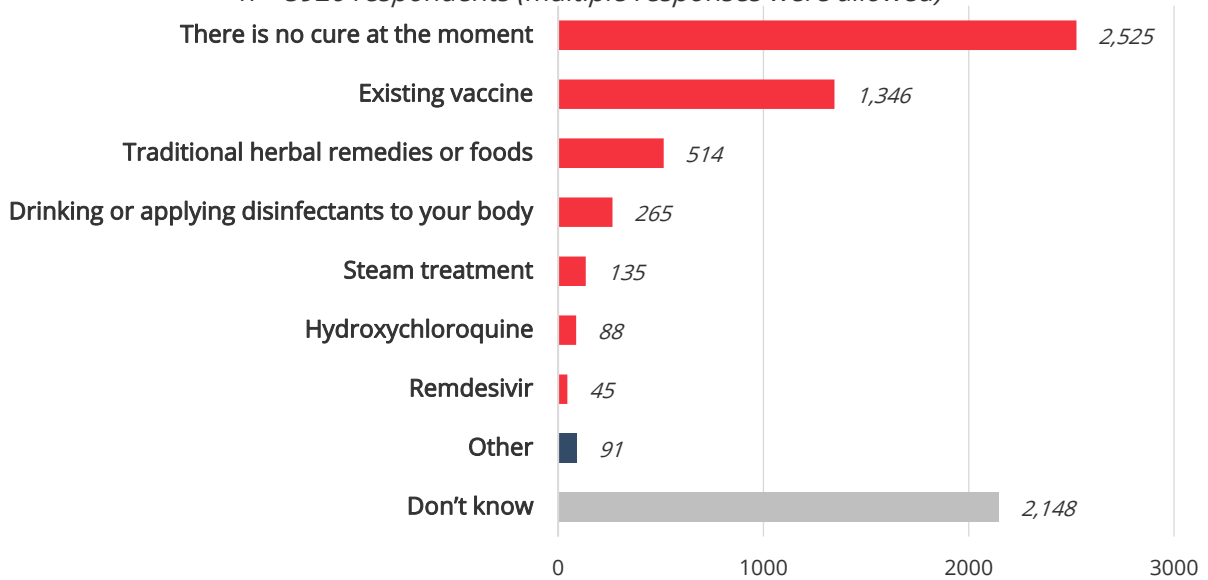
Fig. 8b: The main barrier for me to seek a health care provider is...
n = 2520



While the largest proportion of all respondents mentioned their “fear of getting infected with COVID-19” as the main reason for not seeking health-care services, 53% of respondents with an advanced university level degree mentioned “other” barriers that stopped them from accessing essential health care, which they did not specify.

When asked about a cure, 43% of respondents answered that there is no cure at the moment for COVID-19, while 23% shared that they knew about existing vaccines (Fig. 8c). Another 9% answered that traditional herbal remedies or foods could be used to cure COVID-19, 4% mentioned drinking or applying disinfectants to the body, 2% mentioned steam treatment, and 1% mentioned hydroxychloroquine and Remdesivir. Within the “other” answer option (2%), the most repeated responses were vaccine, following recommendations of WHO and the Government, and boosting their immune system.

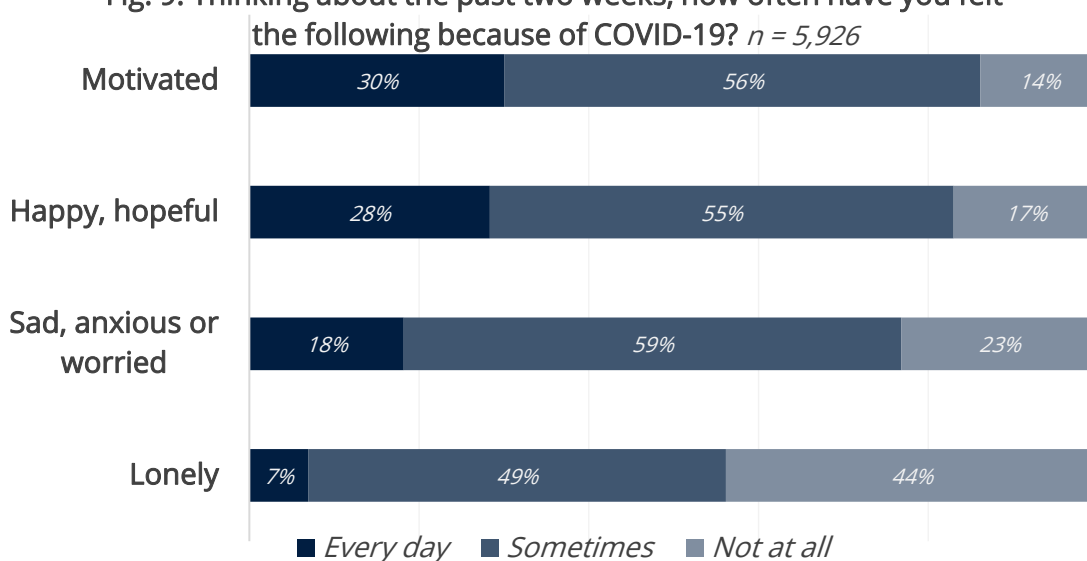
Fig 8c: Do you think there is a cure for COVID-19?
n = 5926 respondents (multiple responses were allowed)



Mental well-being

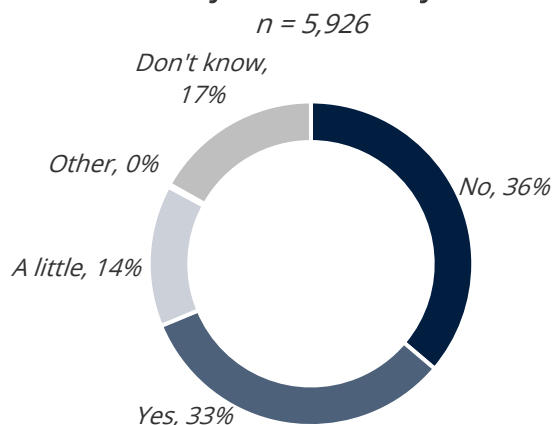
The respondents expressed mixed feelings about their mental well-being during the COVID-19 pandemic. Overall, more respondents reported to have felt happy, hopeful and motivated every day than sad, anxious, worried and lonely. The frequency of feeling happy and motivated was reported by a higher percentage of people than those who feel sad, anxious and lonely. While 77% of respondents reported feeling sad, anxious or worried and 56% lonely, 86% reported feeling motivated and 83% happy or hopeful (Fig. 9). However, this difference is not statistically significant.

Fig. 9: Thinking about the past two weeks, how often have you felt the following because of COVID-19? *n = 5,926*



Stigma

Fig 10: Do you think a specific group of people is the cause of COVID-19 spreading to your community?



Almost half of respondents (47%) think that a specific group of people is causing the spread of COVID-19 in their community (Fig. 10). This is a significant decrease compared to the last perception survey, when 69% of respondents thought a specific group was responsible for its spread. When asked to identify the group responsible, respondents blamed people who do not abide by COVID-19 safety protocols or standard operating procedures, migrants and foreign workers.

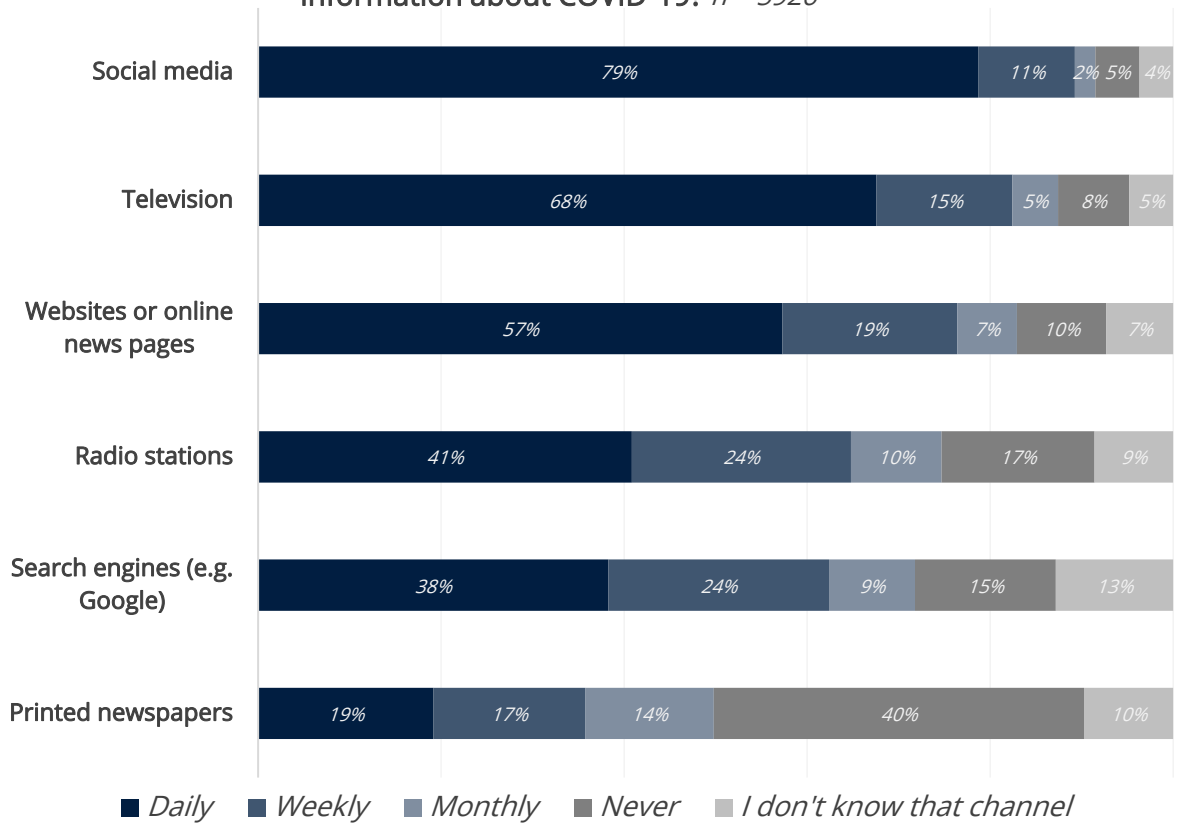
The majority of respondents (72%) think that they would be treated badly if others knew they had COVID-19. This is an interesting finding and highlights the need to further increase engagement around stigma. There was no significant correlation between answers to this question and different population groups (age, gender, LGBTIQ, disability, education) (Table A1.4, Annex 1).

Community engagement

Social media (79%), television (68%) and website or online news pages (57%) were identified as the channels most used by respondents on a daily basis to find information about COVID-19 (Fig. 11a). Respondents with high school and university education are more reliant on using social media, television and websites or online news pages to get and share information on a daily basis. Social media use on a daily basis is highest among respondents aged 30–39 years (85%), followed by those aged 18–29 and 40–49 years (both 83%) (Fig. 11b). Respondents aged 70–79, 50–59 and 60–69 also reported high daily use of televisions (90%, 82% and 82%, respectively) and on use of websites or online news pages respondents aged 30–39, 40–49 and 18–29 have higher rates (63%, 61% and 59%, respectively).

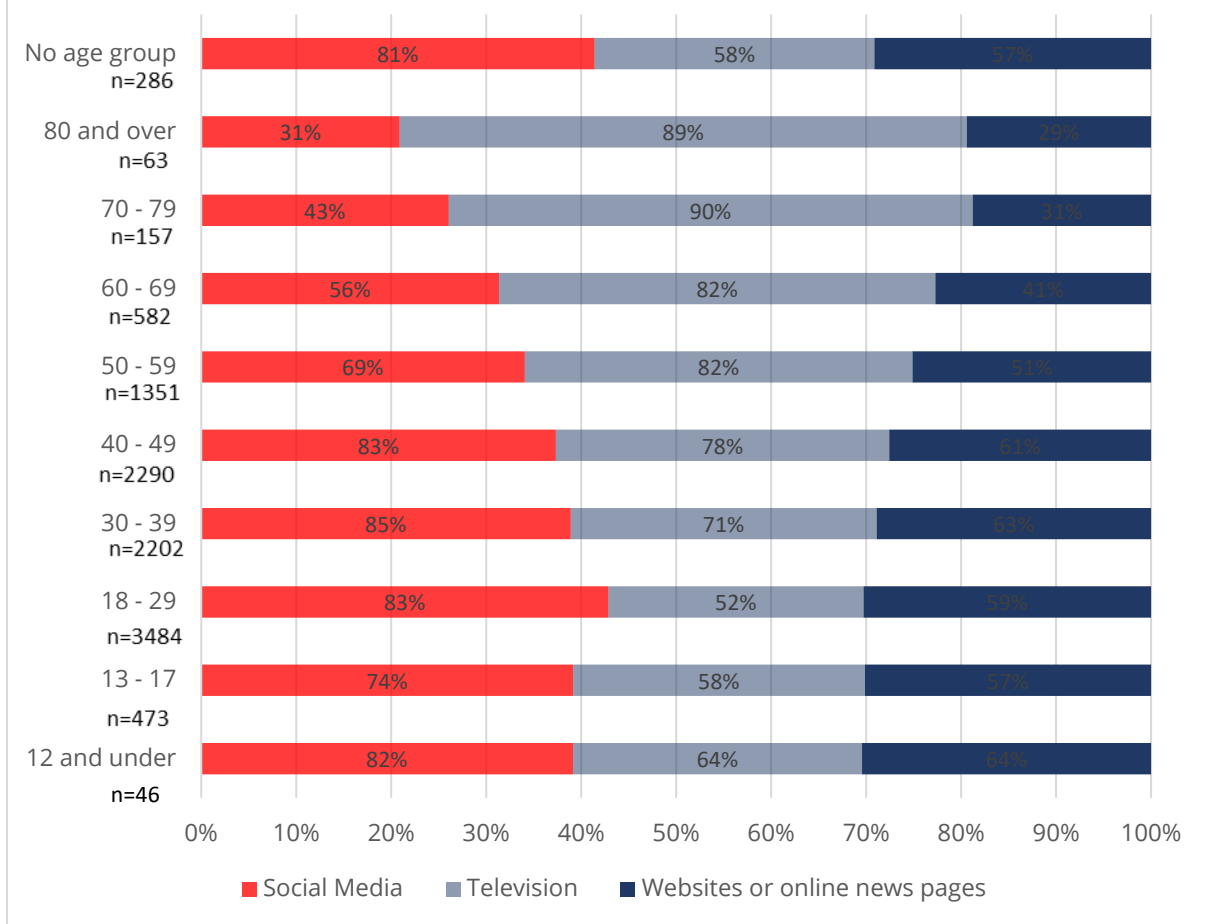
In contrast, participants with no formal education, elementary school level or at advanced university degree level as well as those above 70 years of age are less likely to use website and search engines to get information.

Fig. 11a: How often do you use the following channels to find information about COVID-19? *n* = 5926



Looking at state-level frequency of the two most used channels, Perlis (100%), Kedah (82%) and Johor (79%) are top three states in terms of using television on a daily basis, and Perlis (100%), Selangor (92%) and Melaka (90%) are the states where use of social media is highest.

Fig 11b: Daily use of top three most used channels by age group

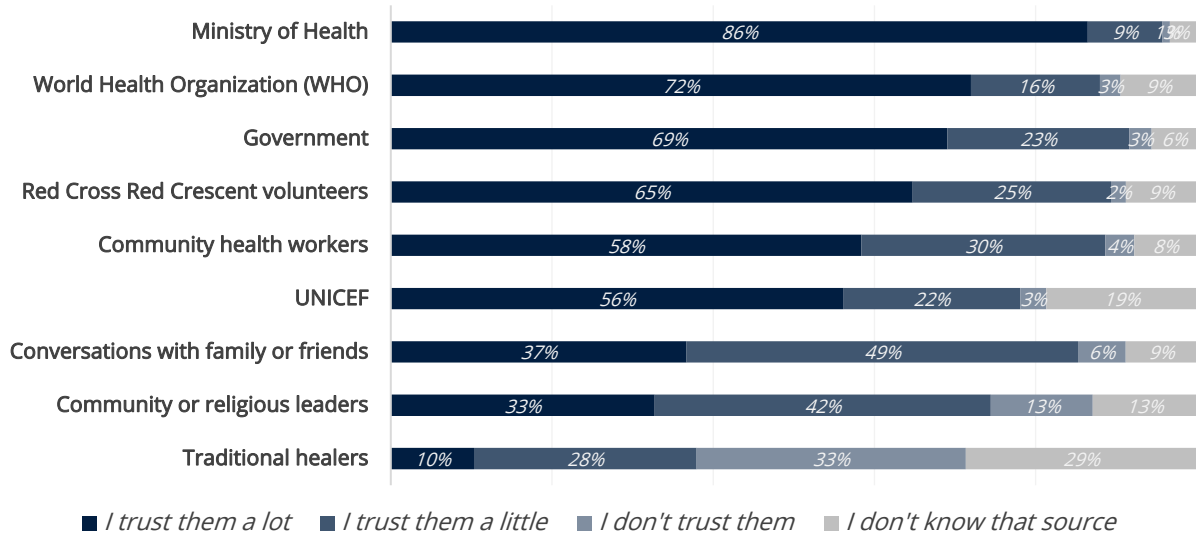


The majority of respondents said they trust information about COVID-19 from sources such as the Ministry of Health (86%), WHO (72%), the Government (69%), Red Cross and Red Crescent volunteers (65%), community health workers (58%) and UNICEF (56%) “a lot” (Fig. 11c). The levels of trust in the Ministry of Health are similar to the previous round of the survey, which is encouraging. The least-trusted source of information are traditional healers (33%).

Overall, 70% of respondents feel the Government and organizations responding to COVID-19 are listening to them “a lot” (40%) or “a little” (30%). However, 10% feel that the Government and organizations are “not at all” listening to them, while another 20% said they “don’t know”. This indicates the need to boost information sharing and responsive feedback mechanisms to make sure everyone has an equal opportunity to share their voice and make it heard by those organising the response to COVID-19.

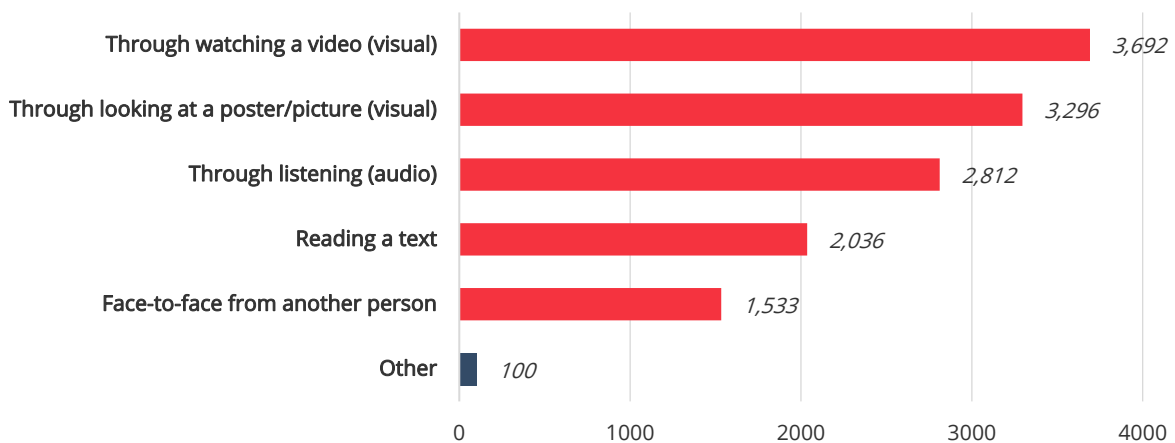
Messenger apps (68%) and social media (61%) are the two topmost preferred ways of sharing opinions or feedback. In contrast, feedback boxes (12%) and hotline numbers (11%) are the least preferred options for sharing opinion and feedback. It is key to remember that participants live mainly in urban areas rather than hard-to-reach locations, and this has likely impacted the survey findings.

Fig. 11c: How much do you trust information about COVID-19 from the following sources? *n = 5926 for each source*



In regard to receiving information, the majority prefer visual formats such as video (62%) or posters and pictures (56%) (Fig. 11d). Face-to-face engagement is preferred by 26% of respondents. The top two information needs mentioned are information about the development of new vaccines against COVID-19 (56%) and information about the development of treatment for COVID-19. A significant proportion of participants (39%) still want to receive information about the symptoms of COVID-19 as well as about COVID-19 testing. This may be due to people’s concern about new variants of the virus and the continuous evolution of COVID-19 research and development.

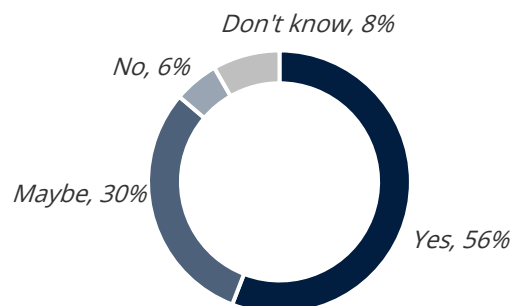
Fig. 11d: How do you like to receive information? *n = 5926 respondents (multiple responses were allowed)*



COVID-19 vaccines

The majority of respondents (56%) said they would get vaccinated, and 30% said they would maybe get vaccinated. Only 6% of participants said they would not get vaccinated if there was a vaccine available. Another 8% shared they do not know what they would do. See Fig. 12a.

Fig. 12a: If there was a vaccine against COVID-19 available and approved, would you get vaccinated? *n* = 5926



Among age groups, the highest “don’t know” (37%) and “maybe” (36%) responses on vaccination came from those aged 18–29. Respondents aged 70 years and above were least likely to say “don’t know” and “maybe” (3%). Considering levels of education, the highest “don’t know” (20%) response came from respondents with an elementary level of education, and “maybe” (34%) was mentioned most by respondents having no formal education.

Of respondents who answered “yes” about getting vaccinated, 11% are from Sabah, 8% from Sarawak, 8% from Johor and 7% from Kedah. In contrast, of the participants who answered “no”, “don’t know” and “maybe”, 8% are from Kelantan and 7% are from Terengganu. About 40% of those who answered they may take vaccines are 80 years and above. About 69% of respondents answering “maybe” are from Perlis, 47% from Pulau Penang, 39% from Labuan, 37% from Kelantan, 35% from Melaka, and 33% each from Teranganu and Kedah. There was no significant difference in terms of gender, age, education, disability or LGBTIQ (very low correlation) (Table A1.5, Annex 1).

When asked to share major concerns about the vaccine, respondents said “it will be too expensive” (16%), “don’t trust that it’s safe” (14%), “don’t believe vaccinations work” (8%), “religious reasons” (3%) and “other” (3%) concerns. However, it is noteworthy that the data collection was done in December 2020, before the announcement by the Government that the vaccines will be provided for free. In the “other” category, the main concern was potential side effects such as allergies. This is reflected in the questions that the respondents have on the vaccines: How much will they cost? Will they cause any health issues? How are the vaccines tested? How can I get them? Will they be safe for children? How long will the vaccination last? How long will it take until there is a vaccine? Participants who responded with “other” repeatedly asked whether the vaccine is halal. These findings highlight that those who are still undecided about the vaccine appear to want more dialogue about the vaccines that allows them to ask questions and discuss concerns.

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Annex 1: Correlation and Chi-Square Tables

Table A1.1

Dependent Variable	Independent Variable	Pearson Chi-Square- χ^2		Spearman Correlation- r_s	Remarks	
		χ^2 Value	p Significance		Association	Correlation
I feel well informed about the steps I can take to keep myself and others safe from COVID-19	Age	162.275	< 0.001	0.034	Have Association	Very Low
	Gender	26.956	0.029	0.021	Have Association	Very Low
	LGBTIQ	42.599	< 0.001	-0.034	Have Association	Very Low
	Disability	24.306	< 0.001	0.019	Have Association	Very Low
	Education	175.471	< 0.001	-0.049	Have Association	Very Low

Table A1.2

Dependent Variable	Independent Variable	Pearson Chi-Square- χ^2		Spearman Correlation- r_s	Remarks	
		χ^2 Value	p Significance		Association	Correlation
How likely are you to continue protective measures if your Ministry of Health or the World Health Organisation (WHO) recommend them?	Age	97.849	< 0.001	-0.027	Have Association	Very Low
	Gender	8.290	0.762	0.006	No; Association	Very Low
	LGBTIQ	90.205	< 0.001	0.039	Have Association	Very Low
	Disability	15.098	0.005	0.040	Have Association	Very Low
	Education	162.590	< 0.001	-0.092	Have Association	Very Low

Table A1.3

Dependent Variable	Independent Variable	Pearson Chi-Square- χ^2		Spearman Correlation- r_s	Remarks	
		χ^2 Value	p Significance		Association	Correlation
How dangerous do you think COVID-19 is?	Age	57.142	0.001	0.055	Have Association	Very Low
	Gender	46.903	< 0.001	-0.22	Have Association	Very Low
	LGBTIQ	19.629	0.003	-0.040	Have Association	Very Low
	Disability	0.995	0.802	0.005	No; Association	Very Low
	Education	404.038	< 0.001	0.043	Have Association	Very Low

Table A1.4

Dependent Variable	Independent Variable	Pearson Chi-Square- χ^2		Spearman Correlation- r_s	Remarks	
		χ^2 Value	p Significance		Association	Correlation
Do you think a specific group of people is the cause of COVID-19 spreading to your community?	Age	113.032	< 0.001	0.019	Have Association	Very Low
	Gender	25.424	0.013	0.005	Have Association	Very Low
	LGBTIQ	162.455	< 0.001	0.007	Have Association	Very Low
	Disability	12.058	0.017	-0.005	Have Association	Very Low
	Education	63.667	< 0.001	-0.018	Have Association	Very Low

Table A1.5

Dependent Variable	Independent Variable	Pearson Chi-Square- χ^2		Spearman Correlation- r_s	Remarks	
		χ^2 Value	p Significance		Association	Correlation
If there was a vaccination against COVID-19 available and approved, would you get vaccinated?	Age	98.781	< 0.001	-0.047	Have Association	Very Low
	Gender	30.700	< 0.001	0.009	Have Association	Very Low
	LGBTIQ	152.658	< 0.001	0.069	Have Association	Very Low
	Disability	3.242	0.356	0.021	No; Association	Very Low
	Education	194.072	< 0.001	-0.025	Have Association	Very Low