

Problems faced by Malaysians during the Movement Control Order and Conditional Movement Control Order: A cross-sectional study

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ABSTRACT

Introduction: The COVID-19 pandemic had caused Malaysia to introduce a lockdown approach for the first time that was due to an outbreak of infectious disease. This was bound to create certain problems as it disrupts Malaysians' daily routine and way of life.

Materials and Methods: A cross-sectional study to identify the problems faced by Malaysian Social Media Users during the Movement Control Order (MCO) and Conditional Movement Control Order (CMCO) was conducted. An online survey that assessed the knowledge, attitude, and practice of COVID-19 was shared via social media.

Results: The response of the attitude module from the participants during MCO (n=2073) and CMCO (n=2720) were analysed. Chi-squared and Fisher's Exact Test showed that the male, unmarried, young (<40 years old), and employed participants were the most affected (p<0.05) when responding to a list of major problems faced during MCO/CMCO – 'Emotional difficulty being confined', 'Did not get paid due to missing work', 'Unable to communicate with family members who were not there', 'Unable to get food or water', 'Unable to get regular medical care or prescriptions', and 'There were no problems for me during MCO/CMCO'.

Conclusion: The problems that were faced by these groups need to be addressed for better public health interventions and policies to win against the war on the ongoing COVID-19 pandemic.

KEYWORDS:

COVID-19 pandemic, Malaysia, Movement Control Order, social problems

INTRODUCTION

On 11th March, 2020, the World Health Organization (WHO) characterised the COVID-19, caused by the novel strain severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), as a pandemic.¹ The virus was initially identified in December 2019 in Wuhan, China. Due to its characteristic of being highly and rapidly contagious and high mortality rate among the vulnerable groups, the Chinese government decided to impose a total lockdown on Wuhan on 23rd January 2020.² Lockdowns are considered more restrictive

non-pharmaceutical interventions (nrNPIs), which included mandatory stay-at-home and business closure orders.³ The goal was to reduce case fatality rate, infective rate, and health system overload in the absence of pharmaceutical options. This NPI was later quickly adopted by other countries in the world, including Malaysia. According to the Centers for Disease Control (CDC), acknowledging stress symptoms resulting from the lockdowns and the disease itself is vital.⁴

Under the Prevention and Protection of Infectious Disease 1998, the Movement Control Order (MCO) was imposed in Malaysia starting from 18th March, 2020, to curb the spread of the virus in the country.⁵ The regulations of the MCO included ban on gathering (religious, sports, recreational, social or cultural), restrictions on movements (except for special purposes or essential activities), travel bans nationwide (except for special purposes or essential activities), and international travel bans (except for returning Malaysians), and all educational institutions and premises (government and private) were closed (except for special purposes or essential activities).⁶ The public was asked to work from home and was urged to stay at home to reduce the spread of infection. Multiple roadblocks were set around the country to ensure its effect and allowing only one or two (if reasonably necessary) people to travel for food, daily necessities, and healthcare to only within a radius of not more than ten kilometres from a person's residence.⁷

Due to the decreasing trend in cases, the Conditional Movement Control Order (CMCO) was announced on 1st May, 2020. During CMCO, many sectors of the economy (except entertainment, hospitality venues, schools, and religious gatherings) were allowed to operate under strict standard operating procedures (SOPs).⁷

In Malaysia, both Ministry of Health (MoH) and National Security Council (NSC) played an active role during these periods. SOPs were introduced throughout the MCO and CMCO period for the public to adhere. If a person is convicted for breaching any of the regulations, that person will be liable to a fine of not exceeding RM1,000 or to imprisonment for a term not exceeding 6 months, or to both.⁷ Social distancing, wearing of face masks in public places, temperature checks, and scanning the 'MySejahtera' app for contact tracing had become the 'new norm' for Malaysians. Numerous financial aid and stimulus package were offered

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throughout the MCO periods to ease the burden of the public. The public's cooperation towards the government's order is one of the important ways to overcome the outbreak of COVID-19 pandemic. Adhering to the control measures and keeping oneself up-to-date regarding the knowledge, attitude, and practice are the crucial steps to assure the success.⁸

This was the first time that Malaysia had to introduce a lockdown approach due to an outbreak of infectious disease. In scientific terminology, the word 'Lockdown' means 'Restrictive Mass Quarantine'.⁹ The harmful effect of this mNPI – such as hunger, opioid-related overdoses, missed vaccinations, increase in non-COVID diseases from missed health services, domestic abuse, mental health and suicidality – needs to be addressed.³ A study on psychological impact of coronavirus on Malaysian university students showed that 87.7% of students were experiencing mild to severe anxiety.⁴ Brooks et al.¹⁰ reported that duration of quarantine, fears of infection, frustration and boredom, inadequate supplies, inadequate information, finances, and stigma are stressors during and post-quarantine. In order to improve communication efforts and policies, public health officials and clinicians need to learn more about public concern and problems during this kind of outbreaks.¹¹

Currently, there are limited studies on the general problems faced by Malaysians during these restrictions of movements period. With Malaysia being a long middle-income country, Eyawo et al.¹² underlined the risks of lockdown measures, such as starvation, economic ruin, and neglect of other pressing health issues, in low- and middle-income countries (LMIC). The aim of the study was to identify the problems faced by Malaysian social media users during the MCO and CMCO hoping to facilitate improvement for policies and programs in case there are future lockdowns. In view of the movement restriction, it was feasible to conduct an online survey. A survey conducted by Malaysian Communication and Multimedia Commission (MCMC) in 2018 showed that there were about 24.6–27.8 million social media users in Malaysia. Of those, more than 90% owned a WhatsApp or Facebook account, followed by 50% who has Instagram and 20% who has Twitter or Telegram.¹³ With these high numbers of social media users in Malaysia, we believe we were able to paint a representation of the problem via this online survey.

MATERIALS AND METHODS

This study analysed attitude module of an online cross-sectional study performed among social media users in Malaysia using self-administered online questionnaires during MCO (NMRR-20-743-54644) and during CMCO (NMRR-20-1064-55142). Sample size estimation was calculated using the population portion formulae.¹⁴ Prior data indicate the proportion of Malaysian social media users with good knowledge on COVID-19 was 0.78 and population size was 2270000. If the Type I error probability and the probability and precision were 0.05 and 0.05, respectively, we will need to study 323 samples. With an additional of 20% dropout rate, the sample size was 404 samples. Data collection was done for one week during MCO (17–24 April, 2020) and two weeks during CMCO (5–19 June, 2020). Data

collection was made through Google Form and distributed via investigators' social media platforms (including but not limited to Facebook, WhatsApp, Instagram, Twitter, and Telegram). Participants who were Malaysians and above the age of 18 were required to answer two sets of self-administered questionnaires: a demographic and a knowledge, attitude, and practice on COVID-19 pandemic. Participants were expected to spend 15–20 minutes to complete the questionnaire.

The questionnaire was adopted from a few studies on COVID-19 and other outbreaks with permission for adopting and modifying the questionnaires by the authors.^{8,11,15-16} The questions were modified to suit the current situation in Malaysia and pertaining to COVID-19 only. Researchers have decided to maintain the questions in English according to EF English Proficiency Index, which is the world's largest ranking system of countries on English skills, and Malaysia has high English proficiency and is ranked 3 in Asia and 22 out of 100 countries.¹⁷

The questionnaire was piloted among 10 participants sampled from the target population to troubleshoot on the quality, language barrier, possible difficulties detected during filling, and estimated time required for its completion and subsequently excluded from the data analysis.

Statistical Analysis

Results were analysed using RStudio version 1.2.1335 (RStudio, Inc., Boston, MA, USA). Descriptive statistics were presented as mean and standard deviation (SD) for continuous variables, whereas they were presented as frequency and percentage for categorical variables. Inferential statistics for continuous variables were performed using independent t-test and one-way ANOVA. Inferential statistics for categorical variables were performed using Chi-Square Test and Fisher's Exact Test with $p < 0.05$ as statistical significance.

RESULTS

Sociodemographic Characteristics

The socio-demographic of the participants of both studies are presented in Table I. A total of 2163 participants completed the survey during MCO, whereas 2865 participants completed during CMCO. We analysed 2073 and 2720 responds after data cleaning. The mean age of participant was 36.89 years (SD 9.98) and 34.76 years (SD 9.03). During MCO, there were 1508 (73%) female participants, 1282 (62%) were married, and 1913 (92%) were with tertiary education, whereas during CMCO, 1890 (69%) females participated, 1529 (56%) were married, and 2428 (91%) had tertiary education. Nearly half of the participants were from central Malaysia (namely Kuala Lumpur, Selangor, and Putrajaya) with 972 (47%) during MCO and 1161 (43%) during CMCO. There were 886 (43%) and 1795 (66%) participants who answered social media as their main source for information on COVID-19.

Interestingly, when asked whether MCO/CMCO a major problem for them, 87% and 79% of the participants claimed that they did not face any major problems, respectively, as

Table I: Sociodemographic characteristic of study participants for knowledge, attitude, and practice (KAP) of social media users in Malaysia during MCO and CMCO

Variables	MCO		CMCO	
	N	Percentage (%)	N	Percentage (%)
Age (years)				
<30	624	30	1004	37
31–40	797	38	1060	39
>40	652	31	656	24
Total	2073	100	2720	100
Sex				
Male	565	27	830	31
Female	1508	73	1890	69
Total	2073	100	2720	100
Marital Status				
Married	1282	62	1529	56
Unmarried	791	38	1191	44
Total	2073	100	2720	100
Education Level				
Primary school	12	1	11	0
Secondary school	118	6	170	6
Tertiary education (Vocational, Diploma, Bachelor Degree or higher)	1913	92	2482	91
Prefer not to say	30	1	57	2
Total	2073	100	2720	100
Profession				
Healthcare	1087	52	451	17
Non-healthcare	986	48	2269	83
Total	2073	100	2720	100
Regions				
Northern	277	13	477	18
Eastern	185	9	291	11
Central	972	47	1161	43
Southern	310	15	449	17
East Malaysia	329	16	342	13
Total	2073	100	2720	100
Source of Information				
Posts and videos on social media	886	43	345	13
Official websites of WHO/CDC/KKM/MKN	661	31	1669	62
Newspaper and television shows (daily news programs, press conference)	388	19	685	25
Consultation with doctors and hospital staff	62	3	6	0
Hospital posters and cut-outs	34	2	0	0
Conversation with family and friends	26	1	8	0
Others (journals, mobile apps, various sources)	16	1	7	0
Total	2073	100	2720	100

Table II: Frequency and percentage of the participants who answered: The MCO/CMCO was a major problem for me

Statement	Yes		No		I do not know	
	n	%	n	%	n	%
The MCO was a <i>major</i> problem for me.	218	11	1809	87	46	2
The CMCO was a <i>major</i> problem for me.	457	17	2147	79	116	4

shown in Table II. However, when answering detailed common major problems listed in the questionnaire, only 62% and 35% of the participants answered they have no problems during MCO/CMCO, respectively, as can be seen in Figure 1 and Figure 2.

Results of inferential statistical analysis for categorical variables can be seen in Table III. There we presented categorical variables that had statistical significance ($p < 0.05$) that had major problems during the MCO/CMCO, and we bolded the variables that were presented in both studies for comparison.

DISCUSSION

To understand how the lockdown effected these different socio-demographic groups, we analysed and discussed the 6 statements that the participant responded to. In each statement, we provided different literatures to support on possible reasons why the participants felt what they felt during the lockdown.

There were no problems for me during the MCO/CMCO.

Participants aged more than 40 years and married were statistically significant demographic variables for this statement in both MCO and CMCO. This result is in line with the study by Kowal et al.¹⁸, which may be attributed by the

Table III: Statistically significant statements identified major problems faced during MCO/CMCO. Demographic groups that appear in both MCO/CMCO are in bold

<u>There were no problems for me during the MCO</u>			<u>There were no problems for me during the CMCO</u>		
Variable	N (%)	p value	Variable	N (%)	p value
Age			Age		
>40	449(68.9)	<0.001	>40	262(39.9)	0.002
Sex			Marital Status		
Female	977(64.8)	0.0002	Married	594(38.8)	<0.001
Marital Status					
Married	835(65.1)	0.001			
Education					
Tertiary education	1198(62.6)	0.005			
Employment Status					
Yes	1134(63.6)	0.004			
<u>The MCO was a major problem for me</u>			<u>The CMCO was a major problem for me</u>		
Variable	N(%)	p value	Variable	N (%)	p value
Sex			Age		
Male	97(17.2)	<0.001	<30	199(19.8)	<0.001
Marital Status			Sex		
Unmarried	98(12.4)	0.02	Male	201(24.2)	<0.001
Education Level			Marital Status		
Primary-school	14(11.9)	0.03	Unmarried	221(18.6)	<0.001
Source of Information			Education Level		
Newspaper and TV shows (news, press conference)	52(13.4)	0.03	Prefer not to say	10(17.5)	<0.001
			Employment Status		
			No	91(18.3)	0.001
<u>Emotional difficulty being confined</u>			<u>Emotional difficulty being confined</u>		
Variable	N (%)	p value	Variable	N (%)	p value
Age			Marital Status		
<30	127(20.4)	<0.001	Unmarried	476(40.0)	<0.001
Marital Status					
Unmarried	152(19.2)	<0.001			
Employment Status					
No	76(26.2)	<0.001			
Profession					
Healthcare	203(18.7)	<0.001			
Region					
Central	168(17.3)	0.04			
<u>Did not get paid due to missing work</u>			<u>Did not get paid due to missing work</u>		
Variable	N (%)	p value	Variable	N (%)	p value
Sex			Age		
Male	62(11.0)	<0.001	<30	134(13.3)	<0.001
Profession			Sex		
Healthcare	93(8.6)	<0.001	Male	113(13.6)	<0.001
			Education Level		
			Secondary school	34(20.0)	<0.001
			Profession		
			Non-healthcare	258(11.4)	<0.001
<u>Unable to communicate with family members who were not there</u>			<u>Unable to communicate with family members who were not there</u>		
Variable	N (%)	p value	Variable	N (%)	p value
Education Level			Marital Status		
Secondary school	19(16.1)	<0.001	Married	281(18.4)	0.01
Employment Status			Education Level		
Yes	280(15.7)	<0.001	Prefer not to say	10(17.5)	0.02
Profession			Employment Status		
Non-healthcare	196(19.9)	<0.001	Yes	405(18.2)	<0.001
Unable to get food or water			Profession		
			Healthcare	102(22.6)	<0.001
<u>Unable to get food or water</u>			<u>Unable to get food or water</u>		
Variable	N (%)	p value	Variable	N (%)	p value
Age			Nil		
<30	8(1.3)	0.04			
Marital Status					
Unmarried	12(1.5)	<0.001			
<u>Unable to get regular medical care and prescriptions</u>			<u>Unable to get regular medical care and prescriptions</u>		
Variable	N (%)	p value	Variable	N (%)	p value
Employment Status			Nil		
No	9(3.1)	0.04			

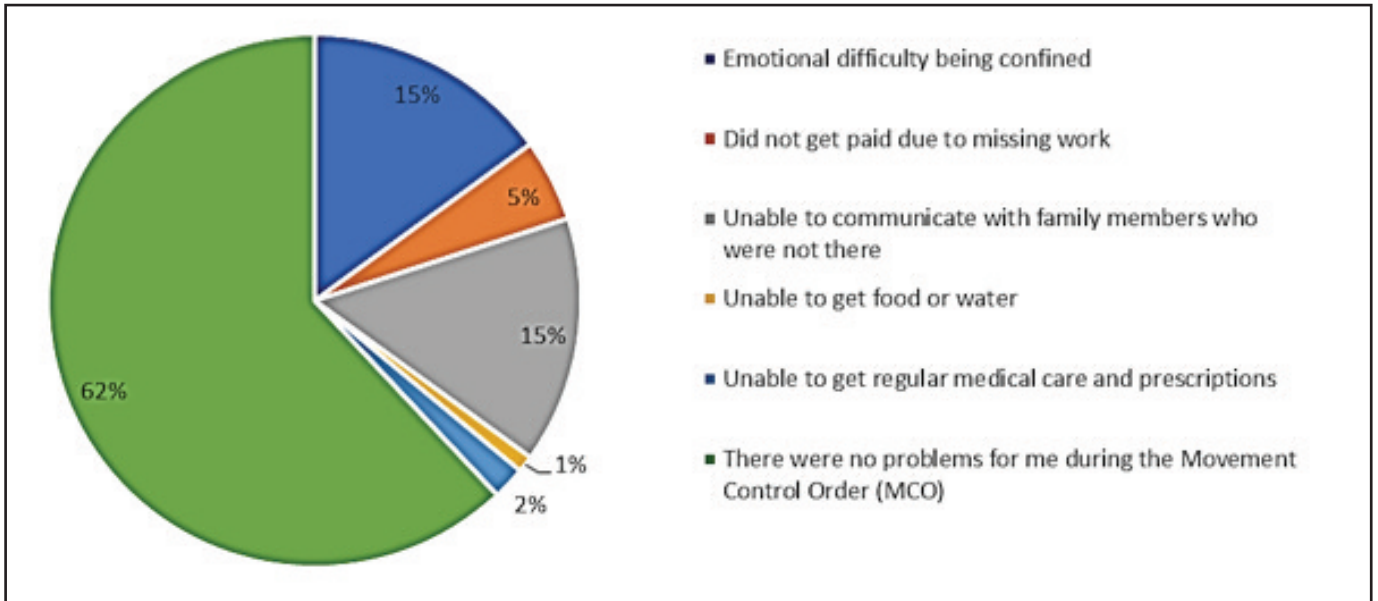


Fig. 1: Percentage of Respondents for "The following was the major problem that I faced during the Movement Control Order (MCO)"

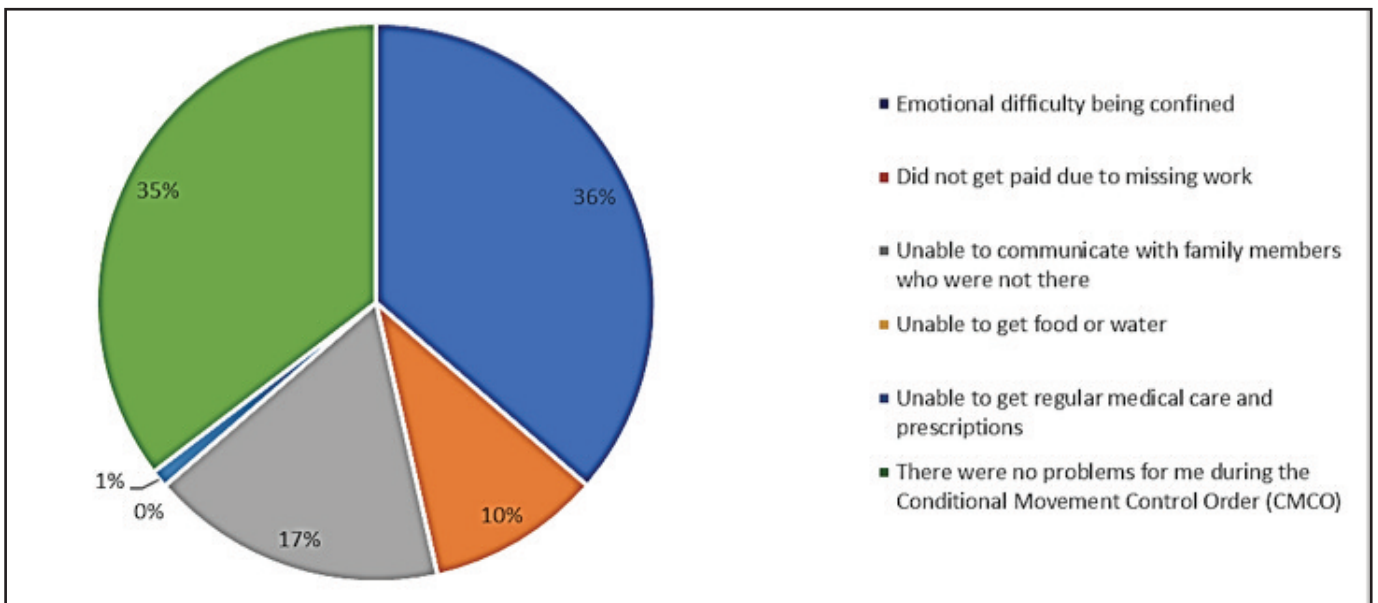


Fig. 2: Percentage of Respondents for "The following was the major problem that I faced during the Conditional Movement Control Order (CMCO)"

facts that these individuals have a more solid support system with their partners. According to Falconier et al.¹⁹, such protective role was more prominent during difficult times, such as financial hardship.

The MCO/CMCO was a major problem for me.

During MCO, participants who were male, unmarried, at primary school, or chose newspaper and TV shows (news, press conference) as their source of information on COVID-19 showed statistically significant agreement with this statement. However, during CMCO, there was an increase in demographic variables groups that found that the movement

restriction was a major problem for them: participants who were <30 years old, male, unmarried, at secondary school, unemployed, non-healthcare workers, or chose social media as their source of information on COVID-19. This finding supported duration of quarantine as stressors during quarantine. Studies has revealed that longer durations of quarantine were related with post-traumatic stress symptoms.¹⁰ The longer the lockdown, more group of people were affected. A study done in Malaysia showed that 48% of respondents were experiencing anxiety, 45% of respondents were experiencing depression, and 34% were experiencing stress during this pandemic.²⁰

Emotional difficulty being confined.

During MCO, participants who were <30 years old, unmarried, unemployed, or chose newspaper and TV shows (news, press conference) as their source of information on COVID-19 showed statistically significant agreement with this statement. However, during CMCO, only 'unmarried' showed statistical significance. This may be due to the fact that married individuals experienced lower cortisol levels, which suggest lower levels of stress, compared to unmarried and previously married individuals.¹⁸ Participants who were <30 years old had only shown significance during MCO, which may be due to the fact that young people are able to adapt to new environment faster than the older adult.²¹ Financial aid given by the government, during MCO, seems to have helped the unemployed.

Did not get paid due to missing work.

Only participants who were male showed statistical significance in this stressor (finance) during both MCO and CMCO. As known, male represented 60.8% of the Malaysian labour as reported in year 2019.²²⁻²³ However due to MCO and CMCO, unemployment was on the rise.²⁴ Job loss was one of the main factor contributing to 266 reported cases of suicides, where 78% involved were men, during the MCO and CMCO.²⁵ This could justify that male felt that this was a major problem during both MCO and CMCO.

Unable to communicate with family members who were not there.

It was shocking to know that many respondents agreed to this statement, because, at present, one can communicate with family members and friends who are living abroad and faraway easily with the advancement of information and communication technologies (ICT) especially the Internet. The respondents who agreed to this statement may be referring 'communicate' as 'face-to-face interaction'. In-person contact is still considered the main means of communication with core members.²⁶ The participants who were employed showed statistical significance during both MCO and CMCO periods. Due to urbanisation, a lot of Malaysian youths migrated from rural to urban areas for more opportunities, higher pay, and better education.^{23, 27} However, due to the trend for Malaysians to retire in rural areas, most elderlies in Malaysia reside in rural area.²⁸ That is why 'balik kampung' or returning home is a big part of the Malaysian culture. *Balik kampung* is a concept where Malaysian of all ethnic backgrounds embrace returning to natal homes as a social choice during festive seasons.²⁹ Although currently we are able to communicate with people across the world via technology, the ICT infrastructure facilities, usage, and education in the rural areas are falling behind compared to the urban areas.²⁷ In addition, past studies have suggested that providing social (emotional/informational) and physical (affection) support is vital to reduce the feeling of loneliness and depression in the Malaysia elderlies.³⁰⁻³¹ With the enforcement of movement restriction, interstate travels were not allowed, thus contributing to the agreement to this statement. Another factor that could support this is the family members who were separated due to working abroad, specifically Singapore. Before the pandemic, more than 300,000

Malaysians, majority of it are Malaysians who work in Singapore, travel via the Johor-Singapore Causeway daily. However due to the border closures by both authorities to curb the spread of the virus, numerous families were separated, and livelihoods lost.³² This contributes to the loss of 'face-to-face interaction' among family members.

Unable to get food or water and Unable to get regular medical care or prescription.

For these two statements, there were no same groups that had a statistically significance in both the MCO and CMCO period. During the MCO, respondents who were <30 years old and unmarried showed statistical significance in 'unable to get food or water', while the unemployed respondents showed statistical significance in 'unable to get regular medical care and prescriptions. However, eventually, more information regarding the SOPs were shared and regulations were relaxed. This had allowed easy access to these necessities of the people by CMCO.

LIMITATIONS

Although the present study provided a better understanding of the problems faced by Malaysian social media users during the MCO and CMCO period, it has some limitations. Due to the movement restrictions, only participants with Internet access were recruited, and this may limit the findings to those with a higher socioeconomic status and might not be able to reflect the problems faced by the general population. Additionally, this questionnaire was conducted in English; therefore, it limits to Malaysians who could read and understand English. Thus, this study is not an experimental design, the findings are correlative, and we cannot conclude any causal relationship. However, these limitations do not invalidate the seriousness of these findings.

CONCLUSIONS

This study contributes to a better understanding of the problems faced by the Malaysian social media users during these lockdown periods. These findings highlight the need to focus on better policies for the groups (male, unmarried, young, employed) if lockdowns are to be considered in the future.

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