Research Note

COVID-19: Health information seeking and adherence to safe practices in Malaysia

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ABSTRACT

The coronavirus disease has spared no country and has galvanised the general population into altering their behaviours amid fears of uncertainties. A survey on health information seeking and adherence to safe practices during this pandemic among the public was carried out in Malaysia. An assuring number of 96% of respondents (n= 412, N = 429) actively sought health information regarding COVID-19. Unfortunately, more than half of the respondents (n=242, 58.7%) had difficulties verifying the accuracy of the sourced information. There were differences between the sociodemographic factors and adherence to safe practices where it was identified that males, young-aged respondents, and the Malay ethnicity were less adherent to safe practices as compared to other groups.

Keywords: *Coronavirus, safety measures, information needs, health literacy.*

At the time when this survey was carried out, the number of COVID 19 cases had surpassed 71 million cases worldwide with the daily number of cases in Malaysia exceeding 1000[1]. It has affected the population from all nations, irrespective of age, gender, ethnicity, and occupational status. Hence, a team of Semester 5 MBBS students from the International Medical University (IMU) had conducted a preliminary study on health information seeking along with adherence to safe practices towards COVID-19 in the local context as part of their community health survey project.

A quick online Google survey was conducted on 27th August 2020, with a link opened from 1200 to 1700 hours. This study looked at the general population from both East and West Malaysia. The power analysis was used to ensure a representative sample size for an online cross-sectional study survey, with a 5% significance level, 80% power, an effect size of 0.8, and an estimated non-response rate of 20 to 30%.[2,3] The responses were then gathered using a non-probability snowball sampling method. The inclusion criteria for this study were Malaysian adults, aged 18 years and above who have been staying in Malaysia since the implementation of the Movement Control Order (MCO), March 18th 2020. Respondents must also be able to answer the survey questions in Bahasa Melayu or English. The survey aimed to assess health information seeking and adherence to safe practices within the community. The independent variables were age, ethnicity, region, educational level, and occupational status. Dichotomous questions inquiring on the sources of information, the type of information respondents preferred to be regularly updated on and the challenges faced during health information seeking were used to determine the information seeking behaviour. Meanwhile, adherence to safe practices were measured using Likert-scale questions exploring the compliance of proper face masks use, frequent hand washing and social distancing practices.

The respondents mostly sought information regarding the virus or pandemic from online sources (n=412, 96.6%) while traditional media sources and human sources were not as preferred. With the Malaysian government and Ministry of Health (MOH) regularly providing updates related to COVID-19, social media can be considered a reliable and official source. Along with its immense popularity and easy accessibility, many are shifting away from seeking information via traditional media. Majority of the respondents actively seek health information regarding COVID-19. Despite this, there is a significant number of respondents who faced difficulties in verifying the accuracy of their information. With online sources (websites and social media) being the most preferred, the government should direct more effort in ensuring reliable information is uploaded in these channels, focusing on daily status updates regarding numbers of

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COVID-19, hotspot locations in Malaysia, government directives and updates regarding vaccinations.

The study provided an insight of the differences between the socio demographic characteristics and the adherence to safe practices of Malaysians during COVID-19. Our findings showed that the younger age group (18-35 years old) were less adherent to safe practices as compared to older adults. This finding is a worrying factor in efforts to curb the pandemic as this age group often presents mildly or asymptomatic when infected with COVID-19[4]. This increases the potential of spreading COVID-19 within the rest of the community. In contrast, the older age group showed higher adherence due to better understanding of their own risks of complications. In terms of gender, women were found to be more adherent to the safe practices compared to men. Research has found that women have been internationally identified to see COVID-19 as a much bigger threat than men[5]. This concern has caused women to be more willing to follow and adopt safe practices[6]. Men on the other hand showed less adherence, which is consistent with previous research where they showed significantly less adherence to preventive measures during the SARS and MERS pandemics[7]. Meanwhile, the Malay ethnicity was shown to be less adherent than other races. This could be due to the Malay culture of shaking hands when meeting with people. This form of greeting has become rooted within the community that it becomes harder to avoid especially during any religious or cultural events. There were no distinct effects of education level and occupational status on adherence to safety practices.

Table I: Socio-demographic characteristics of respondents (N=429)

VARIABLE	GROUPS	n
Age group	Young-aged	312
	Middle-aged	75
	Old-aged	42
Ethnicity	Malay	164
	Chinese	157
	Indian	15
	Bumiputera	39
	Others	54
Region	Northern Region	57
	East Coast Region	51
	Central Region	177
	Southern Region	41
	East Malaysia	103
Educational level	Secondary school	21
	College/ Pre-University	92
	University	316
Occupational status	Unemployed	66
	Student	251
	Employed	112

Table II: Responses to questions regarding health seeking information (N = 429)

Question	Response	n	Valid percentage
H1: Have you searched for COVID-19 related health information since the start of Movement Control Order (MCO)?	No	17	4.0%
	Yes	412	96.0%
H1a: If not, why?	Not interested	4	26.7%
	Passively get information from media sources	7	46.7%
	Passively get information from other people	4	26.7%
H2: How do you obtain health information related to COVID-19?	Print and media sources	179	43.3%
	Online sources	399	96.6%
	Human sources	117	28.3%
H3: What is your preferred print and media resource for obtaining COVID-19 related information?	Television	151	43.9%
	Newspapers	44	12.8%
	Radio	15	4.4%
	Healthcare posters	55	16.0%
	Magazines	3	0.9%
	YouTube broadcasts	76	22.1%
H4: What is your preferred online source for obtaining health information related to COVID-19	Health websites	346	83.8%
	Social media	290	70.2%
	News websites	198	47.9%
	Online databases	115	27.8%
	Weblogs/ Forums	27	6.5%
H5: Do you forward health information received to friends/close ones as soon as you read without checking if the information is true?	No	267	64.8%
	Yes	145	35.2%

Table II: Responses to questions regarding health seeking information (N = 429) *(cont'd)*

H6: What is the COVID-19 information that you want to be updated about regularly?	Prevention methods	254	61.7%
	Daily COVID-19 status in Malaysia and hotspots	369	89.6%
	Government directives	321	77.9%
	Symptoms	188	45.6%
	Vaccination updates	282	68.4%
H7: Do you face challenges when seeking health information related to COVID-19?			
a. Lack of access to appropriate and practical information sources in a simple language	No	329	79.9%
	Yes	83	20.1%
b. High costs of access to health information	No	369	89.6%
	Yes	43	10.4%
c. Lack of information or inability to find the information being searched for	No	320	77.7%
	Yes	92	22.3%
d. Difficulty in determining if the information is true	No	170	41.3%
	Yes	242	58.7%

Table III: Responses to questions regarding adherence to safety practices (N = 429)

Questions	Never	Rarely	Sometimes	Very often	Always
I wear a 3-ply mask/some type of face covering when leaving the house	7 (1.6%)	8 (1.9%)	19 (4.4%)	57 (13.3%)	338 (78.8%)
I wear my face mask with the coloured side facing outwards	15 (3.5%)	6 (1.4%)	11 (2.6%)	24 (5.6%)	373 (86.9%)
When I wear my mask, it covers my nose, mouth & chin	5 (1.2%)	5 (1.2%)	11 (2.6%)	34 (7.9%)	374 (87.2%)
I pull down my mask while eating instead of removing it *	89 (20.7%)	60 (14.0%)	76 (17.7%)	54 (12.6%)	150 (35.0%)
I place the mask in a plastic/paper bag when not in use	83 (19.3%)	61 (14.2%)	78 (18.2%)	85 (19.8%)	122 (28.4%)
I change my mask every 4 hours or less of continuous use	105 (24.5%)	80 (18.6%)	112 (26.1%)	73 (17.0%)	59 (13.8%)
I wash my hands with soap & water for at least 20 seconds after going out	5 (1.2%)	39 (9.1%)	100 (23.3%)	107 (24.9%)	178 (41.5%)
I use hand sanitizers	6 (1.4%)	18 (4.2%)	72 (16.8%)	104 (24.2%)	229 (53.4%)
I greet my friends & family by shaking hands or hugging *	17 (4.0%)	21 (4.9%)	97 (22.6%)	114 (26.6%)	180 (42.0%)
I eat a balanced diet to boost my immunity & fight against the potential threat of COVID-19 virus	22 (5.1%)	52 (12.1%)	132 (30.8%)	107 (24.9%)	116 (27.0%)
I share food with colleagues and friends *	20 (4.7%)	37 (8.6%)	81 (18.9%)	113 (26.3%)	178 (41.5%)
I follow the stay-at-home instructions issued by the government	2 (0.5%)	5 (1.2%)	16 (3.7%)	81 (18.9%)	325 (75.8%)
I keep to social distancing measures (>1m distance) (i.e. not entering the lift when the maximum capacity has been reached)	1 (0.2%)	8 (1.9%)	39 (9.1%)	125 (29.1%)	256 (59.7%)
I use the MySejahtera app to check-in when I am outside	14 (3.3%)	13 (3.0%)	23 (5.4%)	70 (16.3%)	309 (72.0%)
I go to public or crowded places *	19 (4.4%)	32 (7.5%)	126 (29.4%)	154 (35.9%)	98 (22.8%)
I attend social events/gathering during the pandemic *	18 (4.2%)	29 (6.7%)	44 (10.3%)	103 (24.0%)	248 (57.8%)
I cover my mouth & nose whenever I cough or sneeze when I am outside	8 (1.9%)	11 (2.6%)	21 (4.9%)	67 (15.6%)	322 (75.1%)
I touch my eyes, nose & mouth when I am outside *	26 (6.1%)	42 (9.8%)	130 (30.3%)	127 (29.6%)	104 (24.2%)
I stay at home when I am unwell	20 (4.7%)	10 (2.3%)	18 (4.2%)	65 (15.2%)	316 (73.7%)

* Questions were negatively coded in calculation of adherence to safety practices score.

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