

# COVID-19: **COMMUNITY INSIGHTS FROM THE ASIA PACIFIC REGION**

Indonesia, Malaysia, Myanmar, and Pakistan

September 2020

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## Introduction

Communities are key in stopping the spread of COVID-19. Only by understanding how people communicate, what they know, their needs, and gaps in understanding about COVID-19, can humanitarian organisations achieve a community-driven response that will reduce the spread of the virus. Pillars of the humanitarian field have repeatedly emphasised the need to ensure that humanitarian organisations listen to and address the feedback they receive from communities, but they must also look for and support community-driven solutions (*Core Humanitarian Standards, The Grand Bargain*).

Collecting perception data through surveys is just one of many ways of understanding how communities are thinking, feeling, and behaving around COVID-19. These surveys should be seen as a first step towards understanding community needs better and should be followed up with continuous engagement that actively reaches out to the most vulnerable. Data presented in this report was collected through the Asia Pacific Risk Communication and Community Engagement (RCCE) Working Group's community perception surveys in Pakistan, Indonesia, Malaysia, and Myanmar. This report aims to present a short synthesis of the results to better understand community needs around COVID-19 and therefore design appropriate community-based responses.

Data from the community perception surveys are automatically uploaded into an online inter-agency dashboard, which is publicly available here<sup>1</sup>. Organisations and stake-holders wanting to get involved with future rounds of the community perception survey should get in touch with any of the co-chairs listed on the last page of this report. Highlights and Recommendations

Based on the collected data, the following key actions are recommended. Interpretations of findings and recommendations must be contextualised and triangulated.

- **Stigma** is a key challenge in all four countries. Almost half of all respondents in Pakistan, Indonesia, Malaysia, and Myanmar believed that a specific group is at fault for the spread of COVID-19. Those perceived to be at fault differs by country.

Findings suggest that more work on addressing stigma is essential to foster community cohesion and address discrimination, particularly against vulnerable groups such as migrants. Continuing to listen and analyse whom individuals held responsible for the spread of COVID-19 is key to making people feel heard, while also clarifying misconceptions about groups perceived to be responsible for spreading the virus.

### Resources:

- *A guide to preventing and addressing social stigma associated with COVID-19* (IFRC, WHO, UNICEF)
- *COVID-19: The role of media in addressing stigma (Asia Pacific)* (IFRC, WHO, Internews, BBC MediaAction, UNFPA, The Wire India)

- **Awareness** of COVID-19 is universal in Myanmar, Innesia, and Malaysia. However, in Pakistan, nearly 10% of respondents were not aware of COVID-19.

Findings suggest that in Pakistan more information on COVID-19 through multiple channels needs to be provided, with a focus on reaching people relying on traditional media and face-to-face communication.

### Resources:

- *Tips for engaging communities during COVID-19 in low-resourcesettings,remotelyandin-person*(IFRC,WHO, UNICEF)

- **Washing hands, wearing masks, and staying at home are the top COVID-19 prevention measures** across the four countries.

Overall, participants are clear on COVID-19 preventative measures. Instead of blanket messaging that may contribute to 'messaging fatigue,' communicators should find out which questions remain unanswered in local contexts and seek to answer these.

### Resources:

- *Feedback Starter Kit - all templates and tools needed to collect community feedback* (IFRC)

<sup>1</sup><https://sites.google.com/view/rcce-community-insights>

- **Information most sought** by surveyed communities includes treatment options and what to do if a family member is sick. Additional research and literature emphasises that individuals are more likely to follow instructions to keep others safe rather than themselves<sup>2</sup>.

Findings suggest that people are interested to hear about what is being done to find treatments and vaccines against COVID-19. Moreover, the findings suggest that content should give practical tips on how to keep family members and others vulnerable to the disease safe.

#### Resources:

- [\*Latest information on COVID-19 by WHO\*](#)

- **More than half of all participants shared that they have worries and fears related to COVID-19.** The main worries for respondents were around losing a loved one and getting sick (which 73% of respondents frequently worry about). Respondents also reported that they are frequently worried about the health system being overloaded (72%). This shows a significant emotional and mental stress that individuals are facing in addition to other challenges (e.g. economical) and highlights the importance of a response that acknowledges and addresses psycho-social needs.

Accessible and localised mental health and psycho-social support are key. Engagement should focus on actionable advice on how to keep family members safe and care for them.

#### Resources:

- [\*Briefing note on addressing mental health and psychosocial aspects of COVID-19 outbreak\*](#) (IASC)
- [\*Support for staff, volunteers and communities in an outbreak of COVID-19\*](#) (IFRC)

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<sup>2</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30729-7/fulltext#sec1](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30729-7/fulltext#sec1)

## Methodology

This study employed a multi-country mixed-method approach. The data was collected from four countries—Indonesia, Pakistan, Myanmar, and Malaysia—to understand the knowledge and perceptions of communities around COVID-19. A total of 4,993 respondents were reached through the perception survey. Interviews were conducted **from 29 May to 20 July 2020 with a two week collection time frame in each country**. The responses were analyzed against key variables including knowledge, attitude, preparedness measures, and practices at the community level.

The survey questionnaire was contextualised and translated into local languages. Data was collected through three channels:

- online through social media;
- remotely through phone calls; and
- face to face interviews.

Data collection through social media was open for anybody who wanted to participate, while phone calls and face-to-face collection targeted all regions of the respective countries.

## SAMPLING APPROACH

A random sampling approach was used with the assumptions of a higher number of participants with less margin of error. Convenience sampling was the only possible option due to movement restrictions. Therefore, these findings cannot be considered to be statistically representative of the perceptions of the population but rather should be seen as an indication that should be triangulated with further research. In total, 4,993 respondents (52.04 % male, 47.28.9% female, and 0.67% not disclosed) participated in Indonesia, Pakistan, Myanmar, and Malaysia.

Country	Total population <sup>1</sup>	N. of survey respondents
Indonesia	270,625,568	370
Pakistan	216,565,318	1080
Myanmar	54,045,420	1528
Malaysia	31,949,777	2015
<b>Total</b>	<b>573,186,083</b>	<b>4,993</b>

<sup>1</sup> <https://data.worldbank.org/country/ID>

## SURVEY QUESTIONS

The survey questions (see annex 1) 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. 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:

- Consent
- Demographics
- Knowledge and practices
- Trust in communication channels and sources
- Community participation and relationships

A version of the online Kobo form can be found [here](#). As there will be several 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.

## LIMITATIONS AND CHALLENGES

The context of COVID-19 presented several significant challenges. A key challenge was movement restrictions in all countries, which made face-to-face data collection extremely difficult and at times, impossible.

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.

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.

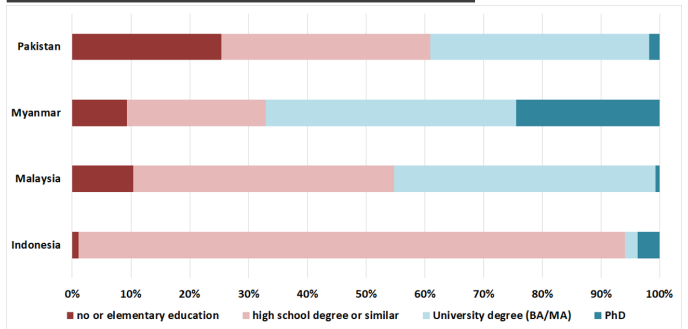
Partners involved in the survey have done their best to triangulate the data with other datasets and findings to address discrepancies that might have derived from this mixed-method approach. Yet, other studies have faced the same challenges imposed by COVID-19, so even triangulation of data poses challenges at times.

education only (24.4%). In contrast, only 1.1% of respondents in Indonesia stated to have attended no or only elementary school, and 82.2% shared that they held a high school degree (see chart 3). This strong discrepancy is likely also due to the much smaller sample size in Indonesia which was only collected online.

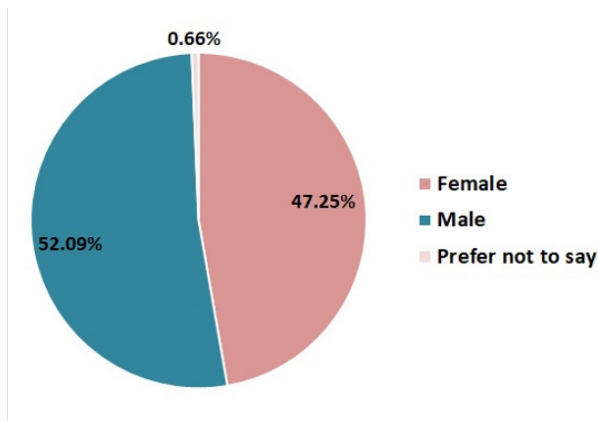
## RESPONDENTS DEMOGRAPHICS

In total, 4,993 respondents (52.4 % male, 47.28% female, and 0.67% not disclosed) participated in Indonesia, Pakistan, Myanmar, and Malaysia (see chart 1). Of these participants, the majority were aged 18 to 29, followed by 30 to 39 years old (see chart 2). Future data collection should take into account age distribution to ensure it is more representative of the population age breakdown.

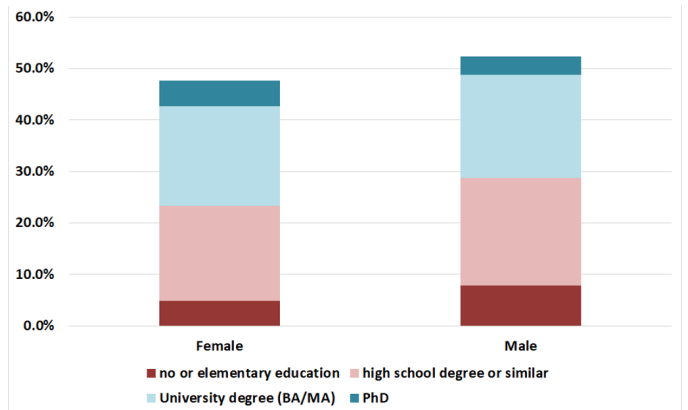
**Chart 3: Education of participants n = 4993**



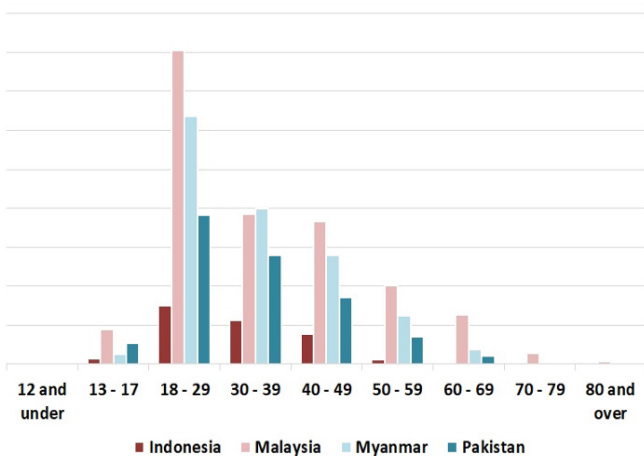
**Chart 1: participant breakdown by sex**



**Chart 4: Education split according to gender n= 4993**



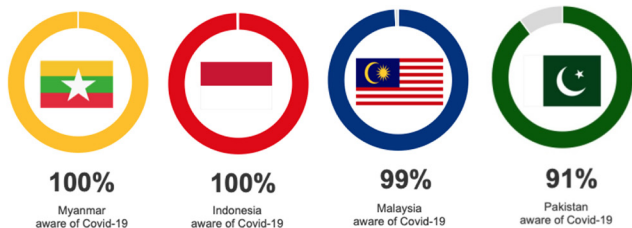
**Chart 2: participant breakdown by age**



Education levels of participants differed across the four countries, with Pakistan having the greatest proportion of participants without any formal education (7,9%) or with elementary

## Knowledge and Attitudes

### KNOWLEDGE OF COVID-19 (QUESTION 6)



As would be expected after seven months of the pandemic, almost all people surveyed were aware of the disease. In Myanmar, 100% of respondents had heard of COVID-19, whilst 99.7% and 99.2% in Indonesia and Malaysia, respectively, say the same<sup>1</sup>. Yet, in Pakistan, only 90.9% reported having heard about the disease, meaning that a surprising 8.6% have either not heard of COVID-19 or are unsure whether they have heard of it.

In Pakistan, knowledge of COVID-19 appears to be consistent across males and females, yet is lower in older age categories, with people 40 years or older less aware of COVID-19 than younger people. Roughly a quarter (24.4%) of all Pakistani survey respondents had either no education or elementary-level schooling, and this group had far lower knowledge of COVID-19, with around 1 in 5 (21.6%) reporting to either not have heard of COVID-19 or being unsure whether they have heard of it. Respondents from Sindh and Gilgit Baltistan also had lower knowledge of COVID-19 compared to other areas in Pakistan.

### KNOWLEDGE OF TRANSMISSION (QUESTION 8)

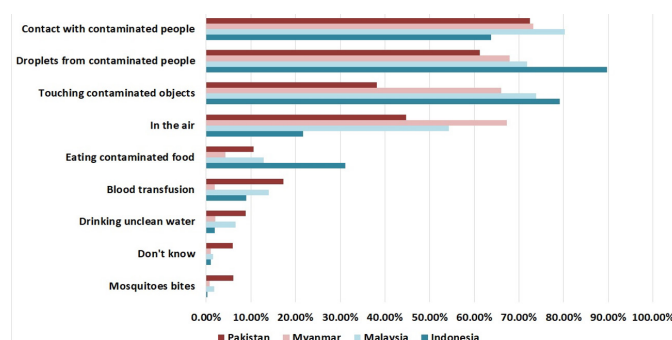
Current evidence suggests that COVID-19 spreads between people through direct or close contact with infected people via mouth and nose secretions, and indirectly through contaminated objects or surfaces. When respondents were asked how COVID-19 is spread, the correct responses of "droplets from infected people" and "direct contact with infected people/animals" were the top choices (see chart 5). The other correct response of "touching contaminated objects or surfaces" was less frequently identified (65%).

<sup>1</sup> It should be noted that the distribution of respondents from Myanmar and Indonesia is skewed towards more highly educated individuals, and this may influence the high awareness reported in those countries.

A common response across all four countries was that COVID-19 is spread "through the air". Whilst there have been reported outbreaks of COVID-19 in some closed settings, such as restaurants, nightclubs, places of worship, and places of work where people might be shouting, talking, or singing, further research is needed to understand the significance of aerosol transmission of COVID-19.

In Pakistan, a significant proportion of people (18.2%) selected that they do not know how COVID-19 is transmitted. This percentage was far higher than in Malaysia (4.5%), Myanmar (3.1%), and Indonesia (0.8%). Greater proportions of people aged 40 years or older in Pakistan reported to not know how COVID-19 is spread compared to younger age groups, which suggests that further engagement with middle-aged and older people is needed and a closer look at how and where information is shared is crucial.

Chart 5: Knowledge on 'how COVID-19 spreads' across countries (Question 8) n=4993



### HOW DANGEROUS IS COVID-19? (QUESTION 7)

Risk perception for COVID-19 varies significantly across the four countries (See Chart 6). In Indonesia and Myanmar, most people surveyed perceive the disease to be very dangerous. Nearly nine out of ten respondents in Myanmar think COVID-19 is very dangerous and eight out of ten in Indonesia think the disease is very dangerous. In Myanmar, a young student testified that she is most concerned about the risk COVID-19 poses to the older relatives she lives with:

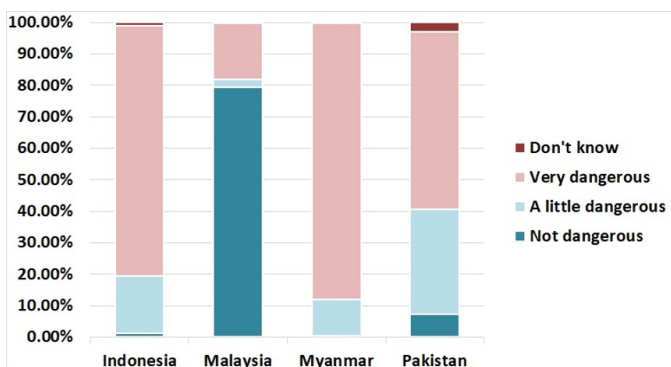
"I don't care if I get COVID-19 myself. But if I get it, then my whole family gets it. I'm especially worried about my grandma and grandpa who live with us."

This quote underlines findings from other research<sup>2</sup>, which suggests that people are more likely to be concerned about the health of others rather than their own and indicates that it is important to share content on how to keep others, particularly those vulnerable to the disease, safe. It would be interesting to explore the differences between risk for others and risk for one's self in future research.

The level of concern is lower in Pakistan than in Myanmar and Indonesia, yet most people still perceive COVID-19 as dangerous (27,6% a little dangerous and 49,1 % very dangerous). The number of people who say they 'don't know whether COVID-19 is dangerous' is higher than in the other countries. This is likely to relate to the higher number of people that are not aware of COVID-19 in Pakistan who would also not know whether or not it is dangerous.

Interestingly, in Malaysia, risk perception is very low, with four in five respondents reporting that COVID-19 is not dangerous (78,6%). The relatively lower number of COVID-19 cases in Malaysia could be the reason for this difference (as of August 10, 2020, Malaysia has 9,094 cases<sup>3</sup>). In both Malaysia and Pakistan where risk perception overall is lower, younger adults (ages 18-29 in both countries, and ages 30-39 in Malaysia) who are also less at risk are more likely to say that COVID-19 is not dangerous. However, respondents from urban areas in Malaysia have a slightly higher risk perception (by about 12% increase), perhaps because COVID-19 cases in Malaysia are more concentrated in urban areas.

**Chart 6: COVID-19 risk perception, n=4871**



<sup>2</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30729-7/fulltext#sec1](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30729-7/fulltext#sec1)

<sup>3</sup> Correct as of August 10th 2020 Malaysia:  
<http://covid-19.moh.gov.my/>



## Behaviour and Perceptions

### PREVENTING COVID-19 (QUESTION 9)

As advised by WHO<sup>1</sup>, the top ways to prevent the spread of COVID-19 are: (i) washing hands regularly; (ii) maintaining at least 1 metre from other people (by avoiding crowded places or staying at home); (iii) avoiding touching eyes, nose, and mouth; (iv) covering your cough; and (v) wearing a mask in public places if you have even minor symptoms.

When asked how respondents protect themselves and their families from COVID-19, only two of these key behaviours were mentioned by the majority of respondents across the region (see chart 7): handwashing (89% of all respondents) and wearing a mask (86% of all respondents).

Less than half of all respondents mentioned avoiding touching their eyes, nose, and mouth. Note that this average was brought down by far fewer mentions in Myanmar (5%) than in Pakistan (53%), Malaysia (69%), and Indonesia (83%). Indeed, one woman in Myanmar reported that she couldn't wear a mask for longer than 45 minutes, because "It is hard to breathe in a mask, and it's very sweaty."

There was a similar pattern among respondents mentioning 'covering mouth and nose when coughing': 59% of all respondents mentioned this behaviour, though there was a great range between countries (from 14% in Myanmar to 89% in Indonesia).

<sup>1</sup> World Health Organisation (WHO), (June 2020). Web-page. WHO website. (4 June 2020). 'Coronavirus disease (COVID-19) advice for the public'. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

These trends may be owing to differences in survey methodology. In Myanmar, respondents represent a random selection from a nationwide phone panel. This means the sample is less biased – as in Indonesia – towards individuals who are online and who proactively chose to complete a COVID-19 survey, and thereby might adhere better to advised behaviours. However, follow up research is needed to understand these differences.

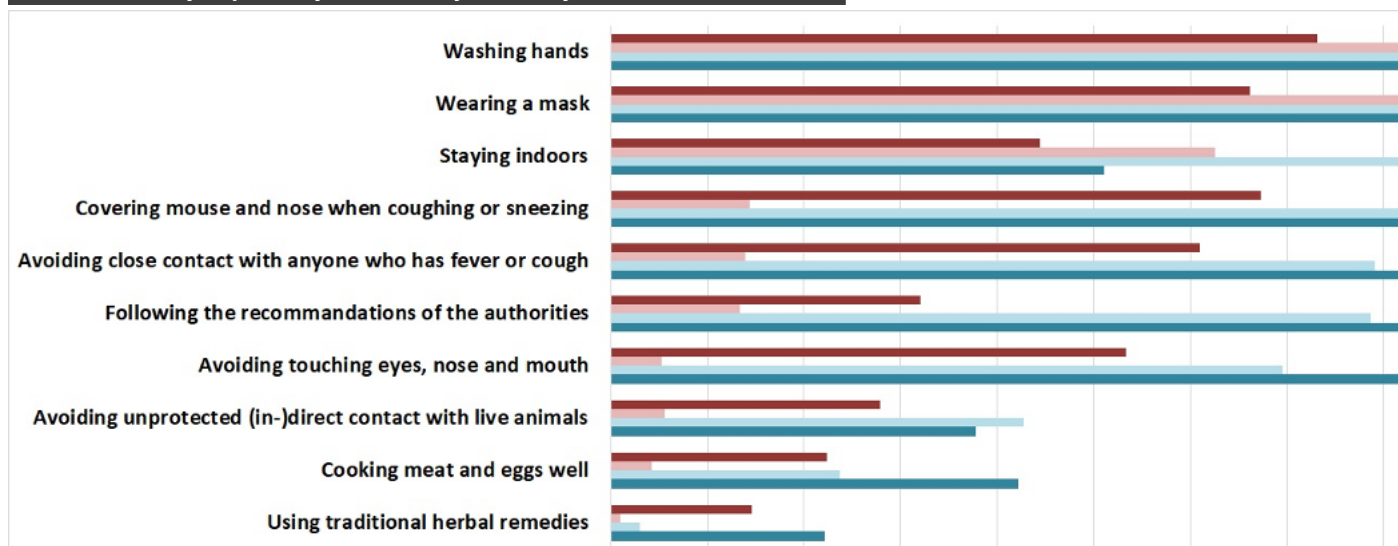
Physical distancing through staying indoors was mentioned by 67%, though this was as low as 44% in Pakistan. There were also clear gender differences: in Myanmar, 66% of female respondents reported staying indoors, in contrast to 59% of male respondents. Physical distancing by 'avoiding close contact' was mentioned by 56% (as low as 14% in Myanmar).

As well as officially-recommended protective behaviours, 6% of respondents across the region mentioned 'using traditional remedies' to protect themselves and their families. In Indonesia, more than one in five respondents reported such practices. Secondary research in Indonesia has indeed indicated a prevalence of local beliefs – such as drinking boiled herbs or garlic – to protect oneself from COVID-19.

### WHAT ARE YOUR COMMUNITY'S MAIN FEARS AND WORRIES DUE TO THE VIRUS? (QUESTION 10)

Survey results confirm that there are high levels of unease and stress within the community – more than half of respondents across the four countries 'frequently worry' about issues concerning the virus. In terms of getting sick, for example, only 6%

Chart 7: How do you protect yourself and your family from COVID-19? n=4993





specific group is responsible for spreading the virus.

In Malaysia, 69% of respondents believe that a specific group is responsible for spreading COVID-19, with people that are 50 years and above agreeing 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 (3%) than from rural Malaysia.

Among the Malaysian 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 entry<sup>1</sup> and increasing detention and deportation efforts<sup>2</sup>, and also supports evidence of declining public opinion on foreigners<sup>3</sup> in general since the beginning of the pandemic.

In Indonesia, a large proportion (65%) of respondents believe COVID-19 is spread by a specific group. The majority believe the spread is because of some people who refuse to follow government regulations such as not wearing masks, going out unnecessarily, and travelling to and from COVID-19 high-risk areas.

<sup>1</sup><https://www.thestar.com.my/news/nation/2020/09/07/covid-19-immigration-releases-list-of-countries-whose-citizens-are-barred-from-entering-m039sia>

<sup>2</sup><https://foreignpolicy.com/2020/06/19/malaysias-coronavirus-scapegoats/>

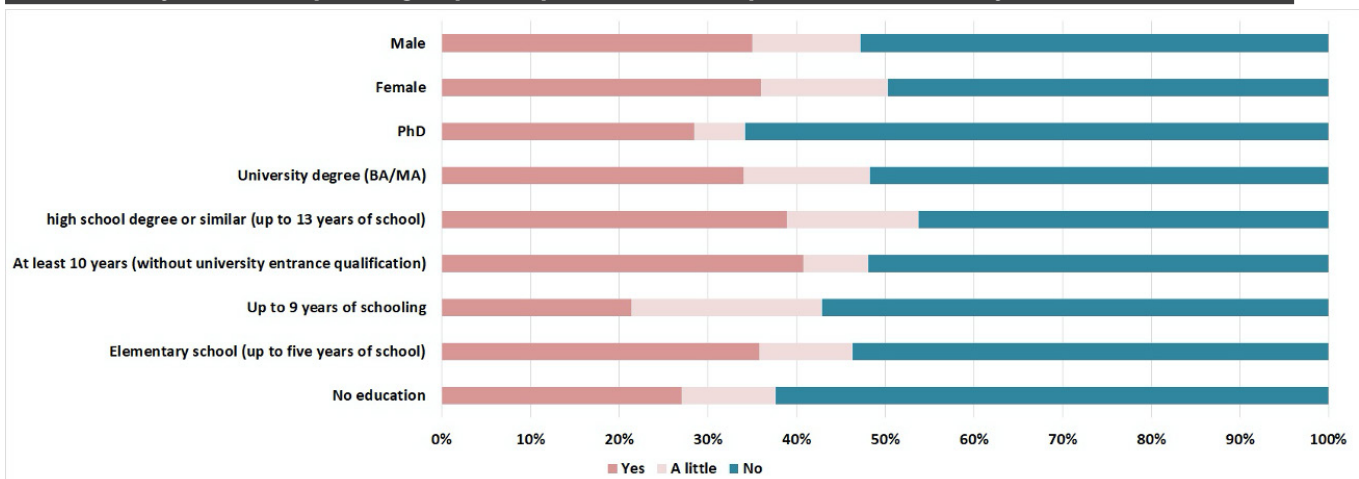
<sup>3</sup><https://www.malaysiakini.com/announcement/532379>; <https://www.reuters.com/article/us-health-coronavirus-malaysia-rohingya/rohingya-targeted-in-malaysia-as-coronavirus-stokes-xenophobia-idUSKBN22Z00K>

There is also a small but notable group that believes it is spread because the government did not anticipate the level of spread and effectively implemented lockdown and strict regulations.

In Pakistan, most respondents reported that they thought that insufficient control measures related to travel, isolation, and quarantine facilities established by the government at the Iranian border was cause for the spread of COVID-19. Secondly, nationals (for instance pilgrims coming back from Iran and Syria and settling in Sindh and Punjab) and foreigners returning to Pakistan were held responsible and finally people from China.

For all four countries, 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.

**Chart 10: Do you think a specific group is responsible for the spread of COVID-19 by education level n=2379**



## Information Needs and Community Engagement

There is a common trend of COVID-19 information needs and community engagement preferences across the four countries. Overall, the respondents suggest they primarily stay informed about COVID-19 from the Ministry of Health, Social Media, and Television (question 14). As a young woman in Myanmar described: "In COVID times, MRTV [government TV channel] is constantly on. Our family gathers around it all day."

"I always check – is the MOHS logo there?", reported a young man in Myanmar, "I only believe the guidance if their logo is there. Others are just advertising products."

This suggests that in Myanmar communications about COVID-19 should be made via government agency websites and TV, radio stations, and print media alongside popular social networking channels, such as Facebook and WhatsApp, to ensure the information is not restricted to those with internet access.

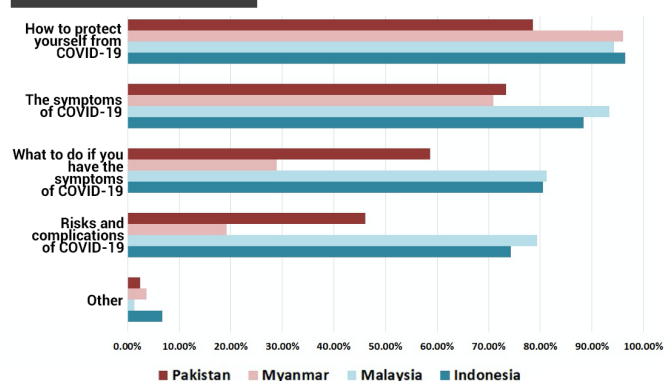
In Indonesia, the respondents explain they stay informed mostly through online channels including websites or online news pages, social media, and search engines such as Google. However, these findings are most likely a correlation with the fact that data in Indonesia was exclusively collected through online surveys. Therefore respondents were more likely to be digital natives with regular internet access.

While there is some variety in terms of most used information channels, the most trusted information source in reporting about the COVID-19 (Question 15) across all four countries is television with 61,13%, followed by radio stations and printed newspapers. This is followed by radio stations and printed newspapers in both Malaysia and Myanmar. Unlike in those two countries, the respondents in Pakistan say they trust more in search engines and websites or online news pages, after TV. While respondents in Indonesia report they mostly trust WHO, community health workers, UNICEF, MoH, and Red Cross volunteers over television.

Interestingly, in Indonesia and Malaysia, while online channels such as social media, websites/online news, and search engines are used frequently, they are not as well trusted as other less frequently used channels and sources such as WHO, radio, community health workers, UNICEF and Red Cross volunteers. This suggests that to have effective communication, we need to engage people through well-trusted sources and frequently used channels. For example, MoH or WHO representatives communicating through TV or social media.

Respondents across the four countries say they have primarily received information about protection measures, symptoms, and transmission of the virus (question 13, see chart 11). This information is distributed almost equally between male and female groups in the communities.

**Chart 11: What kind of information respondents have received so far n=4993**



### • TYPES OF INFORMATION NEEDED NOW (QUESTION 16)

Individuals in all four countries share that they most need information about the development of treatments and new vaccines against COVID-19 and what to do if a family member is sick. The WHO Media Measurement (MM) weekly summary report which tracks and quantifies weekly conversation trends and emerging citizen questions (2-8 July 2020) also confirms that during the time of data collection treatment of the disease is one of the most sought after topics. However, in Myanmar, the most sought information is around taking care of children's school education, following uncertainties faced by the communities.

### • TWO-WAY COMMUNICATION BETWEEN COMMUNITIES AND HUMANITARIAN AGENCIES

Text messaging, phone calls, and messaging applications such as Line and Whatsapp are the most popular communication channels suggested by the community members to share their concerns and feedback about COVID-19 with aid providers. Interestingly, in Indonesia Email is the most recommended channel to communicate with aid agencies, which could be due to the on average high level of education and urban location of respondents in Indonesia. This may indicate that the community members prefer an adequate system of confidentiality, following the report on personal data exposure as reported by Indonesian media in the early days of COVID-19 (The Jakarta Post, 5 March 2020).

## Next steps - from data to action

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- It is crucial to not only collect data but also 'close the loop' and ensure that data is used to take action. The organisations that have collected and analysed the data have been doing this in several ways. Findings have been shared with humanitarian actors across different sectors, so that community insights can inform the ongoing response. We will continue gauging community perceptions of the COVID-19 pandemic at regular intervals, to identify trends and changes in people's responses.
- Some humanitarian actors such as the Red Cross and Red Crescent National Societies have used the findings from the collected data to produce frequently asked questions documents for their volunteers to address knowledge gaps of community members, shared the findings to the inter-agency Risk Communication and Community Engagement (RCCE) working group and inter-cluster coordination group meetings which are attended by stakeholders such as the government, UN agencies, and local NGOs, and adjusted how they engage communities on COVID-19. Indonesian Red Cross (PMI) for instance adapted the channels they are using to reach out to the public. The Malaysian Red Crescent is planning to engage communities through radio and animation to fill knowledge gaps and address other topics that have come up through the survey.
- Finally, we hope that this report contributes to the understanding of how communities perceive COVID-19 and serve as a test run for further inter-agency perception surveys to influence decision making.

## DATA COLLECTION AND REPORTING

Data was collected from 29 May to 20 July 2020 by Red Cross and Red Crescent Movement, WHO, OCHA, UNICEF, KANTAR

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