The Coronavirus Pandemic in Malaysia: A Commentary

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As of mid-May 2020, it has been 5 months since the 1st case of coronavirus was detected in Malaysia. Thus far, 113 deaths have been reported. Several effective measures have been taken by the government under a partial lockdown or movement control order to contain the spread of the virus, which have led to the flattening of the curve.

**Keywords:** coronavirus disease 2019 (COVID-19), health care, mental health, pandemic, movement control order (MCO)

**How Is the Situation in Your Country Regarding the COVID-19 Pandemic?**

The first COVID-19 outbreak in Malaysia was detected on January 24, 2020 among travelers returning from affected countries (World Health Organization [WHO], 2020). One of the first COVID-19 deaths was recorded on March 17, 2020, linked to a mass Islamic missionary (tabligh) gathering in Kuala Lumpur (“Malaysia Records First Two Covid-19 Deaths,” 2020). The government imposed a partial lockdown known as a movement control order (MCO) on March 18 with the Prime Minister stating its purpose was “to break the chain of infection.” (Malaysia, 2020b). The mortality rate is among the lowest in the world (Lai et al., 2020). The number of infected cases peaked in March and appeared to reach its lowest in mid-May.

The MCO effectively flattened the COVID-19 infection curve (Aziz, 2020) but imposed drastic restrictions on the population, including social distancing; closing offices, schools, universities and nonessential businesses; prohibiting public gatherings, religious congregations, interstate and international travel; and confining people through a “Just Stay at Home” order. The fourth extension of the MCO: 1,084 Malaysians participated in a study titled “MCO and Mental Well-Being: Home Sweet Home” (Azuddin, 2020). Results showed an increase in symptoms of depression and anxiety; 22% of the respondents reported experiencing extremely severe anxiety, and women and those under 35 years of age reported experiencing higher levels of negative emotions. The findings also showed that confinement has caused severe depression in living spaces, such as among those in intergenerational and crowded households and those staying alone. Domestic violence and abuse have increased during the MCO (Shanmugam, Juhari, Nair, Chow, & Ng, 2020). Frontline workers endure unprecedented levels of stress, including burnout and posttraumatic stress disorder (Bowen, 2020). Conversely, there are also favorable reports because the MCOs have provided people with a much-needed break from their stressful work life and strengthened familial bonds and spirituality (Shanmugam et al., 2020).

**How Do You Think the Pandemic Is Affecting the Population From a Mental Health Perspective?**

The pandemic has forced a shift to a new normal for human interaction, including self-isolation and physical distancing that can have a psychological impact. This includes fear, boredom, agitation, helplessness, mood changes, and insomnia (Arumugam, 2020). The public have been urged to avoid reading and spreading fake news on social media to prevent unnecessary anxiety (Yeoh & Tariq, 2020). Reports have indicated widespread confusion and uncertainty among Malaysians following implementation of the MCO: 1,084 Malaysians participated in a study titled “MCO and Mental Well-Being: Home Sweet Home” (Azuddin, 2020). Results showed an increase in symptoms of depression and anxiety; 22% of the respondents reported experiencing extremely severe anxiety, and women and those under 35 years of age reported experiencing higher levels of negative emotions. The findings also showed that confinement has caused severe depression in living spaces, such as among those in intergenerational and crowded households and those staying alone. Domestic violence and abuse have increased during the MCO (Shanmugam, Juhari, Nair, Chow, & Ng, 2020). Frontline workers endure unprecedented levels of stress, including burnout and posttraumatic stress disorder (Bowen, 2020). Conversely, there are also favorable reports because the MCOs have provided people with a much-needed break from their stressful work life and strengthened familial bonds and spirituality (Shanmugam et al., 2020).

**How Do People Respond to the Situation in Your Country?**

The MCO has caused mixed reactions from the public, with some criticizing the move as being too drastic whereas others remain optimistic (Sukumaran, 2020). However, there has been noncompliance by breaching restriction rules despite fines of RM1,000 (US$230; Aqilah, 2020). Even with restrictive MCO rules for social distancing, many Malaysians endorse the MCO volunteering support to front liners and vulnerable communities. Many are working from home, developing skills, and nurturing their talents (“10 ways Malaysians Spend their Time under the MCO,” 2020). Air quality has significantly improved due to re-
duced traffic, with the fine particulate matter (PM2.5) showing a reduction of 58.4% after the first MCO (S. Abdullah et al., 2020). Certain festivals (e.g., Vaisakhi and Puthandu) that fell during the MCO were celebrated at home in moderation instead of at places of worship and prying in large congregations. For Ramadan, the usual food bazaars in public places were replaced with e-Ramadan bazaars and online shopping. The number of social media usage has increased as people communicated their views and opinions on political, economic, cultural, and social issues surrounding COVID-19. For example, advice on how women should behave toward their husbands during the MCO to avoid arguments provoked a backlash on social media (Palansamy, 2020). Many Malaysians have also expressed their concerns that the gradual easing of the MCO is done too soon and may lead to another wave of infections (Ng, 2020).

What Is Helpful and What Is Less Helpful in Dealing With the Situation?

In a special address by the Prime Minister of Malaysia, the public was advised to embrace the new normal in their life because the war against COVID-19 is not over (Yassin, 2020b). Awareness of precautions for personal protection has increased, with people using masks and hand sanitizers (Harun, Yusof, & Solhi, 2020). Malaysians have also leveraged technology to conduct online meetings; teachers and students use e-learning, and families maintain contact remotely. Restricted travel bans and implementation of a 14-day mandatory self-quarantine upon entering Malaysia helped to control the spread of the virus. Stimulus packages by the government such as special allowances, cash assistance, and deferring loan repayments would help ease the people’s financial burden (Yassin, 2020c). The downside of the MCO includes high fines and penalties for those violating control orders, loss of jobs and steady incomes (Cheng, 2020), restrictions on social gatherings such as weddings and funerals (Ahmad, 2020) and interstate travel (Zulkifli, 2020), increase in fake news on social media, electronic scams, and phishing (“Watch Out for Cyber Criminals,” 2020). The outbreak has caused major disruptions to industries such as hospitality, retail, construction and banking, including the education system: admissions, examinations, shift to online learning platforms, start dates, student mobility, and internationalization activities (Quacquarelli Symonds, 2020). Overall, the pandemic has had a major economic impact, and the gross domestic product has decreased (Hasanat et al., 2020).

How Is Health Care Currently Organized?

Malaysia’s advanced health care system under its Ministry of Health (MOH) is aligned with the WHO in the management of the COVID-19 pandemic. The MOH monitors the development of the outbreak in Malaysia and has comprehensive guidelines (Ministry of Health Malaysia, 2020a) and standard operating procedures (SOPs). It provides daily press statements and updates on COVID-19 cases in the country and works closely with the Malaysian National Security Council (NSC), which is under the Prime Minister’s Department. The NSC is in charge of disseminating information related to security involving COVID-19 and the implementation of the MCO. The MOH and NSC liaise with other government agencies and public and private health services. The MOH Infection Prevention Control measures standard precautions, and suspected cases are admitted to a hospital. Confirmed cases are treated symptomatically through clinical and ward management (Tay et al., 2020). The two types of hospitals handling COVID-19 cases are screening hospitals and admitting hospitals. The latter are equipped with isolation facilities, ventilators, and trained medical workers. Hospitals have COVID-19 teams to screen and manage each case (Loh, 2020). Health care workers and front liners are required to follow SOPs (J. M. Abdullah, et al., 2020). As a result of COVID-19, hospitals have canceled elective surgeries (CovidSurg Collaborative, Nepogodiev, & Bhangu, 2020). Malaysia is also involved in the WHO-led “Solidarity Trial” to test existing and new drugs to treat COVID-19 patients, enhancing global research collaborations to deal with the virus (Tay et al., 2020).

References


