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Roles of social media and counselling support in reducing anxiety among Malaysian during Covid-19 pandemic

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ABSTRACT

Covid-19 pandemic has created crises among some Malaysians. The crises have both opportunity and threat impacts. Without proper intervention, some people will develop stress, anxiety, and depression. This study aims to explore the emotional anxiety that exists in the society due to Covid-19 pandemic and the roles of social media and counselling support in reducing anxiety among Malaysians. This quantitative research involved online survey throughout the country. The online survey is administered during the First Phase and the Second Phase of Movement Control Order (MCO). The survey contains 13 items which cover three domains: i) anxiety, ii) roles of social media, and iii) roles of counselling support in reducing anxiety among members of the society. There were 8375 respondents from various age groups, locations, as well as economic and educational statuses involved in the study. Data were analysed using descriptive and inferential analysis. Majority of 7233 (86.6%) respondents felt anxious due to Covid-19 pandemic. A total of 7871 respondents (94%) followed the latest updates on Covid-19 to reduce their anxiety. They used social media such as Facebook, Instagram and Twitter to gather information and follow the updates through television and press conference. A total of 5251 respondents (62.7%) were aware of the counselling support provided during the MCO, and 4603 respondents (55%) felt comfortable to have counselling support by phone. The findings will contribute to knowledge on the society’s emotional anxiety in facing Covid-19. It reflects the actual situation happened in Malaysia during Covid-19 and MCO.

1. Introduction

Coronavirus Disease 2019 or Covid-19 is a viral infection of SARS-CoV-2, a type of coronavirus. Infected individuals will have symptoms of fever, coughing and breathing difficulty. Individuals of higher age groups or with chronic diseases such as patients of heart disease, kidney problems, diabetes, or other diseases are susceptible to death if they are infected with Covid-19. On March 30, 2020, Covid-19 was gazetted as a pandemic that has spread to more than 200 countries, causing more than 725,000 infected cases throughout the world. To cope with this pandemic, the government of Malaysia has enforced Movement Control Order (MCO), which requires each individual to be in their house started from March 18, 2020. Movements are restricted to acquiring basic needs by the head of the family and important matters sanctioned by the government only. The MCO implemented by the government disrupted the routine works of individuals. Individuals doing things in unusual or not in their routine. Meanwhile, the work from home (WFH) implemented by some sectors increased pressure to get work done. Some lost their jobs and have financial and psychosocial difficulties. This situation has stirred emotions due to the changes in living norms, and imposed effects on the economy, education, religious activities and many more. (see Tables 6–14)

According to Usher, Durkin and Bhullar [1]; the change that occurs in the environment causes the society to have panic attacks. False information that was spread during the pandemic also decreased social morals and increased the level of anxiety in the society [2]. Usher, Durkin and Bhullar [1]; also believed that anxiety and depleting social morals in the society could cause people to have stigma against China and Chinese citizens. Usher, Durkin and Bhullar [1] also mentioned that China and its citizens have been stereotyped as the disease carriers globally. Besides, these stigma and stereotypical mindset have also been a result of not only anxiety but also because people are afraid of the changes and these negative behaviours are their self-coping mechanism in defending themselves. Rubin and Wessely [3] also supported Usher, Durkin and Bhullar [1] stating that the negative societal behaviour arose from anxiety of the society in facing this sudden pandemic globally.
Besides that, according to Sani, Janiri, Di Nicola, Janiri, Ferretti and Chieffo [4]; the pandemic happened in Italy had caused tremendous amount of stress especially among medical front-liners due to their exposure to deaths cases and chronic disease case daily.

This stressful and uncertain situation of coronavirus developed emotions of worry, stress, anxious and depress. This stressful situation has caused individuals to be in crisis and fail in solving associated problems using the usual method. Individuals are unable to control themselves and the situation due to the shock from the spontaneous and unexpected incidents [5]. According to Nor Shafrin Ahmad and Siti Nur Nadhirah Ashri [6]; crisis is an event that occurs suddenly, crucial and affects the emotional, spiritual and physical aspects of individuals. Crisis leads to unstable, confusion and may turn to disaster if individuals are not resilience enough. It is also dangerous and may affect individuals’ and community’s well-being. Crisis faced by individuals need to be managed properly. Without proper treatment, there are numerous effects such as depression, post-traumatic stress disorder, trauma and failure of coping methods. Psychological reactions shown by the individuals in crisis are in the forms of cognitive, emotion and behaviour [5]. Hence, it is imperative to evaluate the society’s anxiety emotions and their coping mechanism in this matter.

This study aims to: i) explore the emotional anxiety that existed in the society due to Covid-19 pandemic, ii) identify the roles of social media, and iii) examine the counselling support in reducing anxiety among Malaysians.

2. Methodology

This study involved administration of online survey throughout the country. The survey was administered through Google Form application. The sample participated in this study was on voluntary basis. The period of the online survey was from March 18, 2020 to April 14, 2020 (First and Second Phases of MCO in Malaysia). The survey contained 13 items that covered the domains of anxiety level, media roles on emotional anxiety, the roles of government policy in mediating anxiety, roles of availability of basic needs and need for counselling service in managing society’s anxiety. Data were analysed using descriptive analysis and presented in min, frequency and percentage. Meanwhile, inferential analysis such as t-test and One-Way ANOVA was used to examine the differences of anxious according to gender. Overall, 8375 respondents took part in this study (3085 were males and 5290 were females). Majority of 5676 respondents were adult, age 25–60 years old and 2699 respondents were adolescents, age 13–24 years old. Other respondents’ profiles are given in Table 1 below:

From the 8375 respondents, 2465 were students, 4412 were government servant, 739 from private sector and 759 self-work. Income levels showed majority respondents from B40 and M40, and only 7.1% from T20. This income levels are categorised into three different income groups, Top 20% (T20), Middle 40% (M40), and Bottom 40% (B40) in Malaysia. 58.3% respondents from urban and 41.7% from rural area. According to level of education, majority respondents have Bachelor degree (36.3%) and Table 1 showed each state was represented by respondents.

There are three domains in this survey. The first domain has three items, which are designed to explore the respondents’ anxiety during the Covid-19 pandemic. The second have four items, which are to identify the roles of social media, while the last domain with four items is to identify the roles of counselling support in reducing anxiety among members of the society. All data were analysed using the descriptive analysis such as min, frequency, and percentage and inferential analysis such as t-test and One-Way ANOVA.

3. Results and discussion

This study aims to: i) explore anxiety that existed in society due to the Covid-19 pandemic, ii) identify the roles of social media, and iii) examine the need counselling support system in reducing anxiety among Malaysians. Detailed results are presented below.

3.1. Anxiety in the society due to the Covid-19 pandemic

The overall level of anxiety is not high ($M = 3.85, SD = 0.69$); between Less Agree and Agree). Comparisons of anxiety level based on educational level and income level were also performed. The homogeneity assumption for the educational level analysis is not met, Levene test $p = 0.010$. Hence, Welch’s correction and Games-Howell post hoc test were applied. As presented in Table 2, the means of anxiety ranged from 3.44 to 3.92 and do not form a linear relationship with the level of education. None of the education group has a mean exceeding 4 (Agree). The level of anxiety is significantly different across levels of education, $F (6, 894) = 15.8, p < .001$, $\eta^2 = .013$ indicating a small effect size.

Post-hoc comparisons as presented in Table 3 show non-significant differences for education levels that are close to each other [e.g. PhD

| Table 1 | Respondents’ profiles. |
|---------|------------------------|
| CATEGORY | FREQUENCY | PERCENT |
| Students | 2465 | 29.4 |
| Government Servant | 4412 | 52.7 |
| Private Sector | 739 | 8.8 |
| Self-Work | 759 | 9.1 |
| Income level | | |
| RM 4360 and below (B40) | 3961 | 47.3 |
| RM 4361-RM 9619 (M40) | 3818 | 45.6 |
| RM 9620 and above (T20) | 596 | 7.1 |
| Location | | |
| Urban | 4879 | 58.3 |
| Rural | 3496 | 41.7 |
| Education level | | |
| UPSR (Grade 6 to 7) | 275 | 3.3 |
| PT3/PMR/SRP (Grade 9-10) | 737 | 8.8 |
| SPM (Grade 12) | 2082 | 24.9 |
| Diploma | 1221 | 14.6 |
| Bachelor Degree | 3043 | 36.3 |
| Master Degree | 930 | 11.1 |
| Doctor of Philosophy | 87 | 1.0 |
| States | | |
| Perlis | 198 | 2.4 |
| Pahang | 428 | 5.1 |
| Kedah | 1073 | 12.8 |
| Pulau Pinang | 347 | 4.1 |
| Perak | 777 | 9.3 |
| Selangor | 1523 | 18.2 |
| Kelantan | 636 | 7.6 |
| Terengganu | 297 | 3.5 |
| Negeri Sembilan | 315 | 3.8 |
| Melaka | 608 | 7.3 |
| Johor | 781 | 9.3 |
| Sabah | 617 | 7.4 |
| Sarawak | 279 | 3.3 |
| Kuala Lumpur | 414 | 4.9 |
| Putrajaya | 74 | 0.9 |
| Labuan | 8 | 0.1 |
| Total | 8375 | |

| Table 2 | Mean and Standard Deviation of Anxiety by Education level. |
|---------|------------------------|
| Education | N | Mean | SD | SE |
| Doctor of Philosophy (Phd) | 87 | 3.44 | 0.923 | 0.0990 |
| Master Degree | 930 | 3.71 | 0.705 | 0.0231 |
| Bachelor Degree | 3043 | 3.82 | 0.686 | 0.0124 |
| DIPLOMA | 1221 | 3.92 | 0.672 | 0.0192 |
| SPM (Grade 12) | 2082 | 3.92 | 0.684 | 0.0150 |
| PT3/PMR/SRP (Grade 9-10) | 737 | 3.84 | 0.696 | 0.0256 |
| UPSR (Grade 6-7) | 275 | 3.89 | 0.693 | 0.0418 |
and Master Degree; SPM (Grade 12) and UPSR (Grade 6–7). Significant differences were observed for education levels that are further apart (e.g. PhD and UPSR (Grade 6–7), Master Degree and SPM (Grade 12)).

The homogeneity assumption for the educational level analysis is met, with Levene’s test,

\[ F(2, 8372) = 25.1, p < .001, \eta^2_p = .006, \] a very small effect size. Post-hoc analyses reveal that all pairwise comparisons are significant (see Table 5).

### 3.1.1. Post hoc tests

### 3.2. Identify the roles of social media

Overall, the use of social media to reduce anxiety is at a high level (M = 4.29, SD = 0.57), between Agree and Strongly Agree. We also conduct analysis to identify role of social media to reduce anxiety among respondents with different educational background. We conducted the Welch’s test to compare mean between group since we employed unequal sample sizes and data violates the assumption of homogeneity of variances. Result below showed that there is a significant difference in the mean of social media scores between the educational group F [6, 8368] = 6.78, p < .001. Similar result was found when the data analysed using Fisher’s Exact Test, F [6, 8368] = 7.14, p < .001. Post-hoc analyses used Turkey showed that the significant differences were between the following groups: The Diploma with the PHD, PT3/PMR/SPR, Degree, and SPM, and the PHD with the Degree, the PT3/PMR with the Degree.

### 3.2.1. Post hoc tests

We also examined differences in the mean score of social media based on income background. Results showed that the mean scores for the three groups were statistically significant with the M40 demonstrated the highest mean score followed by the B40 and the T20.

Finally, we also examined the relationship between social media, anxiety, calming and counselling. Results showed that there were positive and significant, but weak relationship between all variables.

The findings proved that anxiety is a normal response during the Covid-19 pandemic among the society. According to Clark and Beck [7]; worry is an automated response of an individual, coming from threats or danger. Worry is classified as a basic cognitive process, which bases all emergency disturbance. However, anxiety is a subjective response, which is more complex. Anxiety involves cognitive response pattern, affective, physiological and complex behaviour, which happen when a certain incident or situation is interpreted as a very averting threat, unpredictable and uncontrollable. As in the Malaysian society, majority of them feel anxious with the unpredictable and shock crisis event due to Covid-19.

The Covid-19 pandemic, as a psychological crisis, has the potential to affect the mental health and well-being of individuals [8]. It is common to feel imbalance and disruption during the Covid-19 crisis. This is because overwhelming stress, feeling of worried or anxious during crisis will develop threat to individuals’ well-being. During the outbreak of

| Table 4 |
|---|
| Group descriptives. |
| Income level | N | Mean | SD | SE |
| Anxiety Average | | | | |
| RM4360 and below (B40) | 3961 | 3.89 | 0.698 | 0.0111 |
| RM4361 - RM9619 (M40) | 3818 | 3.83 | 0.679 | 0.0110 |
| RM9620 and above (T20) | 596 | 3.68 | 0.732 | 0.0300 |

### Table 5

Turkey post-hoc test – anxiety average.

| Statistic df1 df2 P |
|---|
| Social Media Average Welch’s Fisher’s | | | |
| F | 6.78 | 6 | 894 | <.001 |
| 7.14 | 6 | 8368 | <.001 |

### Table 6

One-way ANOVA.

| Statistic df1 df2 P |
|---|
| Social Media Average | | | |
| F | | | |
| Welch’s | 6.78 | 6 | 894 | <.001 |
| Fisher’s | 7.14 | 6 | 8368 | <.001 |

### Table 7

Group descriptive.

| Statistic df1 df2 P |
|---|
| Social Media Average | | | |
| Education | N | Mean | SD | SE |
| Diploma | 1221 | 3.46 | 0.529 | 0.0152 |
| Doctor of Philosophy (PHD) | 87 | 4.11 | 0.832 | 0.0892 |
| PT3/PMR/SPR (Grade 9–10) | 737 | 4.22 | 0.563 | 0.0208 |
| Master Degree | 930 | 4.29 | 0.590 | 0.0194 |
| Bachelor Degree | 3043 | 4.30 | 0.567 | 0.0103 |
| SPM (Grade 12) | 2082 | 4.28 | 0.568 | 0.0124 |
| UPSR (Grade 6–7) | 275 | 4.26 | 0.549 | 0.0331 |

Note. Additional results provided by more tests.
3.3. Role of media in reducing anxiety due to Covid-19

The findings showed the efforts Malaysians took to manage their anxiety in facing the pandemic. There are several statements in the form of items to show the coping mechanism taken by the respondents, which is by keeping themselves updated on the Covid-19 news. Malaysians used the social media as an important medium to get the latest information on this pandemic. They retrieved the latest updates on Covid-19 to reduce anxiety.

According to Gao, Zheng, Jia, Chen, Mao, Chen and Wang [11]; there is a high prevalence of mental health problems, which is positively associated with frequent Social Media Exposure during the Covid-19 outbreak. Therefore, official departments strive to improve the public’s awareness of prevention and intervention strategies by providing daily updates on surveillance and active cases on their websites and social media [16].

Social media is an important medium for disseminating information in times of crisis. Social media platforms such as WeChat and Twitter were used to spread information about healthcare and safety precautions during the entire duration of Covid-19 pandemic [17]. In addition, Chan, Nickson, Rudolph and Joynt [17]; also stated that based on the SARS virus outbreak in 2002, social media was barely known as it

| Income                | N   | Mean  | SD  | SE   |
|-----------------------|-----|-------|-----|------|
| Social Media Average  |     |       |     |      |
| RM4360 and below (B40)| 3961| 4.28  | 0.562| 0.00893|
| RM4361 - RM9619 (M40) | 3818| 4.32  | 0.554| 0.00896|
| RM9620 and above (T20)| 596 | 4.16  | 0.670| 0.02744|

Table 11

Group descriptives.

| Social Media Average | Statistic | df | df2   | p      |
|----------------------|-----------|----|-------|--------|
| Levene’s             |           | 10.8| 2     | <.001  |
| Bartlett’s           |           | 41.9| 2     | <.001  |

Note. Additional results provided by more tests.

| Social Media Average | F      | df1 | df2   | p      |
|----------------------|--------|-----|-------|--------|
| Welch’s              | 17.7   | 2   | 1609  | <.001  |
| Fisher’s             | 21.9   | 2   | 8372  | <.001  |

Table 10

One-way ANOVA.

| RM4360 and below (B40) | RM4361 - RM9619 (M40) | RM9620 and above (T20) |
|------------------------|-----------------------|------------------------|
| Mean difference        | –                     | –                      |
| –                      | –                     | –                      |
| 0.0424***              | 0.117***              | 0.1780                 |
| 0.00893                | 0.00896               | 0.02744                |

Table 9

Turkey post-hoc test – social media average.

| Social Media Average | Anxiety Average | Calm Average | Counselling Average |
|----------------------|-----------------|--------------|---------------------|
| –                    | 0.302***        | –            | –                   |
| –                    | 0.327***        | 0.285***     | 0.259***            |
| –                    | –               | 0.0222       | 0.0413              |

Note.***p < .001.
was mostly being used among close contacts. Thus, Chan, Nickson, Rudolph and Joynt [17]; mentioned that due to the previous SARS pandemic in 2003, a new outcome must be brought up especially in using the internet and social media, which are widely known since 2020. Nevertheless, Chan, Nickson, Rudolph and Joynt [17]; believed that it is very important to be careful on the internet in terms of safety and the information being shared using this online platform.

A social media platform was created for peer mentoring purposes, and to support one another psychologically and spiritually during the Covid-19 pandemic [18]. A study by Rastegar, Amini, Tabari and Moosavi [18]; among medical students and front liners using the media resulted in a huge success and showed that the social media helped medical students and front liners to face the pandemic positively.

It is apparent that the mass media is important in reducing anxiety among members of the society. Covid-19 current information is crucial in ensuring society’s obedience towards government’s instruction and awareness on the latest updated information. According to Mejia, Ticona, Rodriguez, Campos, Catay, Porta, Garayar, Ignacio, Carranza, Ruiz and Tovani [19]; information must come from adequate sources and provide calm through knowledge when it involves the current scenario of a public health emergency. In the context of Covid-19, the role of the Ministry of Health is imperative in providing accurate information, aligned with its role as health professionals [20]. Hence, the steps taken by the society to get the latest development on Covid-19 by the Ministry of Health press conference is in accordance with this suggestion.

3.3.1. *The need for counselling support to manage anxiety*

Covid-19 has caused tremendous psychological problems in different subpopulations. The role of counsellors is important as professionals in helping the society to treat emotional anxiety [24]. However, Wen, Xiang, Yang and Zhang [21]; does not deny that there are restrictions in implementing counselling sessions during the MCO. This is because no face-to-face counselling can be done during the MCO. Counselling sessions done through online have limitations in the aspect of effectiveness and internet access in several locations. Nonetheless, according to Brener, Danhauser, Lyles, Hogan and Miller [22]; tele-mental health has been found effective in treating anxiety and depressive symptoms. Implementing tele-mental health will facilitate the delivery of counselling services to address students’ pressing mental health concerns [24]. For university counselling centres, they can also provide options for students to join online support groups that enable them to share common concerns and receive social support at the same time [23]. Therefore, online sessions as a medium for counselling support services could help Malaysian society to disclose feelings and cope with their crisis during the Covid-19 pandemic.

4. **Conclusion**

The Covid-19 pandemic can be categorised as a situational crisis that has happened throughout the world including Malaysia. This crisis has affected individuals and caused imbalance well-functioning among them and need to be assisted. The findings of this study have provided pertinent information on the general feelings of Malaysians and the role of media and counselling support. Majority of Malaysians felt anxious whenever they thought about the spread of Covid-19 and feeling anxious to go out from house even they wanted to get food supplies or basic needs during the MCO. Social media and counselling support services seemed to have been perceived as playing an important role in reducing anxiety among Malaysians. Individuals in Malaysian society also keep themselves updated on Covid-19 through television and daily press conference and used social media such as Facebook, Instagram and Twitter to relief their anxiety on the pandemic. Malaysians also felt comfortable getting counselling support via the phone even without face-to-face counselling sessions. As the sample in this study was on voluntary basis, the findings may limit the generalisation of the study.

However, with the large number of respondents involved in this study, the findings obtained can closely reflect the actual situation in Malaysia. It is suggested that any future study conducted in this context must explore other feelings that Malaysians have and the factors that could help them cope with the crisis effectively.

**Declaration of competing interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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