

The Impact Study of Covid-19 on the Patterns of Handling Covid-19 with Differences in Compliance Levels of Indonesian and Malaysian

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ABSTRACT

COVID-19 pandemic experiencing a growing number of spreads in various regions globally. The suppress of the number should be the responsibility of the Country's authority for such deployments. Each Country had its handling patterns as well as communities with different compliance in following existing policies. This study aims to analyze the impact of COVID-19 on the ways of handling COVID-19 with differences in compliance levels of Indonesian and Malaysian. This type of research is a mix of methods. This research shows a difference in COVID-19 handling patterns between Indonesia and Malaysian. Malaysia treatment patterns show many positive impacts seen from the significant decline in the number of corona patients. At the same time, Indonesia still encounters various problems in poorly organized handling patterns with the consequence of the high number of corona patients drastically. The improper handling pattern in Indonesia results in a lack of compliance by the existing community, which is different from Malaysia that shown an increase in community compliance after good handling patterns are implemented.

Key words: COVID-19, Handling Patterns, Compliance levels

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INTRODUCTION

COVID-19, the official name of the Coronavirus established by the WHO (World Health Organization), has paralyzed almost all lifelines. From the economy, tourism to social life. The world has witnessed several infectious disease outbreaks, which show a rapid spread. In this case, the number of distances continues to grow in various regions globally. As of August 10, 2020, there were 19,780,612 confirmed cases worldwide with 729,768 deaths (Google News, 2020). The virus predicted to be peaked in June 2020, and decline rate would be on July 2020 [1]. 12,044,654 of them have been declared cured under the COVID-19 Global Cases by Johns Hopkins CSSE [2].

Currently, concerns are rising in line with the widespread COVID-19 transmission in some

parts of the world and the ability to lower the rate of decline in several other countries. Governments, entrepreneurs, and workers and their organizations face significant challenges in their efforts to combat the COVID-19 pandemic. Beyond this ongoing crisis, there are concerns in returning activities that can maintain the progress that has been made in suppressing dissemination.

Human life around the world changed drastically due to the COVID-19 pandemic, and somehow, the situation will return to "normal". Today, many countries and local governments apply different methods to withstand the spread of the new Coronavirus while trying to keep people active but with certain adjustments. Several states are testing new techniques to ease social restriction rules without triggering second-wave infections. Meanwhile, other countries are trying radical strategies to stop the number of cases of transmission.

Many policies were dispatched to lessen COVID-19 cases. Many countries decided to go

on lockdown to reduce virus cases. The reason to go on lockdown was mostly the consequences of a sudden increase in the number of affected citizens. The countries who was decided not to lockdown was because of the economy dependent. Somalia is one of the countries who were not on lockdown due to the economy-related issue. Indonesia and India which have a dense population and big economy gap facing the challenge on dispatching the COVID-19 Policy to stop virus transmission.

Indonesia dispatched Massive Scale Social Restriction (PSBB) to break the transmission chain of COVID-19. PSBB was launched at a different time in each region in Indonesia. The first region which conducted PSBB was DKI Jakarta in consideration of the sudden rise of COVID-19 cases. PSBB was said to be the lockdown that is suitable for Indonesian, but it is not lockdown as known as the other countries. Phase 1 of PSBB is the closing of the school, workplace, and industry. PSBB is introducing the term of WFH (Work from Home) to the public, and it is often used during PSBB. PSBB not necessarily close all the store in one region, but the daily life store such supermarket and goods store is still allowed to be operated. Still, the store needs to conduct the health protocol such as wash hand, wearing a mask, and social distancing.

The implementation of PSBB in Indonesia is an effort to educate the public ignorant about the spread of the Coronavirus because it is the community's lack of awareness that causing the rapid spread of the virus. The district does not comply with the regulation of PSBB. The government's slow responses and the slow information progression of the virus is one of the factors that causing community behaviour [3]. This kind of behaviour causing no decline in the curve of the COVID-19 case.

In response to COVID-19, Malaysia released the Policy called Movement Control Order (MCO) The MCO in Malaysia conducted strictly. There has been a decline in COVID-19 cases in the first phase. To ensure the efficiency of the program, the government punishes those who violate the regulation. Those who violate the quarantine orders in the face of the COVID-19 pandemic will be punished. Those who trespass will then be jailed for up to 2 years, pay a fine or could even

get both. At the first phase of MCO, the society not allowed to get out of their home, stores were ordered to close, sports, religion, and social activity is prohibited during MCO. At the first phase of MCO, the number of people who violated the order is still at large, due to Malaysian culture that centred on social and related activity. The second phase was conducted with different Policy. The store which sells the daily need good was allowed to operate such as supermarket, and gas station, the individual mobility is restricted not to exceed 10 km from the residential area.

Community compliance in Malaysia is a key to the decline in COVID-19 cases. On the first day of the MCO program, the level of compliance reached 60 per cent. An Article [4] shown the submission of each individual in Srinagar, Malaysia. The results of previous research demonstrated that the number of people who break the rule is continuously decreasing on each day. The most group who split the first rule was the group on the education level, age, and gender.

Although different policies of each Country is experiencing the COVID-19 pandemic, health protocol compliance is a key to breaking the COVID-19 transmission chain. The efforts of all countries to reduce the spread of COVID-19 are through measures that drastically affect socio-economic activities. The government's response to the COVID-19 is primarily to the health issue, which is then transmitted into social problems, economic problems, and financial problems. Armstrong et al. found strong evidence of the influence of Policy on subsequent mobility behaviour, but there was little overall difference between cities in Canada and the United States [5]. Armstrong et al. discuss the importance of our findings both for COVID-19 policy research and for other comparative urban policy research in a multilevel policy environment [5]. He et al. revealed that a Level I public health emergency response is required for high-risk cities, which can level the COVID-19 curve effectively and quickly. Besides, a well-designed staggered release policy is essential for the prevention and control of COVID-19, furthermore beneficial for economic activities and social stability and development [6].

The Indonesian community's compliance with health protocols is not optimal; this is seen from the increasing cases of COVID-19 every day.

Where it illustrates that compliance with health protocols is still not optimally implemented by the community, it's time we excellently remind each other to comply with the health protocols. In Indonesia, many people do not wear masks when travelling and social distancing is non-existent. Countries with which it has a curve tend to rise in addition to Indonesia are India, Nigeria, and the USA. Countries such as Malaysia, Turkey, and Germany tend to decline.

RESEARCH METHODS

This research uses a mixed method. The implementation of this mixed methods research combines quantitative and qualitative research methods. This type of diverse research uses a sequential explanatory strategy. Mixed research is a procedure for collecting, analyzing, and mixing quantitative and qualitative methods in a study or a series of tasks to understand research problems [7].

Qualitative research was conducted using a research library. According to [8], library research is a form of structured inquiry with specific tools, rules, and techniques. Literature engineering is literature research conducted by reading, studying, and recording various literature or reading materials that correspond to the subject matter, then filtered and poured in theoretical terms of thought. The technique can reinforce the facts to compare differences or similarities between theory and practice are examined regarding the handling of covid-19 also its impact on compliance.

Meanwhile, quantitative research is carried

out using descriptive methods, namely analysis that seeks to describe a symptom, event, event that is happening at present. Descriptive quantitative research is used to describe, explain, or summarize various conditions, situations, phenomena, or different research variables according to events as they are which can be portrayed, interviewed, observed, and which can be expressed through documentary materials [7]. Quantitative descriptive research in this study was conducted by describing the results of the questionnaires that were distributed to respondents. The questionnaire contains questions related to the compliance of the Indonesian and Malaysian people with the COVID-19 protocol. The collected data were then analyzed descriptively by comparing the observation of the community before the handling pattern after the handling pattern in the two countries, namely Indonesia and Malaysia.

ANALYSIS AND DISCUSSION

The gradual decline in cases and incidents of death in Southeast Asia continues over the past week (Figure 1). Nevertheless, the Territory denies almost a third (n=614502, 30%) new cases reported globally in the past week. At the same time, the incidence of current weekly cases (304 per 1 million inhabitants) is much lower than that currently observed in the Americas and Europe.

Indonesia is currently the second most affected Country in the region, approaching 300,000 cases to date, including more than 28,000 new topics (or 103 new cases per 1 million

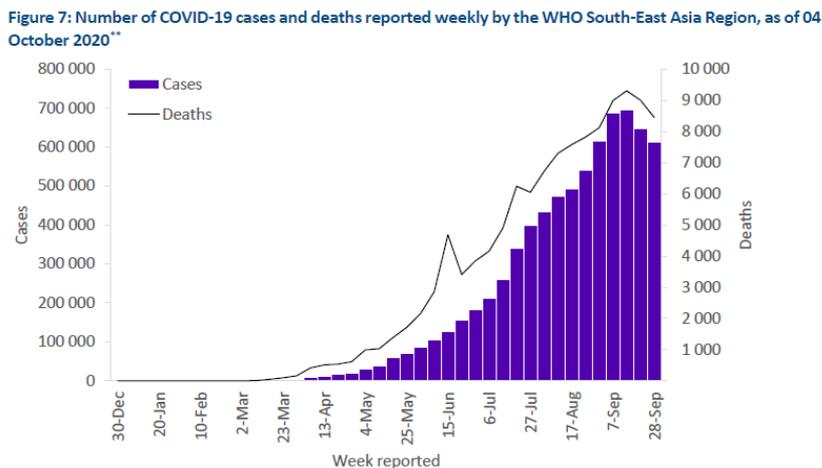


Figure 1: Number of covid-19 cases and deaths reported weekly by the who south-east Asia region.

inhabitants) in the past week. Nearly 60% of patients to date have been reported from Java Island, which includes the capital Jakarta. The number of suspected cases has risen sharply in recent weeks; however, testing capacity has so far not been able to meet demand, with about 23% (n=30,940 people) people tested among the 132,000 alleged cases reported as of September 30. Among the four provinces that reached the benchmark of 1 person tested / 1000 population/week during September, the positive rate of weekly tests ranged from less than 5% to more than 40%, highlighting heterogeneity in covid-19 surveillance capacity and activity throughout the Island.

Coronavirus or Covid-19 entered Malaysia at the end of January, precisely on January 23, 2020, while in Indonesia began to join on March 02, 2020. By the number of Malaysia cases that decrease compared to Indonesia, that is increasing, which can be seen in Figure 2. Besides, the number of Covid-19 cures in Malaysia, indicating a significant increase, shows a good development. In this case, Malaysia has a variety of strict operational standards of handling procedures (SOP). In terms of health, the Government of Malaysia prioritizes community compliance with directives for the use of masks when outdoors [7].

In contrast to Malaysia, Indonesia still appears to be having difficulty in dealing with Covid-19, seen from the increasing number of Covid-19 transmission cases in Indonesia shown by Figure 3. Although until now, the Indonesian government has issued several urged in the handling of health aspects, such as the obligation to use masks and face coverings when outdoors and always wash hands with soap and use hand sanitizer. However, the appeal is not very useful, which is still found by many people who

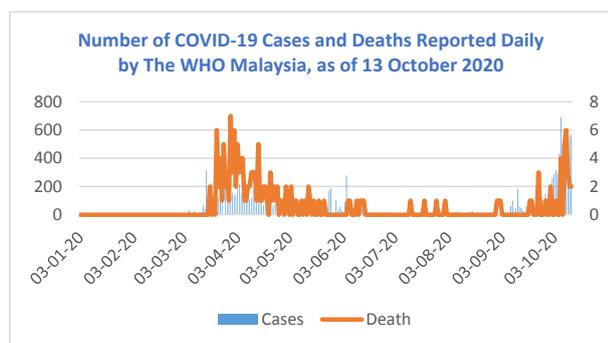


Figure 2: Number of covid-19 cases and deaths reported daily by the WHO Malaysia.

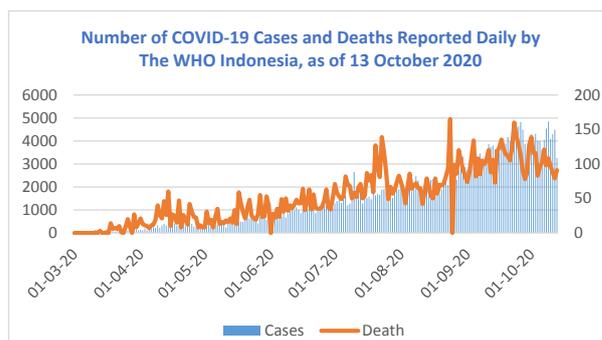


Figure 3: Number of COVID-19 cases and deaths reported daily by the WHO Indonesia.

ignore the attraction. This appeal shows that the government is judged to be less successful in its handling of Covid-19 [8-10]. The failure experienced by the Indonesian government in dealing with the spread of Covid-19 cases, because the government only conveys a preventative message but does not appear to be applied to many events conducted by the central government. This case ultimately makes the public think the appeal is not essential to use. Other failures are evident from the central government's inability to improve target testing, isolation, and contact tracing [10]. However, some measures have been taken by the government to reduce the impact on the health sector, such as the government already providing equipment support for medical personnel, the creation of emergency hospitals to seek referral hospitals for Covid-19 patients [11].

Besides, Indonesia can be said to have still many shortcomings in its handling in the health sector. This deficiency is seen from the recognition of the President of Indonesia who explained the various shortcomings in the health sector is seen from the fulfilment of the needs of raw materials medicines and medical devices that are still obtained from other countries aka imports. Then, based on the number of residents, the ratio of availability of the number of beds in the hospital is still very lacking that seen from the ratio of the number of beds, based on the population; Indonesia also has a small ratio, 1.2 per 1,000. This limitation means there are only 1.2 beds available for 1,000 residents. Compared to other countries, Indonesia is also still losing. India 2.7 per 1,000, China 4.3 per 1,000, and Japan's highest 13 per 1,000 [12]. Indonesia is also still very lacking tracing. In addition to tracing, the capacity of laboratories and hospitals is still uneven throughout Indonesia. Some areas can

buy PCR machines but have not been able to create human resources (HR), so it has not run to the maximum. The capacity of Covid-19 referral hospitals is also uneven throughout Indonesia [13].

This phenomenon illustrates the weaknesses of health management at its mildest. The reason is none other than because insurance and pharmaceutical companies do not focus on addressing public health during the Covid-19 pandemic but rather care more about the interests and benefits of multiples. Insurance and pharmaceutical companies also do not care about public health but have focused on the profits it will earn by taking advantage of government and population funds. Insurance and pharmaceutical companies also do not provide the necessary health care because the goal is to raise money by providing the lowest health care for those with insurance [14]. Thus, it can be concluded that the handling of Covid-19 in Indonesia is far from expected to be reviewed from the health aspects where there are still many deficiencies in the fulfilment of health support infrastructure and health systems.

Furthermore, to find out the level of people compliance in Indonesia and Malaysia with the Covid-19 protocol, a questionnaire was used to ask the extent to which the community complied with the applicable regulations. Public compliance before and after implementing the handling pattern was assessed by taking 26

respondents from Indonesia and Malaysia. The results of the recapitulation of values can be seen in Table 1 below.

The results survey of 26 people in Indonesia, it shows that there is an increase in compliance before and after the Covid-19 handling pattern is carried out. However, there are still people who still have less compliance by not complying with health protocols established by the government (Table 2).

The results survey of 26 people in Malaysia, it shows that there is an increase in compliance before and after the Covid-19 handling pattern is carried out, where the rise in compliance shows a significant increase after the implementation of the handling pattern by the Malaysian government which can be seen from almost all of them comply with established health protocols by the government.

Furthermore, the fairly big changes in food consumption preferences were reported [15]. Also, in another study, there was a significant decrease in family incomes and a significant increase in family expenditures during the pandemic outbreak [16].

Psychological stress during COVID-19 pandemic can cause fear and worry among people about their health and financial conditions, and loss of support services they rely on. It can also cause changes in sleeping or eating patterns, sleeping problems, concentration difficulties,

Table 1: differences in Indonesian community compliance before and after handling patterns.

No.	Question	Answer Choice	Indonesia			
			Pre-Test		Post-Test	
			Frequency	Percentage	Frequency	Percentage
1	Do you always wear a mask when outside the home?	Yes	12	46.2	24	92.3
		No	14	53.8	2	7.7
		Total	26	100	26	100
2	Do you always wash your hands with soap before and after doing activities?	Yes	9	34.6	21	80.8
		No	17	65.4	5	19.2
		Total	26	100	26	100
3	Do you always use hand sanitizers/disinfectants?	Yes	21	80.8	19	73.1
		No	5	19.2	7	26.9
		Total	26	100	26	100
4	Do you always keep a minimum distance of 1 meter when in public?	Yes	4	15.4	10	38.5
		No	22	84.6	16	61.5
		Total	26	100	26	100
5	Are you trying to avoid the crowd?	Yes	5	19.2	10	38.5
		No	21	80.8	16	61.5
		Total	26	100	26	100
6	Are you trying to avoid shaking hands?	Yes	4	15.4	11	42.3
		No	22	84.6	15	57.7
		Total	26	100	26	100

Table 2: Differences in Malaysia community compliance before and after handling patterns.

No.	Question	Answer Choice	Malaysia			
			Pre-Test		Post-Test	
			Frequency	Percentage	Frequency	Percentage
1	Do you always wear a mask when outside the home?	Yes	22	84.6	26	100
		No	4	15.4	0	0
		Total	26	100	26	100
2	Do you always wash your hands with soap before and after doing activities?	Yes	21	80.8	26	100
		No	5	19.2	0	0
		Total	26	100	26	100
3	Do you always use hand sanitizers/disinfectants?	Yes	20	76.9	22	84.6
		No	6	23.1	4	15.4
		Total	26	100	26	100
4	Do you always keep a minimum distance of 1 meter when in public?	Yes	23	88.5	26	100
		No	3	11.5	0	0
		Total	26	100	26	100
5	Are you trying to avoid the crowd?	Yes	19	73.1	24	92.3
		No	7	26.9	2	7.7
		Total	26	100	26	100
6	Are you trying to avoid shaking hands?	Yes	18	69.2	25	96.2
		No	8	30.8	1	3.8
		Total	26	100	26	100

and exacerbate chronic health problems, mental health conditions, usage of tobacco, alcohol, and other substances [17]. Evidence from recent studies suggests that current pandemic-related coping strategies may harm mental health, such as decreased well-being and increased posttraumatic stress disorders, depression and anxiety symptoms [18,19], insomnia, and anger [20-22]. Besides, fear of the disease and social isolation may lead to stress reactions that could develop into other psychological disorders [23]. COVID-19 Pandemic caused a high examination anxiety and changed the lifestyles in secondary school students [24,25].

CONCLUSIONS AND SUGGESTIONS

Based on the results of the above analysis shows that Indonesia, as a Covid-19 emergency that has handling Covid-19 is worse and slower than Malaysia. There are still many people who are less concerned about health by not complying with the Covid-19 protocol. From the results of a survey that assesses the compliance of the people in Indonesia with Malaysia, it shows that the Indonesian people have lower compliance compared to Malaysia. After implementing the handling pattern in each Country, it indicates that there is a significant increase in compliance with Malaysia. In contrast, in Indonesia, it has increased, but there are still some people who always do not comply with the Covid-19 health protocol after the handling pattern.

On the other hand, the government's lack of assertiveness on the handling of the Policy needs to be done. Indonesia can prioritize the handling of health aspects, which then the economy will continue to improve. Improvisation can be more intense, especially providing community compliance treatment, as well as selectively modelling other countries that succeed in lowering Covid-19.

REFERENCES

1. WHO. WHO announces COVID-19 outbreak a pandemic.
2. <https://www.kompas.com/global/read/2020/08/09/133559870/jumlah-kasus-virus-corona-di-as-tembus-5-juta>
3. Djalante R, Lassa J, Setiamarga D, et al. Review and analysis of current responses to COVID-19 in Indonesia: Period of January to March 2020. *Progress Disaster Sci* 2020; 6:100091.
4. Nazir S, Rashid A. Community callousness towards lockdown of COVID-19 pandemic and the role of preventive specialist. *Int J Res Rev* 2020; 7:232-236.
5. Armstrong DA, Lebo MJ, Lucas J. Do COVID-19 policies affect mobility behaviour? evidence from 75 Canadian and American cities. *Can Public Policy* 2020; 46:S127-S144.
6. Ge J, He D, Lin Z, et al. Four-tier response system and spatial propagation of COVID-19 in China by a network model. *Mathematical Biosci* 2020; 330:1-21.
7. Ishtiaq M. Book Review Creswell JW. *Research design: Qualitative, quantitative and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage. *English Lang Teach* 2019; 12:40.

8. George MW. The elements of library research: What every student needs to know. USA: Princeton University Press 2008.
9. <https://www.antaraneews.com/berita/1625758/sop-penanganan-covid-19-di-malaysia-akan-diperketat>
10. <https://www.kompas.com/read/2020/08/24/083100765/penanganan-covid-19-di-indonesia-dinilai-kurang-berhasil-ini-alasannya?page=all>
11. <https://www.merdeka.com/uang/upaya-pemerintah-selamatkan-indonesia-dari-krisis-ekonomi-akibat-pandemi-covid-19.html>
12. <https://www.voaindonesia.com/a/jokowi-wabah-corona-ungkap-banyak-kekurangan-di-sektor-kesehatan/5399032.html>
13. <https://www.liputan6.com/health/read/4348510/penanganan-covid-19-kemenkes-kekurangan-banyak-tapi-bukan-berarti-tidak-mampu>
14. <https://www.muslimahnews.com/2020/04/15/kegagalan-tragis-amerika-dalam-penanganan-virus-corona-adalah-kegagalan-sistem-kapitalisme-itu-sendiri>
15. Celik B, Dane S. The effects of COVID-19 pandemic outbreak on food consumption preferences and their causes. *J Res Med Dent Sci* 2020; 8:169-173.
16. Celik B, Ozden K, Dane S. The effects of COVID-19 pandemic outbreak on the household economy. *J Res Med Dent Sci* 2020; 8:51-56.
17. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
18. Rakhmanov O, Dane S. Knowledge and anxiety levels of African university students against COVID-19 during the pandemic outbreak by an online survey. *J Res Med Dent Sci* 2020; 8:53-56.
19. Rakhmanov O, Demir A, Dane S. A brief communication: Anxiety and depression levels in the staff of a Nigerian private university during COVID 19 pandemic outbreak. *J Res Med Dent Sci* 2020; 8:118-122.
20. Wang C, Pan R, Wan X, et al. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *Int J Environ Res Public Health* 2020; 17:1729.
21. Rajkumar RP. COVID-19 and mental health: A review of the existing literature. *Asian J Psychiatr* 2020; 52:102066.
22. Torales J, O'Higgins M, Castaldelli-Maia JM, et al. The outbreak of COVID-19 coronavirus and its impact on global mental health. *Int J Soc Psychiatry* 2020; 66:317-320.
23. Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 2020; 395:912-920.
24. Rakhmanov O, Shaimerdenov Y, Dane S. The effects of COVID-19 pandemic on anxiety in secondary school students. *J Res Med Dent Sci* 2020; 8:186-190.
25. Rakhmanov O, Shaimerdenov Y, Nacakgedigi O, et al. COVID-19 outbreak negatively impacted Nigerian secondary school students lifestyles. *J Res Med Dent Sci* 2021; in press.