

Chapter #4

THE EFFECT OF SELF-CARE PROGRAM ON YOUTH'S ATTITUDE TOWARDS PHYSICAL AND PSYCHOLOGICAL SELF-CARE IN TIMES OF THE COVID-19 LOCKDOWN

Getrude C. Ah Gang¹ & Jaimond Lambun²

¹*Faculty of Psychology and Education, University Malaysia Sabah, Malaysia*

²*Bongol Village Community Council, Malaysia*

ABSTRACT

One of the major concerns among the relevant public authorities during the COVID-19 pandemic is the attitude and behavior of the Malaysian society regarding compliance with self-care COVID-19. The Malaysian Ministry of Health continually remind people to adhere to the Standard Operating Procedure (SOP) for COVID-19. To support the authorities' efforts, a one-day self-care COVID-19 programme based on social psychological approach involving 10 youths with a mean age of 17.35 (SD=3.36) was implemented in Bongol village, Tamparuli. Before the programme began, all the participants were registered, and their body temperatures scanned to ensure that they were free from any COVID-19 symptoms. The activities comprised an ice-breaker, a talk on personal self-hygiene, a 20-minute self-care video, personal self-reflections, a group exercise, a community song, and a two-way discussion on self-care. The participants' attitudes were measured before and after they completed the one-day programme. The study showed that there is a significant difference between the participants' pre- and post-study attitudes towards self-care. The study results showed that the COVID-19 self-care programme can help foster positive youth attitudes towards self-care. The study suggested that each party needs to support the COVID-19 programme by delivering self-care messages to Malaysian communities in rural areas.

Keywords: attitude, cognitive, affective, psychomotor, self-care program.

1. INTRODUCTION

In January 2020, the World Health Organization (WHO,2020a,2020b) declared that the COVID-19 outbreak was a public health emergency of international concern and that there was a high risk of it spreading to countries around the world. The spread of the virus caused great concern among both the Malaysian public and government. In mid-March, Malaysia had the highest number of COVID-19 cases in Southeast Asia (Samah, Muhammad, Sulaiman, & Harun, 2020). This forced the Malaysian government to impose the 2020 Movement Control Order (MCO), which began on 18 March 2020 and ended on 28 April 2020. The increase in COVID-19 cases caused the MCO to be upgraded to an Enhancement Control Order, which was in effect from 29 April until 12 May 2020. To ensure that the situation was under control, the government then upgraded it to a Recovery Movement Control Order (RMCO) (Yusof, 2020). Within each phase of the MCO, the government and the Malaysian Ministry of Health continuously reminded people to adhere to the COVID-19 standard operating procedures (SOPs), such as washing hands regularly; wearing masks; maintaining a distance of at least one meter from other people; avoiding confined, crowded, and closed spaces; and maintaining a healthy lifestyle. In their efforts to

raise public health awareness regarding COVID-19, the authorities should focus on eradicating media manipulation, myths, and information that is not based on scientific facts (Samah et al., 2020). The governments, media, doctors, researchers, celebrities, police, and other stakeholders of the society appealed to the public to avoid public gatherings including sports, religious ceremonies, family functions, meetings as well as classes in school, to prevent the global spread of coronavirus infection (McCloskey et al., 2020). Despite these efforts, many people ignore the importance of social distancing due to attitudinal issues. Accurate information and active action by the relevant authorities to combat the spread of COVID-19 can help create awareness and cultivate positive attitudes towards self-care among members of society.

2. BACKGROUND

People have been practising self-care for thousands of years, and it has been applied mindfully by global societies to deal with the COVID-19 pandemic. The Canadian Mental Health Association recommends self-care as a coping strategy in dealing with the pandemic (Wise, 2020). Physical distancing, good respiratory hygiene, and hand washing are important examples of self-care actions that everyone can take every day to protect against COVID-19. Many other aspects of self-care such as cultivating healthy sleep habits, managing emotions well and gaining life satisfaction, can make a difference in human health and well-being during the COVID-19 pandemic (Wise, 2020). The ability to care for ourselves can make us feel stronger, more resilient, and better able to care for others, which is what is needed as the world faces the COVID-19 pandemic (Wise, 2020).

Maintaining a positive attitude to self-care might be challenging for some people. Some might be hesitant to follow the MCO regulations or may forget to follow the general SOPs because they do not align with their cultural norms and because of psychological reactance. Psychological reactance is a psychological response that occurs when one perceives one's freedom as being threatened, and it often leads to behaviour that is the exact opposite of which was sought by those who issued the instructions (Steindl, Jonas, Sittenhaler, Traut-Mattausch, & Greenberg, 2015). For instance, some Malaysians ignored the MCO might be because lack awareness regarding the seriousness of the COVID-19 pandemic. This was revealed in Samah et al's study (2020) that 3,211 Malaysians from various backgrounds are unaware of the severity of COVID-19 and its impact on human health. The results revealed that 37 percent of the respondents were unaware that COVID-19 can cause serious infections, such as pneumonia, and 24 percent of the respondents did not realise that washing one's hands with soap for 20 seconds can help prevent the spread of the virus. In addition, most Malaysians possess an average level of knowledge and a neutral attitude towards social-distancing practices. Malaysians' lack of awareness about the seriousness of the COVID-19 pandemic might be because they need time to adopt new attitudes, behaviours, and norms. Besides lack of awareness, Malaysians also show non-compliance behaviour with SOP and MCO regulations: for instance, continued interstate travel, not wearing face masks, not quarantining after returning from abroad and bringing children under two years old to public places, although they know doing these things is highly risky (Aziz, Ali, Noor., & Sulaiman, 2021a).

For many people, self-care does not come naturally nor easily, and it is influenced by numerous factors, such as attitude, knowledge, and awareness (Di Iorio, 2020). Past studies (e.g., Arina, Mohammad, Rezal, Tham, Suffian, & Emma, 2020; Zhong et al., 2020) revealed that people's attitudes towards self-care have improved significantly due to the COVID-19 pandemic. A study conducted by Zhong et al. (2020) indicated that there is a

significant correlation between a higher level of COVID-19 knowledge; more positive attitudes; and, most importantly, the improved adoption and implementation of safety practices during the rapid rise of the outbreak. In regard to rural communities, some might face difficulties in accessing COVID-19 necessities, such as face masks, hand sanitisers, and information about the virus. People in rural areas face different health challenges depending on where they are located (Centre for Disease Control and Prevention, 2020). Throughout the MCO, the Malaysian government took extra effort to provide food supplies and other necessities to the rural areas of Sabah and Sarawak with the assistance of the Malaysian Armed Forces (Daim, 2020). Support in the form of food supplies and necessities from the authorities should be accompanied by the implementation of awareness and attitude programmes and interventions to create more positive attitudes towards self-care among rural people. Past studies (e.g., Nyakarahuka et al., 2017, Roy et al., 2020) have shown that knowledge and attitude towards self-care are important elements in dealing with pandemic. Individuals' attitudes, knowledge, and awareness play a significant role in the development of habits and self-care. The public health sector could enhance community members' knowledge and attitudes by supplying more educational materials; providing health education on epidemic preparedness; and using appropriate communication channels, as proposed by the community members themselves (Nyakarahuka, 2017), such as the self-care programme that was conducted in Bongol village in collaboration with university students.

To implement a good attitude change programme towards self-care in Bongol village, we took the social psychological Yale model of communication and persuasion, which focuses on the source, messages, audiences, channel, and effect elements (Hovland, Janis, & Kelly, 1953), into consideration. This model has already been used as a guideline to implement attitude change programmes that focus on various attitude objects in past studies (e.g., Grace, 2003; Aziz et al., 2021b; Cosmas, 2018).

3. DESIGN

This study followed a quasi-experimental, pre- and post-study design that involved 10 participants. This is based on a one-group pre-test–post-test design (Campbell & Stanley, 1963) without a control group for comparison. This method was used because it can examine the effectiveness of the self-care programme. The quasi-experimental study most likely to be conducted in field settings in which random assignment is difficult or impossible. (Price, 2013). This method resembles experimental research, but it is not true experimental research. In this study, we only involved 10 participants due to the COVID-19 standard of procedures suggested by the Malaysian government. We also followed the RMCO and adhered to COVID-19 SOP regulations, which stipulated that there could only be a small number of participants in the programme.

4. OBJECTIVES

To support and deliver positive messages to the rural community, the self-care programme was implemented in collaboration with the Bongol Village Community Management Council during the RMCO. The aim of the programme is to cultivate a positive attitude towards self-care among the youth in the village, particularly during the COVID-19 pandemic. The self-care programme was implemented on 26 June 2020 and adheres strictly to the COVID-19 SOP regulations. The RMCO was announced by the Malaysian prime minister on 7 June 2020 and was in effect from 10 June 2020 until 31 August 2020, with more lenient restrictions compared to the MCO (Flanders Trade, 2020).

5. METHODOLOGY

Ten participants took part in the one-day programme and the pre- and post-studies. They originated from the Bongol village, and their ethnicity was Kadazandusun. There were seven females and three males with a mean age of 17.80 (SD = 3.36). In this study, we only involved 10 participants due to the COVID-19 standard of procedures suggested by the Malaysian government. The COVID-19 SOPs also stipulated that private gathering should be limited to no more than 20 people at any one time during the MCO, and this remained valid during the RMCO (Thomas, 2020). Letters of permission were granted by the head of the village and the head of the village community management council before we requested permission from the faculty and university. The self-care programme was conducted once the approval letter from the university was released.

5.1. Research instrument

A set of questionnaires consisting of two parts; demographic profile and attitude towards self-care (i.e., physical and psychological) was distributed. The part A measured participants' demographic information such as ethnicities, ages, education levels, parents' occupations and family health. While for Part B measure attitude which comprised of three attitude elements (cognitive, affective and psychomotor) towards self-care (physical and psychological). Attitudes towards self-care comprised caring about physical and psychological aspects, such as having adequate sleep, exercising consistently, understanding mood changes, spending time on self-reflection, showing interest in learning strategies to overcome stress, and seeking to understand the meaning of life in the midst of difficulties. Eight items measured attitudes towards self-care and focused on the three elements of attitude (i.e., emotion, beliefs, & psychomotor). The sample items for emotion, cognition and behaviour are based on the sequence emotion ('I am interested in learning ways to overcome my personal stress at home or school'), cognition ('I should be aware of my internal feelings') and behaviour ('I will exercise consistently everyday').

The scale response was based on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). These items were created by referring to the definition of self-care, self-care scale (e.g., Gonzalez, 2019; Headington Institute, n.d.). The reliability values of the complete set of questionnaires were tested in the pilot study with 32 participants comprising university students, and the reliability values were acceptable (0.72).

6. RESULTS

Ten participants completed the self-care programme and the pre- and post-study questionnaires. Based on the demographic profile of participants, they came from various academic background. Seven of them are still studying in secondary school and the other three are college and university. Most of the fathers working as farmers and their mothers are housewife. The mean age of the participants in this study was 17.80 years (SD = 3.36). The reliability values for attitudes towards self-care was 0.75 for the pre-study and 0.76 for the post-study, and both values were acceptable. The convergent validity of the two components of the attitude construct (i.e., physical self-care and psychological self-care) was also measured by correlating the two components with the attitude towards self-care construct (see Table 1).

Table 1.
The Validity Convergent of the Two Self-Care Construct with the Attitude Towards Self-Care Construct for Pre- and Post-Study.

Attitude construct	Pre-study Attitude towards self-care r values	Post-study Attitude towards self-care r values
Attitude towards self-care (physical)	.82*	.77*
Attitude towards self-care Psychology	.99*	.95*

Note. $p < .005^*$

The study showed that the two components showed high correlation with the attitude construct, indicating that each construct revealed a similar attitude object (i.e., attitude towards self-care). To compare the scored attitude with self-care before and after the programme's implementation, we used the non-parametric Wilcoxon signed-rank test for a repeated measurement of the 10 participants. The study showed that there was a significant difference between the pre- and post-studies regarding the youths' attitudes towards self-care. The Wilcoxon signed-rank test also confirmed that the attitude towards self-care scores were significantly higher after the self-care programme ($M = 33.60$, $SD = 3.72$, $n = 10$) compared to before the programme ($M = 31.40$, $SD = 4.53$, $n = 10$), $z = -2.08$, $p = .037$; see Table 2).

Table 2.
The Wilcoxon Signed-Rank Test Results to Examine Differences in Mean Attitude Towards Self-care Before and After the Self-care Programme's Implementation.

Attitude towards Self-care	N	Mean score	SD	z score	Sig.
Before Program	10	31.40	4.53	-2.08	.037
After Program	10	33.60	3.72		

We also obtained feedback from each participant about the self-care. One of the participants stated that the self-care programme helped her widen her knowledge of the importance of self-care and how to find it through exercise and other activities. Another participant responded that the self-care programme helped enhance his knowledge of self-care particularly during the COVID-19 pandemic. Additionally, all participants stated that the self-care programme should be conducted for other rural youths in Sabah amid the pandemic.

7. DISCUSSION

The self-care programme in the Bongol village was implemented during the RMCO. Although the number of COVID-19 cases has decreased, it is important to keep sharing and creating awareness of the importance of physical and psychological self-care, particularly in this rural community, during the pandemic. The study showed that between the pre- and post-study periods, there was a significant difference in participants' attitudes towards self-care: Attitudes were more positive after the participants completed the one-day self-care programme. Various factors might contribute to these positive and significant results, such as the activities that were organised by the 28 students who took the attitude-change course during semester two. The organised activities entailed a brief talk by the organiser on self-care during the COVID-19 pandemic, and this was followed by the delivery of COVID-19 information, self-care talks, and a video presentation by the psychology students. Positive talks and self-care information delivered to participants might influence the cognitive, emotional, and psychomotor elements of attitude. These three elements were thoroughly discussed in the video presentation, which lasted 20 minutes. The programme instructor also provided self-reflection question-and-answer sessions, during which participants could thoroughly discuss the content of the video and self-care related to the COVID-19 pandemic.

Each activity that was arranged in this programme contributed to the participants' positive thoughts or beliefs about self-care, particularly during the RMCO. This possibly triggered more positive emotions regarding engagement with self-care behaviour and showed greater intentions to perform self-care behaviour, such as exercising consistently every day, getting adequate sleep, spending more time on self-reflection, and learning ways to overcome stress. In regard to changing people's attitudes, all three elements of attitude need to be given attention because they are interrelated. For instance, if participants merely had positive thoughts or beliefs about self-care but showed a lack of intention to perform self-care behaviours, this might have affected their overall attitudes towards self-care. To ensure that the attitude-change programme runs well, it is important to refer to the Yale Attitude Change Model (Hovland et al., 1953), which places emphasis on the practical question "Who says what, in which channel, to whom and with what effect?". In the Bongol village self-care programme, "who" represents university students and lecturers; "says" refers to the self-care messages and activities; "whom" refers to the programme's recipients (i.e., 10 youths in Bongol village); and "what effect" refers to the participants' attention, comprehension, and acceptance, which may yield attitude changes among the participants.

During the programme, each participant was provided with a mask and a small bottle of hand sanitiser. The participants were also reminded to wash their hands regularly with the hand-sanitiser gel that was provided in the community hall. In addition, COVID-19 infographics were placed in strategic locations in the community hall. These activities may improve participants' attitudes, awareness, and interest in caring for themselves, and it is hoped that the positive attitudes gained from the programme will remain after the pandemic.

8. FUTURE RESEARCH DIRECTIONS

In the future, it is suggested that the self-care program not only be conducted in a one-shot program but with a follow-up program. Some participants might need more time to reflect and understand the content of the program. The follow-up programs should be considered as these can help maintain the positive elements that youth have gained from the program (Cosmas, 2018). In addition, by running a follow-up program, participants will get more additional information and relate them with the previous program. Besides, it is good if this program can involve more participants from different backgrounds and not only focus on youth. In addition, the duration of the program needs to be extended because it will give more opportunity for both parties, i.e., researchers (the organizer of the self-care program) to deliver positive messages to the participants. The duration of time also needs to be taken into consideration besides the types of activities in order to implement an effective program (Cosmas, 2015).

9. CONCLUSIONS

The active efforts made, and initiative shown by the Malaysian government, combined with the support of the relevant authorities and community, can lead to success if all parties work together to reduce the number of COVID-19 cases to zero and to effectively manage the COVID-19 pandemic. Each party should support the other and continue persuading people to follow the SOPs, such as practising personal self-care and looking out for the people around them. This is because self-care is not only a tool for coping with the pandemic but also about honouring ourselves; in doing so, we say to ourselves and to everyone else, "I matter" (Di Iorio, 2020). Based on Di Iorio's statement, we conclude that the self-care messages are not only shared with the people who are close to us but also with the members of underprivileged communities, who may lack accessibility to COVID-19 information and necessities. During this time, it is important to run self-care and any other programmes related to COVID-19 awareness that may inculcate positive attitudes and behaviours among the members of rural communities. Doing this may help protect Malaysia from COVID-19, which has affected so many people around the globe. These programmes may create more positive attitudes towards self-care, and it is hoped that in the long term, these positive attitudes will remain and will become part of the participants' daily self-care routines after the pandemic.

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The Effect of Self-Care Program on Youth's Attitude towards Physical and Psychological Self-Care in Times of the COVID-19 Lockdown

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AUTHORS' INFORMATION

Full name: Getrude C. Ah Gang

Institutional affiliation: University Malaysia Sabah

Institutional address: Faculty of Psychology and Education, University Malaysia Sabah, 88400, Kota Kinabalu Sabah

G. Gang & J. Lambun

Short biographical sketch: Getrude C. Ah Gang is a senior lecturer in Faculty of Psychology and Education, University Malaysia Sabah in the field of social psychology and has conducted several studies that mainly focusing on youth, community, and culture. She is also involved in community work in Sabah in the interior, which was embedded into research projects and teaching courses.

Full name: Jaimond Lambun

Institutional affiliation: Bongol Village Community Council

Institutional address: Bongol village, WDT

Short biographical sketch: Jaimond Lambun is one of the Bongol Village Community Council members and he works in the governmental agency.