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Coping Strategies with COVID-19 and Prolonged Movement Control Order (MCO) among Malaysian University Students

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Abstract

Nearly two years have passed since the COVID-19 epidemic significantly impacted the world. Due to a protracted movement control order (MCO), many people face challenges that can be stressful, unpleasant, and sad. This study investigates university students' psychological distress and coping strategies during Malaysia's COVID-19 pandemic and prolonged MCO. One hundred seven university students collected data between June 18 and July 23, 2021. Qualified respondents were requested to complete a survey that questioned questions about their demographics, their level of stress, anxiety, and depression, as well as their coping mechanisms. Furthermore, The COVID-19 and Coping Strategies is a semi-structured questionnaire consisting of four coping strategies: seeking social support, acceptance, mental disengagement, and humanitarian. The results showed the diverse ways students have chosen to cope with the challenges posed by the pandemic and MCO, with acceptance and mental disengagement strategies appearing as notable preferences and social support and humanitarian efforts also playing significant roles. From the findings, respondents tended to use maladaptive coping strategies (acceptance and mental disengagement) more frequently than adaptive coping strategies (seeking social support and humanitarian coping).

Keywords: Anxiety, Depression, Stress, Movement Control Order, Coping Strategies

Introduction

The world has changed since 2020 due to the coronavirus (COVID-19). This virus has affected 222 countries and territories. Over 270 million confirmed infections and over 5 million fatalities have been linked to this virus globally (Worldometer, 2021). However, Malaysia reported that COVID-19 resulted in around 2.7 million confirmed infections and about 30 000 fatalities (Kementerian Kesihatan Malaysia, 2021).

The world has seen a profound change in social behaviour and way of life. The government put a range of precautions, including lockdowns, quarantines, and movement limitations, to stop the virus from spreading. China was the first nation to institute lockdowns, which involved suspending all non-essential activity, including school operations (Reuters,

2020). Most COVID-19-infected nations, including Malaysia, went into lockdowns due to the epidemic. Lockdowns were implemented in the Southeast Asian nations of the Philippines and Malaysia on March 15 and 18, 2020, respectively (Fauzi, 2021). The Movement Control Order (MCO) was in effect in Malaysia for 14 days beginning on March 18, 2020 (Berita Harian Online, 2020). The MCO encircled movement, assembly, and international and local travel restrictions. By June 2021, more than a year, Malaysian had been through a series of prolonged MCO.

The government acknowledged that repeated long-term lockdowns harmed the economy, public mental health, and the educational system. The closure of educational institutions prompted students to continue their studies online, which significantly negatively influenced them. Time management, internet access, study load, and acclimating to new standards were variables in university students' stress management (Aziz et al., 2021). Additionally, quarantined students displayed more depressed symptoms, with female students significantly outperforming male students in stress, anxiety, and depression (Pang et al., 2021). Coping strategies are ways in which individuals deal with stress and difficult situations. Coping is "constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the person's resources" (Lazarus & Folkman, 1984). In general, coping mechanisms are classified as either adaptive or maladaptive. (Kamilah et al., 2020). Adaptive coping "characterizes a person who deals with stressors through personal growth, optimism, solution-focused actions, creativity, and flexibility" (Brown et al., 2019). Examples of adaptive coping mechanisms include active coping techniques, problem-solving techniques, and seeking out social support, especially emotional support (Carver et al., 1989). Adaptive coping strategies effectively deal with stress and involve taking control of the situation (Main et al., 2011). On the other hand, maladaptive coping strategies are considered ineffective in dealing with stress and involve avoiding the issue or engaging in harmful behaviors (Mahmoud et al., 2015; Blanchard-Fields, 2007). Examples of maladaptive coping strategies include avoidance, self-blaming, and substance use (Mahmoud et al., 2015). Understanding the different coping strategies and their effects can help individuals and professionals develop effective interventions to address mental health issues caused by stress and difficult situations. Several coping methods are offered to improve online learning post-pandemic, essential for higher education and for developing a civilized and sustainable society.

Literature Review

As part of the December 2019 coronavirus disease epidemic, many governments have encouraged anyone who may have contracted the coronavirus sickness to isolate themselves at home or in a specialist quarantine facility. Decisions for quarantine should be based on the best available evidence. Brooks et al (2020) stated that most of the research reviewed revealed post-traumatic stress symptoms, confusion, and wrath. Stressors included longer quarantine periods, virus worries, frustration, boredom, insufficient resources, insufficient information, financial loss, and stigma. Several researchers have suggested that there would be long-term consequences.

A study by Dai et al (2020) explored on different group of adults and the findings revealed that persons in poorer health had greater mental health issues, and the severity increased for those who were sick. Anxiety and depression were negatively predicted by perceived test availability, especially in people who perceived COVID-19 test unavailability. The substantial predictions of perceived health status and perceived availability of the COVID-

19 test indicate a new avenue for the research to uncover mental risk factors directly from health-related variables during a pandemic. Matias et al. (2020) studied on the population of lives alone or is prone to mental health problems, and the vast majority of these people do not have access to psychological healthcare. Self-help, self-medication, and self-care are the only resources available to people. During prolonged COVID-19 separation, an in-built homeostasis system can assist in rebalancing activity, thinking, and feeling. Physical and mental well-being can be reset by increasing physical activity.

Furthermore, Tull et al (2020) studied the links between stay-at-home orders and the perceived impact of COVID-19 on daily life and psychological effects (depression, health anxiety, financial stress, social support, and loneliness) in a community of 500 adult from across the United States. Participants filled out questionnaires assessing psychological consequences, stay-at-home order status, and the impact of COVID-19 on their daily lives. A stay-at-home order was associated with increased in health anxiety, financial stress, and loneliness. Likewise, the perceived effect of COVID-19 on daily living was connected with health concern, financial stress, and social support, but not with loneliness. The findings emphasise the relevance of social connection in mitigating the negative psychological effects of the COVID-19 pandemic.

Yee at al (2021) stated that anxiety was prevalent during the MCO for the COVID-19 pandemic and was linked to lower quality of life. Those who had recently lived in an area with a high frequency of COVID-19 and utilised avoidant coping methods were more likely to acquire anxiety. Identification and risk classification of anxious persons allows for the commencement of psychological interventions to maintain psychological health. Moreover, Wong et al (2021) indicated that according to demographics, young people-particularly students, women, and persons with low incomes-were more prone to mental health symptoms. These findings highlight the need for increased focus on detecting and providing intervention techniques to counteract the rising rate of mental health disorders in the current COVID-19 epidemic. Study by Werchan et al (2022) documented intergenerational impact of maternal stress-exposure on newborns and foetuses, with the impact of COVID-19-related stress on perinatal women increased public health concern. The discovery of these widespread coping traits shows unexpected behavioural patterns connected with prenatal women's susceptibility and resilience to pandemic-related stress.

Also, Kamaludin et al (2020) discussed on quarantines, lockdowns, social isolation, and movement restrictions that have been employed by governments. While these are widely recognised as effective COVID-19 management techniques, their psychological impact is enormous. Proving the statements, they conducted a survey online on 983 university students in Malaysia and the psychological impact was measured using Zung's Self Rating Anxiety Scale (SAS). The findings revealed that students utilised maladaptive coping techniques more than adaptive coping approaches to deal with anxiety generated by the pandemic and the impact of activity limitation. Seeking social approval and support coping mechanisms were found to be strongly related to anxiety levels. Gender, age, ethnicity, and living situation were all linked to coping techniques. Kalok et al (2020) also examined the psychological impact of the MCO among clinical undergraduate using self-reported questionnaires that were distributed online using the Depression, Anxiety and Stress Scale-21 (DASS 21). Their findings concluded that during the statewide quarantine, appropriate social support is critical in reducing anxiety and tension and encouraging higher mental well-being among students.

Additionally, Hussain et al (2021) concluded from their study that the impacts of MCO during the COVID-19 Pandemic have a substantial influence on anxiety and depression among

medical students at UniKL RCMP during the COVID-19 Pandemic, which requires early detection and care. In a study by Woon et al (2021) among university students, concluded that after controlling for age, gender, and marital status, the multiple linear regression model revealed that frustration due to loss of daily routine and study disruption, as well as having preexisting medical, depressive, and anxiety disorders, were associated with elevated depressive symptoms, whereas a higher level of family and friends social support was associated with lower depressive symptoms.

Chang et al (2021) emphasised on the subgroup analysis revealed that the prevalence of anxiety and depression symptoms differed among college students from different nations, with females having a greater pooled depressive symptom prevalence than males. Recent study by Li et al. (2022) on undergraduate and postgraduate students from 30 provinces or municipalities in China showed that physical and mental health during online learning, the majority of students reported eye strain and neck stiffness, with anxiety being the most common mental concern.

Girma et al (2021) defined coping strategies are cognitive and behavioural techniques for controlling stress. There are studies on the effects of COVID-19 on university students' stress, anxiety, depression, and coping mechanisms (Savitsky et al., 2021; Mohamed et al., 2020; Patias et al., 2021). According to a study conducted by Salman et al (2020) among university students in Pakistan, personal contacts with disease-infected people and the ongoing pandemic are the leading causes of increased anxiety and sadness. The most common coping mechanisms Pakistani university students adopt are active coping, self-distraction, acceptance, and religious or spiritual coping. Kamaludin et al (2020) revealed that university students in Malaysia employed maladaptive coping techniques more often than adaptive ones during the COVID-19 pandemic and lockdown. Thus, this study aims to investigate university students' psychological distress and coping strategies during the covid-19 pandemic and prolonged MCO in Malaysia. This study also examined the relationship between coping mechanisms and stress, anxiety, and depression.

Methodology

The survey was circulated through an online platform and the data were collected between 18 June 2021 to 23 July 2021. Participation on this study was voluntarily and respondents need to give their internet consent before proceeding to answer the survey. Respondents aged 18 years old and above are allowed to answer the survey.

The questionnaire was divided into three sections. The first section comprises demographic questions such as age, gender, and household income. The second part consists of assessment of depression, anxiety, and stress. Meanwhile the third section contains questions on the students' Coping Strategies.

The Covid-19 and Coping Strategies used is a semi-structured questionnaire used by (Nurrunabi et. al., 2020). This questionnaire consists of four coping strategies which are seeking social support (4 questions), acceptance (4 questions), mental disengagement (4 questions), and humanitarian (3 questions). Respondents need to scale their strategies used from 0 to 3. There are "0=Never or Very Rare", "1=Sometimes", "2=Often" and "3=Very Often or Always". Full questions are presented in Table 1.

Table 1
Coping Strategy

	Seeking social support
During COVID-19 and MCO…	
I talk to someone about how I feel	
I try to get emotional support from friends or relatives	
I discuss my feelings with someone	
I get sympathy and understanding from someone	
Acceptance	
About COVID-19 MCO…	
I learn to live with it	
I accept that this is happening, and it can't be changed	
I get used to the idea that it is happening	
I accept the reality of the fact that it is happening	
Mental disengagement	
To take my mind away from COVID-19 and MCO…	
I watch TV	
I play video games	
I exercise indoor	
I turn to my academic work	
Humanitarian	
During COVID-19 and MCO…	
I call/text/video my friends to give them emotional support	
I call/text/video my family and relatives to give assurance	
I donate for COVID-19 charitable organizations	

Cronbach's Alpha value was more than 0.6, indicating that this research instrument is dependable, according to the dependability statistics acquired (Table 2). The validity and reliability of the proved results of this questionnaire have been tested, resulting in valid and reliable performance.

Table 2
Cronbach's Alpha for each Criteria

Criteria	Cronbach's Alpha value
Seeking social support	0.898
Acceptance	0.757
Mental disengagement	0.664
Humanitarian	0.619

Data Analysis

The survey was conducted electronically through WhatsApp, and within 35 days, the survey collected 116 responses among university students in Pulau Pinang. After considering the inclusion and exclusion criteria, only 107 data were analysed. The data analysis was done descriptively using SPSS Software Version 20, and then the results were presented in a table, charts, and figures. Descriptive analysis (frequency, means, standard deviations) was performed to investigate the students' psychological distress level and the coping strategies

variables. Next, chi-square test and Fisher Exact Test were used to discover if there was any association between anxiety, depression and stress level of score with various coping strategies. The p-values associated with each coping strategy indicate whether there is a statistically significant relationship at a 95% confident interval (p-value <0.05) between different levels of mental health and various coping strategies during the COVID-19 pandemic and Movement Control Order (MCO).

Results and Discussion

Table 3 shows 107 participants were identified in the age range of eighteen to forty. The students represented various educational levels, including diploma, bachelor's, and master's degree candidates. Regarding gender distribution, out of the entire respondent pool, 51 individuals (47.7%) identified as male, while 56 individuals (52.3%) identified as female. Notably, most respondents, accounting for 59.8%, hailed from B40 families with a household income of less than RM4800. Additionally, 56% of the participants indicated that they reside in urban areas.

Table 3
Respondent's Demographic

Characteristic		N	%
Gender	Male	51	47.7%
	Female	56	52.3%
Family income	<=RM4850	64	59.8%
	>RM4850	43	40.2%
Neighbourhood community	Town or City	60	56.1%
	Others	47	43.9%

The scores were categorized into three different levels of severity. According to Omar et al (2022), the outcomes indicated that over 50% of the participants exhibited normal to mild depression, anxiety, and stress, as illustrated in Table 4. However, 29.9% of individuals experienced severe anxiety. This observation closely aligns with a prior investigation involving Chinese students (Nurunnabi et al., 2021), wherein 23.8% of the student population reported encountering severe to extreme anxiety levels. In contrast, the level of depression identified in this study, amounting to 19.6% for severe and extremely severe cases, surpasses the percentages found in earlier research by Yee et al (2021); Al-Salman et al (2020), which stood at 8.4% and 6%, respectively.

Table 4
Frequency Level of Depression, Anxiety and Stress

	Level	Frequency	Percentage
Depression Level	Normal to mild	54	50.5
	Moderate	32	29.9
	Severe to extremely severe	21	19.6
Anxiety Level	Normal to mild	61	57.0
	Moderate	14	13.1
	Severe to extremely severe	32	29.9
Stress Level	Normal to mild	83	77.6
	Moderate	11	10.3
	Severe to extremely severe	13	12.1

Chart 1 shows the descriptive statistics for seeking social support coping strategies. The results delve into utilizing social support coping strategies during the COVID-19 pandemic and Movement Control Order (MCO). These strategies encompass various forms of communication and emotional engagement aimed at addressing the challenges posed by the circumstances. Regarding expressing feelings, 37 participants indicated rare engagement, 49 participants engaged sometimes, 16 participants engaged often, and 5 participants engaged very often or always. Similarly, seeking emotional support from friends or relatives was rare for 43 participants, occasional for 49 participants, frequent for 10 participants, and very frequent for 5 participants. Additionally, discussions about feelings occurred rarely for 40 participants, sometimes for 48 participants, often for 17 participants, and very often or continuously for 2 participants. Furthermore, receiving sympathy and understanding from someone was rare for 41 participants, sometimes for 39 participants, often for 26 participants, and very often or continuously for 1 participant.

Chart 1: Descriptive Statistic for Social Support Coping Strategies

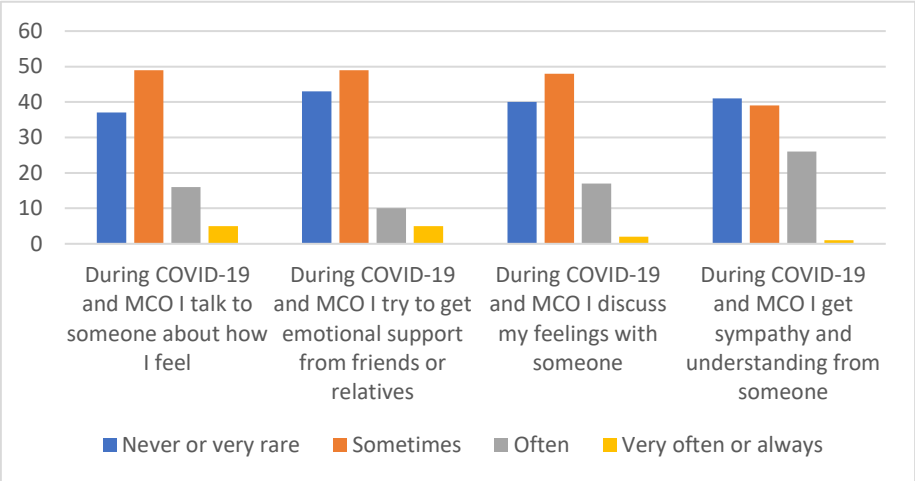


Chart 2 shows the acceptance coping strategies adopted in response to the COVID-19 pandemic and Movement Control Order (MCO). These strategies reflect individuals' psychological approaches to understanding and accepting the challenges the circumstances pose. Regarding learning to live with the situation, 2 participants expressed rare engagement, 28 participants engaged sometimes, 59 participants engaged often, and 18 participants

engaged very often or always. Similarly, accepting the certainty of the situation and its unchangeable nature was rare for 8 participants, occasional for 41 participants, frequent for 44 participants, and very frequent for 14 participants. Additionally, adapting to the situation was rare for 4 participants, sometimes for 32 participants, often for 56 participants, and very often or continuously for 15 participants. Furthermore, accepting the reality of the situation was rare for 1 participant, sometimes for 23 participants, often for 60 participants, and very often or continuously for 23 participants. These findings offer insights into the complicated ways individuals have endeavored to accept and navigate the ongoing challenges presented by the pandemic and MCO, showcasing varied levels of psychological adjustment and adaptation.

Chart 2: Descriptive Statistic for Acceptance Coping Strategies

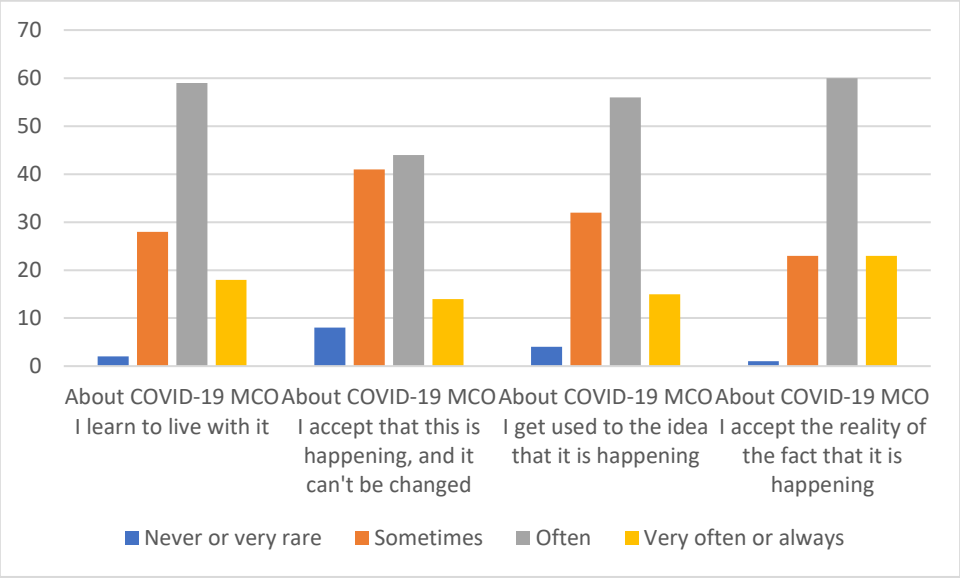


Chart 3 shows the descriptive statistics for mental disengagement coping strategies. The results examine mental disengagement coping strategies employed during the COVID-19 pandemic and Movement Control Order (MCO). Participants resorted to various activities to divert attention from pandemic-related stressors. Watching TV was reported as never or very rare by 26 participants, sometimes by 49 participants, often by 18 participants, and very often or always by 18 participants. For video games, 30 participants reported never or sporadic engagement, 36 reported sometimes, 21 reported often, and 20 reported very often or always. Indoor exercising was indicated as never or very rare by 26 participants, sometimes by 50 participants, often by 24 participants, and very often or always by 7 participants. Finally, turning to academic work was reported as never or very rare by 13 participants, sometimes by 44 participants, often by participants, and very often or always by 19 participants, highlighting various coping approaches.

Chart 3: Descriptive Statistic for Mental Disengagement Coping Strategies

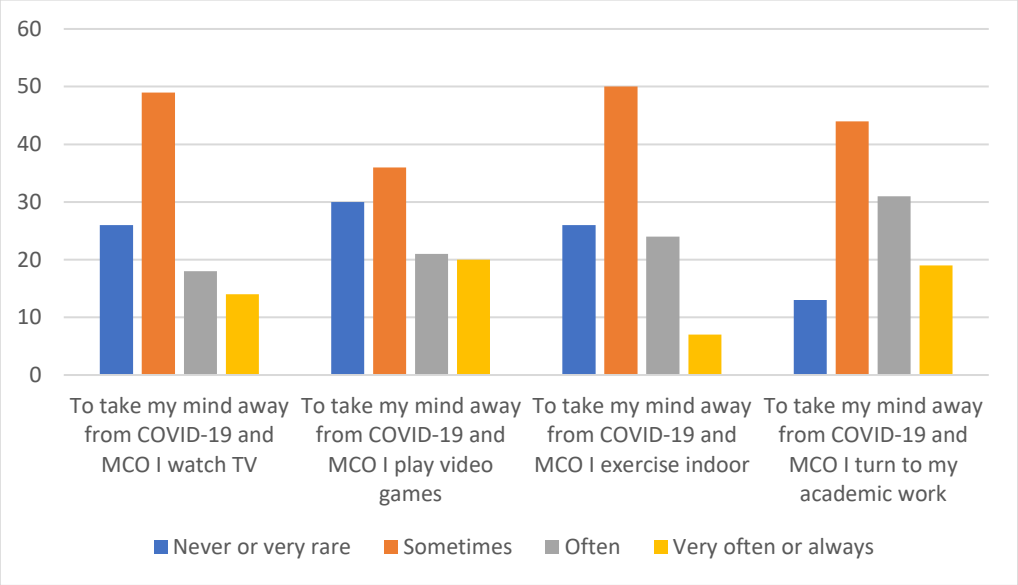


Chart 4 explores utilizing humanitarian coping strategies amid the COVID-19 pandemic and Movement Control Order (MCO). Participants employed various approaches to extend support and compassion. Engaging with friends through calls, texts, or video communication to provide emotional solace was reported as never or very rare by 11 individuals, sometimes by 59, often by 31, and very often or always by 6. Similarly, connecting with family and relatives for reassurance via calls, texts, or video communication was rarely done by 23 participants, occasional for 42, frequent for 38, and very frequent for 4. Regarding charitable actions, contributing to COVID-19 charitable organizations was seldom undertaken by 39, occasional for 62, frequent for 5, and very frequent for 1 participant.

Chart 4: Descriptive Statistic for Humanitarian Coping Strategies

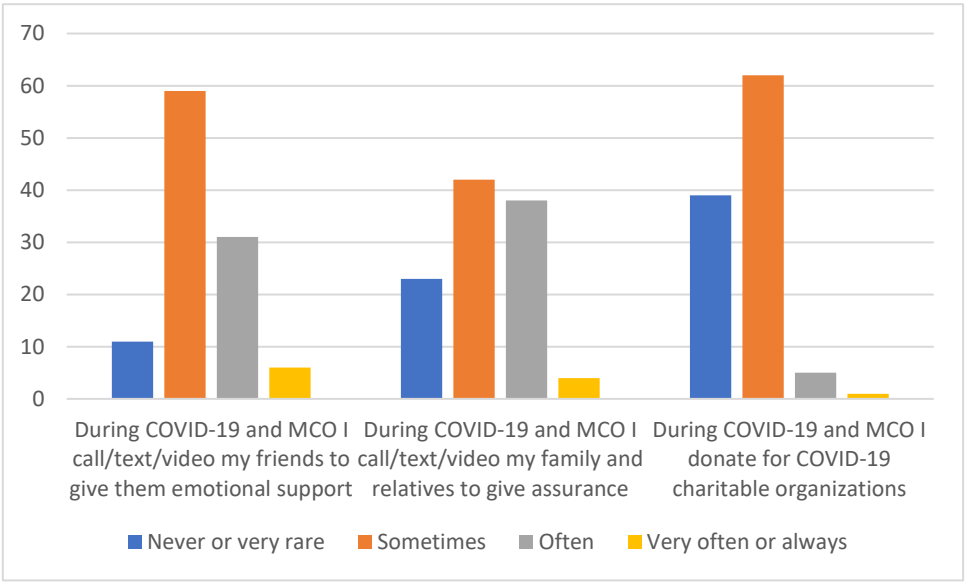
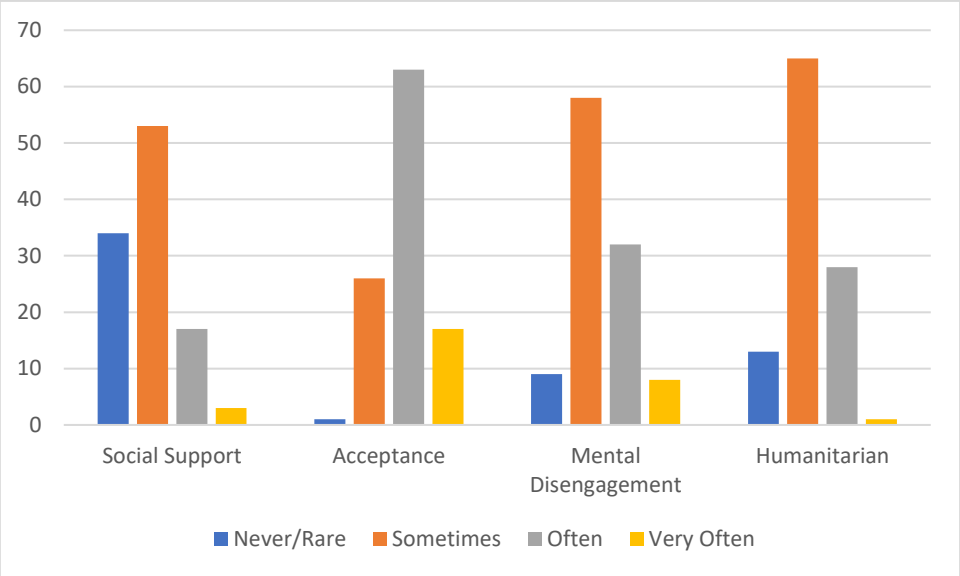


Chart 5 offers an in-depth analysis of coping strategies employed during the ongoing COVID-19 pandemic and Movement Control Order (MCO), focusing on four dimensions: social support, acceptance, mental disengagement, and humanitarian efforts. The data reveals a

spectrum of engagement frequencies within each category. Social support strategies were rarely engaged in by 34 participants, sometimes by 53 participants, often by 17 participants, and very often by 3 participants. Regarding acceptance, 1 participant rarely embraced this approach, while 26 participants engaged sometimes, 63 participants engaged often, and 17 participants engaged very often. For mental disengagement, 9 participants reported rare engagement, 58 engaged sometimes, 32 engaged often, and eight engaged very often. Lastly, regarding humanitarian efforts, 13 participants reported rare engagement, 65 participants engaged sometimes, 28 participants engaged often, and only 1 participant engaged very often.

Chart 5: Descriptive Statistic for Overall Coping Strategies



The provided data (Table 5) appears to be the results of a chi-square test examining the relationship between different levels of depression (normal to mild, moderate, severe to extremely severe) and various coping strategies during the COVID-19 pandemic and Movement Control Order (MCO). The result shows a statistically significant relationship between depression levels and the frequency of getting sympathy and understanding (p-value < 0.05). Furthermore, there is a statistically significant relationship between depression levels and the frequency of learning to live with the situation and getting used to the idea that the COVID-19 pandemic is happening. Those with severe to extremely severe depression is more likely to report learning to live with it. In addition, there is a statistically significant relationship between depression levels and the frequency of watching TV, playing video games, and turning to academic work to distract from the situation.

Table 5
Coping Strategies for Depression

Depression		Normal to mild (N=54)		moderate (N=32)		Severe to extremely severe (N=21)		p-value
		N	%	N	%	N	%	
During COVID-19 and MCO I talk to someone about how I feel	Never or very rare	15	41%	12	32%	10	27%	
	Sometimes	26	53%	17	35%	6	12%	0.335
	Often	10	63%	2	13%	4	25%	
	Very often or always	3	60%	1	20%	1	20%	
During COVID-19 and MCO I try to get emotional support from friends or relatives	Never or very rare	17	40%	17	40%	9	21%	
	Sometimes	28	57%	13	27%	8	16%	0.355
	Often	5	50%	2	20%	3	30%	
	Very often or always	4	80%	0	0%	1	20%	
During COVID-19 and MCO I discuss my feelings with someone	Never or very rare	17	43%	16	40%	7	18%	
	Sometimes	26	54%	13	27%	9	19%	0.514
	Often	9	53%	3	18%	5	29%	
	Very often or always	2	100 %	0	0%	0	0%	
During COVID-19 and MCO I get sympathy and understanding from someone	Never or very rare	15	37%	17	41%	9	22%	
	Sometimes	20	51%	13	33%	6	15%	0.032
	Often	18	69%	2	8%	6	23%	
	Very often or always	1	100 %	0	0%	0	0%	
About COVID-19 MCO I learn to live with it	Never or very rare	0	0%	1	50%	1	50%	
	Sometimes	11	39%	9	32%	8	29%	0.029
	Often	29	49%	21	36%	9	15%	
	Very often or always	14	78%	1	6%	3	17%	
About COVID-19 MCO I	Never or very rare	4	50%	3	38%	1	13%	

Depression		Normal to mild (N=54)		moderate (N=32)		Severe to extremely severe (N=21)		p-value
		N	%	N	%	N	%	
accept that this is happening, and it can't be changed	Sometimes	21	51%	13	32%	7	17%	0.993
	Often	22	50%	12	27%	10	23%	
	Very often or always	7	50%	4	29%	3	21%	
About COVID-19 MCO I get used to the idea that it is happening	Never or very rare	2	50%	0	0%	2	50%	
	Sometimes	14	44%	14	44%	4	13%	0.042
	Often	30	54%	17	30%	9	16%	
	Very often or always	8	53%	1	7%	6	40%	
About COVID-19 MCO I accept the reality of the fact that it is happening	Never or very rare	0	0%	0	0%	1	100%	
	Sometimes	10	43%	9	39%	4	17%	0.584
	Often	31	52%	18	30%	11	18%	
	Very often or always	13	57%	5	22%	5	22%	
To take my mind away from COVID-19 and MCO I watch TV	Never or very rare	6	23%	16	62%	4	15%	
	Sometimes	26	53%	12	24%	11	22%	.002[a,*]
	Often	12	67%	4	22%	2	11%	
	Very often or always	10	71%	0	0%	4	29%	
To take my mind away from COVID-19 and MCO I play video games	Never or very rare	10	33%	16	53%	4	13%	
	Sometimes	18	50%	10	28%	8	22%	.043[*]
	Often	14	67%	3	14%	4	19%	
	Very often or always	12	60%	3	15%	5	25%	
To take my mind away from COVID-19 and MCO I exercise indoor	Never or very rare	8	31%	11	42%	7	27%	
	Sometimes	27	54%	15	30%	8	16%	.333[a]
	Often	15	63%	5	21%	4	17%	
	Very often or always	4	57%	1	14%	2	29%	

Depression		Normal to mild (N=54)		moderate (N=32)		Severe to extremely severe (N=21)		p-value
		N	%	N	%	N	%	
To take my mind away from COVID-19 and MCO I turn to my academic work	Never or very rare	0	0%	9	69%	4	31%	
	Sometimes	25	57%	12	27%	7	16%	.000[a,*]
	Often	17	55%	11	35%	3	10%	
	Very often or always	12	63%	0	0%	7	37%	
During COVID-19 and MCO I call/text/video my friends to give them emotional support	Never or very rare	4	36%	5	45%	2	18%	
	Sometimes	33	56%	16	27%	10	17%	.306[a]
	Often	14	45%	11	35%	6	19%	
	Very often or always	3	50%	0	0%	3	50%	
During COVID-19 and MCO I call/text/video my family and relatives to give assurance	Never or very rare	6	26%	10	43%	7	30%	
	Sometimes	23	55%	11	26%	8	19%	0.143
	Often	22	58%	11	29%	5	13%	
	Very often or always	3	75%	0	0%	1	25%	
During COVID-19 and MCO I donate for COVID-19 charitable organizations	Never or very rare	16	41%	14	36%	9	23%	
	Sometimes	34	55%	18	29%	10	16%	0.387
	Often	3	60%	0	0%	2	40%	
	Very often or always	1	100 %	0	0%	0	0%	

The results (Table 6) of a chi-square test examine the relationship between different stress levels (normal to mild, moderate, severe to extremely severe) and various coping strategies during the COVID-19 pandemic and MCO. A significant association exists between the frequency of "talking to someone about feelings" coping strategies and stress levels at a 95% confidence level. Those with normal to mild stress are more likely to report talking to someone about their feelings than those with higher stress levels. The results also show a statistically significant relationship between stress levels and learning to live with the situation. Lastly, the p-value is 0.017, indicating a statistically significant relationship between stress levels and turning to academic work. Those with normal to mild stress are more likely to report turning to academic work.

Table 6
Coping Strategies for Stress

		Stress						
		Normal to mild		moderate		Severe to extremely severe		p-value
		N	%	N	%	N	%	
During COVID-19 and MCO I talk to someone about how I feel	Never or very rare	29	78.4%	2	5.4%	6	16.2%	
	Sometimes	41	83.7%	6	12.2%	2	4.1%	0.033
	Often	11	68.8%	1	6.3%	4	25.0%	
	Very often or always	2	40.0%	2	40.0%	1	20.0%	
During COVID-19 and MCO I try to get emotional support from friends or relatives	Never or very rare	32	74.4%	5	11.6%	6	14.0%	
	Sometimes	42	85.7%	4	8.2%	3	6.1%	0.204
	Often	6	60.0%	1	10.0%	3	30.0%	
	Very often or always	3	60.0%	1	20.0%	1	20.0%	
During COVID-19 and MCO I discuss my feelings with someone	Never or very rare	30	75.0%	5	12.5%	5	12.5%	
	Sometimes	41	85.4%	4	8.3%	3	6.3%	0.123
	Often	11	64.7%	1	5.9%	5	29.4%	
	Very often or always	1	50.0%	1	50.0%	0	0.0%	
During COVID-19 and MCO I get sympathy and understanding from someone	Never or very rare	31	75.6%	4	9.8%	6	14.6%	
	Sometimes	31	79.5%	4	10.3%	4	10.3%	0.992
	Often	20	76.9%	3	11.5%	3	11.5%	
	Very often or always	1	100.0%	0	0.0%	0	0.0%	
About COVID-19 MCO I learn to live with it	Never or very rare	2	100.0%	0	0.0%	0	0.0%	
	Sometimes	17	60.7%	8	28.6%	3	10.7%	0.036
	Often	49	83.1%	3	5.1%	7	11.9%	
	Very often or always	15	83.3%	0	0.0%	3	16.7%	
About COVID-19 MCO I accept that this is happening,	Never or very rare	8	100.0%	0	0.0%	0	0.0%	
	Sometimes	31	75.6%	4	9.8%	6	14.6%	0.696
	Often	35	79.5%	5	11.4%	4	9.1%	
	Very often or always	9	64.3%	2	14.3%	3	21.4%	

and it can't be changed								
About COVID-19 MCO I get used to the idea that it is happening	Never or very rare	3	75.0%	0	0.0%	1	25.0%	
	Sometimes	28	87.5%	1	3.1%	3	9.4%	0.181
	Often	42	75.0%	9	16.1%	5	8.9%	
	Very often or always	10	66.7%	1	6.7%	4	26.7%	
About COVID-19 MCO I accept the reality of the fact that it is happening	Never or very rare	1	100.0%	0	0.0%	0	0.0%	
	Sometimes	18	78.3%	2	8.7%	3	13.0%	0.997
	Often	46	76.7%	7	11.7%	7	11.7%	
	Very often or always	18	78.3%	2	8.7%	3	13.0%	
To take my mind away from COVID-19 and MCO I watch TV	Never or very rare	21	80.8%	2	7.7%	3	11.5%	
	Sometimes	35	71.4%	8	16.3%	6	12.2%	0.153
	Often	17	94.4%	1	5.6%	0	0.0%	
	Very often or always	10	71.4%	0	0.0%	4	28.6%	
To take my mind away from COVID-19 and MCO I play video games	Never or very rare	25	83.3%	2	6.7%	3	10.0%	
	Sometimes	28	77.8%	4	11.1%	4	11.1%	0.953
	Often	16	76.2%	2	9.5%	3	14.3%	
	Very often or always	14	70.0%	3	15.0%	3	15.0%	
To take my mind away from COVID-19 and MCO I exercise indoor	Never or very rare	22	84.6%	2	7.7%	2	7.7%	
	Sometimes	38	76.0%	5	10.0%	7	14.0%	0.669
	Often	18	75.0%	4	16.7%	2	8.3%	
	Very often or always	5	71.4%	0	0.0%	2	28.6%	
To take my mind away from COVID-19 and MCO I turn to my academic work	Never or very rare	9	69.2%	0	0.0%	4	30.8%	
	Sometimes	36	81.8%	7	15.9%	1	2.3%	0.017
	Often	26	83.9%	2	6.5%	3	9.7%	
	Very often or always	12	63.2%	2	10.5%	5	26.3%	
During COVID-19 and MCO I call/text/video my friends to	Never or very rare	9	81.8%	1	9.1%	1	9.1%	
	Sometimes	48	81.4%	5	8.5%	6	10.2%	0.812
	Often	22	71.0%	4	12.9%	5	16.1%	

give them emotional support	Very often or always	4	66.7%	1	16.7%	1	16.7%	
During COVID-19 and MCO I call/text/video my family and relatives to give assurance	Never or very rare	15	65.2%	3	13.0%	5	21.7%	
	Sometimes	35	83.3%	4	9.5%	3	7.1%	0.538
	Often	30	78.9%	4	10.5%	4	10.5%	
	Very often or always	3	75.0%	0	0.0%	1	25.0%	
During COVID-19 and MCO I donate for COVID-19 charitable organizations	Never or very rare	30	76.9%	4	10.3%	5	12.8%	
	Sometimes	48	77.4%	7	11.3%	7	11.3%	0.965
	Often	4	80.0%	0	0.0%	1	20.0%	
	Very often or always	1	100.0%	0	0.0%	0	0.0%	

Table 7 shows the results of a chi-square test examining the relationship between anxiety levels (normal to mild, moderate, severe to extremely severe) and various coping strategies. The results show that there is no statistically significant relationship with anxiety levels in most coping strategies and attitudes examined in this table. The only borderline finding is in the case of "learning to live with the situation," but this result is not highly significant.

Table 7
Coping Strategies for Anxiety

		Anxiety						
		Normal to mild		moderate		Severe to extremely severe		p-value
		N	%	N	%	N	%	
During COVID-19 and MCO I talk to someone about how I feel	Never or very rare	23	62.2 %	4	10.8%	10	27.0%	
	Sometimes	28	57.1 %	7	14.3%	14	28.6%	0.912
	Often	8	50.0 %	2	12.5%	6	37.5%	
	Very often or always	2	40.0 %	1	20.0%	2	40.0%	
During COVID-19 and MCO I try to get emotional support from	Never or very rare	25	58.1 %	5	11.6%	13	30.2%	
	Sometimes	29	59.2 %	7	14.3%	13	26.5%	0.828
	Often	4	40.0 %	1	10.0%	5	50.0%	

friends or relatives	Very often or always	3	60.0 %	1	20.0%	1	20.0%	
During COVID-19 and MCO I discuss my feelings with someone	Never or very rare	25	62.5 %	5	12.5%	10	25.0%	
	Sometimes	27	56.3 %	7	14.6%	14	29.2%	0.471
	Often	8	47.1 %	1	5.9%	8	47.1%	
	Very often or always	1	50.0 %	1	50.0%	0	0.0%	
During COVID-19 and MCO I get sympathy and understanding from someone	Never or very rare	23	56.1 %	6	14.6%	12	29.3%	
	Sometimes	21	53.8 %	5	12.8%	13	33.3%	
	Often	16	61.5 %	3	11.5%	7	26.9%	0.988
	Very often or always	1	100. 0%	0	0.0%	0	0.0%	
About COVID-19 MCO I learn to live with it	Never or very rare	2	100. 0%	0	0.0%	0	0.0%	
	Sometimes	10	35.7 %	8	28.6%	10	35.7%	0.063
	Often	37	62.7 %	4	6.8%	18	30.5%	
	Very often or always	12	66.7 %	2	11.1%	4	22.2%	
About COVID-19 MCO I accept that this is happening, and it can't be changed	Never or very rare	8	100. 0%	0	0.0%	0	0.0%	
	Sometimes	23	56.1 %	6	14.6%	12	29.3%	0.273
	Often	21	47.7 %	7	15.9%	16	36.4%	
	Very often or always	9	64.3 %	1	7.1%	4	28.6%	
About COVID-19 MCO I get used to the idea that it is happening	Never or very rare	3	75.0 %	0	0.0%	1	25.0%	
	Sometimes	24	75.0 %	2	6.3%	6	18.8%	0.241
	Often	27	48.2 %	9	16.1%	20	35.7%	
	Very often or always	7	46.7 %	3	20.0%	5	33.3%	
About COVID-19 MCO I accept the reality of the	Never or very rare	1	100. 0%	0	0.0%	0	0.0%	
	Sometimes	17	73.9 %	2	8.7%	4	17.4%	0.29

fact that it is happening	Often	28	46.7 %	9	15.0%	23	38.3%	
	Very often or always	15	65.2 %	3	13.0%	5	21.7%	
To take my mind away from COVID-19 and MCO I watch TV	Never or very rare	16	61.5 %	4	15.4%	6	23.1%	
	Sometimes	26	53.1 %	7	14.3%	16	32.7%	0.97
	Often	11	61.1 %	2	11.1%	5	27.8%	
	Very often or always	8	57.1 %	1	7.1%	5	35.7%	
To take my mind away from COVID-19 and MCO I play video games	Never or very rare	17	56.7 %	2	6.7%	11	36.7%	
	Sometimes	20	55.6 %	7	19.4%	9	25.0%	0.811
	Often	13	61.9 %	2	9.5%	6	28.6%	
	Very often or always	11	55.0 %	3	15.0%	6	30.0%	
To take my mind away from COVID-19 and MCO I exercise indoor	Never or very rare	13	50.0 %	6	23.1%	7	26.9%	
	Sometimes	29	58.0 %	6	12.0%	15	30.0%	0.784
	Often	14	58.3 %	2	8.3%	8	33.3%	
	Very often or always	5	71.4 %	0	0.0%	2	28.6%	
To take my mind away from COVID-19 and MCO I turn to my academic work	Never or very rare	8	61.5 %	0	0.0%	5	38.5%	
	Sometimes	26	59.1 %	8	18.2%	10	22.7%	0.567
	Often	18	58.1 %	4	12.9%	9	29.0%	
	Very often or always	9	47.4 %	2	10.5%	8	42.1%	
During COVID-19 and MCO I call/text/video my friends to give them emotional support	Never or very rare	8	72.7 %	2	18.2%	1	9.1%	
	Sometimes	34	57.6 %	9	15.3%	16	27.1%	0.332
	Often	17	54.8 %	2	6.5%	12	38.7%	
	Very often or always	2	33.3 %	1	16.7%	3	50.0%	
During COVID-19 and MCO I	Never or very rare	10	43.5 %	3	13.0%	10	43.5%	

call/text/video my family and relatives to give assurance	Sometimes	26	61.9%	6	14.3%	10	23.8%	0.636
	Often	23	60.5%	4	10.5%	11	28.9%	
	Very often or always	2	50.0%	1	25.0%	1	25.0%	
During COVID-19 and MCO I donate for COVID-19 charitable organizations	Never or very rare	27	69.2%	4	10.3%	8	20.5%	
	Sometimes	31	50.0%	9	14.5%	22	35.5%	0.394
	Often	2	40.0%	1	20.0%	2	40.0%	
	Very often or always	1	100.0%	0	0.0%	0	0.0%	

In light of the provided results, several significant patterns emerge regarding using coping strategies among participants during the ongoing COVID-19 pandemic and Movement Control Order (MCO). Among the coping strategies studied acceptance strategies emerged as a prominent choice, with a notable portion of participants engaging in this approach frequently. Mental disengagement strategies such as diverting attention through activities like watching TV and playing video games were also prevalent, with many participants utilizing them sometimes and often. On the other hand, social support strategies, encompassing actions like seeking emotional assistance from friends and family, were employed occasionally by many students. Moreover, humanitarian efforts exhibited a substantial presence, with a majority engaging in such activities sometimes. Overall, these results highlight the diverse ways students have chosen to cope with the challenges posed by the pandemic and MCO, with acceptance and mental disengagement strategies appearing as notable preferences and social support and humanitarian efforts also playing significant roles. These findings illustrate how students have responded to the challenges of the pandemic and MCO, emphasizing the complexity and diversity of coping strategies employed across distinct dimensions. This result is similar to the results from the earlier studies by Kamilah et al. (2020), who found that acceptance coping strategy was significantly associated with psychological distress in dealing with COVID-19 disease and MCO. These results are inconsistent with Patias et al (2021), who reported that university students in Brazil tended to engage with adaptive coping strategies in facing this pandemic.

Conclusion

This study explores coping strategies used by students during prolonged Movement Control Order. The students used maladaptive coping strategies, such as acceptance and mental disengagement, more frequently than adaptive coping strategies, such as seeking social support and humanitarian coping. In addition, the students prefer to accept the situation and do other activities such as watching television, playing video games, and doing their academic work. The long-term psychological impact of the pandemic and the need to adapt to a "new normal" may affect the student's academic performance. This study highlights the importance of addressing students' mental health issues and providing appropriate support to help them cope with the ongoing challenges posed by the pandemic.

These findings are hoped to help public health officers during any intervention with students during the ongoing COVID-19 pandemic and a future public health crisis.

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