

# Non-Compliance of Standard Operating Procedure (SOP) During Movement Control Order (MCO) for COVID-19 in Malaysia A Conceptual Framework

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To Link this Article: <http://dx.doi.org/10.6007/IJARBS/v12-i8/14395> DOI:10.6007/IJARBS/v12-i8/14395

*Published Date:* 13 August 2022

## Abstract

The COVID-19 pandemic has changed the landscape of Malaysian citizens as a whole. When the pandemic outbreak happened back in the year 2020, the Government and the policymakers took preventive steps and directive measures to sustain the social movement and curb the infection among the citizens. The Malaysian government issued large-scale social restrictions (called Movement Control Order or MCO), starting on 18 March 2020 to control the spread of COVID 19 across the country. Citizens' compliance poses a challenge when implementing large-scale social restrictions, and various factors have contributed to public noncompliance with the regulation. The purpose of this study is to examine a relationship between non-compliance and three independent factors in this study which are citizen attitudes and behaviour, weaknesses of law enforcement and misinterpretation of information with non-compliance being the dependent variable.

**Keywords:** Non-Compliance, Standard Operating Procedure (SOP), Movement Control Order (MCO), Citizen Attitudes and Behaviour, Weaknesses of Law Enforcement, Misinterpretation of Information.

## Introduction

A severe threat to public health surfaced in the year 2020. In December 2019, the unique severe acute respiratory syndrome Corona virus 2 (SARS-CoV-2) epidemic emerged in Wuhan, Hubei Province, China, and quickly spread around the world (Shereen et al., 2020). The virus most likely transmitted through an "intermediary" host species. The World Health Organization has given this disease the label Covid-19, and the World Health Organization proclaimed it a pandemic in March 2020. According to Elengoe (2020), the first Covid-19 case was detected on January 25, 2020 in Malaysia, and was traced back to three Chinese citizens

who had previously had close contact with an infected 10 person in Singapore. They landed in Malaysia on the 24th of January 2020, through Singapore.

The Ministry of Health (MOH) quickly established standard operating procedures for Covid-19 administration, and each Malaysian state was allotted 34 hospitals and screening sites. Covid-19 announced the first Malaysian winner on February 4, 2020. When the 41-year-old man felt ill with a fever and coughing, he had just returned from Singapore. On March 12, 2020, Malaysia reported its first Covid-19 case, in which the sick person had not gone to an afflicted area or had contact with an infected person. As of April 17th, 2020, Malaysia's Ministry of Health (MOH) had registered 5,251 Covid-19 cases, with 86 deaths and 2,967 cases of recovery (Elengoe, 2020). In response to the outbreak of Covid-19, Malaysia declared a nationwide lockdown on March 16, 2020. The Prevention and Control of Infectious Diseases Act and the Police Act of 1967 were used to issue the Movement Control Order (MCO).

Quarantines, lockdowns, social isolation, and movement restrictions have all been employed by governments. The goal of this order was to flatten the epidemiological curve. Many activities at various levels in various groups were formed as the containment phase began, including social distancing measures and the lockdown of all non-essential industries. Malaysia continued to impose the Conditional Movement Control Order (CMCO) and the Recovery Movement Control Order (RMCO) while infection and fatality rates declined (RMCO) (Ganasegeran et al., 2020). Non-compliance with this Standard Operating Procedure (SOP) during a Movement Control Order (MCO) can, however, jeopardize the outcome. Failure to use face masks and social distance, for example, could jeopardize the elimination of Covid19, requiring significant resources to be expended in enforcement and other areas. As a result, estimating how successful these measures will be applied by residents requires an understanding of the non-compliance factor.

In an ideal organization, workers will follow the superior's instructions, commands, and procedures. Unfortunately, every firm has compliance difficulties of some kind, which if not taken into consideration will result in inaccurate and unexpected outcomes. A simple example of this flow in a small business is comparing company-specific instructions on cutting costs by instituting a fuel-saving policy for corporate car operations. If a large percentage of the organization's workers do not follow the allocated instructions, the results will not appropriately reflect the specific instruction on cost-cutting. Non-compliance behaviour will have substantial ramifications for a company or organization, and employee unethical activity will seriously damage the organization (Foorthuis & Bos, 2011). This is one example of non-compliance that we might consider in a limited setting. In a broader sense, the government has issued a Movement Control Order (MCO) to halt the spread of the Covid-19 outbreak that has swept the globe. Closing the country's borders, issuing mobility limits within the country, and quarantine measures were among of the government's fast moves at the time. The Malaysian government wants participants, or Malaysians, to follow this instruction, and has aligned this new Standard Operating Procedure (SOP) with the goal of decreasing the spread of the pandemic. As a result, Malaysia was named the second most successful country in the fight against Covid-19, behind Taiwan, in treating and controlling the pandemic, with relatively few cases and deaths and a recovery rate significantly higher than the global norm.

The efficiency of the government's pandemic response is primarily dependent on citizens' compliance with authorities' health recommendations, especially while medications and vaccines are still being developed or are not widely available. According to the Director-General of Health, unless all Malaysians follow Standard Operating Procedure, the country could be hit by the third wave of the pandemic Covid-19. Apart from the Malaysian government's efforts to halt the spread of the pandemic, citizen compliance is crucial in determining whether or not this goal is met. The Covid-19 study is a new study that is being looked into by researchers all over the world. It's a new dimension for scholars to look into from different angles. The association between social and psychological risk factors and outbreak non-compliance (Clark et al., 2020) is less well understood (Oosterhoff et al., 2020). In this regard, the purpose of this paper is to discuss the factors that lead to non-compliance with Standard Operating Procedures (SOP) during Movement Control Orders (MCO).

Despite the fact that the Malaysian government has taken proactive measures by adopting the Movement Control Order (MCO) nationwide on March 18, 2020, new clusters continue to emerge, and it has been estimated that 50% of those returning from overseas do not comply with self-quarantine requests (Ismail & Rahim, 2020). It can be avoided if they follow the Movement Control Order's Standard Operating Procedures (SOP) (MCO). Unfortunately, some people are still uninformed of the situation and unwilling to commit. As a result, those who disobey the law will have to bear the danger of harming a huge number of others. According to an article, the Director of Criminal Investigation Department (CID) of the Royal Malaysia Police (RMP) claimed an increase in arrests to 11,295 instances during the second phase of the Movement Control Order (MCO) compared to 3,627 cases during the first phase of the Movement Control Order (MCO). Individuals who refused to follow Movement Control Order (MCO) directives to stay at home contributed to the rise. Some of the people were stopped and arrested while loitering in coffee shops, public events, massive crowds, and even disobeying MCO barricades. This shows that there are still people who do not comprehend the need of following such rules, whether as individuals or as members of a community.

- The objective of this paper is to explain non-compliance with Standard Operating Procedures (SOP) from a social psychology viewpoint by identifying the factors that might influence non-compliance. Therefore, this paper provides an important foundation for future research and public health authorities during pandemics.

### **Literature Review**

Non-Compliance with Standard Operating Procedure Non-compliance has been linked to behaviour difficulties such as a lack of social responsibility and social consciousness, as well as self-interest views. Non-compliance, according to Zimmermann et al (2021), is described as a willful disrespect for authorities' regulations and instructions for safeguarding oneself and others against Covid-19 infection. They also use a broader social science approach to public health that is based on the solidarity theory. Public participation and compliance are required for the successful implementation of Movement Control Order (MCO) limitations. COVID-19's massive expansion throughout regions is mostly due to a failure to follow social distancing guidelines, which might result in a dramatic increase in active cases and COVID-19-related mortality. According to Briscese et al (2020), factors such as public awareness of the restrictions, the severity of penalties for noncompliance, public support, and faith in regulatory agencies, as well as economic and psychological circumstances, might influence

citizen compliance. Socio-cultural characteristics, income, occupation, social capital, and gender have all been linked to non-compliance with health-related precautions during the COVID-19 pandemic. Some of these variables are controllable, such as social capital, knowledge of the limitation method, and opinion of the restriction procedure, while others are not, such as age, gender, occupation, income, and educational level, which are all known to influence people's health.

Many countries have used movement restrictions to reduce viral transmission in the past to combat other respiratory pandemics, and there is a corpus of research examining how people react to various preventative measures. Non-compliance behaviours during pandemics have been connected to a number of demographic, psychological, and social factors. Older age is typically associated with engagement with compliance activities (Cowling et al., 2010). Low income and lack of skills have also been connected to increased compliance with social distancing behaviours (Lin et al., 2014; Rubin et al., 2009). Though it was discovered that knowledge alone is insufficient, and that other factors such as perceived susceptibility, perceived behavioural control, and intention may play a more determinant role, greater knowledge about a respiratory illness, particularly about symptoms and social distancing measures, is associated with compliance, it was also discovered that knowledge alone is insufficient, and that other factors such as perceived susceptibility, perceived behavioural control, and intention may play a more determinant role (Honarvar et al., 2020). Non-compliance with compliance measures has also been connected to a lack of social responsibility and social consciousness, as well as self-interested views, such as people being more concerned about the risk, they pose to themselves rather than the harm they bring to others (Oosterhoff et al., 2020).

### **Determinants of Non-Compliance Factors**

#### *Relationship between Citizen Attitude and Behaviour and Noncompliance*

Individual habits' conduct and orientation are linked to compliance and noncompliance. According to Monzani et al (2021), positive people may develop a favourable bias toward the Covid-19, believing that they have a lower chance of infection than others. This could result in a decrease in the use of preventative measures and procedures. Previous research has found a correlation between excellent health practises and positive affect and well-being, which is similar to the findings of this study. Academic stress, for example, has been linked to harmful behaviours such as drinking alcohol and smoking (So & Park, 2016). This shows that positive feelings and well-being can promote health-promoting and illness-prevention actions. In a study of university students from Asia, Africa, and America, happiness attitude was found to be positively connected with health behaviours such as physical exercise (Peltzer et al., 2017). According to Chua et al (2021), pandemic attitudes and perspectives are comparable to those found in previous studies. People who trust authority, particularly the health system, demonstrated higher levels of compliance, as expected. People behaviour that trusts the health system and the government are more likely to comply with the measures (Chan et al., 2020).

Furthermore, people who were terrified of getting infected, worried about a loved one getting sick, or worried about the health issue were more obedient. The level of faith in politics and science, according to Dohle et al (2020), was the most important factor in health-protective behaviour compliance, while perceived risk was less relevant. People who trusted health

authorities were more willing to communicate with them through the same institutions, whereas distrust could constitute a barrier to communication in the healthcare field. Furthermore, political feelings influenced the implementation of preventive measures during the pandemic. In a survey of Western countries, political conservatism was connected to worse compliance with health-related recommendations (Moran et al., 2017). Moreover, persons who were afraid of becoming infected, worried about a loved one becoming ill, or concerned about a health problem were more obedient. People with Covid-19 symptoms, as well as those who know others with the same symptoms, are more likely to comply with health-related actions, according to (Galasso et al., 2020). Adewuya et al (2006) observed similar effects with pharmacotherapy (Freudenreich et al., 2004). This could be due to the patient's positive attitude and prescription medication compliance, which could be explained by family members' strong positive beliefs in therapy and medication. As a result, it has been established that citizen attitudes and conduct are linked to noncompliance.

### **Relationship between Weaknesses of Enforcement and Non-compliance**

While the pandemic intervention is primarily concerned with epidemiology and healthcare, it also involves regulatory issues at almost every level, such as permits, inspections, and enforcement. The ineffectiveness of social legislation implementation was determined by ineffective enforcement. Legislation that isn't followed through on rarely achieves its intended social goals (Gunningham, 2010). In Malaysia, the government heavily relies on enforcement agencies to guarantee that every person follows the Standard Operating Procedure (SOP) during Movement Control Order (MCO). According to a local study by Sarifin and Yusof (2020), 56% of interviewees admitted to obeying the Movement Control Order (MCO) because they were terrified of being detained by authorities. The government is adopting a harder line against recalcitrant citizens as Phase 3 of the Movement Control Order (MCO) approaches.

Due to issues such as a lack of institutional capacity, the inability of key enforcement officers to impose legislation, and a lack of expertise and national guidance materials on enforcement, law enforcement remains a serious challenge, particularly in developing nations. A range of theoretical methodologies could be employed to understand the role of enforcement in shaping public compliance to protective behaviours. The COM-B model is a theory for understanding behaviour that states that if people have the capability, opportunity, and desire to do so, they will do so (Michie et al., 2011). The Capability, Opportunity, Motivation, Behaviour (COM-B) model is one theory of behaviour which can contribute insights into chlamydia testing behaviour. In theory, enforcement aims to increase instrumental compliance, which is motivated by a desire to get a reward or avoid punishment (Hough et al., 2013). As a result, enforcement works by increasing incentive to carry out the desired behaviour, which is acceptable when low motivation is the principal barrier to compliance (Michie et al., 2011).

According to a meta-analysis, there is little to no link between crime and the three pillars of deterrence theory (Pratt et al., 2008). Instead, a variety of factors should be examined, similar to a COM-B approach, such as perceived social costs (i.e. embarrassment of getting detected), vicarious learning (i.e., observing members of social groups being punished), and self-efficacy (Pratt et al., 2008). According to Kumar's (2021) compliance and perceived threat show a positive connection in his study. This demonstrates that a higher level of perceived threat is



associated with greater cooperation. One of the most important aspects in self-reported preventative activities has been established as threat perception. Higher levels of perceived threat were connected to higher levels of self-protective action in all of the nations analysed. According to deterrence theory, the speed with which a punishment is administered is more effective than the severity of the penalty (Pratt et al., 2008; Nagin, 2013).

In addition to actual certainty of enforcement, it has been claimed that perceived certainty of enforcement may deter non-compliant conduct (Nagin, 2013), and is the most influential component of the deterrence hypothesis (Pratt et al., 2008). According to interviews performed by The Police Foundation in the United Kingdom, there is a lack of police presence on the streets, and when people report COVID-19 offences, the police response is either non-existent or has little influence on behaviour (Clements et al., 2020). These increased police presence would help dissuade non-compliance by increasing the perceived certainty of enforcement (Clements et al., 2020). It is undeniable that law enforcement inadequacies are linked to non-compliance.

### **Relationship between Misinterpretation of Information and Noncompliance**

The pandemic's impact on society has raised the need for quick responses and solutions due to a paucity of materials, forcing the alteration of sample collection sources. Misinterpretation of Covid-19 data is another important reason for increased complications and mortality, particularly in middle and low-income countries (Roy, 2020). Misinterpretation is frequently caused by a lack of understanding of the virus's features, as well as rapidly evolving evidence from a variety of sources, including social media (World Health Organization, 2020). This misperception and misconception spread faster than evidence-based information thanks to social media and word of mouth.

Since the development of smart phones, social media has become an indispensable source of information and news. The way the public obtains information has changed thanks to social media, which has allowed for improved content delivery and a wider audience reach. Facebook, Twitter, YouTube, blogs, LinkedIn, Google Plus, WhatsApp, Telegram, mobile apps, news sites, and other online platforms are all popular. Because of its widespread adoption and use of social media, this platform is ideal for disseminating myths, misinterpretations, misconceptions, and misinformation about Covid-19 (Tabong & Segtub, 2021). People who prefer to get information from the government showed higher levels of compliance (Morales-Vives et al., 2022). Chua et al (2021) discovered that preferring online news and social media as sources of Covid-19 information was associated with high compliance. It's also thought that people who read internet news take more measures to learn more about Covid-19, which leads to higher compliance. Receiving inconsistent information about the pandemic, however, may result in lower levels of compliance, according to (Wang et al., 2021). Official channels, such as the media, broadcasting, and government contacts, provide more up-to-date and reliable information, as well as less mixed information, than alternative channels, according to the current study, which may lead to improved compliance.

MoralesVives et al (2022) discovered that those who only received information about the pandemic through official media adapted better to the new situation, with less stress and negative emotions, and more positive attitudes and behaviours, during the lockdown in Spain in 2020. As a result of Sarifin & Yusoff (2020) demonstrating the positive influence of official

channels at various stages of the pandemic, 77.8% of respondents reported that many Malaysian people still do not comprehend the importance of following to Movement Control Order (MCO). This is supported by instances of people stating they were uninformed of the Movement Control Order (MCO) until they were caught by enforcement agents. Furthermore, according to Azlan et al (2020), while health authorities have consistently distributed Covid-19 information since the disease was first detected, there has also been a flood of false and misleading statements, and the overabundance may have caused confusion and difficulty verifying correct information.

Information misinterpretation is harmful because it frequently results in decreased adherence to preventative strategies. As a result, efforts to clear up misconceptions are critical for public health and should be part of every public health crisis management plan (May, 2005). Because there is evidence that reliance on social media for Covid-19 information is linked to a higher risk of misinterpretation and disinformation, it is crucial to look into information-seeking behaviour during a health crisis (Roozenbeek et al., 2020). Expert evaluations can be undermined by misinterpretation and misinformation regarding the virus, posing a threat to successful pandemic management. Low engagement in health-protective behaviours is linked to misinterpretation and misinformation (Allington et al., 2020). All of the preceding arguments show that misinterpretation of information is linked to non-compliance.

### **Conclusion**

The proposed study shows that the non-compliance predictors were successful in getting a significant exploratory result. The study can help to provide a more consistent picture of how three of the predictors mentioned are significantly contributing to and influencing non-compliance as well as proving that these factors are the dominant independent variables of Non-Compliance. Covid-19 prevention efforts not just on how much budget a government has or how strict its policies are, but also on citizen cooperation and support with the prevention strategies. Through this discussion, it is able to see the influence of Citizen Attitude and Behaviour, weaknesses of enforcement, and misinterpretation of information on non-compliance. Therefore, the Malaysian government should devise initiatives to aid in the development of a compliant population. Program such as public information campaigns, public health interventions, awareness-raising, policies, health education programs and educational interventions could improve the overall awareness of infectious disease prevention attitude and behaviour. Although the health authorities have done a lot to raise awareness about the need of adhering to Movement Control Orders (MCOs), it is still insufficient if there are people who deliberately disobey the Standard Operating Procedure (SOP) for no reason.

Although governments and authorities have used restrictions or recommendations such as remain home orders, hand washing, social distancing, and the use of face masks to combat the spread of Covid-19. However, in addition to actual certainty, there is still anxiety among society members about a lack of enforcement that could prevent non-compliant behaviour. To ensure that all citizens obey the Movement Control Order, the government needs to tighten its enforcement procedures (MCO). The majority of respondents believe the government will execute the law more strictly. This will imply that the Covid-19 link will be broken more rapidly, allowing the Movement Control Order (MCO) to be stopped as early as possible. People's compliance is influenced by their capacity to follow the rules, their self-

control, and the lack of opportunities to break them. As a result, a portion of compliance is determined by people's personal abilities and the culture in which they lived, rather than their decisions.

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