

ASSOCIATION OF GENDER AND KNOWLEDGE IN COMPLIANCE OF MOVEMENT CONTROL ORDER AND TRUST IN AUTHORITY AMONG PUBLIC DURING COVID-19

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1. INTRODUCTION

Covid-19 has impacted the whole world, and it is considered a significant disaster (WHO, 2020). In Malaysia, the increase in cases of Covid-19 was reported in early March 2020, and the case spike over 4000 by 1 April 2020. As a result, the Malaysian government has taken proactive measures by conducting nationwide Movement Control Orders (MCO) under the Prevention and Control of Infectious Disease Act 1988 and the Police Act 1967 for 14 days starting 18 March 2020 (Berita Harian, 16 March 2020). MCO encircled restrictions on movement, assembly, and international and local travel. Other regulations in this order are, all religious activities were suspended, and non-essential business and services, including government and educational institutions, were closed, to curb the spread of Covid-19 (Sukumaran, 2020).

A Covid-19 MCO is a security measure that aims to minimize physical contact among individuals and groups to limit the spread of the virus (Sheik et al., 2020). During this stage, the social behaviour and social lifestyle dramatically changed among the infected countries. In the new norm, social and physical distancing are the best practices in breaking the chain of Covid-19. Since transmission of the virus is by air droplets, social distancing is an effective way to reduce the spread of the virus by keeping the distance. In addition, handwashing and wearing masks are also part of preventive procedures to prevent the virus spread from one person to another (Qian et al., 2020).

The successful measures against the Covid-19 pandemic depend on a public readiness to practice and accept the behavioural changes. General knowledge of the disease among the public is vital. Many studies focus on public knowledge, behaviour, and practices to break the chain of the Covid-19 (Azlan et al., 2020). Trust in authorities is also among the reason behind the compliance of MCO. Lack of trust may cause people to refuse to comply, making it more difficult to control the disease. Besides believing the authorities have carried out their duties well, the public also should trust authorities in making the right decisions in the current situation while the public's social rights are always protected. Research showed the various result in trusting the authorities. Some people expressed a high level of trust in the government (Min et al., 2020; Wong & Jensen, 2020) meanwhile some have doubted the preparedness of the authorities (Vinck et al., 2019). Undeniably, some people are still hesitating to comply with MCO, even though much information available about Covid-19 in the media. Whether their compliance with MCO is related to their knowledge level, or they just do not trust the authority. Therefore, the objectives of this study are to emphasize the compliance of MCO restriction

among the public and public authority legitimacy through trust, associated with the level of knowledge about the disease and gender.

2. METHODOLOGY

2.1 Participants

The sample respondents were recruited through the online WhatsApp platform. The participation was voluntary, and their age must be over 18 years old. Respondents took about 8-10 minutes to complete the questionnaire. Data were collected in January 2021. A total of 230 questionnaires were obtained, and after incomplete questionnaires were eliminated, only 221 questionnaires were valid.

2.2 Materials

The first section focused on respondents' demographic characteristics; gender, age, education, and family income. In the second section, respondents were asked about their knowledge of the Covid-19 disease. Respondents had to choose whether the statement is 'True', 'False' or 'Not sure', which scores dichotomously: 1 point for correct answer and 0 points for incorrect and not sure answer, and there are a total of 10 questions with the full score of 10 points. The next sections are for measures on compliance of MCO and trust in authority.

Compliance of MCO. Compliance was measured on three items; public avoiding crowded places (Azlan et al., 2020), always wear a mask in public (Li et al., 2020), and social distancing during pandemic (Aquino et al., 2020; Courtemanche et al., 2020).

Trust in authority. This was also measured on three items: trust that authority had done their duties, social rights are protected by the authorities and can be trusted in making the right decisions (Thornley et al., 2015; Bekker et al., 2020). Each item was evaluated by a 4-point Likert scale (1= strongly not agree to 4= strongly agree).

2.3 Data Analysis

Independent T-tests were used to examine differences in respondents' gender by the total score of knowledge about the disease. Furthermore, Chi-square tests were conducted to determine the categorical difference in age by gender. The General Linear Model (GLM) was used to examine the compliance of MCO and trust in authority (dependent variables) by categorical variables of gender and knowledge level with a probability value of $p < 0.05$ to determine statistical significance.

3. RESULTS

Questionnaires were completed by 221 respondents and contained a majority of female (69.7%), compared to male (30.3%) respondents. Table 1 shows the respondent's characteristics. T-tests revealed no significant differences ($p > 0.05$) in the average total score of knowledge (Male=7.9, Female=8.1) by gender. The total score of knowledge was categorised by high, moderate, and low to simplify the findings (Score: High >9 , 8 \leq moderate ≤ 9 , low ≤ 7). Chi-square tests showed significant differences between categories of age by gender ($\chi^2(1, n=221) = 2.701, p < 0.05$).

Table 1: Respondents' Demographic (n=221)

Characteristic		
Gender	Male	30.3%
	Female	69.7%
Age	18-30	56%
	31-40	31.6%
	>40	12.4%
Education	SPM/Certificate	4.1%
	Diploma	17.2%
	Degree	61.5%
	Higher degree	17.2%
Income	Lower income (<RM4850)	45.7%
	Middle income (RM4850≤income<RM10,960)	44.8%
	Upper income (≥RM10,960)	9.5%

To determine overall compliance and trust in authority, items were scored as a continuous version of the total score and ranged from 4 to 12. The GLM analysis showed differences in compliance of MCO by gender (Mean: Male=11.24, Female=10.10, $p<0.05$) and knowledge level (Mean: High=10.50, Moderate=11.55, Low=11.47, $p<0.001$). For trust in authority, the only difference found was by knowledge level (Mean: High=10.50, Moderate=9.69, Low=9.37, $p<0.05$) (See Table 2).

Table 2: Compliance of MCO and Trust in Authority by Categorical Variables of Gender and Knowledge Level

Independent variable	Fixed factor	Mean (SD)	p-value
Compliance	Gender	Male	11.24 (0.229)
		Female	10.10 (0.219)
	Knowledge level	High	10.50 (0.626)
		Moderate	11.55 (0.074)
		Low	11.47 (0.122)
Trust in authority	Gender	Male	9.83 (0.464)
		Female	9.88 (0.444)
	Knowledge level	High	10.50 (1.27)
		Moderate	9.69 (0.149)
		Low	9.37 (0.248)

4. DISCUSSION

This study provided interesting findings that contribute to the objectives related to the compliance of MCO and trust in authority among the public during pandemic Covid-19. There were differences in both men and women in compliance scores, even though men's scores were slightly higher. It is opposed to finding by Zur Raffar and colleagues (2021) as their respondents were only youth ages 15 to 30 years old. Based on knowledge level about the disease, it was found that, with a high knowledge level, the compliance mean score was the lowest. Seemed that people with high knowledge level tend to defiance the MCO regulations. It is like findings by Sarifin and Yusoff (2020) on the awareness issue of compliance. There

was no difference by gender for trust in authority. The overall mean score for both men and women were about 9.8, which is rather far from the full score of 12. The public did not have full trust in authority. The effectiveness of authority is one of the factors that determined public cooperation (Tankebe, 2013). The finding showed differences by knowledge level about the disease with trust in authority, appeared that high level of knowledge equivalent to higher trust in authority, contradicted to compliance of MCO. Responses by the authority are said to affect the trust in authority (Jones, 2020). It is important to note that this study has limitations. The respondents were majority from age 18-30 years old (56%) and may not generalisable to a larger population. However, the findings are hoped to provide adequate information for this study.

5. CONCLUSION

In conclusion, there is not much difference in compliance by gender. Though, this study found differences in the knowledge level of the disease on the decision of MCO compliance and trust in authority. Even though the public does comply with MCO regardless of gender, the authority should gain trust from the public to ensure the success of curbing Covid-19 through these prevention measures. These are key findings because understanding the public's behaviour that influences MCO compliance and trust in authority may play an important role in the prevention of pandemic transmission.

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