Relationship Between the Level of Knowledge of Covid-19 and The Movement Control Order (MCO) among Patients at Kinarut Health Clinic.

Baidi Baddiri[1], Mohd Khairuddin Abdullah Jerry Abdullah[2], Mazlinda Musa[3], Rohani Mamat[4], Johari Daud Makajil[5], Clarice Duasin[6], Caroline Satu anak Jelemie[7]

[1,3,4,5,6,7] *Department of Nursing, Faculty of Medicine& Health Science, University Malaysia Sabah,88400, Sabah, Malaysia*
[2]*Faculty of Psychology and Education, University Malaysia Sabah,88400, Sabah, Malaysia*
Correspondence: khair@ums.edu.my

Abstract: *The country has been facing the Covid-19 crisis that has affected the rest of the world in this decade. Numerous approaches and alternatives are implemented by the government to overcome this pandemic either controlled or stopped utterly. In order for the government to succeed, the emphasis on breaking the chain of infection of Covid-19 and the direction of the Movement Control Order (MCO) must be strengthened. Thus, the main goal of this study is to identify the level of patient's knowledge regarding Covid-19 and Movement Control Order as well as to analyze the relationship between the level of knowledge about Covid-19 and Movement Control Order among patients who come for treatment at the Kinarut Health clinic. Methodology: This study applies the quantitative research methodology, specifically surveys through questionnaires, whereas the sampling method used is systematic sampling with 200 patients involved within the Kinarut area. Analysis of instrument evaluation and sampling technique is also discussed in this study. Analysis: The finding showed that the patients' knowledge level about Covid-19 was at a moderate level with a mean value = 3.610, Standard Deviation (SD)= 0.345. The level of knowledge relating to Movement Control Order (MCO) is also at a moderate level with a mean value = 3.610, S = 0.345. Result: The correlation analysis showed that there is a strong relationship between the level of knowledge about Covid-19 and also the level of knowledge of the Movement Control Order, with a correlation value of r = 0.71, p> 0.05. Thus, the results of this analysis show that there is a strong relationship between the variables of the knowledge level of Covid-19 and Movement Control Order in breaking the chain of infection Covid-19, particularly among patients who are living around Kinarut.*

Keywords: Covid-19, Knowledge Level, Movement Control Order (MCO), Malaysia, Clinic
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INTRODUCTION

At this moment, the government, through the Ministry of Health Malaysia (MOH), has implemented the Conditional Movement Control Order (CMCO) in Sabah as one of the main preventive measures in curbing the spread of COVID-19 (Sabri, 2020). According to the World Health Organization (WHO), the best way to decide or control the COVID-19 pandemic is to carry out the Movement Control Order (MCO) instructions in addition to practicing social imprisonment, washing hands with soap or sanitizer for at least 20 seconds and avoid large scale gatherings. The practices proposed by the World Health Organization (WHO) are very effective in

severing the COVID-19 infection chain. So far, almost all countries affected by COVID-19 have implemented these recommendations, as they have been shown to reduce the transmission of COVID-19 (Sabri, 2020).

COVID-19 disease is also a disease that easily spreads from individual to individual through the secretion of body fluids or droplets from infected individuals to healthy individuals (Bordi et l., 2020; Paules et al., 2020; Perlman, 2020). Dissemination through this method includes direct contact with infected individuals, such as shaking hands or touching equipment or surfaces contaminated with this virus (Munster et al., 2020). In addition, the virus also spreads from oral secretions such as sneezing, coughing, or talking (Allam et al., 2020). Thus, one-meter physical imprisonment is recommended by medical and health experts worldwide (Rajnik et al., 2021; Yusof et al., 2022, Adham Baba, 2020).

Numerous Malaysians still do not comply with the instructions of the Movement Control Order even though there is a relationship between the spread of Covid-19 disease and the execution of the Movement Control Order (Khaiyom, 2020). This problem, if dismantled thoroughly, is actually due to the attitude or low level of knowledge about preventing the spread of Covid-19 disease and the Movement Control Order, which makes the disease quite difficult to restrain. Thus, this study was conducted to identify whether there is a relationship between the level of knowledge about Covid-19 and the level of knowledge of the Movement Control Order in containing the Covid-19 infection.

Samples are individuals who are selected because they meet the required eligibility criteria. In this study, 200 respondents are selected systematically after meeting the required sample selection criteria. The study sample consisted of patients or escorts who came to the Outpatient Department for treatment. The number of samples is comparatively small, about 25 to 30 patients a day, considering the total 400 patients per month. The number of samples taken is only 10% of the total population who come for treatment within a month during the implementation of MCO.

Research Objectif

This study was conducted to identify whether there is a relationship between the level of knowledge about Covid-19 and the level of knowledge about the Movement Control Order (during the implementation of Movement Control Order.

Specific Objectives

To analyze the relationship between the level of knowledge about Covid-19 and the level of knowledge about the Movement Control Order.

Research Methodology

In this study, researchers applied a non-experimental study design with a quantitative research approach. The design of such a study was chosen because it is suitable as required. In addition, the researcher also used the descriptive research design method, which is cross-sectional as a review approach. This method allows researchers to obtain information directly before analyzing the data obtained (Barroga & Matanguihan, 2022). This study design is often used in social science studies because it can provide a quantitative explanation of a population by only studying samples from the population (Greenhalgh, 2018). In this study, the researcher also used a questionnaire to acquire information from selected respondents.

This study is conducted at Kinarut Health Clinic. This location was chosen due to the ordinance of Movement Control Order being implemented, which restricts the movement of the researchers around a 10-kilometer radius only. This has caused the researcher to decide to do a study where the researcher is actually working, which is at the Kinarut Health Clinic. This location was also chosen as the researchers thought that all sections of society have knowledge of Covid-19 disease

and Movement Control Order instructions no matter where they live. In this manner, the location of the study is not an issue or a limitation in this study.

The study population is an important aspect to support the study's objectives. The study population must be appropriate to the research questions or problems as this group will be affected or receive implications according to the findings. In this study, the researcher prioritized the samples who reside around only a 10-kilometer radius of the settlement area of Kinarut after considering the directive of Movement Control Order (MCO) hence causing the study population to be limited in number. Thus, the selected study population in this research consists of patients who come for treatment at the outpatient department of Kinarut Health Clinic next represents the Kinarut zone.

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The sample size calculation uses Cohen's sample size, with a 5% margin of error and 95% confidence level. In this study, 200 respondents were selected from 400 populations, more than 50 and less than 500 people (Brydges, 2019). The samples required to conduct a study should be more than 50 and less than 500 people. Meanwhile, the number of respondents 30 is sufficient with the assumption that the distribution of data normality can be obtained when the number of respondents exceeds 30 people. According to Mishra et al. (2019), doing a normality test before doing an analysis is essential. The sample selection method identifies that systematic sampling is reasonable as the respondents only consisted of patients and families who came for treatment at the Outpatient Department, Kinarut Health Clinic, during the Movement Control Order's implementation.

Inclusive Criteria

All categories of patients consist of respondents aged 18 years and not exceeding 60 years old. In addition, they must have the skills to speak, read, and understand and be proficient in writing in Bahasa Malaysia. This criterion was chosen as this group is a high-risk target group for Covid-19 infection.

Exclusive Criteria

Staff include public health specialists, medical officers, paramedics, pharmacists, medical laboratory technologists, and staff working at Kinarut Health Clinic. This group is not selected as they are directly involved in dealing with Covid-19 as the front line, in addition to the small number and high level of knowledge in the health field.

Research techniques are the most important criteria in a study. The research technique in the form of a questionnaire was used as the design of the instrument used in this study. The researcher developed the research instrument as there is no current instrument that is stable to be used to measure the level of knowledge about Covid-19. The research instruments developed are customized according to the objective requirements of this study. Meanwhile, the items in the questionnaire are constructed and formulated based on questions in the form of general knowledge, signs, and symptoms as well as preventive measures concept of SARS, disease, and additional items to questions on the implementation of the Movement Control Order.

The items in the questionnaire are referred to two experts, namely a Family Health Specialist (FMS) as a specific content checker and another professor from the University Malaysia Sabah (UMS) as a content, comprehension, and grammar checker. All items were tested, and the result was a high-reliability value between 0.7 and 0.8 (Creswell & Creswell, 2017).

All data obtained will be analyzed using Statistical Package for Social Sciences (SPSS). Descriptive analysis is used to obtain mean score values for the level of knowledge and demographic analysis. In contrast, inference analysis is used to identify the level of relationship strength. Next, statistics and results are tabulated in diagrams, tables, bar graphs, or pie charts to facilitate the evaluation process and show a graphic overview. The level of knowledge was referred to according to the score: low (1.00-1.34), moderate (1.35-3.67), and high (3.68-5.00) (Irdawati et al., 2023).

RESULTS

Respondent Background

Table 1 describes the demographic characteristics of the respondents. Data were obtained and analyzed based on the information filled in by the respondents in Part A of the questionnaire. This section contains the respondents' personal information, such as gender, age, level of education, and internet access.

Table 1: Respondents Demographic Characteristics

	Characteristics	Frequency	Percentage
Gender	Male	109	54.5
	Female	91	45.5
	Total	200	100
Age	30 years old and below	32	16.5
	31-40 years old	62	31
	41 years old and above	105	52.5
	Total	200	100
Education	1. Primary School	91	45.5
	2. Secondary School	78	39
	3. Tertiary Education	31	15.5
	Total	200	100
Internet Access	1. Strong	113	56.5
	2. Moderate	53	26.5
	3. Weak	34	17
	Total	200	100

Table 1 shows an analysis of the demographic characteristics of the respondents. In this study, a total of 200 respondents gave their feedback. Distribution of respondents based on gender, which are Male n= 109 (54.5%) and Female n= 91 (45.5%). Next, respondents aged 30 years and below are as many as n= 33 people (16.5%), 31-40 years 62 people (31%), while 41 years and above are n= 105 people (52.5%). As for the level of education, the respondents with Primary School qualifications are n= 91 (45.5%), Secondary Schools n= 78 (39%), and Tertiary Education is n= 31 (15.5%). Meanwhile, Table 1 also explains the internet access among respondents, which are Strong n= 113 (56.5%), Medium n= 53 (26.5%), and Weak n= 34 (17%).

Table 2. Descriptive Analysis of Knowledge about Covid-19

Variable	Descriptive statistics			
	N	Mean	Standard Deviation (SD)	Level
Knowledge Level about Covid-19	200	3.620	545	Moderate
Valid N	200			

Table 3. Dimension of Level of Knowledge about Covid-19

Dimension of Knowledge	N	Mean	Standard Deviation (SD)	Level
Knowledge level about Covid-19	200	3.601	.533	Moderate
Signs & Symptoms.	200	3.470	.355	Moderate
Control & Prevention.	200	3.513	.427	Moderate

Table 2 depicts the overall data of the analysis of the level of knowledge about Covid- 19 disease while Table 3 shows the analysis for each dimension in the level of knowledge. The analysis results showed that respondents' overall knowledge about Covid-19 disease is at a moderate level with a mean score value of 3.620, SD= 0.545. This is because the analysis for the General Knowledge dimension is moderate, with a mean score value of 3.601, SD = 0.533. Furthermore, the dimensions for Signs and Symptoms also have a mean score value of 3.470, SD = 0.355, and are also at a moderate level. Meanwhile, the mean score value for Control and Prevention is moderate, with a mean score value = 3.513, SD = 0.427. This analysis proved that the community around Kinarut settlement has a moderate level of knowledge about Covid- 19 disease.

Table 4. Level of Knowledge about Movement Control Order (MCO)

	N	Mean	Standard Deviation (SD)	Level
Level of Knowledge about Movement Control Order (MCO)	200	3.430	.524	moderate
Valid N	200			

Table 4 displays the overall data analysis of the level of knowledge of the Movement Control Order instructions. The analysis results show that the knowledge about the Movement Control Order is generally moderate, with a mean score value = 3.430, SD = 0.524. This is because most respondents are still new and unfamiliar with the Movement Control Order Act.

Table 5. Correlation Test Analysis Relationship between Knowledge Levels of Covid-19 and MCO

Variable	Respondents	Correlation score	P-value Sig. (2-tailed)
Knowledge level about Covid-19	200	0.71	0.03
Knowledge about Movement Control Order	200		

Table 5 shows the values for the correlation coefficient (r). The analysis results show that the correlation value for the level of knowledge about Covid-19 with the level of knowledge regarding the Movement Control Order with r = .71, p> 0.05 is strong and significant. The results of the correlation analysis explain that there is a strong and positive relationship between the two variables. This is because these two variables play a significant role in the study as a method of severing the Covid-19 infection chain.

DISCUSSION

The study's results found a significant relationship between the level of knowledge about Covid-19 and the level of knowledge about the Movement Control Order. This is because the respondents actually understand the Covid-19 problem they are facing and accept the government's action by implementing the Movement Control Order as the best alternative in breaking the Covid-19 infection chain (Reuben et al., 2021). According to Noor (2020), the people need to comply with the government's commands so that their health can be upheld at the best point; therefore, obedience to the Movement Control Order is the key to success in combating this situation. This statement is also strengthened by Tay et al., (2021), who stressed that adherence to the Movement Control Order will not only reduce Covid-19 infection, but it also helps maintain the well-being of society in general.

Other surveys on the relationship between Covid-19 and the Movement Control Order are also supported by the World Health Organization (WHO). According to Bordi (2020), Covid-19 is an infection that easily spreads from one individual to another, hence limiting direct contact between individuals can break the chain of infection, so he stressed that the Movement Control Order should be implemented as the main step in halting the spread of Covid-19. The Movement Control Order is the crucial measure and the last action that needs to be succeeded so that the Covid-19 pandemic can be stopped (Tay et al., 2021). The discussion on the relationship clearly indicates the existence of a strong foundation stating that there is a strong relationship between knowledge of Covid-19 and the Movement Control Order .

CONCLUSION

As a result of the discussion and description, it can be concluded that knowledge about Covid-19 and the Movement Control Order among respondents needs to be further strengthened. This is important to ensure the community understands the issues and complies with the government's instructions to implement the Movement Control Order. This is important because both of these factors can affect health, economy, social and change the way of life to new norms. The emphasis on living the new norms and adherence to the Movement Control Order is hoped to help the next government of the world community in breaking the chain of Covid-19 infection. Thus, there are several suggestions to strengthen and update acts and regulations, in addition to methods to increase the level of knowledge among the general public. This includes increasing health talks online through mass media or electronic media regularly or periodically to convey the main information to the required target group. Similarly, the dissemination of information on the ordinance of the Movement Control Order should be implemented through the same medium since many respondents have good internet access.

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