PERCEPTIONS OF URBAN POOR WITH B40 STATUS ON THE IMPACT OF THE IMPLEMENTATION OF MOVEMENT CONTROL ORDER (MCO) BY EMPLOYMENT SECTOR: A CASE STUDY OF KOTA KINABALU CITY, SABAH

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ABSTRACT

Communities with low incomes are vulnerable when facing dangerous situations. The Novel Coronavirus or Covid-19 is one of the examples of natural hazards that have spread around the globe, including Malaysia. Following the rapid spread of Covid-19 around the world, Malaysia has taken precautionary measures by implementing the Movement Control Order (MCO). The aim was to curb the transmission of Covid-19 in the country. However, the implementation of MCO has changed the daily routine of the community in general, particularly the low-income community. Therefore, this study aims to identify the impact of MCO implementation from the aspects of health and social relationship among the B40 group in Kota Kinabalu city, Sabah. Apart from that, this study also aims to identify the variable relationship of the B40 group's category of employment sectors with agreement towards the MCO implementation. This study utilised questionnaire survey methods to obtain data in the field. Questionnaire data were analysed using the Principal Component Analysis (PCA) Technique, Crpss Tabulation Analysis, and Chi Square Test. The study found that the implementation of MCO brings positive benefits from the aspect of safety, health, and social relations among B40 group. The analysis also found that the majority of the respondents who work as civil servants are satisfied with the MCO implementation compared with respondents who are self-employed or business traders.

Key Words: Movement Control Order, Covid-19, Low-Income Community, Health Impact, Social Impact

INTRODUCTION

Humans on earth are very vulnerable to various forms of hazards, including natural hazards, technological hazards and environmental degradation hazards (Tarbotton et al., 2015). Natural hazards can be classified into three categories comprising hydrometeorological hazards, geophysical hazards and biological hazards (Dickson et al., 2012). The Novel Coronavirus or COVID-19 is one example of a natural

danger categorised as a pandemic (Mameli, 2019; WHO, 2019). The term of 'pandemic' is used when the transmission of pathogens to humans is in a large population and geographical scale (Rhyddhi Chakraborty, 2015). The COVID-19 disease is categorised as a pandemic due to its widespread transmission. Within about eight months after the first case of COVID-19 was detected, more than 19 million people worldwide were infected with the virus and 700,000 were pronounced dead (BH Online, 2020).

The Covid-19 pandemic began with the spread of this virus in epidemic stage which spread widely and uncontrollably, causing deaths in a very short period. The first case of infection was detected in Wuhan City, Hubei, China in the mid-December 2019. On the 10th of February, 2020, there were at least 40,261 infections and 909 fatalities due to Covid-19 were confirmed in China (Jun She et al., 2020). The aftermath of the rapid spread of Covid-19 in China caused many countries to take preventive measures to curb the spread of the virus, including Malaysia. The Malaysian Government itself has declared a movement control order (MCO) for 42 days which started from 18 March 2020 to 28 April 2020 (The Prime Minister's Special Address, 2020) to curb the spread of the virus at national level.

Generally, although the implementation of MCO within the framework aimed to prevent the transmission of Covid-19 from continuing to spread, it however indirectly caused negative implications to the citizens, particularly from the aspect of socio-economy (Statistics Department of Malaysia, 2020). During the MCO implementation period, most of the public and private premises were prohibited from operating, except for national essential services such as health and security, telecommunications, retail, finance and transport (National Security Council, 2020). Apart from that, the operation hours for several service sectors were also shortened from 8am to 10pm only. In Sabah, for example, the limit of operation hours for premises of retail, factory, petrol station, market, restaurant, public market and delivery services were shortened to no later than 6pm (Noor Fazlina Fabeil et al., 2020).

The situation to some extends affected the citizens. The closure and reduction of the operating hours of certain premises throughout the MCO period caused many to lose their jobs and sources of income, apart from dwindling sales revenue (Statistics Department of Malaysia, 2020). For example, in the agricultural sector, small farmers suffered from daily income loss. This is due to the distribution chain which was affected by the closure of supporting sectors, absence of workers, and deterioration of cash reserves (Dzulkifli, 2020). Not only that, the implementation of MCO also potentially causes mental and emotional stress as well as obesity problems (Statistics Department of Malaysia, 2020). An almost similar thing is also faced by many countries that implemented emergency or quarantine orders to curb the spread of Covid-19. The implementation of emergency order has been found to affect human behaviour and psychology such as stress, anxiety and depression (Ghani, 2020).

Therefore, the study aimed to identify the impact of Phase 1 MCO implementation from the aspect of health and social relations toward the B40 Group in the city of Kota Kinabalu, Sabah. Besides that, the study also would like to find out whether there is a significant relationship between the variables of the type of employment of B40 Group with consent on the implementation of MCO. Health and social relations aspects are two important elements that should not be ignored when discussing issues related to the implementation of MCO. Therefore, it is hoped that this study will further enrich the results of researches related to the objectives to be achieved.

LITERATURE HIGHLIGHT

Movement Control Order (MCO) can be defined in a context or scope that is broader. In Italy, the implementation of MCO is translated in the form of physical imprisonment, quarantine and isolation (Gialonardo et al., 2020). Meanwhile, Fahim Aslam (2020) uses the term social imprisonment which can be translated as a method to minimise public interaction to prevent the spread of COVID-19 virus. It is in contrast to Naomi Salim et al., (2020) who uses the term "lockdown" in explaining the measures used by the Malaysian government to curb the spread of Covid-19 pandemic through the implementation of MCO. Although the terms used are different, they generally describe the same purpose which is to physically restrict or control movement. The only difference was in terms of the level of control of the movement. In Malaysia, the term used to describe the restriction movement order is the Movement Control Order (MCO). In Malaysia, movement control orders are classified into three levels, namely MCO, Conditional MCO (CMCO) and recovery MCO (RMCO) (Official Website of the Prime Minister's Office, 2020). However, the strictest level of movement control is at the MCO level.

The implementation of MCO surely has its pros and cons. It can generally be seen from two different views of perspective, which are seen as positive and negative. From the positive perspective, MCO is seen to have successfully reduced the transmission rates of Covid-19. The prove is that the Covid-19 infection cases in Malaysia during the period of MCO implementation showed a declining trend (Naomi Salim et al., 2020). A similar situation has also applied in Indonesia. The spread of Covid-19 has been successfully reduced through the implementation of lockdown (Nor Rohim Yunus and Annissa Rezki, 2020). Another positive effect of the MCO implementation was also found to have reduced the envinronmental pollution, either in the context of river pollution (Siti Maslina Abdul Rashid, 2020) or air pollution (Mohd Shahrul Mohd Nadzir et al., 2020; Nor Rohim Yunus and Annisa Rezki, 2020). At the same time, the implementation of MCO was also found to have successfully increased IT intellect among farmers, ranchers, fishermen and gardeners, especially from the aspect of product marketing (Siti Zakiah Mohd Isa, 2020).

Meanwhile, from its negative perspective, the implementation of MCO was found to have impacted the economic sector, especially the informal economic

sector (International Labour Organisation, 2020; Estro Dariatno Sihaloho, 2020), especially from the aspect of labour market which all these while in Sabah depend too much on foreign workers (Ramli & Kamarulnizam, 2018). The significant impact sequence of this situation is the occurrence or large-scale unemployment (Estro Dariatno Sihaloho, 2020). Apart from that, there was also a reduction on the amount of monthly income. The self-employed group was among the most affected entity in the reduction of income amount (Statistics Department of Malaysia, 2020), including the agriculture sector. Piles of vegetables had to be thrown away following absence of buyers. This happened because there was misunderstanding between the supplier and distributor networks as all agriculture produce delivery transportation had been stopped during the MCO Phase 1 (Siti Zakiah Mohd Isa, 2020).

The group of people who are most exposed to the negative effects of this pandemic is the urban poor (Puteri Marjan Megat Muzafar & Theebalakshmi Kunasekaran, 2020) which is classified in the B40 status (Serina Rahman, 2020). Apart from dealing with the high cost of living, the type of work of most of these communities also requires them to be physically present at the workplace. Failure to do so will disrupt their economic resources. In the period of MCO as well, small and medium enterprises (SMEs) have experienced disruption from the aspects of operations, cash flow, access to stimulus packages, supply chains, risk of bankruptcy and problems with predicting the future direction of the business (Ahmad Raflis Che Omar et al., 2020). Among other things, the implementation of MCO also causes negative impacts on mental health, particularly the feeling of disappointment, depression, uncertainty about the future, anxiety and post-traumatic stress disorder (Gialonardo et al., 2020).

LOCATION AND METHODS

The study focuses on the city of Kota Kinabalu which is located in the Kota Kinabalu district, Sabah. The Kota Kinabalu district, which is the capital city of Sabah, is located in the West Coast. Kota Kinabalu is located at a latitude of 5° 56 'North and a longitude of 116° 03' East. The Kota Kinabalu area has an area of 351 km² which is 0.5 per cent of the total area of Sabah. In 2000, the population of Kota Kinabalu city was 372,042 people and increased to 462,963 in 2010 (The Sabah State Statistics Department of Malaysia, 2015). Three years later, namely in 2017, the population of Kota Kinabalu was 553,400 (Utusan Borneo Online, 2017). The Kota Kinabalu area can be divided into several areas such as the Kota Kinabalu city, Tanjung Aru, Kuala Inanam, Kota Kinabalu Nountun, Menggatal, Menggatal North, Kota Kinabalu Industrial Park (KKIP), Kuala Menggatal and Telipok (Statistics Department of Malaysia, 2007). Even so, the focus of this study was in the city area of Kota Kinabalu.

Figure 1: Kota Kinabalu District
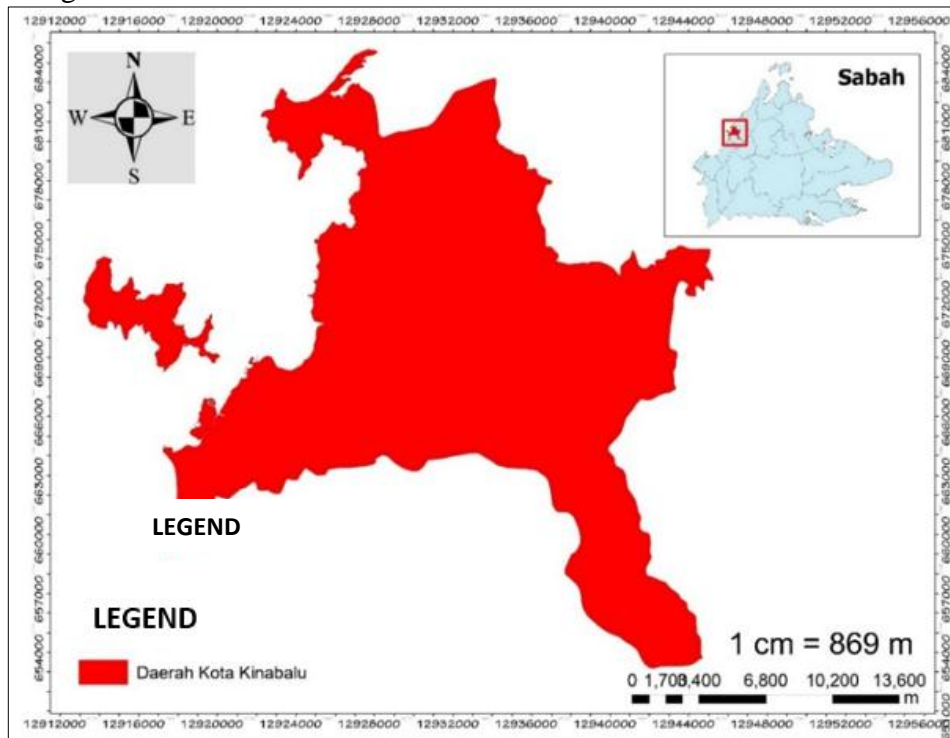
(Source: Modified from Department of Survey and Mapping Malaysia, 2011)

The study uses a quantitative approve to answer the objectives that have been established. For this reason, the survey method through the questionnaire instrument was used to assess the views of low-income people in the Kota Kinabalu area on the effects of the implementation of MCO from the aspects of health and social relations. The respondents are of those residing within the Kota Kinabalu city area. The design of the questions in this study is from on closed questions in order to save the respondents' time in answering the questions. In addition, closed-type questions are also easier to answer as answers can be easily coded to analyse and further facilitate data comparison (Chesnut et al., 2006).

In this study, sample determination was performed using purposive sampling technique. The sample selected was only among the low-income community working as civil servants (33%), private staffers (33%) and traders (34%). According to Chamhuri Siwar et al. (2019), household income classes can be divided into three groups, namely B40, M40 and T20. Among the three income classes, B40 belongs to the group with the lowest income with a household income range of RM4,360 and below (Household Expenditure Investigation Report, 2016). Hence, the interviewed respondents in this study are residents with household income of less than RM4,361. A total of 100 sets of questionnaires were successfully distributed in this study. According to Bailey (1978) and Er et. al., (2013), the sample size required for its minimum statistical

test is thirty respondents. Therefore, the total samples of 100 sets used for this study has met the minimum required number of samples needed. The questionnaire instrument used in this study was adapted from the Newsletter of Malaysian Statistics Department (2020).

There are three main types of main analyses used in this study, they are the Principal Component Analysis (PCA), Chi-Square test, and Crosstab Analysis. PCA is a multivariate analysis technique which is the process of extracting several interconnected variables into a new set of orthogonal variables referred to as the main component. It is aims to show the pattern of similarity of observation (Anita Ilmaniati & Bramantiyo Eko Putro, 2018). A total of 10 variables were extracted in this study to form components in order to explain the impact of MCO implementation from the aspects of health and social relations toward the B40 group in Kota Kinabalu city (refer to Figure 2).

Figure 2: Variables used to Assess the Implementation of MCO
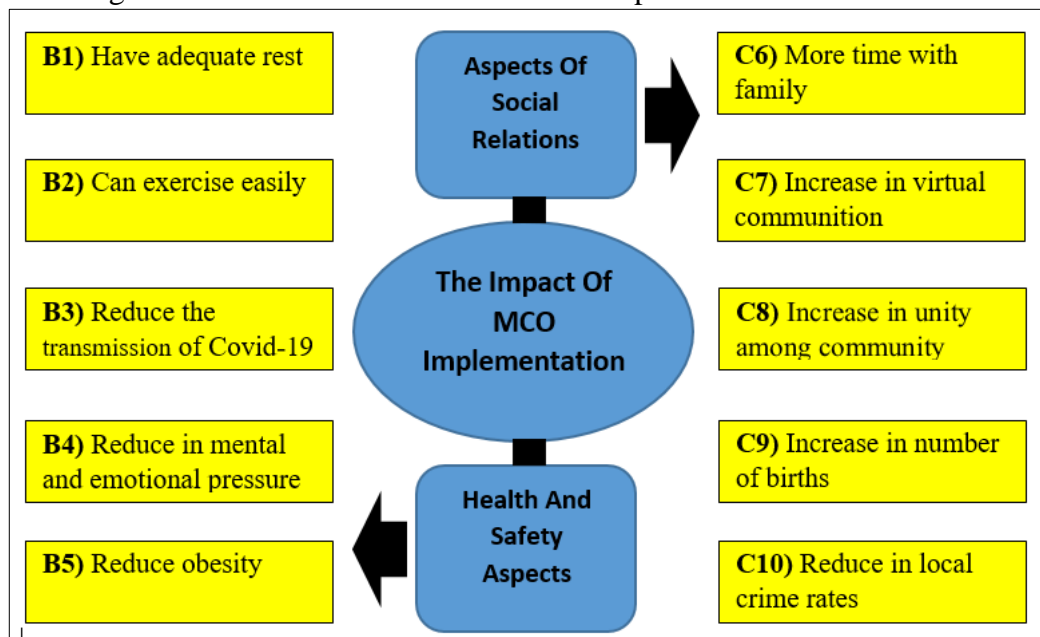
There are several important things that need to be taken into account first before determining the main component which is to test the value of the Kaiser-Meyer-Olkin (KMO), Bartlett's of Sphericity and total variance. In this study, the KMO obtained is valued 0.706 which is greater than the value of 0.6. This explains that the total sample used was sufficient (Fauzi Hussin et al., 2014). The Barlett's of Sphericity test showed a significant value (p=0.000). This means the variable used as a whole have a correlation. The results of KMO and Bartlett's Test is shown in Table 1. Based on Table 2, three new components were formed (Eigen values are more than one). The first and second components respectively have a variance value of 31.737 per cent and 14.531 per cent. Meanwhile, the third component had a variance value of 12.024 per cent. If summed up, the total variance is 58.3 per cent

Table 1: The Results of KMO & Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.706
Bartlett's Test of Sphericity	Approx. Chi-Square	226.176
	df	45
	Sig.	.000

Table 2: Value of Variance of the Formed Component

Component	Initial Eigenvalues		
	Total	% Variance	Cumulative %
1	3.174	31.737	31.737
2	1.453	14.531	46.268
3	1.202	12.024	58.292
4	.906	9.064	67.356
5	.801	8.012	75.369
6	.732	7.320	82.688
7	.591	5.912	88.601
8	.464	4.637	93.238
9	.357	3.573	96.811
10	.319	3.189	100.000

The next process is to determent the loading factor value of each variable contained in the new component. The loading factor value of each variable was determined by referring to rotated component matrix. According to Fauzi Hussin et al,. (2014), only variables with a loading factor value of more than 0.50 is considered practically significant to be classified in the newly formed components (refer to Table 3).

Table 3: Rotated Component Matrix

Code	Component		
	1	2	3
B1	.595	-.052	.598
B2	.143	.143	.780
B3	.709	.225	.045
B4	.167	.615	.309
B5	-.023	.111	.621
B6	.819	.016	.158
B7	.721	.348	-.068
B8	.243	.699	.046
B9	-.098	.612	.305
B10	.338	.647	-.328

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalisation.

a. Rotation converged in 7 iterations.

INTERPRETATION OF RESEARCH RESULTS
Background of Respondents

The respondents interviewed in this study were mostly men (60.2%). Most of the respondents are of the age of between 20 to 40 (74.2%). In terms of marriage status, it is almost balanced between the married (55.9%) and unmarried (44.1%) respondents. Nearly two thirds (67.7%) of the total respondents had less than six household members. Another one-third (32.3%) had a total household member of more than six persons. There are three main job categories of the respondents, namely civil servants (33.3%) and self-employed (33.3%). All of the respondents serving in the public sector have an income range of RM1,201 to RM4,360. Respondents with an income of less than RM1,200 are only from the private sector (11%) and self-employed (14%) (refer to Table 4).

Table 4: The Background of Respondents

Item	Category	Percentage(%)
Gender	Male	60.2
	Female	39.8
Age	< 20	14
	20 – 40	74.2
	> 41	11.8
Marital Status	Single	44.1
	Married	55.9
Number of Household Members	1 – 5	67.7
	6 - 10	32.3
Employment Status	Civil servants	33
	Private sector employees	33
	Self-employed	34
Total income based on employment sector	Public: < RM 1200	0
	Public: RM 1201- RM 4360	33
	Private: < RM 1200	11
	Private: RM 1201- RM 4360	23
	Traders: < RM 1200	14
	Traders: RM 1201- RM 4360	19

B40 Group's Response Toward Implementation of MCO Based on Employment Sector

Table 5 shows the three new components formed as the impact of MCO implementation from the aspects of health, safety and social relations. The first component is 'increased safety and family bonding'. The theme of this component is formed based on four variables, namely B1, B3, C6 and C7. The variables classified in this theme generally reflect the existence of increased security and family bonding ties during the implementation of MCO. The second component is interpreted as

'community harmony and peace of mind'. The theme of this component is also formed from a combination of four variables comprising B4, C8, C9 and C10. The third and also last component is formed through a combination of three variables (B1, B2 and B3). The theme of this component is interpreted as 'health improvement'. This is because the variables that belong to the three components generally describe the improvement of health.

Jadual 5: Outcome of Principal Component Analysis (PCA)

Category Component	Code	Variable	Theme
1	B1	Have adequate rest	Increase security and family bonding ties
	B3	Reduce the transmission of Covid-19 virus	
	C6	More time with family	
	C7	Increase in virtual communication	
2	B4	Reduce in mental and emotional pressure	Community harmony and peace of mind
	C8	Increase in unity among community	
	C9	Increase in number of births	
	C10	Reduce in local crime rates	
3	B1	Have adequate rest	Improvement in Health
	B2	Can exercise easily	
	B5	Reduce obesity	

Based on Table 3, on average, the groups of self-employed or traders feel more secure and have closer relationship ties with their families when MCO was implemented, compared to public and private employees. In other words, those who are self-employed obtain greater benefits compared to employees of public and private sectors from the aspects of improved security and family ties throughout the period of MCO. Apart from that, the profound effect is felt more by private sector employees compared to the two other groups (self-employed and private sector employees) from the aspects of harmonious relationship with the local community and peace of mind during the MCO implementation. On average, employees in private sector feel more calm and have harmonious relationship with the local community during the MCO implementation compared with those who are self-employed or civil servants. A similar thing was also experienced in the context of health improvement. This is because most in the employees of private sector opined that it is easier to get enough rest and do indoor leisure activities during the MCO implementation compared to the two other groups.

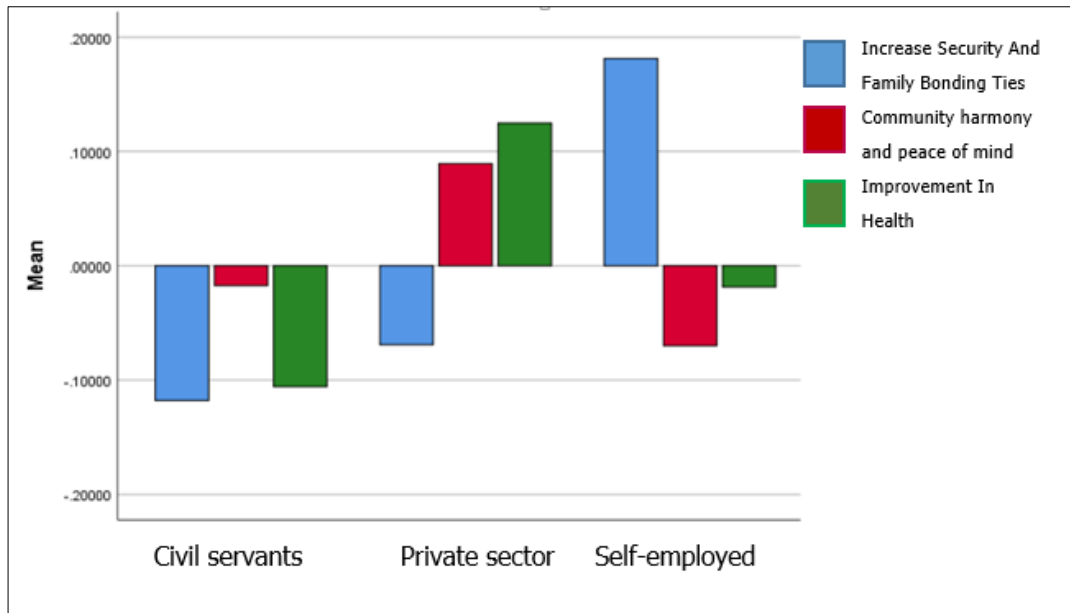Table 3: Relationship of Key Components with Employment Sector

Table 6 shows that majority of the respondents who work as civil servants are satisfied with the implementation of MCO (28 people) compared to respondents who are traders of self-employed (15 people). Interestingly, in this study, initially the groups of self-employed traders complied with and acknowledged that the first phase of MCO implementation was for the better and measures to fight off Covid-19 that has hit Malaysia at that time. However, they expressed dissatisfaction when the period of MCO was extended. This is because their daily income was affected as they could not go to work or conduct business. Through the chi square test, it also shows that the type of employment sector has a significant relationship with satisfaction towards the implementation of MCO when the value of p shows 0.032, which is less than the value of alpha = 0.05 (refer to Table 8). It was admitted that the implementation of MCO was a success in curbing the spread of Covid-19. But on the downside, MCO has affected the economic resources of the people. Based on Table 7, from each type of employment on whether they are civil servants, private sector employees, or fall under the self-employed or traders group, the respondents stated the implementation of MCO has affected their economic resources, with more respondents who are self-employed or have their own business (30 people) stating the claim.

Table 6: The Relationship of Cross Tabulation Between Employment Sectors with Agreement of MCO Implementation

Type of Employment Sector	Do You Agree with MCO Implementation		Total
	Disagree	Agree	

Civil Servants	5	28	33
Private Sector Employees	9	24	33
Self-Employed/Traders	15	19	34
Total	29	71	100

Table 7: The Relationship of Cross Tabulation Between Employment Sector with Disruption of Economic Resources during the Implementation of MCO

	MCO Does Not Affect Your Economic Source		Total
	Disagree	Agree	
Civil Servants	19	14	33
Private Sector Employees	26	7	33
Self-Employed/Traders	30	4	34
Total	75	25	100

Table 8: Significant Tests between Employment Sector with Agreement of MCO Implementation and Disruption of Economic Resources

Relationship of Employment Sector with Agreement of MCO Implementation	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.895[a]	2	.032
Likelihood Ratio	7.023	2	.030
Linear-by-Linear Association	6.767	1	.009
N of Valid Cases	100		
Employment Sector Relationship with Economic Resource Disruption	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.772[a]	2	.012
Likelihood Ratio	8.744	2	.013
Linear-by-Linear Association	8.281	1	.004
N of Valid Cases	100		

DISCUSSION

The imposition of MCO does not only had negative impacts, especially on the B40 group. Through the findings of this study (refer to Table 5), it is found that the implementation of MCO is also able to improve security and family ties, especially to the self-employed (refer to Figure 3). The safety of the residents will be more assured during the MCO. This is because, the implementation of MCO is believed to prevent and reduce the spread of Covid-19 as happened in Thailand. By performing a lockdown for almost two and a half months (03 April 2020 to 15 June 2020), the Covid-19 infection rate can be dramatically reduced (Sinsuda Dechsupa & Suvichada Assawakosri, 2020). At the time of MCO, the time spent with family at home is also longer. It provides an opportunity for family members to enhance the

bond of family members through activities done together (Helena Liana Kamaruddin, 2020).

Apart from that, this study also found that the implementation of MCO is able to increase the harmony of society and provide peace of mind (refer to Table 5) especially to private sector employees (refer to Figure 3). The societal harmony in the context of this study is of local crime rates reduction. Through the implementation of MCO, it can indirectly increase the level of security of individuals against criminal behavior. During the MCO period, individuals spend less time outdoor, thus reducing the risk of snatch theft. House condition of which are also occupied also reduces the risk of burglary. According to Nor Azizah Mokhtar (2020), the crime index decreased by almost 50 per cent during the MCO period. Meanwhile, peace of mind is gained through a reduced feeling of fear and anxiety of being infected with Covid-19. This is due to the assumption that the people around them are all carriers of the Covid-19 virus so that it creates extreme psychological fear (Sapora Sipon, 2020). The implementation of MCO was also able to reduce the concern felt by the community from being exposed to the virus. Among others, unity between the local community can be enhanced throughout the MCO through the practice of helping each other. Various parties came forward to provided assistance to the affected people regardless of their background (Badlishah Sham Baharin & Mohammad Abdul Hamid, 2020).

During the implementation of MCO, it was also found that the B40 improve in the aspect of health (refer to Table 5), especially in the context of private sector employees (refer to Table 3). On normal days (outside of the MCO period), the private sector employees felt that they barely have enough time to rest or exercise. This is because most of the respondents who work in the private sector like bus and taxi drivers have longer working time which is more than eight hours. Most of these respondents also did not have special holidays on Sundays as obtained by civil servants. The implementation of MCO provides an opportunity for this group to get adequate time to rest and exercise indoor. This situation is very different from the conditions in Belgium. The implementation of lockdown in Belgium resulted in a decrease of indoor sports activities due to lack of competitive elements in exercise and changes in the usual exercise patterns (Constandt et al., 2020).

The series from this situation is not surprising when most of those in the B40 group agreed to the MCO implementation, especially for employees of public and private sectors. In contrast to the self-employed group, almost half of them (15 people) do not agree with the implementation of MCO (refer to Table 6). This goes to shows that the reaction of the community regarding the implementation of MCO is significant with the employment sector they are in (refer to Table 8). In other words, there are differences of opinion on the agreement of implementation of PKP based on the employment sector of the B40 group. Self-employed people do not agree with the implementation of PKP because it affects their economic resources (refer to Table 7). This is in line with the findings of the Department of Statistics

Malaysia (2020) that the self-employed or traders are the entities most affected in terms of their income reduction.

CONCLUSION

It is concluded that MCO implementation has indeed lead to complex impacts. It creates its own pros and cons. The impact of MCO implementation can be seen and pictured from two different perspectives. From one point of view, the implementation of MCO is pictured to gave negative impacts especially toward the aspect of economy. If it is viewed from another perspective, MCO is believed to have brought positive benefits toward the aspect of security, health and social, which also includes the B40 group. Due to its complex impacts (comprising positive and negative impacts), the community, especially the B40 group, have differences of opinion on the agreement on the implementation of MCO. It depends on the employment background and the preferences of the individual or society itself. Poor individuals or communities who do not have a fixed income if they do not work and do not have sufficient financial savings tend to prefer to go out to work even if they have to face the risk of contracting Covid-19. The situation is different for individuals or communities who have a fixed income and sufficient financial savings even during the MCO period. This group will tend to prioritise security factors by agreeing and following the standard operating procedures (SOPs) of MCO implementation. Therefore, to reduce the burden of the less fortunate, the government together with non-governmental organisations (NGOs) and private individuals must work together to help these people from various aspects, especially from the aspect of economic assistance.

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