

PLANNING MALAYSIA:

Journal of the Malaysian Institute of Planners **VOLUME 21 ISSUE 6** (2023), Page 526 – 546

FROM CRISIS TO RECOVERY: MALAYSIA'S POLICY RESPONSES TO COVID-19 AND ITS IMPLICATIONS

Yarina Ahmad¹, Siti Zulaikha Mustapha², Shimaa Shazana Mohd Ali³, Siti Nur Fathanah Abd Hamid⁴, Nur Amalina Aziz^{5,} Nor Suziwana Tahir⁶, Umi Nurul Najihah Azman⁷, Nor Ezatie Mukminah Muhammad Zamri⁸, Ana Afrina Abd Jamil⁹, Nor Azira Ayob¹⁰, Muhammad Nasiruddin Aziz¹¹, Mohd Hafiz Hanafiah¹², Abdul Razak Arsat¹³, Mohd Syaiful Nizam Abu Hassan¹⁴

1.4.6.12 Institute of Biodiversity and Sustainable Development (IBSD),
1.3.6.7.8.9 Faculty of Administrative Science and Policy Studies,
11 Akademi Pengajian Bahasa,
12 Faculty of Hotel and Tourism Management,
UNIVERSITI TEKNOLOGI MARA, SELANGOR
2 Faculty of Administrative Science and Policy Studies,
UNIVERSITI TEKNOLOGI MARA, KELANTAN
4.10 Faculty of Administrative Science and Policy Studies,
UNIVERSITI TEKNOLOGI MARA, NEGERI SEMBILAN
5 Faculty of Business and Management,
UNIVERSITI TEKNOLOGI MARA, JOHOR
13 QUBA ENGINEERING SDN BHD
14 Faculty of Applied Social Sciences,
UNIVERSITI SULTAN ZAINAL ABIDIN, TERENGGANU

Abstract

While Malaysia has taken drastic actions and initiatives to effectively address the COVID-19 pandemic issue, the country has also opted for a compliance strategy, particularly by imposing penalties for non-compliance with Malaysia's COVID-19 SOPs and the new norms. Following the government's extensive policy responses and initiatives to address the COVID-19 pandemic in Malaysia, quantitative research was conducted among 2,074 respondents across the country via online and face-to-face survey. According to the findings of this study, three new norms (face mask, hand sanitiser, and physical distancing) have a significant relationship with "preventing the spread of COVID-19." However, "washing hands with water and soap" has no effect on COVID-19 transmission (p>0.050, p=0.138). Notably, "practising physical distance" was discovered to be the most influential factor (β=0.112, p<0.001) in "preventing COVID-19 spread" (p<0.001). In conclusion, all governments around the globe should prioritise voluntary compliance in the future by increasing self-awareness strategies with the goal of regulating their behaviours and engaging in self-improvement. Long-term selfawareness strategies will help the country and the world maintain positive behaviours for the sake of the entire human ecosystem.

Keywords: COVID-19, policy response, Malaysia

¹ Lecturer at Universiti Teknologi MARA. Email: yarina@uitm.edu.my

INTRODUCTION

At the end of 2019, the world was taken aback by the emergence of the Corona Virus or 2019-nCOV, later recognised as COVID-19. This virus was categorised as a pandemic by the World Health Organization (WHO) on March 12, 2020. Originating in Wuhan, China, this outbreak was observed to have severe effects on human health, resembling the symptoms of Severe Acute Respiratory Syndrome Coronavirus (SARS). What is more concerning is the high rate of the transmission of this virus, which threatens everyone (especially individuals with high-risk conditions such as the elderly and those with comorbidities) and can potentially lead to fatalities. As of early May 2023, the worldwide reports on the COVID-19 cases that have been reported to the WHO are 765,222,932 confirmed cases, including 6,921,614 deaths (World Health Organization (WHO), 2023a).

In Malaysia, the history of the first COVID-19 case started with Chinese tourists from Singapore who entered Malaysia through a border crossing located in Johor in late January 2020. After the initial cases were reported, the Malaysian government had actively traced their close contacts to prevent the virus from spreading. One of the earliest announcements was made by the Ministry of Health, which advised and warned Malaysians against traveling to China unless it was necessary. Despite these efforts, there were still several reported cases every day. However, the nation was even more shocked when the first wave of the new rising cases of COVID-19 hit, with 190 cases reported in 24 hours on March 15, 2020. Attributed to the "Tabligh Gathering Cluster" at the Sri Petaling Mosque, this cluster had since then continued to spread and become more difficult to contain. To this day, it remains the largest cluster in Malaysia, with 3,375 confirmed cases (Harom, 2020). Following that, many other COVID-19 clusters have occurred in Malaysia, and the number of reported cases continue to rise drastically every day.

Policy Responses, Initiatives, and Actions Undertaken by the Government of Malaysia

The significant rise in cases subsequently prompted the Malaysian government to take decisive actions and initiatives, marking a turning point in their approach to managing the crisis. Among the measures taken by the Malaysian government are implementing the Movement Control Order (MCO) and enhancing the border control, conducting COVID-19 mass screening, establishing temporary hospital and quarantine centres, continually refining and updating the corresponding Standard Operating Procedures (SOPs), and implementing the New Norms Campaign.

From Crisis to Recovery: Malaysia's Policy Responses to Covid-19 and Its Implications

Movement Control Order (MCO)—The MCO has been considered the most significant step in containing the pandemic. The first MCO in Malaysia was announced to be implemented for only 14 days starting on March 18, 2020 until March 31, 2020 (Berita Harian, 2020). However, as the number of cases and death kept on increasing at that time, the implementation of the MCO was then extended time by time and followed by the implementation of several types of control orders to suit every crisis management in their particular situations (such as the risk of infections) which were the Conditional Movement Control Order (CMCO), Enhanced Movement Control Order (EMCO), and Recovery Movement Control Order (RMCO).

During the EMCO, a stricter lockdown was imposed on residents and visitors within the affected areas, prohibiting them to enter or leave during the order. All businesses, except for essential services, were closed, and the authorities were required to provide adequate food supplies for 14 days to ensure the people's sustenance. Besides, medical centres were set up in the affected areas to provide medical care for those who were sick or needed medical attention. Roadblocks were also put in place to control movements and prevent people from violating the order. Meanwhile, the RMCO was implemented in Malaysia as a gradual step towards normalcy. Under the RMCO, there was more flexibility in terms of movements and business operations, but strict measures on the Standard Operating Procedures (SOPs) were implemented to ensure compliance and reduce the transmission rate.

Standard operating procedures (SOPs)—The Malaysian government's role in developing and implementing SOPs to prevent the spread of COVID-19 has been commendable. Malaysia adopted the carefully designed SOPs based on the avoidance of 3Cs (Crowded places, Confined spaces, and Close conversation) and the practice of 3Ws (Washing hands, Wearing masks, and Warning against risks, symptoms, prevention, and treatment) during the enforcement of the four main legislations through the MCO, EMCO, CMCO, and RMCO till date, which have seen much success in reducing the number of COVID-19 cases in Malaysia (Ministry of Health, 2020). Comparative analysis with 15 other countries has demonstrated that the SOPs pertaining to cultivating new norms in Malaysia, such as the use of face masks, hand hygiene, hand sanitisation, and physical distancing, are nearly equivalent to those implemented in other countries (Ahmad et al., 2021). Malaysia seeks voluntary compliance from the public in the context of compliance with these SOPs. However, given the challenges of promoting voluntary compliance in a short period of time, punitive measures (such as increasing fines from RM1,000 to RM10,000) against individuals who did not follow the government's SOPs were required. This approach intended to emphasise the necessity of following the SOPs not only to protect oneself, but also others such as family members, and indirectly, society as a whole.

Vaccination programme—The responsibility of seeking the vaccines to curb the transmission of COVID-19 has been entrusted to the Ministry of Science, Technology and Innovation (MOSTI) in close collaboration with the Ministry of Health (MoH), up until the implementation of the immunisation programme. As of May 2021, the government had allocated a sum of RM5 billion for the procurement of vaccines for 38.5 million of the country's population (Ibrahim, 2021). Realising the emergence of novel strains of COVID-19, the Malaysian government then promulgated the vaccination of additional dose and booster dose, with the main aim to enhance the immunity of individuals deemed to be at high risk, thereby exhibiting a commitment towards promoting public health and well-being. Thus far, the government has persistently advocated for heightened awareness among the public to prioritise the acquisition of additional and booster doses (Ministry of Health, 2022).

New Norms Campaign—The COVID-19 pandemic has had a significant impact on all segments of society, resulting in the introduction of unfamiliar terms and practices, including new norms, standard operating procedures (SOPs), food delivery, online learning, and online shopping (Mahjom et al., 2021). The implementation of these new norms is closely linked to the SOPs introduced by the government to curb the spread of COVID-19. The strict enforcement of the SOPs has been proven effective in reducing the number of cases during the first wave of the pandemic. Hence, to bring awareness and promote responsibility in adhering to the new norms among individuals, the Malaysian government launched the Cultivating New Norms Campaign on August 8, 2020, themed "Bersama Hentikan Wabak COVID-19" (Stop the COVID-19 Pandemic Together). The campaign aims to raise self-control awareness, encourage compliance with the SOPs, and promote the adoption of the new norms among Malaysians, using a "mind-conditioning" approach to instil practices that prevent the spread of COVID-19 (New Straits Times, 2020a).

Following the government's extensive policy responses and initiatives to address the COVID-19 pandemic in Malaysia, this paper aims to answer two main research objectives:

From Crisis to Recovery: Malaysia's Policy Responses to Covid-19 and Its Implications

- 1. To investigate the practice of new norms (wearing a face mask, washing hands with soap and water, using hand sanitiser, and practising physical distancing) that aid in the prevention of the spread of the COVID-19 virus
- 2. To identify the main new norm that aids in the prevention of the spread of the COVID-19 virus

LITERATURE REVIEW

Wearing Face Mask

In response to the spread of COVID-19 in 2019, the World Health Organisation (WHO) has encouraged society and all nations in the world to use face masks as a public health measure to prevent the spread of COVID-19. The spread of COVID-19 has been identified as being capable of transmitting through microdroplets in the air via respiratory, conversational, coughing, or sneezing transmission. The Malaysian government has also acted by advising and encouraging the public to wear face masks, especially in public areas, to prevent the spread and transmission of the COVID-19 outbreak that has hit the country. From August 2020 onwards, the government has made the wearing of face masks compulsory for all Malaysians; in fact, those who fail to follow the rules will be punished or imposed with a penalty up to RM1000.00 under the Prevention and Control of Infectious Diseases Act 1988 (Idris, 2020). However, in responding to the implementation of the policy or the standard operating procedures (SOPs) upon preventing the spreading of COVID-19, there have been many issues and challenges faced by society, particularly relating to the wearing of face masks (Ahmad et al., 2021).

Among the issues and challenges highlighted were those in terms of comfortability, affordability, quality, practices, availability, awareness, and disposing processes (Ahmad et al., 2021). The development of society's understanding and acceptance of wearing face masks during the COVID-19 pandemic requires time and efforts from the government and leaders at all levels of society. Nevertheless, to sustain the practices of wearing the face mask after the COVID-19 pandemic poses a different challenge in society, which requires self-awareness as a lesson learned due to the outbreak of COVID-19 in 2019.

Washing Hand with Water and Soap

For centuries, hand washing with water and soap has been an accepted method as well as one of the ways to maintain hygiene and indirectly prevent infectious diseases in the society. Due to the outbreak of COVID-19, the importance of hand hygiene has been heightened by the governments in all nations in the world (Tomori, 2020). Nevertheless, the practices of washing hand with water and soap also have its own issues and challenges. Among the issues and challenges are the

availability of water and soap in public area, the quality of soap provided in the public area, the effective ways of washing hand, the frequency of washing hand, and others that have been highlighted (Ahmad et al., 2021). The COVID-19 pandemic has increased the awareness of the society in developed and developing nations that this simple practice should become the norms as it will provide a lot of benefits not only during the pandemic of COVID-19. Overall, there is strong scientific evidence to support the importance of hand hygiene in preventing the spread of COVID-19 (Hamed et al., 2021; UNICEF, 2020). It is crucial to continue promoting and maintaining effective hand hygiene practices to reduce the transmission of COVID-19 and other infectious diseases. This can be considered as a long-term positive impact of the policy response from the government, which also can prevent other infectious diseases in the future.

Hand Sanitiser

To prevent COVID-19, the government has requested that everyone maintains cleanliness (Bernama, 2021a). Regular hand washing with soap and running water is the most efficient strategy to stop the transmission of COVID-19 (Bernama, 2021a; Singh et al., 2020). There are some of the factors that have contributed to these changes in traditional norms of washing hands in favour of hand sanitiser, including (1) no access to water and soap in public places (Singh et al., 2020); (2) less convenient locations for hand-washing facilities; (3) people's unclean behaviour; and (4) forgetfulness to frequently wash their hands even at home. Additionally, Booker et al. (2022) sparked academics' interest in further research on public health intervention and policy response in quantifying the usage rates of hand sanitiser. According to the authors, this will be beneficial in determining the best method to educate public policy on the value of hand sanitiser, which could increase public compliance. Sidharth et al. (2022) also raised a good point about how the epidemic has taught people a valuable lesson about keeping personal hygiene, which has long been disregarded. The usage of hand sanitisers is seen to be the next step in maintaining personal cleanliness and fending off future pandemic infections.

Physical Distancing

According to the World Health Organisation (WHO) (2023b), physical distancing refers to keeping a distance of at least 1 metre from each other and avoiding crowded places or groups. As a preventive approach, maintaining distance between people who do not reside in the same home is crucial, as claimed by Mokhtar et al. (2022). Many countries, like Malaysia, have imposed physical distance into effect, and the government has taken further steps to increase public adherence. For example, the floors of shops and organisations were required to

From Crisis to Recovery: Malaysia's Policy Responses to Covid-19 and Its Implications

be labelled with the 1-metre rule to guide customers when queueing. Additionally, seating arrangements were changed to maintain a 1-metre space between employees at work (The Star, 2020a). Besides, alerts were also clearly displayed inside trains and buses, and users were instructed to leave every other seat vacant as a form of physical distancing (The Star, 2020b). However, these new norms were only fully implemented during the COVID-19 pandemic to immediately halt the rising number of cases. Additionally, a lot of workplaces had to close, and employees were encouraged to work from home (WFH) (Abdullah et al., 2022).

The Model of Compliance

In reality, it is not feasible to ensure total public adherence to the COVID-19 SOPs. It is estimated that 10% to 15% of the general public still refuses to follow the established SOPs (Ahmad et al., 2021). In discussing compliance issues, there are several phases of individual behaviours that lead to compliance. This model emphasises four main phases, which can be used as a reference: (1) have decided not to comply, (2) do not want to comply, (3) try to comply but do not always succeed, and (4) willing to do the right thing (Australian Government, 2019). This Compliance Model anticipates that individuals and organisations are going to abide by the regulations. However, studies have shown that several factors can influence individuals' desire to adhere to the law, particularly their willingness and understanding of their roles (Gray et al., 2021). Individual beliefs, thoughts, and behaviours have also been identified to be among the factors contributing to one's attitudes towards compliance (Alharbi, 2019). Therefore, it is important for the government to take into account these factors when developing strategies to promote compliance. To increase people's adherence, enforcement is still required in certain circumstances, such as serious law violations (Government of Western Australia, 2014).

In Malaysia, various factors can affect people's compliance with the COVID-19 standard operating procedures (SOPs), such as nonchalance and lack of consideration, societal resistance, insufficient knowledge, and inadequate awareness of the importance of adhering to the SOPs. In the context of the COVID-19 SOPs compliance, Malaysia has targeted voluntary compliance from the public. In other words, voluntary compliance with the COVID-19 SOPs is seen as the best preventive measure to avoid the transmission of the COVID-19 virus. However, considering the challenges in promoting voluntary compliance within a short period, there is a need to implement penalties (from RM1,000 to RM10,000 fines) for actions that do not comply with the established COVID-19 standard operating procedures (SOPs). Other than imposing penalties, the

government is also encouraged to continuously provide reminders and support to motivate the public in navigating life with COVID-19.

Self-Awareness on Practising New Norms

One of the fundamental behaviours that reduce the risk of spreading COVID-19 is by having awareness related to COVID-19 and the community to comply with the Standard Operating Procedures (SOPs) formulated by the government. The battle against COVID-19 can be successful with the community's adherence to the control measures which is highly influenced by their attitude and self-awareness on the prevention of the COVID-19 (Hassan et al., 2021). High compliance to the COVID-19 infection prevention significantly provides insight into the effectiveness of the prevention measures of the outbreak. Furthermore, Chan et al. (2022) argued that individuals with higher knowledge of COVID-19 and self-awareness are more willing to obey public health recommendations for infection prevention.

Self-awareness involves the understanding of one's own health status and risk, as well as the potential consequence of one's actions towards others. Previously, the community has been indicated to be aware of the guidelines and recommendations to prevent the spread of COVID-19 such as getting vaccinated, practising good hygiene, obeying public health guidelines, and monitoring early symptoms (World Health Organisation, 2023c). It can be seen that some individuals who are self-aware still take their own proactive steps until today to protect themselves and others, even if those around them are no longer following the SOPs. For example, some individuals choose to wear face mask when they feel unwell despite they do not test positive for COVID-19. If one still chooses to wear face mask when not feeling well and practises physical distancing when not wearing a mask, they are actually protecting themselves and those around them (Chan et al., 2022). They perform that behaviour because they understand the positive outcomes of practising such behaviour.

RESEARCH METHODOLOGY

This paper presents the results of a quantitative approach using an online survey with 2,074 respondents across the country. The quantitative approach has the advantages of being objective, precise, and able to generalise the conclusion to a larger population; thus, the findings of this study will be able to draw statistical conclusions about the impact of government initiatives on the practice of the new norms by Malaysians as a mechanism to prevent the spread of the COVID-19 virus.

This study was conducted during the peak season of the COVID-19 pandemic. As a result, the only feasible method of data collection is through an

From Crisis to Recovery: Malaysia's Policy Responses to Covid-19 and Its Implications

online survey. Many researchers have previously criticised online survey techniques in terms of trustworthiness, non-bias response (Goldhill, 2018; SurveyMonkey, 2021), response quality (Clay, 2017), and many others. Nonetheless, during the COVID-19 pandemic, online surveys were widely accepted (Reis et al., 2022). This was most likely due to the fact that online survey was the only option available to collect data during Malaysia's restriction of movement control orders. In addition, as the internet technology has become more accessible and affordable, online surveys have proven to be a cost-effective and efficient method of gathering data from a large and diverse sample (Chen & Chen, 2021; Heerwegh & Loosveldt, 2021). Despite this, there was a good response rate from Malaysian society to this study, with a total of 2,074 respondents collected within a month (November 2020).

The instrument used in this study was thoroughly developed based on the feedback from experts as well as the study's primary stakeholder (NADMA, the co-funder of this project). This study's questions used both closed and openended questions, beginning with demographics, opinion on government initiatives to deal with the COVID-19 pandemic, preventive measures to be taken by all parties, the practice of the new norms (wearing masks, washing hands with water and soap, using hand sanitiser, and practising physical distancing), issues and challenges, and finally feedback on the Cultivating New Norms Campaign throughout the year.

FINDINGS AND ANALYSIS

Profile of Respondents

This study gathered 2,074 respondents to participate in the nationwide survey. More than two-thirds of respondents were female (66.1%), while the remaining were male (33.9%). Other than that, young adults between the ages of 18 and 30 exhibited a high interest in participating in the survey (62.0%), relative to other age groups. In term of race, Malay respondents participated in the survey at the maximum rate (83.9%), while the other ethnicities accounted for less than 7.5% of the total number of respondents. The analysis revealed that the majority of the respondents held tertiary degrees (84.4%), as opposed to those who attended secondary schools, primary schools, and other educational institutions (15.6%). The highest rank of respondents' income was between RM1,000 and RM4,000 (33.1%), followed by more than a quarter of respondents who claimed to have no income (29.2%).

Table 1: Profile of the Respondents (N=2.074)

Gender Male 703 33.9 Female 1,371 66.1 Age 15 - 17 years 16 0.8 18 - 30 years 1,286 62.0 31 - 40 years 202 9.7 51 - 59 years 202 9.7 51 - 59 years and above 9 0.4 Race Malay 1,740 83.9 Chinese 18 0.9 Indian 18 0.9 Indian 18 0.9 Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 2 0.1 Education 2 0.1 No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 <th colspan="8">Table 1: Profile of the Respondents (N=2,074)</th>	Table 1: Profile of the Respondents (N=2,074)							
Male Female 703 1,371 33.9 66.1 Age 15 - 17 years 16 0.8 0.8 18 - 30 years 1,286 62.0 62.0 31 - 40 years 458 22.1 22.1 41 - 50 years 202 9.7 9.0 51 - 59 years 103 5.0 5.0 60 years and above 9 0.4 83.9 Race 18 0.9 0.9 Indian 18 0.9 0.9 Bumiputera Sabah 151 7.3 5.9 Others 24 1.2 5.9 Others 24 1.2 1.2 Education 2 0.1 No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 226 10.9 Doctorate/PhD 39 1.9		Total	Percentage (%)					
Female 1,371 66.1 Age 15 - 17 years 16 0.8 18 - 30 years 1,286 62.0 31 - 40 years 458 22.1 41 - 50 years 202 9.7 51 - 59 years 103 5.0 60 years and above 9 0.4 Race Malay 1,740 83.9 Chinese 18 0.9 Indian 18								
Table Tabl								
15 – 17 years 16 0.8 18 – 30 years 1,286 62.0 31 – 40 years 458 22.1 41 – 50 years 202 9.7 51 – 59 years 103 5.0 60 years and above 9 0.4 Race Malay 1,740 83.9 Chinese 18 0.9 Indian 18 0.9 Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 24 1.2 Education No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.	Female	1,371	66.1					
18 - 30 years 1,286 62.0 31 - 40 years 458 22.1 41 - 50 years 202 9.7 51 - 59 years 103 5.0 60 years and above 9 0.4 Race Malay 1,740 83.9 Chinese 18 0.9 Indian 18 0.9 Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 24 1.2 Education 2 0.1 No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious S								
31 - 40 years 458 22.1 41 - 50 years 202 9.7 51 - 59 years 103 5.0 60 years and above 9 0.4 Race Malay 1,740 83.9 Chinese 18 0.9 Indian 18 0.9 Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 24 1.2 Education No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income No income 606 29.2 Below RM1,000 687 33.1	15 – 17 years	16	0.8					
41 - 50 years 202 9.7 51 - 59 years 103 5.0 60 years and above 9 0.4 Race Malay 1,740 83.9 Chinese 18 0.9 Indian 18 0.9 Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 24 1.2 Education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 606 29.2 Below RM1,000 687 33.1 RM1,000 - RM4,000 687 33.1	18 – 30 years	1,286	62.0					
51 - 59 years 103 5.0 60 years and above 9 0.4 Race Malay 1,740 83.9 Chinese 18 0.9 Indian 18 0.9 Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 24 1.2 Education No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income No income	31-40 years	458	22.1					
Race Name Name <th< td=""><td>41 - 50 years</td><td>202</td><td>9.7</td></th<>	41 - 50 years	202	9.7					
Race Malay 1,740 83.9 Chinese 18 0.9 Indian 18 0.9 Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 24 1.2 Education No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001	51 – 59 years	103	5.0					
Malay 1,740 83.9 Chinese 18 0.9 Indian 18 0.9 Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 24 1.2 Education 2 0.1 No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 666 29.2 Below RM1,000 687 33.1 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 <	60 years and above	9	0.4					
Chinese 18 0.9 Indian 18 0.9 Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 24 1.2 Education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 712 34.4 Master's Degree 226 10.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 7 0.2 Monthly household income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	Race							
Indian 18 0.9 Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 24 1.2 Education No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 8 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,	Malay	1,740	83.9					
Bumiputera Sabah 151 7.3 Bumiputera Sarawak 123 5.9 Others 24 1.2 Education 2 0.1 No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	Chinese	18	0.9					
Bumiputera Sarawak 123 5.9 Others 24 1.2 Education 2 0.1 No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	Indian	18	0.9					
Bumiputera Sarawak 123 5.9 Others 24 1.2 Education 2 0.1 No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	Bumiputera Sabah	151	7.3					
Others 24 1.2 Education 2 0.1 No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 8 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7			5.9					
No formal education 2 0.1 UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 8 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7		24						
UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	Education							
UPSR or equivalent 3 0.1 PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	No formal education	2	0.1					
PT3/PMR/SRP or equivalent 10 0.5 SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	UPSR or equivalent		0.1					
SPM/SPMV/SMA or equivalent 266 12.8 Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 8 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7		10	0.5					
Certificate 38 1.8 Matriculation/Foundation/STPM/STAM or equivalent 101 4.9 Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	*	266	12.8					
Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7		38	1.8					
Diploma 670 32.3 Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	Matriculation/Foundation/STPM/STAM or equivalent	101	4.9					
Bachelor's Degree 712 34.4 Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income 5 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	-							
Master's Degree 226 10.9 Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	*	712	34.4					
Doctorate/PhD 39 1.9 Others (e.g., Religious School and others) 7 0.2 Monthly household income No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7								
Monthly household income No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7		39						
Monthly household income No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7	Others (e.g., Religious School and others)	7	0.2					
No income 606 29.2 Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7		· ·						
Below RM1,000 114 5.5 RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7		606	29.2					
RM1,000 - RM4,000 687 33.1 RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7								
RM4,001 - RM10,000 517 24.9 RM10,001 - RM20,001 138 6.7								
RM10,001 - RM20,001 138 6.7								
	Above RM20,000	12	0.6					

Linear Multiple Regression

As previously pointed out, the purpose of this study is to examine the association between a dependent variable (preventing the spread of COVID-19) and multiple independent variables (wearing a face mask, cleansing hands with water and detergent, using hand sanitiser, and practising physical distancing). To determine how the independent variables predict or explain variation in the dependent variable, a linear multiple regression analysis was conducted. In addition, the

From Crisis to Recovery: Malaysia's Policy Responses to Covid-19 and Its Implications

regression coefficients (also referred to as regression weights or beta coefficients) may evaluate the intensity and direction of the relationship between the independent and dependent variables. (Sarstedt & Mooi, 2014; Kang & Zhao, 2020). The linear multiple regression model used in this study was based on this formula:

$$Y = \beta 0 + \beta 1X1 + \beta 2X2 + ... + \beta n*Xn + \epsilon$$

Based on the Model Summary results, the R^2 value was 0.055 and the adjusted R^2 was 0.054, indicating that the model used in this study only fit 5.4 % of the data. The Durbin-Watson value of 1.933 (between 1.5 and 2.5) indicated that there was no significant autocorrelation in the residuals (Savin & White, 1977; Huitema & McKean, 2000).

Table 2: Linear Multiple Regression (Model Summary^b)

				64.1	Change Statistics					
Mod el	R	R Squa re	Adjust ed R Square	Std. Error or the Estima te	R Squar e Chan ge	F Chan ge	Df 1	Df2	Sig. F Chan ge	Durbi n Wats on
1	.23 5ª	.055	.054	1.0193 4	.055	29.68 7	4	202	.000	1.933

- a. Predictors (Constant), wearing face mask, washing hands with water and soap, using hand sanitiser, and practising physical distancing
- b. Dependent variable: preventing the infection and spreading of the COVID-19 virus

Subsequently, ANOVA results revealed that the entire model used in this study was significant (p<0.000), indicating that there was a significant relationship between the independent variables and the dependent variable used in this study.

Table 3: Linear Multiple Regression (ANOVA^a)

	Model	Sum of Squares	df	Mean Square	F	Sig.
	Regression	123.389	4	30.847	29.687	.000b
1	Residual	2102.027	2023	1.039		
	Total	2225.415	2027			

- a. Dependent variable: preventing the infection and spreading of the COVID-19 virus
- Predictors (Constant), wearing face mask, washing hands with water and soap, using hand sanitiser, and practising physical distancing

In addition, based on the linear multiple regression analysis, the Collinearity statistics revealed that the tolerance value for each construct was greater than 0.30 and the VIF value was less than 0.40, indicating that there was no multicollinearity in the study's findings. Other than that, the results demonstrated that three independent variables (face mask, hand sanitiser, and physical distancing) utilised in this study have a statistically significant relationship with the dependent variable (preventing the spread of COVID-19) (p<0.050), with the exception of washing hands (p>0.050, p=0.138). Notably, "practising physical distance" was found to be the most influential factor (β =0.112, p<0.001) in "preventing the spread of COVID-19" (p<0.001).

Table 4: Linear Multiple Regression (Coefficient^a)

	Model -		dardised icients	Standardised Coefficients		Sig.	Collinearity Statistics	
		В	Std. Error	Beta	t		Tolerance	VIF
1	(Constant)	1.879	.243		7.719	.000		
	Face mask	.174	.062	.077	2.821	.005	.632	1.581
	Washing hands	.057	.039	.040	1.483	.138	.651	1.535
	Hand sanitiser	.091	.039	.065	2.365	.018	.624	1.603
	Physical distancing	.197	.049	.112	3.995	.000	.589	1.697

DISCUSSION

Following an effective policy response, actions, initiatives, and a nationwide campaign, the findings of this study revealed that physical distance was found to be the most important new norm in preventing the spread of the COVID-19 virus, followed by wearing a face mask and using hand sanitiser. Nonetheless, only one new norm, "washing hands with water and soap," was found to have no significant effect on preventing the spread of the COVID-19 virus (p>0.05).

Physical distancing—During the beginning of the COVID-19 pandemic, physical distancing was a new norm that posed the most difficulty, particularly among family members, at work, and when entering crowded and confined premises, places, or spaces (Ahmad et al., 2021). In order to prevent the spread of COVID-19, the World Health Organisation (WHO) has advised global societies to maintain a minimum distance of one metre between each other (World Health Organisation (WHO), 2023d). This reminder encourages all nations to reduce the distance between their citizens. However, as indicated earlier, the implementation of physical distancing in countries all over the world

From Crisis to Recovery: Malaysia's Policy Responses to Covid-19 and Its Implications

is different and in Malaysia for one, the government encouraged the public to maintain a one-metre distance (Bernama, 2020c). Meanwhile in Australia, the required distance is 1.5 metres (Department of Health and Aged Care, 2023; Australian Department of Health, 2020). Contrastingly in New Zealand, its government emphasises that its citizens should maintain a two-metre distance from one another (New Zealand Ministry of Health, 2020).

In Malaysia, limited space makes it difficult for service providers such as schools, restaurants, businesses, or public transportation to implement a physical separation of at least 1 metre. Physical separation is also perceived as a barrier to communication, particularly in the workplace and in restaurants. There are also issues where the federal government, state governments, and organisations have established different physical distancing SOPs, which can lead to public confusion (Shukri, 2021; New Straits Times, 2020b). Meanwhile, the issue of physical separation is being debated in places of worship, particularly during prayer in religious institutions such as mosques, temples, shrines, and churches, where the number of visitors must be limited at any given time (Ali, 2022; Tan et al., 2022).

Face mask—Since the country began requiring the use of face masks on August 1, 2020 (The Straits Times, 2020), the community has begun to take these regulations seriously. Although the cost of purchasing face masks is now considered reasonable, it remains a burden, particularly for low-income individuals. The purchase of face masks has now become a daily necessity, indirectly increasing the community's cost of living. For some people, using homemade face masks (fabric face masks and purdah) is more cost-effective. Face masks from these categories, however, are feared to be unsafe and unsanitary. The cleanliness of three-layer face masks is also widely debated especially when their use does not emphasise the aspects of hygiene (repeated use, sharing of face masks, and improper use that does not cover the mouth and nose) (Pereira-Ávila et al., 2020). Furthermore, the public must be aware of the proper way to dispose of face masks (Shammas et al., 2022). Improper disposal of used face masks in various locations can result in the spread of viruses and an increase in environmental pollution rates.

Aside from Malaysia, many countries and regions around the world have policies requiring the use of face masks as a preventative measure. However, the scopes, implementation, and enforcement of these policies vary. For example, there has been a shift in the enforcement of face mask policies. In New Zealand, the government has decided to increase the penalty for failing to comply with a COVID-19 requirement, which includes the public wearing a face mask. Previously, New Zealanders who did not don masks on public transit were subject

to a \$300 fine (Wade, 2020). However, due to rising the number of COVID-19 cases, the New Zealand government has increased the fine to \$4,000, or a maximum of \$12,000. (The Official Website of New Zealand Government, 2021). Similar circumstances occurred in Malaysia, where the government increased the fine for not wearing a face mask in public from RM1,000 to RM10,000 (Bernama, 2021b). Individuals who do not comply with face mask mandates may face fines or other penalties in some places.

Hand sanitiser—Other than face mask, the use of hand sanitisers, which was not initially understood or recognised by the Malaysian public, has now become the norm in order to prevent the spread of the COVID-19 pandemic (Ahmad et al., 2021). The cost of hand sanitisers has become a source of contention, particularly among low-income households, large families, and business owners. Furthermore, the issue of halal status and the alcohol content in hand sanitisers remain a point of contention for a small number of Muslim communities throughout the world, particularly when using hand sanitisers during prayer. Some countries, for instance Malaysia, Canada, United States and many others have implemented regulations to ensure that hand sanitisers meet certain safety and quality standards, and have warned against using homemade or unregulated hand sanitisers (Government of Canada, 2020).

Washing hands with water and soap—Many governments have launched public awareness campaigns to encourage people to wash their hands frequently, especially after using public transportation or touching potentially contaminated surfaces. People should also wash their hands for at least 20 seconds with soap and water, covering all surfaces of their hands, including under their nails and between their fingers (WHO, 2009). Despite the fact that handwashing with soap and water is a globally promoted hygiene practice, the findings of this study revealed that "washing hands with water and soap" did not help to prevent the spread of the COVID-19 virus. This is due to a number of impediments to a widespread adoption. One of the most significant challenges is the lack of handwashing facilities such as in schools, workplaces, and public places (farmers' markets, public markets, and night markets), where the majority of handwashing facilities are only available in nearby toilets (Ahmad, et al., 2021). Uncomfortable facilities, particularly in food establishments, include dirty handwashing facilities, the lack of soap or low-quality and modified soap, a lack of tissues or hand-drying equipment, and the lack of tissues or hand-drying equipment, making it difficult for people to wash their hands comfortably with soap and water. Even when the facilities (a sink, water, soap, tissue, or hand-drying equipment) are available, some people are still hesitant to wash their hands with

From Crisis to Recovery: Malaysia's Policy Responses to Covid-19 and Its Implications

soap and water. This is due to the lack of understanding about how much dirt and viruses are on a person's hands, even if they appear to be clean (Edmonds-Wilson et al., 2015; United Nations Children's Fund (UNICEF) & World Health Organization (WHO), 2021).

CONCLUSION

While Malaysia has taken numerous initiatives and actions to prevent the spread of COVID-19, particularly during the early stages of the disaster in early 2020, this study found that new Malaysian norms such as physical distance, wearing face masks, and using hand sanitiser have a significant influence in preventing the spread of the COVID-19 virus. However, washing hands with soap and water has no effect on the COVID-19 prevention. This was most likely due to the lack of facilities to wash hands and maintain cleanliness throughout the world during the early stages of the COVID-19 pandemic. Lack of cooperation and actions taken by providers to prepare appropriate sinks, an adequate water supply, and quality soap raise an important question to consider: how to encourage the public to wash their hands with water and soap in public places when the required facilities are not provided?

Further, the findings of this study demonstrated that the government's policy responses and compliance strategies encourage Malaysians to practise new norms as effective preventive measures to address the COVID-19 pandemic. In reality, it was difficult to achieve voluntary compliance among Malaysians during that time if the country were to only rely on rhetorical approaches such as raising awareness and educating society. It is estimated that 10% to 15% of the general public still refuses to follow established SOPs (Ahmad et al., 2021). As a result, without imposing compliance strategies, it is not possible to ensure total public adherence to the COVID-19 SOPs in a short period of time. The MCO, CMCO, EMCO, RMCO, and SOPs developed by the countries were among the government's actions to combat COVID-19; however, penalties imposed for noncompliance with the SOPs and new norms are among the strategies that have helped Malaysians prevent the spread of the COVID-19 virus. Other countries have used the same strategy to deal with this public health crisis. Among them are New Zealand, Korea, the United Arab Emirates, and many others.

While this study was conducted in 2020, it is argued that the practices of adopting new norms to prevent the spread of the COVID-19 virus has weakened in recent years. However, the fight against the COVID-19 pandemic continues as there is no guarantee that the world will be free of this type of public health problem in the future. In fact, people all over the world should view the COVID-19 pandemic as the most important lesson learned in order to be more vigilant, resilient, risk-taking, and capable of forecasting the future. To

accomplish this, the compliance strategy alone will not be effective for an extended period of time. All governments should emphasise voluntary compliance by increasing self-awareness strategies with the goal of regulating their behaviours and engaging in self-improvement. In other words, people adhere to the new norms because they understand the benefits of doing so. The long-term self-awareness strategy will assist the country and the world in maintaining positive behaviours for the wellbeing of the entire human ecosystem.

ACKNOWLEDGEMENTS

We wish to acknowledge the National Disaster Management Agency (NADMA), for the financial support through a research grant [File No: 100-TNCPI/GOV 16/6/2 (022/2020)] and Research Ethics Committee, Universiti Teknologi MARA (UiTM) for providing the approval to conduct this research.

REFERENCES

- Abdullah, Y. A., Yakob, H., Hassan, A., Yusoff, Z. M., Shuid, S., & Azmi, N. S. (2022). Working-from-home (WFH) practice for urban poor responding to pandemic situation. *Planning Malaysia*, 20 (4), 346-359
- Ahmad, M., Perialathan, K., Krishnan, M., Yong, T. S. M., Juatan, N., Sanusi, N. H. A., & Johari, M. Z. (2022). An insight on social distancing during COVID-19: Online survey on public's understanding, practice and perception. *Malaysian Journal of Social Sciences and Humanities*, 7(9), e001780-e001780
- Ahmad, Y., Abd Hamid, S. N. F., Tahir, N. S., Ahmad, J., Aziz, N. A., & Mustapha, S. Z. (2021). Social construction and identity formation of 'street children' in the Malaysian context. *Journal of Engineering Science and Technology, Special Issue on IAC2021*, 46-61
- Ahmad, Y., Cuthbert, D., Arunachalam, D., & Niner, S. (2017). Sex/gender and ethnic differences in social and cultural attitudes towards child sexual abuse among parents in Kuala Lumpur. *International Journal for Studies on Children, Women, Elderly and Disabled*, 1(January), 31–39
- Ahmad, Y., Suratman, M. S., Hassim, A., Md Amir, M. A. & Abd Latif, Z. (2021). Mendepani Pandemik COVID-19 di Malaysia: Bukti Empirikal Hasil daripada Penyelidikan. UiTM Press, Malaysia
- Ahmad, Y., Suratman, M. N., Hassim, A., Md Amir, M. A., Abd Latif, Z., Abd Hamid, S. N. F., Ayob, N. A., Mohd Ali, S. S., Azman, U. N. N., Abd Jamil, A. A., Shith, M. S. S. P., Chandran, S. D, Yew, J. S. & Anthony Aning, I. N. (2021). 'Kesimpulan'. In Ahmad, Y., Suratman, M. N., Hassim, A., Md Amir, M. A. & Abd Latif, Z. (2021). Mendepani Pandemik COVID-19: Bukti Empirikal daripada Hasil Penyelidikan. Selangor, Malaysia: UiTM Press
- Alharbi, G. S. (2019). Knowledge, attitude and compliance of infection control guidelines among dental faculty members and students in KSU. *BMC Oral Health*, 19(7), 1-8. doi:10.1186/s12903-018-0706-0

From Crisis to Recovery: Malaysia's Policy Responses to Covid-19 and Its Implications

- Ali, S. (2022). PPIM concerned over lack of SOP details for mosques in endemic phase transition. *The Sun Daily*. https://www.thesundaily.my/home/ppim-concerned-over-lack-of-sop-details-for-mosques-in-endemic-phase-transition-FM8934034
- Arumugam, T. (2020). Covid-19: Mask-wearing mandatory from Aug 1. *New Straits Times*. https://www.nst.com.my/news/nation/2020/07/610978/covid-19-mask-wearing-mandatory-aug-1
- Australian Department of Health. (n.d.). *Social distancing guidance*. Australian Government. https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-on-social-distancing.pdf
- Australian Government. (2019). *Compliance model*. Australian Taxation Office. https://www.ato.gov.au/About-ATO/Managingthetaxandsupersystem/Strategicdirection/Howwehelpandinfluenc etaxpayers/Compliance-model/
- Berita Harian. (2020, March 16). Kronologi COVID-19 di Malaysia. *Berita Harian*. https://www.bharian.com.my/berita/nasional/2020/03/666122/kronologi-covid-19-di-malaysia
- Bernama. (2021a, October 14). Hidup bersama endemic COVID-19 tuntut kebersihan tangan. *Bernama*. https://bernama.com/bm/rencana/news.php?id=2013346
- Bernama. (2021b). RM10,000 fine for SOP violations beginning March 11. New Straits *Times*. https://www.nst.com.my/news/nation/2021/02/669100/rm10000-fine-sop-violations-beginning-march-11
- Bernama. (2020c). MOH: It's physical distancing now, not social distancing. *New Straits Times*. https://www.nst.com.my/news/nation/2020/07/613055/moh-its-physical-distancing-now-not-social-distancing
- Booker, L. A., Cordon, E. L., Pedersen, H. S., Fosgerau, C. F., Egerton, S., Chan, C. K.,
 & Skinner, T. C. (2022). Different Behavior-Change Messaging Techniques Do
 Not Increase Customers' Hand Sanitization Adherence During the COVID-19
 Pandemic: A Natural Behavioral Study. Frontiers in Psychology, 13
- Chan. C., Lo. M., Mohamad, A. A. & Chin, Y. S. (2022). Knowledge, Awareness, Attitudes, and Standard Operating Procedures (SOPs) towards Practices for COVID-19 Infection Prevention in Sarawak, Malaysia. *Journal of Public Health and Emergency*, 6(32), 1-12. https://dx.doi.org/10.21037/jphe-2
- Chen, X., & Chen, X. (2021). The Use of Online Surveys in Social Science Research: A Systematic Review. *Journal of Medical Systems*, 45(8), 1-16
- Clay, R. A. (2017). The benefits and pitfalls of online surveys. *Monitor on Psychology*. 2, 48(6), 48.
- Edmonds-Wilson, S. L., Nurinova, N. I., Zapka, C. A., Fierer, N., & Wilson, M. (2015). Review of human hand microbiome research. *Journal of Dermatological Science*, 80(1), 3-12
- Goldhill, O. (2018) The problem with online surveys. *Quartz*. https://qz.com/1324961/the-problem-with-online-surveys

- Government of Canada. (2020). *Homemade hand sanitizers may present health risks*. Government of Canada. https://recalls-rappels.canada.ca/en/alert-recall/homemade-hand-sanitizers-may-present-health-risks
- Government of Western Australia. (2014). Compliance strategy. *Government of Western Austral*ia. https://www.commerce.wa.gov.au/publications/compliance-strategy
- Gray, L., Rose, S. B., Stanley, J., Zhang, J., Tassell-Matamua, N., Puloka, V., ... & Baker, M. G. (2021). Factors influencing individual ability to follow physical distancing recommendations in Aotearoa New Zealand during the COVID-19 pandemic: a population survey. *Journal of the Royal Society of New Zealand*, 51(sup1), S107-S126
- Hamed, M., Alqahtani, S., & Alfelali, M. (2021). Knowledge, Attitudes, and Practices Towards COVID-19 Among Saudis: An Online Cross-sectional Survey. *Frontiers in Public Health*, 9, 621800. https://doi.org/10.3389/fpubh.2021.621800
- Harom, H. (2020, November 10). 125 Kluster tamat- Kluster tabligh Sri Petaling rekod jumlah terbesar. *Sinar Harian*. https://www.sinarharian.com.my/article/109479/khas/covid-19/125-kluster-tamat-kluster-tabligh-sri-petaling-rekod-jumlah-terbesar
- Hassan, Z. M., Ewis, A. A., & Abouzeid, O. N. (2021). Adherence to COVID-19 Related Public Health Measures among Minia University Students Based on Health Belief Model. *Egyptian Journal of Health Care*, 12(4), 690 709. https://doi.org/10.21608/ejhc.2021.203224
- Huitema, B. E., & McKean, J. W. (2000). A Simple and Powerful Test for Autocorrelated Errors in OLS Intervention Models. *Psychological 741 Reports*, 87(1), 3-20
- Ibrahim, M. I. (2021, May 24). Kos RM5 bilion adalah untuk 73.5 juta dos vaksin. *Berita Harian*. https://www.bharian.com.my/berita/nasional/2021/05/820324/kos-rm5-bilion-adalah-untuk-735-juta-dos-vaksin
- Idris, R. (2020, July 23). Wajib pakai pelitup muka di tempat sesak, pengangkutan awam 1 Ogos. *Berita Harian*. https://www.bharian.com.my/berita/nasional/2020/07/714028/wajib-pakai-pelitup-muka-di-tempat-sesak-pengangkutan-awam-1-ogos
- Kang, H., & Zhao, H. (2020). Description and Application Research of Multiple Regression Model Optimization Algorithm Based on Data 755 Set Denoising. *Journal of Physics: Conference Series*, 1631, 1-7
- Kline, R.B. (2005). *Principles and Practice of Structural Equation Modeling* (2nd ed.). New York: Guilford Press, 2005
- Mahjom, M., Hassan, A. A. G., Ismail, R., Deraman, N. F., Mat Lazim, R., Ghazali, M., Kuay, L. K., Shawaluddi, N. S., Tuan Lah, T. M. A., & Ahmad Shuib Yahya. (2021).
 Knowledge and New Norms Practices among Remote Communities in Malaysia during COVID-19 Pandemic. *Journal of Education and Social Sciences*, 18(3)
- Ministry of Health Malaysia. (2022). Syor Terkini Pemberian Dos Penggalak Oleh Kumpulan Kerja Teknikal KKM. Ministry of Health Malaysia. https://covid-19.moh.gov.my/semasa-kkm/2022/12/syor-terkini-pemberian-dos-penggalak-oleh-kumpulan-kerja-teknikal-kkm

From Crisis to Recovery: Malaysia's Policy Responses to Covid-19 and Its Implications

- Ministry of Health Malaysia. (2020). Current situation of COVID-19 pandemic in Malaysia. Ministry of Health Malaysia. http://covid-19.moh.gov.my/
- Mokhtar, N. S., Leh, O. L. H., Marzukhi, M. A., & Kwong, Q. J. (2022). Social impact of social distancing on residents of low-cost apartments during the conditional movement control order (CMCO) in Selangor, Malaysia. *Planning Malaysia*, 20 (4), 167-182.
- New Straits Times. (2020a, August 8). PM Launches 'Embracing New Norms' Campaign. New Straits Times. https://www.nst.com.my/news/nation/2020/08/615003/pm-launches-embracing-new-norms-campaign-nsttv
- New Straits Times. (2020b). SOP on Covid-19 vague and confusing. *New Straits Times*. https://www.nst.com.my/news/nation/2020/10/634177/sop-covid-19-vague-and-confusing
- New Zealand Ministry of Health. (2020). New cases of COVID-19 confirmed no community transmission. Manatu Hauora. https://www.health.govt.nz/news-media/media-releases/new-cases-covid-19-confirmed-no-community-transmission
- Pereira-Ávila, F. M. V., Lam, S. C., Góes, F. G. B., Gir, E., Pereira-Caldeira, N. M. V., Teles, S. A. & Silva, A. C. D. O. (2020). Factors associated with the use and reuse of face masks among Brazilian individuals during the COVID-19 pandemic. *Revista latino-americana de enfermagem*, 28
- Rahman, M. Z., Hoque, M. E., Alam, M. R., Rouf, M. A., Khan, S. I., Xu, H., & Ramakrishna, S. (2022). Face Masks to Combat Coronavirus (COVID-19)-Processing, Roles, Requirements, Efficacy, Risk and Sustainability. *Polymers*, 14(7), 1296. https://doi.org/10.3390/polym14071296
- Reis, D., Amaro, F., & Correia, A. (2022). The impact of the COVID-19 pandemic on the use of online surveys in academic research. Social Science Computer Review, 40(2), 287-300
- Sarstedt, M., & Mooi, E. (2014). Regression Analysis. Springer Texts in Business and Economics, in: *A Concise Guide to Market Research*, 823 2nd Edition, Chapter 7, 193-233, Springer
- Savin, N., & White, K. (1977). The Durbin-Watson Test for Serial Correlation with Extreme Sample Sizes or Many Regressors. *Econometric*. 197, 45(8), 1989-1996
- Shammas, M. I., Algieri, C., Coppola, G., & Chakraborty, S. (2022). Impact of the COVID-19 face mask disposal on environment and perception of people of the Sultanate of Oman. *Ethiopian Journal of Health Development*, 36(2)
- Shukri, S. (2021). LETTER | How we can avoid confusion over SOPs. *MalaysiaKini*. https://www.malaysiakini.com/letters/578218
- Sidharth, S., Aggarwal, R., Ghotekar, L. H., Margekar, S. L., & Kumar, O. (2022). Hand sanitizer: A double-edged sword used in the COVID-19 pandemic. *Indian Journal of Medical Specialities*, 130-131
- Singh, P., Potlia, I., Malhotra, S., Dubey, H., & Chauhan, H. (2020). Hand sanitizer an alternative to hand washing—a review of literature. *Journal of Advanced Oral Research*, 11(2), 137-142

- Tan, M. M., Musa, A. F., & Su, T. T. (2022). The role of religion in mitigating the COVID-19 pandemic: the Malaysian multi-faith perspectives. *Health Promotion International*, 37(1), daab041
- The Official Website of New Zealand Government. (2021). Significant increase to COVID-19 penalties. Beehive.govt.nz. https://www.beehive.govt.nz/release/significant-increase-covid-19-penalties
- The Star. (2020a, May 15). How Malaysian workplaces are changing due to Covid-19. *The Star.* https://www.thestar.com.my/lifestyle/living/2020/05/15/how-malaysian-workplaces-are-changing-due-to-covid-19
- The Star. (2020b, May 5). Public transport users follow strict preventive measures. *The Star.* https://www.thestar.com.my/news/nation/2020/05/05/public-transport-users-follow-strict-preventive-measures
- The Straits Times. (2020). Malaysia implements mandatory mask-wearing in crowded places from Aug 1. *New Straits Times*. https://www.straitstimes.com/asia/se-asia/malaysia-implements-mandatory-mask-wearing-in-crowded-places-from-aug-1
- Tomori, O. (2020, May 12). Hand hygiene amid COVID-19: soap and water is highly effective and affordable. *The Conversation*. https://theconversation.com/hand-hygiene-amid-covid-19-soap-and-water-is-highly-effective-and-affordable-137601
- UNICEF & WHO. State of the world's hand hygiene. (2021). United Nations Children's Fund & World Health Organization. https://cdn.who.int/media/docs/default-source/wash-documents/bls21329-uni-state-of-the-world-s-hand-hygiene who web--low.pdf?sfvrsn=f500dcf0 11
- UNICEF. (2020, March 6). Fact sheet: Handwashing with soap critical in fight against coronavirus, but millions lack access. United Nations Children's Fund. https://www.unicef.org/press-releases/fact-sheet-handwashing-soap-critical-fight-against-coronavirus-out-reach-billions
- Wade. T. (2020). Covid 19 coronavirus: \$300 instant fines for not wearing a mask on public transport - Who is exempt? Nzherald.co.nz. https://www.nzherald.co.nz/nz/covid-19-coronavirus-300-instant-fines-for-notwearing-a-mask-on-public-transport-who-isexempt/DL6FWTF2HDRFRV26A4T52VNUJE/
- WHO. (2023a). Coronavirus (COVID-19) Dashboard Overview. World Health Organisation. https://covid19.who.int/
- WHO. (2023b). *COVID-19: physical distancing*. World Health Organisation https://www.who.int/westernpacific/emergencies/covid-19/information/physical-distancing
- WHO. (2023c). *Advice for the Public: Coronavirus Disease COVID-19*. World Health Organisation. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public
- WHO. (2023d). *COVID-19: physical distancing*. World Health Organisation. https://www.who.int/westernpacific/emergencies/covid-19/information/physical-distancing

From Crisis to Recovery: Malaysia's Policy Responses to Covid-19 and Its Implications

WHO. (2009). *Hand Hygiene: Why, How & When?* World Health Organization. https://www.afro.who.int/sites/default/files/pdf/Health%20topics/Hand_Hygiene _Why_How_and_When_Brochure.pdf

Received: 12th July 2023. Accepted: 13th October 2023