



The Level of Awareness and the Extent of Violation of the Implementation of Anti-Covid-19 Ordinance of 2020 in Dipolog City, Philippines

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Abstract

This study determined the level of awareness of the implementation and the extent of violation of the Anti-Covid-19 Ordinance of 2020 in Dipolog City, Philippines. It utilized the quantitative descriptive-survey method employing a validated research questionnaire as its principal tool in gathering data. The respondents were randomly selected residents from the different communities within the city. The gathered data were treated statistically using frequency counting, percentage computation, weighted mean, and Chi-Square test. The findings revealed that respondents were “Much Aware” of the implementation but the volume or the extent of reported violations reached up to 989 individuals being apprehended and fined during the implementation. Among the types of violations committed, failure to observe social distancing ranks first. Further, it reveals a significant relationship between the level of awareness and the extent of violation of the COVID-19 ordinance. The study recommends stricter enforcement of the local order and extensive awareness campaigns for the prevention of large-scale disease transmission and diminution of quarantine protocol violations.

Keywords: awareness, implementation, extent, violation, anti-COVID 19 ordinance

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Introduction

The COVID-19 virus pandemic was announced by the World Health Organization on March 11, 2020. It was originally discovered in December 2019 in Wuhan, China, and has already become a worldwide outbreak. The corona virus sickness is an infectious illness brought on by a

recently discovered corona virus, according to the World Health Organization. The said virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. Concerned about "the disturbing levels of spread and severity," the WHO urged nations to act swiftly and aggressively to limit the virus's spread (World Health Organization [WHO], 2020). According to Article 44 of the International Health Regulation, there is a shared responsibility among countries to make it possible for every country to achieve the core public health capacities identified in the IHR, which is monitored by the World Health Organization. It outlines the legal obligation of nations to work together and support one another in establishing their own nation-wide public health programs in response to an impending health crisis. Further, as stated in Article 43 of the IHR, governments are allowed to use their sovereign right to respond to crisis situations by enacting additional health measures, so long as those actions are proportionate to the risk involved, consistent with human rights requirements, and supported by scientific evidence.

Consequently, various public health and hygiene initiatives have been launched. In most states, general public quarantine, isolation, lockdown, travel ban, imposition of curfew hours, mandatory facemask use in public places, social distancing, frequent handwashing, and sanitation are implemented to reduce and prevent the contagion.

Peeples (2020) disclosed that wearing face masks not only has a direct beneficial medical impact in preventing the virus from spreading to those who are most vulnerable, but it also has beneficial societal effects as it permits the relaxation of other preventive measures like strict isolation and quarantining. Different societal responsibilities, such as maintaining social distance, regularly washing and sanitizing hands, and adhering to health authorities' recommendations will all lead to a more successful national response to stop the spread of the disease, particularly after the lifting of the current lockdown and curfew in Jordan (Al Tammemi, 2020).

On the other hand, social distancing is a non-pharmaceutical intervention that can be used to reduce the transmission of infectious diseases in communities (Mishra & Majumdar, 2020). Prior to the widespread distribution of vaccines or medications, it becomes especially crucial as a community mitigation approach. According to Hills & Erasco (2021), maintaining social distance and enforcing movement restrictions can help stop the spread of a virus. These strategies have been used in the past by many nations to combat respiratory pandemics, and there is a body of research evaluating how the populace reacts to different preventative measures. Since the beginning, many Asian countries, including China and South Korea, have implemented a universal masking policy.

In the Philippines, COVID-19 was first detected in late January 2020. The spread of the virus has given Philippines law enforcement broad discretion to enforce public health measures (Thoreson, 2020). Travel restrictions were then enforced by the Duterte administration on flights from Wuhan, Macau, and Hong Kong in early February. But on the onset of the first reported local transmission, President Rodrigo Duterte proclaimed a public health emergency in the nation on March 8 (Proclamation No. 922). This declaration complies with both the Law on Reporting of Communicable Diseases (Republic Act [RA] No. 11332), which mandates that the Philippine President declare the state of public health emergency in the event of an epidemic of national and/or international concern that threatens national security and enables the President to take immediate action, and the 1987 Constitution, in particular the State's policy to protect and promote the people's right to health (Article II, Section 15). In conformity with Article II, Section 15 of the Constitution in conjunction with the Philippines Disaster Risk Reduction and Management Act, the President issued Proclamation No. 929 on March 16 declaring the nation to be in a state of calamity due to COVID-19 for six months (RA No. 10121). In order to halt the spread of COVID-19 and keep providing essential services to their national population, the proclamation gives both the national and local governments enough preparation to allocate the proper finances for disaster planning and response activities (Atienza, 2021).

After the proclamation, the Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines mandated the Inter-Agency Task Force (IATF) on the prevention and/or minimizing the local spread emerging infectious disease in the country through establishment or reinforcement of a system in screening possible patients infected with emerging infectious disease, contact tracing, identification of the mode of exposure to the virus and the implementation effective quarantine and proper isolation procedures (Department of Health [DOH], 2020). The Executive Order No. (E.O.) 168 series 2014 created the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases chaired by the Department of Health (DOH) to facilitate inter-sectoral collaboration to establish preparedness and ensure efficient government response to assess, monitor, contain, control, and prevent the spread of any potential epidemic in the Philippines.

Further, Revised Quarantine Rules and Regulations of 2004 also known as the "Implementing Rules and Regulations of the Quarantine Act of 2004 were issued to implement Republic Act No 9271, in accord with the International Health Regulations (IHR) of the World Health Organization (WHO). These rules and regulations are promulgated to protect and promote the health of the people by ensuring maximum security against the introduction or spread of diseases subject to the International Health Regulations, particularly emerging diseases and public health emergencies of international concern, from foreign countries into the Philippines and from one port to another within the country as stated in sections 1, 2 & 3 in the said quarantine rules and regulations.

Metro Manila and other regions were placed under "enhanced community quarantine" by the Duterte administration (ECQ). Under ECQ, school and university classes were suspended, mass gatherings were forbidden, government offices were staffed minimally, businesses were closed aside from those that provided necessities, mass transportation was constrained, mobility was prohibited and people were instructed to observe social distancing practices and to remain at home (Hapal, 2021). The wearing of masks and social seclusion were tightly enforced, and entire provinces and cities were placed under lockdown. It was also detailed by Santos (2021) that to ensure social distancing and prevent mass gatherings in the Philippines, many cities around Metro Manila and the rest of the Philippines implemented liquor bans of which restaurants, bars, groceries and convenience store and online liquor delivery services were prohibited from selling any type of alcoholic beverages to those areas.

To enforce law and order and guarantee that all safety precautions were taken, the government placed a great deal of reliance on the military and the police. Although, the country's response to COVID-19 has been labeled as being among the strictest and longest lockdowns ever (Hapal, 2021) number of violators have escalated. Violators are first recorded in the barangay blotter. It was reported by the KUSI News (2020) that hundreds of people have been apprehended by the Philippine National Police in Manila and other regions of the nation since the lockdown began. There are nearly 50, 000 individuals have been arrested and most of the them are due to curfew violation, social distancing and quarantine regulations. Punishment includes payment of fines and one-month prison sentence. In other local government, lawbreakers must pay fines and penalties, though they are less severe than the ones specified by the law other agencies put unusual sanctions in place for offenders, like community work, required pandemic lectures, and physical activities.

The City Government of Dipolog adopted City Ordinance No. 20-297 or the Anti-Covid-19 Ordinance of 2020. This decree provides the prevention, mitigation, preparedness for, and containment of the coronavirus disease 19, imposing sanctions for violations thereof and other purposes. Such enactment enforces the persons in authority to impose staying at home, wearing of face mask or face shield whenever in public, social distancing, liquor ban, and curfew hours. However, local governments have received numerous reports on violations of quarantine protocols

in various barangays (communities/villages) within the city. Thus, the researchers envision to determine the extent of the violation and the level of awareness of the constituents on the implementation of the local decree, the test of difference on the level of awareness of the respondents when grouped according to profile, and the test of the relationship between the volume of reported violation cases to the respondents' level of awareness during the implementation.

Methodology

The descriptive-survey method was used in this study to determine the level of implementation and the extent of violation of the Anti-Covid 19 Ordinance in Dipolog City. Questionnaires were distributed to one hundred fifty (150) randomly selected respondents from three barangays of the said city to get their perceptions. Their age, sex and occupation were also taken into consideration. The questionnaire checklist was validated by the panel of experts and pre-tested with 10 participants to ensure the study's accuracy, quality, and credibility were at its utmost level. For ethical consideration, a permission letter addressed to each barangay captain (village/community head) was secured. A letter of consent was also distributed to the respondents and the researchers assures that the respondents' identities would not be revealed and that their responses will be treated with utmost confidentiality and privacy. The data gathered were tallied and analyzed through statistical treatment such as; frequency count and percentage computation, weighted mean, and chi-square test to determine the extent of violation on the implementation of the Anti-Covid 19 Ordinance; the test of difference on the level of awareness on the implementation of the ordinance when respondents are grouped according to their profile; and the test of relationship on the volume of reported violation cases during the implementation of Anti-COVID-19 Ordinance of 2020.

Results and Discussion

The enactment of the Anti-Covid Ordinance in Dipolog city, Philippines steers the local government in addressing public health emergencies specifically in preventing and mitigating the escalation of coronavirus transmission. The study mainly focuses on the ordinance's implementation, the people's degree of awareness of the rules, and the number of violations documented during the pandemic. Hence, presented below are the results of the study with one-hundred fifty (150) randomly selected residents from chosen communities in Dipolog City wherein the data of the study is in tabular forms with their corresponding analysis and interpretation which is also in accordance with the objectives being sought.

Respondents' Profile

Table 1. Profile of the respondents in term of Age

Age Bracket	F	Percent
Below 18 years old	25	17%
18-25 years old	45	30%
26 -35 years old	32	21%
36-45 years old	19	13%
46 – 55 years old	10	13%
56 years old and above	10	6.7%
Total	150	100%

In terms of age, most of them belonged to the age bracket of 18 – 25 years old having thirty (30) percent as reflected in Table 1. Respondents aged 26 – 35 years old had twenty (21) percent. Below 18 years old is seventeen (17) percent. The respondents who were 36 – 45 years old and 36 – 55 years old had a small and equal proportion of thirteen (13) percent and little proportion of six point seven (6.7) percent to those who are aged 56 years old and above. This shows that the majority of the respondents are young adults. Therefore, young adults are cognizant of City Ordinance No. 20-297 or the Anti-Covid-19 Ordinance of 2020 implemented by the government. However, these ages were most of the violators of the government's covid-19 protocols. According to Nivette et al. (2020) adolescents and young adults were identified internationally as a group with potentially low compliance rates with public health measures aimed at curbing the spread of coronavirus disease 2019 (COVID-19). Thus, they are aware of the said ordinance and its corresponding penalties but sometimes they are confident enough that they might not be caught by the authorities and sometimes people tend to forget the protocols as they're not wearing a facemask and not observing social distancing as they were used to it.

This aligns with the study of De Witte (2020) that young people – aged between 18 to 31 years old – had the lowest compliance rate. Mukhlis et. al (2021), also found that awareness of COVID-19 was significantly higher among postgraduate graduates than among high school graduates. However, at all rates, they are all aware of the COVID-19 that impacted the lives of people all over the world.

Table 2. Profile of the respondents in terms of Sex

Sex	F	Percent
Male	72	48%
Female	78	52%
Total	150	100%

In terms of sex, as gleaned in Table 2., fifty-two (52) percent of the participant were females while only forty-eight percent were males.

Mukhlis et al. (2021) have revealed in their findings that most women are willing to obey the stay-at-home policy than men, possibly because women display more positive health-related behaviors so that they better comply with orders related to social distancing to prevent the spread of Covid-19 than men.

Table 3. Profile of the respondents in terms of Occupation

Occupation	F	Percent
Government Sector	12	8%
Private Sector	17	11%
Business Sector	38	25%
Unemployed	42	28%
Others	41	27%
Total	150	100%

Considering occupation as an indicator, twenty-eight (28) percent of the respondents were unemployed, twenty-seven (27) percent of them had other jobs, quite a few of the respondents were in the business sector with only twenty-five (25) percent, respondents on a private sector job

has 11 percent meanwhile only 8 percent are working in the government. As reflected in table 3, most of the respondents were unemployed. There is a difference in awareness of COVID-19 in terms of employment status according to Mukhlis et al. (2021), individuals who work have a higher level of awareness on Covid-19 because they are aware of the need for self-protection to prevent COVID-19 while working.

The Volume of Reported Violation Cases during the Implementation of Anti Covid-19 Ordinance of 2020 in Dipolog City

Table 4. The Volume of Reported Violation Cases in Dipolog City

Statements	F	Rank
1. Fined due to not following the protocols provided by the City Government through the City Health Office.	233	3
2. Sanctioned due to the fact of refusing to undergo either home, hospital, or community isolation center mandated by the City Health Office	0	-
3. Apprehended because of concealing or withholding relevant information such as but not limited to travel history, experience of symptoms, health conditions etc.	1	7
4. Punished for violating the Ordinance on Public Protection Hours (curfew hours).	236	2
5. Sanctioned by reason of selling, distributing, purchasing or consuming liquor and/or alcoholic beverages.	12	5
6. Fined due to not wearing of facemask outside the house.	223	4
7. Apprehended because of failing to practice social distancing.	273	1
8. Arrested by reason of initiating or participating in gambling activities.	0	-
9. Sanctioned because of operating wifi connection through “wifipisonet” or operates a “pisonet” during the effectivity of the community quarantine.	0	-
10. Apprehended due to the fact of unauthorized selling of sanitizers and disinfectants.	0	-
11. Sanctioned as owner/operator of any establishment for failure to follow quarantine, sanitation, and disinfection procedures as maybe established by the City Government.	0	-
12. Sanctioned as owner of any establishment for undertaking the practice of hoarding and overpricing in selling of medicines, medical supplies, groceries, and other basic necessities/commodities.	0	-
13. Sanctioned for selling, dispensing, distributing or serving any kind of liquor and/or alcoholic drinks.	11	6
14. Penalized as owner of any establishment that fails to implement social distancing.	0	-
15. Fined as owner of any store that operates a “wifipisonet” and/or “pisonet” during the duration of the public health emergency.	0	-
Total	989	

Table 4 below shows the volume of reported violation cases during the implementation of the Anti-COVID-19 Ordinance of 2020. As shown in the table, a total of 989 individuals were fined and apprehended. The most reported violation case is in no. 5, where most of the residents

failed to practice social distancing, with a total of 273 individuals. The violation of the Ordinance on Public Protection Hours (curfew hours) had the second rank, with a total of 236 punished individuals. Third in rank is no. 1, which is not following the protocols provided by the City Government through the City Health Office with a total of 233 fined individuals. Violation of not wearing a facemask outside the house is in 4th rank with a total of 223 punished individuals. Fifth in rank is the violation of selling, distributing, purchasing, or consuming liquor and/or alcoholic beverages with 12 individuals sanctioned. 6th in rank is no. 13 with 11 individuals sanctioned for selling, dispensing, distributing or serving any kind of liquor and/or alcoholic drinks. Last in rank, only 1 individual was apprehended because of concealing or withholding relevant information, such as but not limited to travel history, experience of symptoms, health conditions etc.

These findings were supported by the study of De Witte (2020), which showed 39.8 percent of their respondents reported not complying with social distancing in the middle of March, which got the highest rate. And the most common reasons for noncompliance were work requirements from non-essential businesses, mental and physical health concerns, and beliefs that the other precautions were enough.

Hills & Eraso (2021), suggests that adherence to all social distancing rules appears highly challenging for the majority of participants, with only 7.2% of participants being able to adhere over a two-week period. So, this implies that the violations of social distancing increase compared to other violations as it is challenging for them to follow the rule. As featured in the CNN Philippine News (2021), the Chief PNP said that the failure to wear face shields and face masks topped the list of the most violated health measures, including the non-observance of social distancing. In fact, in Dipolog City, as gathered from the City Legal Office, non-observance of social distancing or failure to practice social distancing got the most reported violation, as shown in the table above. Social and physical distancing measures aim to stop the spread of disease by stopping chains of transmission of COVID-19 and preventing new ones from appearing. These measures secure physical distance between people (of at least one meter) and reduce contact with contaminated surfaces while encouraging and sustaining virtual social connection within families and communities (World Health Organization, 2020).

The Level of Awareness on the Implementation of the Anti-Covid-19 Ordinance

Table 5. The Level of Awareness on the Implementation of the Anti-Covid-19 Ordinance

Statements	WM	Description
1. Imposes protocols as provided by the DOH through the City Health Office.	4.27	Very Much Aware
2. Imposes on any person to undergo either home, hospital, or community isolation center despite being mandated by the City Health Office.	3.97	Much Aware
3. Conceals or withheld relevant information such as but not limited to travel history, experience of symptoms, health conditions etc. were sanctioned.	3.69	Much Aware
4. Imposes an Ordinance on Public Protection Hours (curfew hours).	4.25	Very Much Aware
5. Imposes a ban on liquor and/or alcoholic drinks.	4.04	Much Aware
6. Implements wearing of facemask whenever outside the house.	4.51	Very Much Aware
7. Implements the practice of social distancing.	4.46	Very Much Aware

8. Imposes penalties to any person who initiated or participated in gambling activities.	3.99	Much Aware
9. Punishes any operator and home owner who offered a wifi connection through “wifipisonet” or operated a “pisonet” during the effectivity of the community quarantine.	2.99	Aware
10. Provides sanction to any person who sold or offered for sale unauthorized sanitizers and disinfectants.	3.69	Much Aware
11. Requires establishments to follow sanitation, disinfection and social distancing protocols.	4.17	Much Aware
12. Imposes penalties to any establishment who undertook the practice of hoarding and overpricing in selling of medicines, medical supplies, groceries, and other basic necessities/commodities.	3.75	Much Aware
13. Punishes any establishment that Sells, Dispenses, Distributes or serves any kind of liquor and/or alcoholic drinks.	3.57	Much Aware
14. Provides sanction to any establishment who failed to follow social distancing protocols.	4.03	Much Aware
15. Punishes any store that operated a “wifipisonet” and/or “pisonet” during the duration of the public health emergency.	2.90	Aware
Average Weighted Mean	3.88	Much Aware

Presented in Table 5 is the level of awareness of the ordinance's implementation. The data pointed out that the respondents are very aware that the city government has imposed protocol as provided by the Department of Health through the City Health Office (4.27). The respondents are well aware that any people who concealed or withheld relevant information, such as but not limited to travel history, experience of symptoms, health conditions etc., were sanctioned (3.69). A weighted mean of 4.25 stressed that the respondents are very much aware of the public protection hours (curfew hours) imposed by the city. The respondents are very aware, with a WM of 4.04, of the City Government's liquor and/or alcoholic drinks ban; 4.51 are very aware of the implementation of the wearing of a facemask whenever outside the house; and 4.46 are very aware of the City Government's implementation of practicing social distancing.

In fact, in the study of Alsaif et al. (2021), elderly and employed individuals demonstrated significant positive attitudes and desired practices, showing that people have a sufficient combination of relatively good levels of knowledge, indicating that people are highly aware of the pandemic COVID-19 and its effect on humans. In addition, Almaghrabi (2021) also mentioned that the people in Saudi had very high levels of awareness and adherence regarding COVID-19 quarantine and isolation measures. In fact, they got a total of 1,936 (96.9%) of their participants to report that they were aware of the COVID-19 outbreak. Hence, they were highly aware of their governments' implemented safety protocols as well as the penalties imposed thereon.

Significant Difference on The Level of Awareness on The Implementation of Anti Covid-19 Ordinance of 2020 when respondents are grouped to their profile.

Table 6. Test of Difference on the Level of Awareness on the Implementation of Anti COVID-19 Ordinance Of 2020 in Dipolog City when grouped according to their Profile

Factors Compared	Level of Awareness on the Implementation of Anti COVID-19 Ordinance of 2020 in Dipolog City				
Respondents' Profile	α	χ^2 - critical value	χ^2 - value	Interpretation	Action/ Decision
Age	$\alpha = 0.05$	26.296	0.2911	No Significant Difference	H_0 was accepted
Sex	$\alpha = 0.05$	3.841	2.5765	No Significant Difference	H_0 was accepted
Occupation	$\alpha = 0.05$	16.919	0.7966	No Significant Difference	H_0 was accepted

Table 6 illustrates the test of difference in the level of awareness of the implementation of the Anti-COVID-19 Ordinance of 2020 in Dipolog City when respondents are grouped according to their profile. It revealed that there is no significant difference, which means that all of the respondents are well aware of the implementation regardless of their age, sex, and occupation. These findings are supported by the study of Almaghrabi (2021), which concluded that all populations had very high levels of awareness and adherence regarding COVID-19 quarantine and isolation measures.

The Significant Relationship on The Volume of Reported Violation Cases During the Implementation of Anti-Covid-19 Ordinance of 2020 and The Level of Awareness on The Implementation

Table 7. Test of Relationship on the Volume of Reported Violation Cases during the Implementation of Anti COVID-19 Ordinance of 2020 and the Level of Awareness on the Implementation of Anti COVID-19 Ordinance of 2020 in Dipolog City

Factors Compared	Level of Awareness on the Implementation of Anti COVID-19 Ordinance of 2020 in Dipolog City				
	α	χ^2 - critical value	χ^2 - value	Interpretation	Action/ Decision
Volume of Reported Violation Cases during the Implementation of Anti COVID-19 Ordinance of 2020	$\alpha = 0.05$	16.919	21.8252	Significant relationship	H_0 was rejected

Table 7 demonstrates the test of relationship between the volume of reported violation cases during the implementation of the Anti-COVID-19 Ordinance of 2020 and the level of awareness of the implementation of the Anti-COVID-19 Ordinance of 2020 in Dipolog City. Based on the result, there is a significant relationship between the volume of reported violation

cases during the implementation of the Anti-Covid-19 Ordinance of 2020 and the level of awareness of the implementation of the Anti-Covid-19 Ordinance of 2020 in Dipolog City. This suggests that awareness of the respondents is associated with the volume of reported violation cases during the implementation of the ordinance. In other words, reported violation cases during the implementation of the ordinance boost awareness among the respondents.

The average weighted mean in Table 6, which was 3.88, was described as much aware, which implies that the respondents are absolutely much aware of the implementation of the Anti-Covid-19 Ordinance of 2020 as the expected result due to the fact that the level of implementation had an average weighted mean score of 3.41, described as highly implemented. As a result, because the respondents are well aware of the implementation of the Anti-COVID-19 Ordinance of 2020 in Dipolog City, and as shown in Table 5, the volume of violations of the said Ordinance is not that numerous, it is clear that there was a significant relationship between the two. Although there are still violations committed by individuals, they are not that great in number because they are well aware.

These findings are supported by Mukhlis et al. (2021) who found that, according to them, awareness of COVID-19 was significantly and positively associated with compliance with social distancing order and other protocols. Having better awareness can increase compliance. This means that if people are made aware of the implementation of the Anti-Covid 19 Ordinance of 2020, then they will most likely comply with the safety measures provided for by the government. People will be less likely to commit those violations, with their corresponding penalties.

Conclusion

Local residents of Dipolog city, Philippines are well aware of the implementation of the Anti-Covid-19 ordinance, regardless of their age, gender, or occupation however the extent of violation on the implementation of the ordinance is relatively high. Failure to observe social distancing ranks first among the types of quarantine violations. Furthermore, the respondents' level of awareness of the Anti-Covid-19 ordinance in Dipolog city and the extent of violation against the ordinance are statistically associated.

Conflict of Interest

No Conflict of Interest.

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