

An Insight on Social Distancing During COVID-19: Online Survey on Public's Understanding, Practice and Perception

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ABSTRACT

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One of the first critical recommendations made by the Malaysian government as part of the COVID-19 prevention measures was social distancing, also known as physical distancing. It has thus become necessary to determine to what extent this measure has successfully prevented the spread of the virus. However, the public has mixed feelings about this topic, so a study is required to understand the present situation. This study aims to assess the public's understanding, attitude, and practice regarding social distancing, particularly during the early stages of the Movement Control Order (MCO). An online survey was conducted from 19 June to 19 July 2020. The study also applied non-probability sampling, an unrestricted, self-selected survey, and the adopted snowballing method. The

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study concluded that the general public has a high knowledge, practice, and a positive attitude toward physical distancing. In conclusion, human nature is influenced by their understanding, attitudes, perceptions, and intentions to comply with the new practice.

Contribution/Originality: This study documents the public's understanding, attitude, and practice regarding social distancing during a pandemic. This study findings gives the notion that perceptions of risks, protection, and preparedness to deal with emerging diseases is critical & will aid in future risk assessment, planning and decision-making on disease countermeasures and health communication programs during an outbreak.

1. Introduction

In most advanced democratic countries, the conduct of by-elections is an integral part in COVID-19, as one of the greatest pandemics of the twenty-first century, had a significant influence on the global economy and even more so on the healthcare system and our social well-being. Especially on how people have to live by following health measures such as social distancing, wearing a mask, and hygienic practices. The SARS-Cov-2 virus is a novel coronavirus identified as the cause of several infections in Wuhan City, Hubei province, China (Huang, 2020; Fox, 2020). In December 2019, twenty-seven pneumonia-like infections were detected in Wuhan, with the first death recorded on 11 January 2020 (Allam, 2020). The unknown infection was then traced back to a fish market in the city that reportedly also sold exotic animals, which was a zoonotic outbreak and a source of disease incubation and spread into human populations (Mackenzie & Smith, 2020). By the time the case was reported to the China Center for Disease Control, the infection had already spread to those not exposed to the animal market (Habibzadeh & Stoneman, 2020). This infection implied that it was spread via person-to-person contact and was highly contagious (Harapan, 2020). Since then, the disease has spread rapidly worldwide, with 215 countries reporting an outbreak (WHO, 2020g). On 11 February 2020, the World Health Organization (WHO) coined the new coronavirus disease COVID-19 (WHO, 2020b). It declared the disease a pandemic and a public health emergency of international concern on 11 March 2020 (WHO, 2020c).

Malaysia and neighbouring Southeast Asian nations such as Thailand and Singapore were among the first countries outside China to report COVID-19 cases (WHO, 2020f). COVID-19 was first detected in Malaysia on 25 January 2020, during the first wave's occurrence between 24 January and 15 February 2020 (MOH, 2020a). The first wave saw 22 cases, most of which were infected individuals arriving from China (WHO, 2020e). The second wave began on 27 February, with an alarming increase in cases and the establishment of COVID-19 community transmission (WHO, 2020h). Malaysia is currently in the third wave of the COVID-19 pandemic, which began in October 2020. As of 1 January 2021, Malaysia had a total of 115 cases, 078 confirmed cases and 474 confirmed deaths (Loheswar, 2021).

Following the rapid increase in active cases of the second wave, the Malaysian government issued a movement control order (MCO). It closed all non-essential services and businesses from 18 March to 31 March 2020 (PMO, 2020a). This order was extended until 9 June 2020 to ensure a reduction in local infections (PMO, 2020b). Apart from international travel restrictions, the MCO mandated the immediate closure of schools, universities, and places of worship and was gradually implemented with the assistance of the armed forces to restrict the movement of individuals who were not employed in listed

essential services (PMO, 2020a). With the earlier phase's implementation of a strict movement control order, a positive effect was observed, with new cases beginning to decline (Ng et al., 2020). Fortunately, the government's early intervention through the first three phases resulted in a positive flattening of the curve and increased the number of cases recovered. Due to the COVID-19 outbreak being in the current stage of recovery, the Malaysian government has relaxed some restrictions, beginning with the fourth phase, dubbed the Conditional Movement Control Order (CMCO) (Ng et al., 2020).

Although Malaysia initially reported the highest cumulative number of confirmed COVID-19 infections in Southeast Asia, Indonesia now leads the region with 1,174,779 cases (as of 10th February 2021), followed by the Philippines with 540,227 cases (Center for Strategic and International Studies, 2021). Undoubtedly, the early preventive measures enforced by the government contributed significantly to lowering the COVID-19 reported case. For example, between May and August 2020, there was a decrease in COVID-19 positive cases (MOH, 2020b). However, new clusters of cases continue to emerge, especially in September and October 2020, which show a spike in positive cases, adding as much as 20,324 in that period alone (MOH, 2020b), indicating that the pandemic situation remains concerning. Therefore, it is important to continue focusing on public awareness and education about COVID-19 preventive measures, namely non-pharmaceutical intervention measures.

2. Literature Review

2.1. Non-Pharmaceutical controlling measure for COVID-19

In response to the pandemic, WHO advocated that all countries are to control the infection, thus slowing the transmission and reducing COVID-19 mortality. The ultimate goal is reaching and maintaining a state of low-level or no transmission (WHO 2020d). The battle against COVID-19, on the other hand, is still ongoing, with the vaccine still in its early stages of distribution. Clinical trials are still underway, and no specific drugs have been proven effective in the clinical treatment of COVID-19 (Sanders et al., 2020). Given COVID-19's novelty, the human population has little or no immunity, causing it to spread rapidly among the population. In the absence of vaccines, non-pharmaceutical interventions (NPI) play a critical role in containing the infection (Bell & WHO, 2004).

The organisations such as World Health Organisation and European Centre for Disease Prevention and Control also recommended the NPI measure as an early and practical approach to containing the pandemic infection (WHO, 2019; ECDC, 2020). The NPIs' strategies include early detection and travel restrictions, isolation, social distancing, and reducing human-to-human contact. These preventive measures are not new; for example, during the 2009 flu pandemic, WHO described social distancing combined with good hygiene and handwashing as an effective way to reduce or delay a pandemic (WHO, 2019). The effectiveness of the NPI measure is also proven by many researchers, such as Liu et al. (2020), Ferguson et al. (2020), Mendez-Brito et al. (2020) and Regmi et al. (2021). Lai et al. (2020) studied the COVID-19 outbreak in China and stated that if NPI's measures had not been implemented, the number of people infected in China could have increased 67-fold, which would have worsened the situation in the country.

However, for Malaysians to achieve low-level infection requires a long process that includes identifying, testing, isolating, and caring for all cases; tracing and quarantining all contacts. Public health and social measures are also necessary at the individual and

community levels. At the public health level, wearing personal protective measures (hand hygiene, respiratory etiquette), environmental, social distancing, and travel-related measures are among the suggested measures (WHO, 2020a). As for the individual and community, the measures include social distancing (keeping at least an arm's length distance from others and minimising gatherings), respiratory etiquette (covering coughs and sneezes), hand hygiene, and household ventilation (WHO, 2021). Since there are few NPI strategies, the social distancing measure might be the best option for reducing and preventing the spread of COVID-19, as suggested by researchers such as Islam et al. (2019), Piovani et al. (2021), Koh et al. (2020), and Flaxman et al. (2020).

2.2. Social Distancing

The COVID-19 pandemic has undeniably harmed the global economy, healthcare, and quality of life. As a result, numerous governments in countries affected by this pandemic are optimising social distancing measures in the hope of slowing down the rapid community transmission of COVID-19, minimising associated casualties, and easing the pressure on the overall health system (Milne & Xie, 2020).

"Social distancing" is also known as "physical distancing". It refers to efforts that aim, through a variety of means, to decrease or interrupt transmission of COVID-19 in a population subgroup by minimising physical contact between potentially infected individuals and healthy individuals or between population groups with high rates of transmission and population groups with no or a low level of transmission (ECDC, 2020). Meanwhile, the US Center for Disease Control and Prevention (CDC) defines social distancing as a set of methods for minimising the frequency and closeness of contact between persons to reduce the risk of disease transmission (Kinlaw et al., 2009). However, during the coronavirus pandemic, the CDC widened the definition of social distancing to include avoiding crowded places, mass gatherings, and maintaining a safe distance (approximately six feet or two metres) from others, particularly in public areas (Kinlaw et al., 2009). WHO, on the other hand, prefers the usage of the term "physical distancing" rather than "social distancing" to reflect the fact that, while physical distance should be maintained to prevent transmission, people should maintain social connections via technology (Harris et al., 2020).

In order to be effective, physical distancing is applied to individuals (e.g., isolation of cases and quarantine of contacts), communities, specific segments of the population, or the population as a whole. The general public is also frequently advised to keep a physical distance of at least six feet between themselves and strangers, especially in public places. However, due to the difficulties in controlling the disease's rapid spread in the community, controlling the public's movement, and ensuring that people adhere strictly to the social and physical distancing measures, some countries were forced to adopt a more rigorous approach to governing large-scale public health and social measures. This approach includes restrictions on movement, the closing of schools and commercial activities, the cancellation of group events, mandating people to work from home, limiting people's freedom to leave their homes, a geographical area quarantined, and international travel restrictions. These restrictions are referred to as "lockdown" or "shutdown" measures (Atalan, 2020).

One of the main goals of implementing lockdown is to slow the curve against coronavirus infections. It is aimed to prevent the spread of transmission from people suspected of having coronavirus to those who have not yet been confirmed due to test delays or

asymptomatic people. In order to attain the ultimatum benefit of physical distancing, even the non-infected population is compelled to abide strictly by physical distance measures to reduce their chances of becoming infected and potentially benefit from the overall reduction in disease spread. According to a study evaluating the effectiveness of physical distancing measures in containing COVID-19, both the timing and strength of physical distancing measures significantly affect the number of infected individuals in a pandemic situation (Milne & Xie, 2020). Therefore, it is highlighted as one of the initial preventive measures in disease outbreak mitigation.

The general public has mixed feelings about the physical distancing measures. While some are aware, they are still confused about what can and cannot be done during physical distancing implementation. Also, some members of the general public are unaware of the advantages of physical distancing, making full effectiveness more difficult. Thus, it is crucial to raise the general public's awareness and, at the same time, educate them on proper physical distancing practices and ensure that they continue to do so until a specific vaccine or medication to cure or prevent COVID-19 is discovered. Therefore it is essential to explore other public's opinions and understanding of "social distancing", perceived importance, acceptability and barriers to practising it.

3. Method

This research study utilises an online survey created using a Google form due to the existing restriction during the recovery movement control order (RMCO) phase. The survey link was disseminated on 19 June 2020 and ended on 19 July 2020. The survey applied a non-probability sampling, an unrestricted, self-selected survey using trust as the critical component. This method means that anyone who came across the survey link is given the option to participate in the survey voluntarily. A snowballing sampling procedure was used in this study, whereby participants who participated in the survey were asked to pass the online survey link to others. Sample size calculation was based on Israel (1992), which estimated at least 400 sample sizes. Respondents are those above 18 years of age, residing in Malaysia during the period of data collection, with the ability to read and write in Malay or English, and having an active internet connection with the competency of using a computer or smartphone. A total of 3489 respondents responded, with 3460 agreeing to participate in the survey.

The online survey comprised several sections. It includes an initial section on study information and an online implied consent form, allowing participants to participate voluntarily. It was translated into Malay to accommodate non-English users, while English users can still opt to use the English version. The questionnaire was pretested and validated prior to data collection. Certain sections of the questionnaire were adapted from an online survey on physical distancing conducted by Brauer et al. (2020) among residents of Wisconsin, United States of America. Each section measured one or more specific constructs of physical distancing behaviour - understanding awareness, attitude, and practice during the COVID-19 pandemic in Malaysia. Seven dichotomous questions assessed participants' understanding of physical distancing, while one multiple-choice question assessed its benefit. Six multiple-choice questions and one practice question were also included, all of which were rated on a three-point Likert scale. Three questions in the barrier section, one of which was multiple-choice and the other two were rated on a three-point Likert scale. After the data was collected, it was analysed and interpreted using descriptive statistics such as frequency and percentages.

4. Result

4.1. Participants

A total of 3489 respondents responded to the online survey, and 3460 completed the questionnaire, indicating a 99.2% response rate. Respondents' composition comes from all 13 States and 3 Federal territories in Malaysia. The majority were female (71.0%) and of Malay ethnicity (76.6%). The most significant age group composition is from 36 – 45 years old (35.7%), followed by 26 – 35 years old (30.5%). Most respondents (62.8%) have a tertiary education level, a degree or higher, and work either in the government or private sector (85.0%). [Table 1](#) details the sociodemographic characteristics of respondents involved in this study.

Table 1: Sociodemographic characteristics of respondents (n=3460)

Sociodemographic Characteristics		Frequency (n)	Percentage (%)
State	Johor	236	6.8
	Melaka	98	2.8
	Negeri Sembilan	122	3.5
	Selangor	794	22.8
	KL	270	7.7
	Putrajaya	363	10.4
	Perak	215	6.2
	Kedah	251	7.2
	Pulau Pinang	149	4.3
	Perlis	10	0.3
	Kelantan	179	5.1
	Terengganu	123	3.5
	Pahang	180	5.2
	Sabah	146	4.2
	Sarawak	307	8.8
Labuan	17	0.5	
Gender	Male	1004	29.0
	Female	2456	71.0
Age (years old)	18-25	205	5.9
	26-35	1070	30.5
	36-45	1235	35.7
	46-55	708	20.3
	56 & above	222	6.9
Ethnicity	Malay	2674	76.6
	Chinese	302	8.7
	Indian	158	4.5
	Bumiputera Sabah	159	4.6
	Bumiputera Sarawak	134	3.8
	Others	33	0.9
Education	No formal education	2	0.1
	Completed primary school	8	0.2
	Completed secondary school	323	9.3
	Diploma	936	26.8
	Degree and higher	2191	62.8
Employment Status	Working (Public & Private)	2965	85.0

Self-employed	128	3.7
Retiree	81	2.3
Student	157	4.5
Not working	129	3.7

4.2. Knowledge of physical distancing

In Table 2, public knowledge of physical distancing was shown to be very high, especially in the practice of physical distancing. Almost all respondents (99.3%) understood that physical distancing means they have to stay at least 1 metre away from other people. Respondents also understand physical distancing, where they have to avoid gatherings, going to crowded public places, and mass gatherings, with 96.8%, 99.1%, and 99.2%, respectively. Respondents who answered "Yes" to the questions, such as avoiding touch when greeting people, scored 99.3%, and physically keeping the distance scored 98.8%. In contrast, those who answered "No" to not communicating with someone else scored 98.7%.

Table 2: Findings about knowledge on physical distancing

What do you understand about physical distancing?	Yes (%)	No (%)	Not Sure (%)
To stay at least 1 metre away from other people	99.3	0.3	0.4
To avoid gathering in groups	96.8	2.7	0.5
To avoid from going to crowded public places	99.1	0.6	0.3
To avoid mass gathering	99.2	0.5	0.2
To avoid touching when greeting people e.g., 'salam' or handshake	99.3	0.4	0.3
Physical distancing is to keep distance physically from someone	98.8	0.9	0.3
Physical distancing mean we shouldn't communicate with someone else	6.3	93.0	0.8

4.3. Practise physical distancing

As seen in Table 3, around 98.8% of respondents practise physical distancing. The top three most commonly stated practises are 97.3% indicate keeping at least 1-metre away from others in a public setting, 94.4% avoid travelling to crowded places, and 93.5% avoid physical contact while greeting someone. Physical distancing statements include leaving home when needed (89.6%), engaging in online services (86.2%), avoiding bringing out family (84.3%), office workplace distancing (82.4%), and avoiding crowded lifts or public transportation (81.4%). Meeting friends and meeting family members were two less popular physical distancing practises, with 49.9% and 47.5%, respectively.

Table 3: Current physical distancing

Statement	Yes (%)	No (%)
Do you currently practice physical distancing as emphasized by the Ministry of Health Malaysia to prevent COVID-19 infection?	98.8	1.2
Always keep at least 1 metre away from people in public	97.3	2.7

No more 'salam' / shaking hands / hugging others.	93.5	6.5
Keeping a distance from office colleagues at workplace e.g., in meeting room, pantry, cafeteria lift	82.4	17.6
Avoid taking crowded public transports	81.4	18.6
Avoid going to crowded places	94.4	5.6
No longer meet and socialize with friends (e.g., meeting up for lunch/dinner)	49.9	50.1
No longer meet and socialize with relatives who do not live with me e.g., visiting	47.5	52.5
Avoid bringing out family members at-risk (elderly/children/ pregnant women) at public places	84.3	15.7
Leave home only when needed	89.6	10.4
Engage more to online services (e.g.: bill payment, renewal of license) or online shopping	86.2	13.8

4.4. Reasons for difficulties in practice physical distancing

Respondents may have mixed feelings about physical distancing because it is a new practice. However, most respondents (78.4%) believe physical distancing is not difficult to practise. In comparison, those who find it hard to practise (n = 747, 21.6%) said that physical distancing is hard to practise in crowded public places (77.2%), confined or limited space in the building, location, or transport (76.2%), and when people around do not practise (62.7%). Physical distancing is also challenging to maintain while doing certain activities, such as choosing items in supermarkets and elsewhere (41.5%). They keep forgetting to maintain the distance (36.8%), the nature of work which requires close interaction with others (34.5%), and worrying about offending others when practising physical distancing (22.4%), as shown in [Table 4](#).

Table 4: Reasons for difficulties to practice physical distancing

Statement	Yes (%)	No (%)
Keep forgetting to maintain the distance	36.8	63.2
Difficult to practice in crowded place	77.2	22.8
When practising social distancing, I may offend other people	22.4	77.6
My work requires me to interact closely with others	34.5	65.5
Not to practical to do social distancing s (e.g. when choosing items in supermarkets and elsewhere	41.5	58.5
Limited space in a building/location/transport	76.2	23.8
People around me don't practice it	62.7	37.3

4.5. Locations identified as difficult to practise physical distancing

Respondents in this study were asked if they had visited the locations listed in the questionnaire and, based on their own experiences, had difficulty practising physical distancing in each of these locations ([Table 5](#)). Wet or wholesale markets were identified as the most challenging places to practise physical distancing (52.2%), followed by shopping malls or complexes (44.1%), sundry or grocery shops or convenience stores (42.8%), and supermarkets or hypermarkets (40.2%).

Table 5: locations identified as difficult to practise physical distancing

Locations Difficult to Practice Physical distancing	Yes (%)	No (%)
Shopping complexes	44.1	55.9
Worship place e.g., mosque/church/temple	8.9	91.1
Health Facilities e.g., hospital/clinic/pharmacy	17.3	82.7
Banks/ ATM Machines	17.0	83.0
Station & public transport	28.3	71.7
Restaurant/ eating place	32.6	67.4
Wholesale market / wet market	52.2	47.8
Sundry shops /grocery shop/ convenient store	42.8	57.2
Supermarket/hypermarket	40.2	59.8
Service counter at government/private facilities	7.6	92.4
I do not have any difficulties practicing physical distancing at all places stated above.	26.0	74.0
I did not visit any of the places stated above.	6.0	94.0

4.6. Locations identified as difficult for others to practise physical distancing

Respondents were also asked to identify locations where they observed others having difficulty adhering to physical distancing. The responses are reported in Table 6. Of these, similar locations were identified: wet/wholesale markets at 55.8%, shopping malls/complexes at 50.8%, sundry/grocery shops or convenience stores at 47.1%, supermarkets/hypermarkets at 42.9%, and restaurants at 42.9%.

Table 6: Locations identified as difficult for others to practise physical distancing

Locations Seen Others Not Practising Physical distancing	Yes (%)	No (%)
Shopping complexes	50.8	49.2
Worship place e.g., mosque/church/temple	6.4	93.6
Health Facilities e.g., hospital/clinic/pharmacy	12.6	87.4
Banks/ ATM Machines	16.4	83.6
Station & public transport	27.6	72.4
Restaurant/ eating place	42.9	57.1
Wholesale market / wet market	55.6	44.4
Sundry shops /grocery shop/ convenient store	47.1	52.9
Supermarket/hypermarket	42.9	57.1
Service counter at government/private facilities	6.4	93.6
I do not have any difficulties practicing physical distancing at all places stated above.	15.2	84.8
I did not visit any of the places stated above.	5.5	94.5

4.7. Attitude toward physical distancing

In table 7, the public's overall attitude towards physical distancing was positive, with more than 95.0% agreeing that this preventive measure is the new norm that needs to be

adopted. 97.2% said it has to be seriously practised as everyone has the potential to be infected at 97.0%, and it is an effective measure to control the spread of the infection at 95.9% and reduce a person's risk of being infected at 95.8%. About 91.4% of respondents agreed with the statement that they would be tense if they saw others not practising physical distancing. 92% agreed that they would be exposed to health severity if they did not practice, and 89.0% agreed that legal action should be taken against the owner of premises or business operation that does not follow the Standing Operating Guidelines on physical distancing. However, only 82.0% agreed they would strictly adhere to physical distancing as they did during MCO.

Table 7: Attitude toward physical distancing

Statement	Agree (%)
Social distancing is the new normal need to be adapted	97.2
Will practice social distancing seriously as everybody potential to be infected	97.0
Social distancing effective measure to control the spread of COVID-19 infection	95.9
Social distancing is effective in reducing risk of getting infected with COVID 19	95.8
Will be exposed to health severity if they don't practice	92.0
Get tensed when see others don't practice social distancing in public places	91.4
Law action taken on owner of premises /business operations that doesn't follow SOP guidelines	89.0
Will adhere strictly to social distancing as how during the MCO	47.1

5. Discussion

This study aimed to access the public knowledge, attitude, and practice about physical distancing during the COVID-19 pandemic in Malaysia during the MCO phase. Over the years, numerous studies have demonstrated the critical role of public awareness, attitude, and practice in slowing the spread of disease during epidemics and pandemics. [Lee \(2003\)](#), [Bener and Al-Khal \(2004\)](#), [Goni et al. \(2019\)](#).

During the initial stages of the pandemic, the Malaysian government acted promptly by mandating MCOs to control the spread of COVID-19. This mandating is done to maintain public safety and to reduce the number of new infections. At the same time, the government is continually spreading messages and information about the new coronavirus disease. Since the disease was very contagious and in the absence of a vaccine or cure at the time, one of the critical steps adopted by the government was to implement the NPI measures. Among the measures are physical distancing, self-isolation and quarantine, mask-wearing, and hand hygiene. Physical separation measures, in particular, were emphasised because they have been shown to impact disease containment significantly. While physical distancing is beneficial, public opinion on "isolation and distancing" is ambiguous in some contexts due to perceived negative social and economic

consequences and the possibility of stigma, particularly among those who require isolation.

In the past, physical distancing steps have been used to combat the spread of other viral and bacterial infections, including plague, severe acute respiratory syndrome (SARS), and H1N1 (Yen et al., 2014). The application of these measures and precautions in the current COVID-19 pandemic is effective in the control or containment of this infection globally (Ferguson et al., 2020; Mendez-Brito et al., 2020).

The main result of the survey showed a high level of knowledge and a high level of practice about physical distancing among the participants as preventive measures during the pandemic. The overall attitude of the public toward physical distancing is also positive. Concerning the sociodemographic characteristics, a majority (22.8%) were from Selangor, with the least being from Perlis (0.3%). The majority of participants (66.2%) were female (71.0%) and Malay (76.6%) between the ages of 26 and 45. The majority (89.6%) had completed tertiary education, of which about 85.0% were working adults, and around 40% had an income level of more than RM 4,000.

5.1. Knowledge

The finding indicates a high level of public knowledge, with more than 95% agreeing that physical distancing requires measures to keep at least one metre away from someone, avoid crowded public places and mass gatherings, and avoid physical touch when greeting someone. This finding is comparable to Al-Hanawi (2020) and Zhong et al. (2020). The present result was also higher than the study by Alahdal et al. (2020), which reported moderate data among Saudi Arabians. This study's findings may indicate a high level of public awareness. They may be attributable to high exposure to health information shared via mainstream media and social media, whether an official government statement or the public. However, Azlan et al. (2020) study reveal that an abundance of information may cause public misunderstanding and confusion. Yousof et al. (2020) discovered that exposure to health infographics and movies led to significant but moderate increases in face-touching and physical distance awareness. Another plausible explanation is that most respondents were female, completed tertiary education, mature in age range, and middle-income individuals. They can be assumed to be more obligated to rules and willing to obtain accurate information about COVID-19, thereby fostering understanding, as suggested by Al-Hanawi et al. (2020). In their study about risk perception and physical distancing in China, Xie et al. (2020) discovered that understanding what is going on with the current COVID-19 situation can motivate individuals to increase their awareness of the health risk and engage in physical distancing.

5.2. Practice

In terms of practising physical distancing, this study found that more than 95% of respondents answered that they practise physical distancing as advised by MOH. This figure is not surprising, considering they are possibly influenced by the governmental restriction order, as Jaber et al. (2021) suggested. The result is also similar to Mukhlis et al. (2020) and Azlan et al. (2020), which point out that government restrictions play an essential role in physical distancing practices among the public. Moreover, strategies such as lockdown help reduce the infection rate due to people avoiding gathering and keeping a distance of at least 1 metre, as described by Aldarhami et al. (2020) and Atalan (2020). Even though the percentage of Malaysians who practise physical distancing is high, the

current study shows that the Malaysian public has difficulty practising this measure in crowded public places, particularly wholesale/wet markets and shopping malls/convenience stores. Typically, due to limited or confined spaces, buildings, or public transportation. The study also suggests that in prior mentioned locations, the public frequently sees non-adherence by others. In their qualitative study, [Williams et al. \(2020\)](#) also observed that the United Kingdom public mostly self-adherence to physical distancing but observed non-adherence by others, indicating a lack of social conscience, understanding, and enforcement.

5.3. Attitude

The overall attitude toward physical distancing was favourable, with over 95% agreeing that physical distancing measures are the new norm that must be adapted. This finding is also consistent with [Azlan et al. \(2020\)](#) study of Malaysian attitudes toward COVID-19. Additionally, this study discovered that over half of the respondents were non-compliant regarding socialising with family and friends. [Azlan et al. \(2020\)](#) discovered that cultural norms may have played a role in the decision to attend gatherings despite health risks, particularly among the elderly. This discovery suggests that non-compliance may result from cultural norms and lifestyles. Japan, for example, contained the infection solely through a mild lockdown and voluntary stay-at-home measures. According to researchers such as [Shimizu and Negita \(2020\)](#) and [Sayeed and Hossain \(2020\)](#), this could be attributable to the Japanese's distinct cultural and healthy lifestyles. [Lee et al. \(2021\)](#) discovered that Chinese Canadians have an attitude that values less individuality and more collectivism, resulting in a culture that successfully overcomes COVID-19 transmission within their community. While our findings suggest a positive attitude, concluding that it is a significant factor in physical distancing compliance is an overgeneralisation. The degree of attitude was often substantial in the regression when combined with other factors because attitude is typically associated with awareness and knowledge and can sometimes be a combination of other factors.

[Koh et al. \(2020\)](#) suggest that although the physical distancing measure alone is effective, some measures can boost the reduction or containment of the COVID-19 infection. The combination of measures, such as avoiding mass gatherings, school closures, mask-wearing, and hand hygiene, was proven effective in reducing COVID-19 ([Piovani et al., 2021](#); [Ferguson et al., 2020](#)). Last, this study is an initial effort to document the public's views on COVID-19 awareness in the Malaysian context.

6. Conclusion

Physical distancing, separation, lockdown, and movement control have all proven to prevent or slow the spread of COVID-19 and the possibility of new strain transmission. Although many NPI measures were recommended, physical distancing is one of Malaysia's most effective ways to reduce COVID-19 transmission. The Malaysian Ministry of Health adopted and implemented physical distancing as a preventative measure as soon as the pandemic hit the country. Although the overall findings of this study indicate that the public adheres to the Ministry of Health's recommendations for physical distancing, such as maintaining a minimum of 1-metre distance and avoiding crowded places, there were significant differences in their responses to the specific practice aspect. Compliance with physical distancing was complex for half of the respondents in certain public places because of the condensing of spaces within buildings, public spaces, and modes of

transportation. The study concluded that the general public possesses a high level of knowledge and a positive attitude toward practising physical distancing.

People are beginning to doubt the need for physical distancing practice now that the COVID-19 vaccination has been made available to the general population. Regardless of the positive compliance on physical distance, it was depressing for the general public because of human tendencies toward close interaction, the urge to return to pre-COVID-19 lifestyles, and the fact that we had no control over it. As life returns to normal, the most important thing to remember is that the virus is susceptible to mutation, and the vaccine is merely a preventative measure. Moreover, because the vaccine is still relatively new, additional shots may be required soon. For the time being, it is safer to keep practising physical distancing and make it the new norm. While the study's objective has been met, it is recommended to be expanded into a quantitative study.

It is proposed that the government and its counterpart take the following steps, in addition to increasing physical distancing compliance:

- Continuation and frequent public awareness of the importance of physical distancing in combatting COVID-19 infection;
- Strict government enforcement of Standard Operating Procedures (SOP) for physical distancing in public places will increase public adherence to this practice;
- To avoid unnecessary panic buying and hoarding, proper and adequate availability of necessary products and services is required;
- Effective intervention strategies with consideration of physical distancing practice, such as working from home, take-away food, limiting the number of passengers in one car, and other strategies that adapt to the situation.

In conclusion, human nature is influenced by their understanding, attitudes, perceptions, and intentions to comply with the new practice. This study also found that assessing public perceptions of risks, protection, and preparedness to deal with emerging diseases is critical. Investing in public health will undoubtedly increase the capacity for rapid risk assessment, planning and decision-making on disease countermeasures and health communication programmes, all of which will improve Malaysian disease response.

Ethics Approval and Consent to Participate

This study has been approved by the Medical Research Ethics Committee (MREC), National Institute of Health (NIH) Malaysia, Ministry of Health, Malaysia. Respondents' anonymity and confidentiality were ensured during the course of the study. Consent for the study was obtained before the respondents agreed to participate in it. NMRR-20-1052-55093.

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Conflict of Interests

The authors reported no conflicts of interest for this work and declare that there is no potential conflict of interest with respect to the research, authorship, or publication of this article.

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