SOCIAL DISTANCING POLICY AS A MEANS OF IMPROVING PUBLIC AWARENESS DURING COVID-19 PANDEMIC: A LITERATURE REVIEW

*Ulfa Oktaviani, **Helen Andriani

*Master Program of Public Health, Department of Health Policy and Administration, Faculty of Public Health, Universitas Indonesia, Kampus Depok, Jawa Barat, 16425, Indonesia
**Department of Health Policy and Administration, Faculty of Public Health, Universitas Indonesia, Kampus Depok, Jawa Barat, 16425, Indonesia

Email : helenandriani@ui.ac.id

Abstract. To reduce COVID-19 transmission during the epidemic, most countries implemented a social distancing policy. However, without the people's compliance, this implementation will be useless. The combination of individual and environmental variables is critical to the success of initiating and maintaining health behaviors. The purpose of this study is to assess public participation toward obedience social distancing policy as a means of improving public awareness during COVID-19 pandemic. A literature review was used in this research. PubMed, Google Scholar, and ProQuest, with a cut-off date of 29 June 2021, were used to do an electronic search with no language constraints. There were ten included studies. Several research looked at the impact of combining social distancing strategies with other interventions such as school closure, reduced contact with the community, antiviral treatment and prophylaxis, and immunization. This study proves that social distancing has a good effect if the general public implements it well. More research is needed to determine the factors that influence the efficacy of social distancing strategies. In order for the community to comply with social distancing policies during the epidemic, the government must also be more aggressive in pursuing policy violators.

Keywords: Behavior, Social Distancing, COVID-19

INTRODUCTION

The coronavirus disease 2019 (COVID-19), a unique and highly infectious human disease, has posed a severe public health danger in several nations. COVID-19 is caused by SARS-COV-2, a new form of coronavirus (1). The COVID-19 outbreak quickly spread to Asia, Europe, and North America, resulting in a pandemic and worldwide emergency (1). Nearly 16 million people had been diagnosed with COVID-19, with a global death toll of 656,093 by July 2020 (2).
COVID-19 has the highest death rate among people aged 85 and up, ranging from 10% to 27%. (1). In addition, the pathogen SARS-COV-2, a coronavirus family member never before seen in humans, has been identified as COVID-19 causes (3).

The basis of understanding on social distancing policy is that it reduces the intensity of social interaction between people, which in the implementation of social distancing policy, direct physical contact between one person and another is limited in order to reduce the spread of the coronavirus among humans. The success of social distancing is dependent on individuals' purposeful control over their activities. Health behavior is influenced by elements at the individual and environmental levels, according to the social cognitive theory (SCT). The interaction of individual and environmental variables is critical to the success of initiating and maintaining health habits. Using this model to explore aspects connected to the practice of social distancing in the context of the COVID-19 pandemic, research suggests that men tend to engage in risky health behaviors, whereas women have greater health worries and are more cognizant of health-promoting behaviors (4).

Environmental factors (i.e. residential locations and living arrangements), can also influence individuals' social distance practices. Furthermore, according to the SCT, multiple sources of information influence people's experiences and are crucial in people's coping techniques. As a result, environmental influences may have a changeable role in buffering against detrimental mental health consequences on health behaviors (4). This study looked at how people reacted to social distance policies as a means of preventing COVID-19 transmission.

METHODS

Inclusion criteria

Literature Review (LR) were recognized as a study that examined social distancing policy as a means of preventing COVID-19 transmission. The following inclusion criteria were applied to COVID-19 with or without meta-analysis:

a. Types of participants: general public
b. Types of intervention: Social Distancing during the COVID-19 Pandemic
c. Types of outcomes: the primary outcome was Social Distancing as a Health Behavior to improve health promotion and communication. Secondary outcomes included any other objective or subjective treatment outcome assessments (using a validated scale).
d. The language used in this literature review is English

Reviews that did not adhere to a literature approach were excluded, as were network meta-analyses, LR overviews, editorials, guidelines, and health technology assessments. When many versions of the same LR were discovered, only the most recent version was included. This method uses a literature review, which has the advantage of describing a theory of research results, findings, and also materials in research activities from reading a number of literatures, understanding, criticizing, and providing reviews of the literature. While LR is carried out by following the stages and protocols that allow the process to be carried out. Literature reviews are powerful because they build on evidence from previous research and represent information from a variety of research questions available in that study. However, LR takes a long time to fulfill the requirements of the research question, and in finding the literature thoroughly it can sometimes miss some important studies that can affect the conclusions.

Search methods

A language-free electronic search was conducted in PubMed, Google Scholar, and ProQuest, with a cut-off date of June 29, 2021. The phrases Social Distancing, Prevention, COVID-19, LR, and keywords were utilized in conjunction with terminology derived from the Medical Subject Headings (MeSH) of the US National Library of Medicine: The Supplementary Material describes the search strategy for PubMed and Scopus. For ongoing LR, the International Prospective Register of Literature Reviews was reviewed (5).

Data extraction and processing

The first author's name, year of publication, participant characteristics, intervention types, comparators, outcomes, primary studies design, key results, and conclusions were retrieved from the included LR. One researcher extracted data using a structured form independently. Consensus was used to settle disagreements. A third researcher was consulted when resolution was not attainable. Only data from published studies were used, and no attempt was made to contact the study authors about missing data (6).

The third researcher plays a substantial role in this, providing input on the content of the topics raised so that the results become something new, providing solutions to the problems of this paper, as well as mediating if this paper is found to need to be improved or added to a journal (6).

RESULTS AND DISSCUSION

The PRISMA flow diagram depicts the selection of eligible investigations (Fig. 1). The database search yielded 174 results. 55 records were checked after duplicates were removed. Ten of the rejected studies
involved workplace closure, and one did not have a "no intervention" comparison (7-16).
Social distance methods included individual segregation and demonstrated the key general characteristics, outcomes, and conclusions of the LRs mentioned (Table 1). Several research looked at the impact of combining social distancing strategies with other interventions such as school closure, reduced contact with the community, antiviral treatment and prophylaxis, and immunization. This study demonstrates that social distancing has a positive effect if the general population can effectively execute it.

Positive attitudes toward existing constraints and a stronger perceived ability to comply to the restrictions were also predicted by knowledge of restrictions, whereas positive attitudes were a good predictor of both general and specific intentions to adhere. Roni et al (2020) discovered a significant decline in health behaviors, including a decline in vegetable consumption (p<0.008) and physical exercise (p<0.001), an increase in time spent on social media (p<0.001), and about approximately half of the individuals believed that they were eating more than before. Female gender (p=0.016), lower education (p<0.015), crowded housing (p=0.001), the duration of longer disease (p=0.010), and loneliness (p=0.008) were all associated with a drop in general SRH. While Joseph (2020) discovered negative correlations between Google search interest for "social distancing" and Rt in the United States (p<0.001), and between search interest and state-specific Rt for the 9 states with the highest COVID-19 cases (p<0.001), most states experienced a delay ranging from 3 to 8 days before reaching significance.

During the COVID-19 pandemic, there must be explicit legislation governing social distancing measures that take into account dangers, public comprehension, and safety (1). Mental health status factors and social media are effective factors that influence COVID-19 prevention, and people with physical disabilities have good psychological conditions in dealing with social isolation; however, the government must continue to provide health and social care for those with severe disabilities (2, 3). Individuals’ attitudes toward constraints may influence whether they seek to follow restrictions, but awareness of the restrictions influences whether the intended behavior follows present restrictions. The findings emphasize the critical impact of loneliness in SRH during the COVID-19 lockdown phase. Future research is needed to determine the long-term effects of social isolation and loneliness on patients with chronic conditions (4, 5). The sensation of alienation caused by social separation may have an impact on individuals’ mental health, which was modulated by affective illnesses. Clinical psychologists should identify individuals' specific cognition and mental illnesses to give them with a more accurate and adequate intervention. Holding the extent of voluntary social distance constant, the spread of COVID-19 would have been 10 times greater without shelter-in-place orders (10 million cases) and more than 35 times greater without any of the four measures (35 million cases) by April 27 (7, 8). In terms of psychological distress, patients did not exhibit any clinically relevant distress. Patients with a higher level of disability, on the other hand, reported a statistically inferior outcome in the social function and well-being categories, as well as an increase in risk behavior (9).

Social distancing policy needs to be investigated further in order to determine what factors support and hinder its implementation. The 10 included studies show that COVID-19 can occur due to various factors, namely psychological stress, symptoms of depression, social media, loneliness, crowded housing conditions, lack of education, congenital diseases. However, to prevent the spread of this virus, people can practice social distancing.

Two Chinese studies found that a positive perception of safety climate 0.566) would increase adherence to social distancing more than a negative perception of risk perception (0.165). Women were more likely than men to engage in social distancing (OR = 3.12, 95% CI = 1.93–5.02). The effects of psychological distress on social distancing were mitigated by social media (OR =0.96, 95 percent CI =0.94–0.99). (7, 8). In terms of psychological distress, patients did not exhibit any clinically relevant distress. Patients with a higher level of disability, on the other hand, reported a statistically inferior outcome in the social function and well-being categories, as well as an increase in risk behavior (9).
pandemic showed that in China, Spain, Italy, Iran, the United States, Turkey, Nepal, and Denmark, there were relatively high rates of anxiety (63.3-50.9%), depression (14.6-48.8%), post-traumatic stress disorder (7.5-33.8%), psychological distress (34.43-38%), and stress (8.1-81.9%) were reported in the general population. Female gender, younger age group (40 years), presence of chronic/psychiatric problems, unemployment, student, and exposure to COVID-19-related social media/news are risk factors associated with distress measures (17).

Because stay-at-home orders have been withdrawn in many US states, other forms of social distancing, such as avoiding large gatherings and keeping a physical distance in public, is critical to preventing additional COVID-19 deaths in counties across the US (9). During the early stages of the COVID-19 pandemic, Google Trends, Instagram, and Twitter could be used as instruments to examine social distancing efforts in the United States (10). Public health communication, interventions, and policies can be customized to address these social distance determinants to the groupings of people who are less inclined to follow social distance laws (6).

Most studies discovered a high prevalence of unpleasant mental symptoms. The COVID-19 pandemic is a one-of-a-kind threat to mental health in high-, middle-, and low-income countries. Priority should be devoted to the prevention of mental disorders, as well as flattening the viral transmission curve (e.g., major depressive disorder, PTSD, and suicide). A mix of government policies aimed at mitigating virus risk as well as policies aimed at mitigating mental health risks is urgently required (17).

Inhibiting factors in the implementation of social distance policy include organizational capability at both the national and regional government levels, as well as community obedience, where many people continue to break social distancing regulation. By providing relevant information to affect public opinions and encouraging people to engage in preventive behaviors, the government should ensure dangerous behavior and poor obedience in social distancing policies. Many policy experts have stated that the capacity and capability of the implementers will decide the successful implementation of policy. Edward III revealed that the capacity and capability of the implementers will determine the successful implementation of policy (18). The government and the community are required to take the lead in maintaining their health by following health protocols and adhering to policies put in place by the government. The subject of improving discipline by sanctioning individual and institutional policy violators is also something that should be discussed (19).

CONCLUSIONS

According to our literature review, there is a need for regulations related to social distancing policies during the COVID-19 pandemic while still paying attention to risks, public understanding, and security. More research is needed to determine the factors that influence the efficacy of social distancing measures. In order for the community to comply with social distancing policies during the epidemic, the government must also be more aggressive in pursuing policy violators.

RECOMMENDATIONS

The government must focus on social distancing policies that consider the dangers, understanding, and safety of the population, particularly persons with physical disabilities. People should be more proactive in seeking information on COVID-19 and government policies, particularly the objectives and benefits of social distancing, using information technology. Scientists and health professionals should: (1) develop and perform additional research on the association between independent variables and social distancing behavior; and (2) improve health promotion regarding the prevention and handling of COVID-19.

REFERENCES


15. Tran P, Tran L, Tran L. The Influence of Social Distancing on COVID-19 Mortality in US Counties: Cross-sectional Study. JMIR Public Health Surveill. 2021; Vol. 7 iss. 3 e21606


