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SOCIAL IMPACT OF SOCIAL DISTANCING ON RESIDENTS OF LOW-COST APARTMENTS DURING THE CONDITIONAL MOVEMENT CONTROL ORDER (CMCO) IN SELANGOR, MALAYSIA

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Abstract

The spread of the coronavirus since the end of 2019 turned the pandemic into the main global health challenge. One preventative measure has been social distancing, which requires physical distance to be maintained between people who are not members of the same household. The implementation of social distancing has impacted many aspects of daily life, especially learning, working, physical movement, and sports/recreational activities. In 2021, a study was conducted among residents of a low-cost apartment complex in Selangor, Malaysia to examine the social impacts of social distancing. Analysis of the data collected from a questionnaire survey revealed that for most respondents, social distancing affected the performance of their daily activities in most places. Of the seven (7) types of social activities examined, family life and neighbourhood/community relationships were less negatively affected in terms of quality of life. Meanwhile, their quality of life was reduced, especially in relation to sports/recreational activities and transportation/physical movement. Lifestyle changes or the new normal for the purpose of implementing social distancing for public/social activities should be studied further to reduce the negative social impact of this measure.

Keywords: association; COVID-19; impact; quality of life; social distancing

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INTRODUCTION

COVID-19 broke out in China at the end of 2019, since when it has become a global health challenge affecting all countries, including Malaysia (Shah et al., 2020). If it is impossible to eradicate the coronavirus, it may be possible to limit its impact by reducing the number of infected people. Social distancing has been one of the preventative measures used to reduce interactions between people and prevent the spread of the disease. This is a common practice that has been employed for generations to mitigate the spread of a virus or contagion by restricting its rate of reproduction among communities. In the battle against the spread of the coronavirus, a critical strategy has been the implementation of social distancing policies, which ensure physical distance is maintained between individuals.

However, due to social distancing and the movement control order, the behaviours and social life of individuals changed due to the sudden limits imposed by governments to maintain security. These included different levels of lockdown, movement restrictions, social gathering restrictions, limited outdoor activities, and school suspensions; in Malaysia, these started in March 2020. This new normal was not only applicable in Malaysia as it was universal. Based on previous research, introducing social distancing to prevent infection can have unintended consequences (Miller, 2020).

This paper aims to analyse the impact of social distancing, with a social focus on the quality of life of a community living in low-cost apartments. The study focuses on how social distancing affected the community, based on the residents' perceptions of their experience of practising social distancing in their daily life.

LITERATURE REVIEW

Social distancing has been described by the Centers for Disease Control and Prevention (CDC) as a series of methods for reducing the regularity and nearness of contact between people to decrease the risk of a disease spreading. The WHO described social distancing as "keeping at least the length of an arm away from others and minimising meetings". Combined with good respiratory hygiene and handwashing, this has been calculated as the most effective way to minimise or suspend a pandemic (Jadhav & Anchan, 2020). According to the Santa Clara County Public Health Department (Benharzallah, 2020), social distancing refers to the efforts of public health professionals to prevent or limit the spread of a highly contagious disease. Health officials may be legally permitted to employ social distancing practices. However, this measure would have a major impact on the community. Thus, any decision to practise social distancing measures would need to be coordinated with local agencies, such as local government, police departments, and schools, as well as the state and federal governments.

In most countries, including Malaysia, social distancing measures have involved the prohibition of public gatherings; crowd avoidance; the closing of all non-essential stores, workplaces, and services; the advice to keep one to two metres away from others; holding meetings via video conferencing and no handshaking, among others. Social distancing standards include a seven- to 14-day quarantine period for persons who show symptoms of COVID-19 or test positive for it (Australian Government Department of Health, 2020; CDC, 2020; Williams et al., 2020). These measures have been effective in the past and currently, with Wuhan being able to limit the spread of the disease by following these practices in 2020 (Aslam, 2020).

However, social distancing impacted social life and quality of life. The social impact included the changes in value systems, individual behaviour, family structures, relationships, collective lifestyles, safety levels, social well-being, moral conditions, community organisations, creativity, education, opportunities, employment, social welfare, and the chance of life (McCombes et al., 2015; Butcher et al., 2015; Nzeadibe et al., 2015). Meanwhile, quality of life (OoL) can be defined as a social welfare component that covers all the important aspects of human life, ranging from personal advances, nutrition, shelter, health, education, security, social stability, recreation, physical environment, transportation, arts, and the economy (Ling et al., 2021; Ling et al., 2018; Nurul Shakila et al., 2018). These aspects of social life or quality of life are important because they affect happiness levels (Ling et al., 2015). Social impacts are always measured by utilising perception-based participatory methods. Impacts are assessed by societal values and understanding the individual (Ling et al., 2017).

The social impacts of COVID-19 prevention measures - including social distancing - have been widely reported since 2020. Social distancing due to the COVID-19 pandemic has affected not only the national economy but also various social aspects of the population, including the 40% of households in the lowest income bracket (Thinagar et al., 2021). Compared to previously, these communities experienced changes in their daily lifestyle, such as in employment (which potentially affected income and expenditure), health, education, safety welfare, religious activities, and social relationships. During the COVID-19 pandemic, social distancing led to intensified psychological distress related to relationship vulnerability and insecurity (Khan et al., 2021).

Lim (2020) has shown that the COVID-19 pandemic unprecedentedly reshaped family relationships and forced many to live physically closer to their families. On other occasions, people lived further from other members of their family or community due to the lockdown or social distancing measures (Ahmed et al., 2020).

A person's risk might be heightened by other factors, such as homelessness, disabilities, old age, or mental health issues. Violence is more likely

to occur when families are trapped at home and experiencing extreme stress and frustration. In the poorest areas in particular, learners who have no access to digital learning resources or who lack the resilience and dedication to learn independently have been found to be at risk of falling behind (Schleicher, 2020).

In terms of the economy and employment, the effects of COVID-19 on the Vietnamese population, for instance, have resulted in a high rate of household income loss, as well as impairment in some areas of quality of life (Tran et al., 2020). In this context, without government intervention, it has been argued that the severe poverty rate among poor households would triple (Fisher et al., 2020).

Besides the negative impacts, some positive impacts of social distancing and the effort to prevent COVID-19 have been observed. For instance, a study in China (Zhang & Ma, 2020) showed that the majority of the participants said they received more support from friends (64.6%) and family members (63.9%) after the pandemic began. The majority had improved their common emotions in regard to family members (57.8%), shared feelings with others while feeling unhappy (62.4%), and felt compassion for their family members' feelings (77.9%). Besides, more than half of the participants (69.2%) indicated that work-related tension had not risen since the pandemic began. Furthermore, 76.8% reported that the pandemic had not caused them to feel increased financial stress. A total of 74.5% of the participants said they did not feel more stressed at home. However, the COVID-19 pandemic had made 52.1% of the participants terrified and apprehensive.

Based on the previous research, the impacts of social distancing or the new normal have varied across different countries or communities. Due to the lack of research on the impact of social distancing on the quality of life among Malaysian low-cost housing communities, the current study was conducted to examine and understand the impacts of social distancing on the quality of life of a low-cost housing community.

METHODOLOGY AND CASE STUDY

To examine the social impact of social distancing during the Conditional Movement Control Order (CMCO) period on those living in low-cost apartments, Fiona Apartment was chosen for the case study (Figures 1 and 2). Fiona Apartment is a leasehold apartment complex in Taman Samudra, Batu Caves. Batu Caves is a township in Gombak district, Selangor state, where the well-known Batu Caves Temple is located. This low-cost apartment complex is relatively close to Kuala Lumpur and has a variety of amenities. It comprises four five-storey blocks with a total of 400 units. On average, every unit has a gross built-up area of 614 square feet. The apartment boundary contains a playground, a public hall, a *surau*, and parking lots.

The location is near the city and the housing is compact (1.24 hectares) with small common facilities, for the residents to practise social distancing might have involved greater challenges than those in low-density landed housing would have experienced (Figure 1). Thus, the social impact of social distancing in an urban low-cost apartment complex located near the city was chosen as the topic of this research.



Figure 1: The buildings and small playground in the study area.

The impacts of social distancing covered not only the activities within the apartment complex boundary (including the common facilities) but also the residents' activities outside the boundary (i.e., outside the study area) such as in commercial areas, schools, and workplaces, as well as concerning transportation. The study of the social impacts of social distancing covered the following aspects:

- Ability of residents to practise social distancing
- Effects on performance of daily activities
- Impact on quality of life due to social distancing
- Changes in quality of life due to social distancing

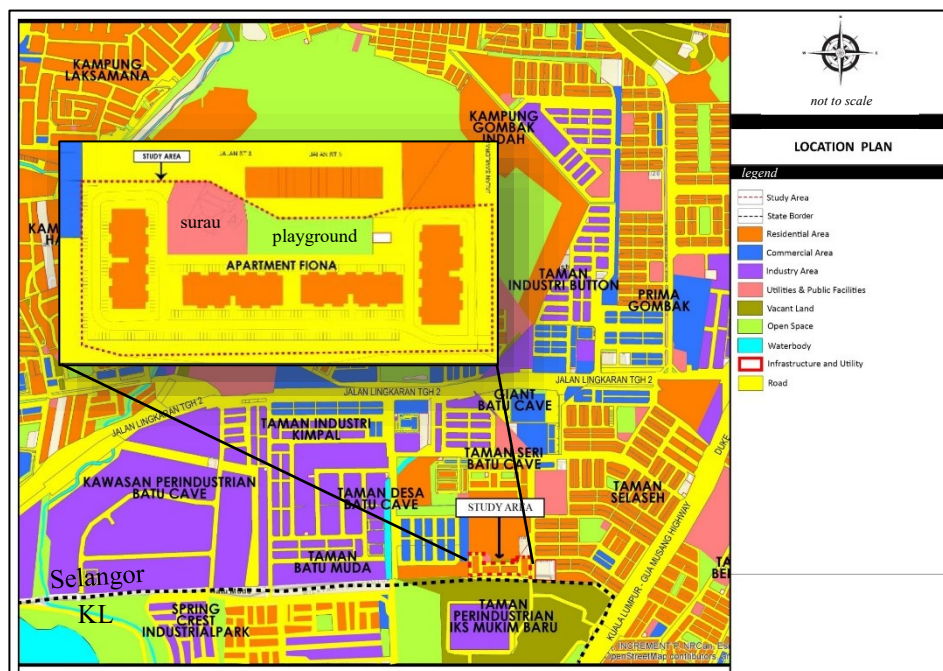


Figure 2: The study area and the location.

On 29 and 30 May 2021 (a Saturday and Sunday), immediately before the CMCO ended, the questionnaire survey was undertaken by visiting door-to-door and distributing the questionnaire survey forms around the common facilities. A total of 30 respondents successfully answered the questionnaire survey form within two days. The chosen respondents were residents of Fiona Apartment. The questionnaire survey ceased due to the full lockdown (MCO 3.0) imposed on 1 June 2021. As per the Central Limit Theorem, a sufficiently large sample size is usually not less than 30 (LaMorte, 2016). Table 1 shows the background of the respondents.

Table 1: Background of respondents.

Variables	Percentage (%)
Gender	
Male	60.0
Female	40.0
Race	
Malay	73.3
Chinese	10.0
Indian	16.7
Marital status	

Married	53.0
Single	47.0
Age group	
17 years old & below	6.7
18-29 years old	43.3
30-39 years old	13.3
40-49 years old	23.3
50-59 years old	10.0
60 years old & above	3.3
Employment	
Government sector	10.0
Private sector	23.3
Self-employed	6.7
Part-time worker	13.3
Housewife	13.3
Retired	6.7
Student	20.0
Unemployed	6.7

RESULTS AND DISCUSSION

Ability to practise social distancing

Among the five (5) public activities - using public transportation, activities at the workplace or school, activities in a public area, activities in other crowded places, and meeting with friends and relatives - most respondents claimed to practise social distancing (Figure 3). However, some respondents found it difficult to do so. Based on the questionnaire survey, 26.7% of the respondents felt that social distancing was rarely practised during meetings with their friends and relatives (social activities). Furthermore, it was also difficult for 10% of the respondents to practise social distancing when using public transportation as well as in public areas. Public places and public transportation are sometimes crowded, especially during peak hours. However, most people easily maintained social distancing at workplaces or schools, as well as in other crowded places.

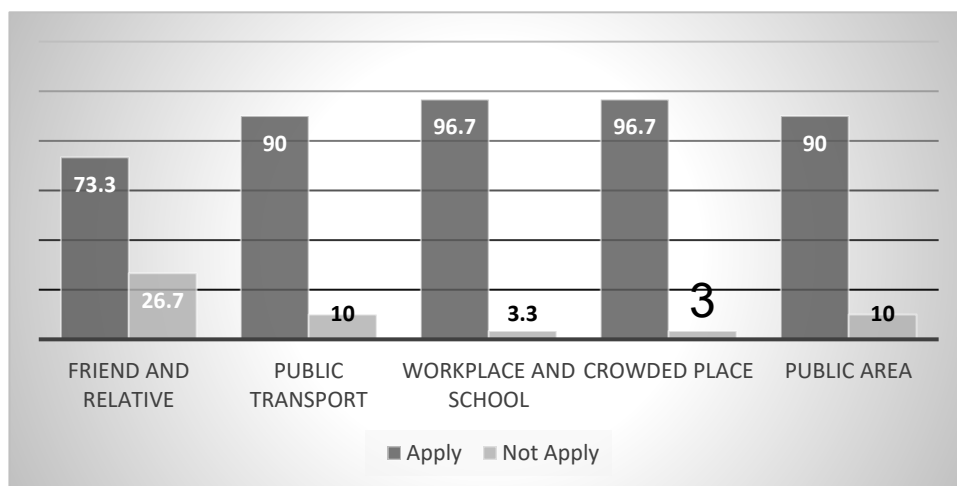


Figure 3: Percentage of respondents practising social distancing.

Effects on performance of daily activities

The questionnaire survey revealed that most respondents (56.7% - 90.0%) were affected by social distancing in terms of the ways they performed their daily activities, except in schools or workplaces (Figure 4). The daily activities of most respondents were affected by social distancing for the following reasons:

- a. Maintaining social distancing reduced the capacity of a building. Most respondents had to wait a long time before being allowed to go to various places, such as markets, commercial areas, and public facilities, as well as use public transport.
- b. Maintaining social distancing and reducing the capacity of a building/place mean that most respondents were unable to perform their religious activities or prayers in a place of worship, such as a mosque.

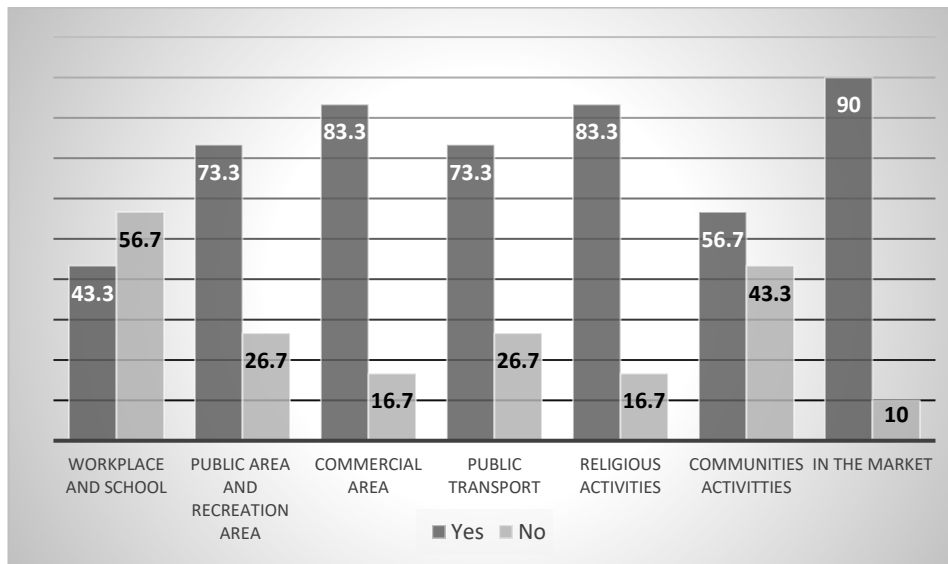


Figure 4: Percentage of respondents who felt affected by social distancing when performing daily activities during the CMCO period.

However, most respondents (56.7%) were unaffected by social distancing in schools or workplaces, possibly because the majority of the respondents worked or studied with little social contact. However, 43.3% of the respondents felt that they were affected by social distancing when working or learning.

Examining the association between educational level and the impact of social distancing, those with higher educational levels (i.e., a diploma or degree) were generally found to be unaffected by these measures at their workplaces (Table 2). Meanwhile, among those with lower educational levels, the nature of their work was frequently affected by social distancing. Among those in the under-29 age group (often students or new graduates), most were unaffected at their school or workplace (Table 3). There was strong evidence of an association between educational level and the feeling of being affected by social distancing in schools or workplaces (Chi-squared = 11.616, $p < 0.05$). There was no significant association between age group and the feeling of being affected by social distancing in schools or workplaces (Chi-squared = 7.434, $p > 0.1$).

Table 2: Percentage of respondents who felt affected at school or the workplace due to social distancing, by educational level.

Educational level	Affected (%)	Not affected (%)
Primary School	100.0	0.0
PMR	50.0	50.0
SPM	35.7	64.3
STPM/ certificate	100.0	0.0
Diploma	20.0	80.0
Degree	0.0	100.0
TOTAL	43.3	56.7

Table 3: Percentage of respondents who felt affected at school or the workplace due to social distancing, by age group.

Age group	Affected (%)	Not affected (%)
17 years and below	100.0	0.0
18 – 29 years	38.5	61.5
30 – 39 years	25.0	75.0
40 – 49 years	57.1	42.9
50 – 59 years	0.0	100.0
60 years and above	100.0	0.0
TOTAL	43.3	56.7

Around 43% felt that their community activities were unaffected by social distancing. The respondent's age group was associated with the effects of these measures, with Chi-squared = 9.705 and $p = 0.084$. This showed that the younger generations (29 years old and below) generally felt their community activities had not been impacted, whereas those above 30 frequently felt such an impact (Table 4).

Table 4: Percentage of respondents who felt community activities were affected by social distancing, by age group.

Age group	Affected (%)	Not affected (%)
17 years and below	50.0	50.0
18 – 29 years	30.8	69.2
30 – 39 years	100.0	0.0
40 – 49 years	57.1	42.9
50 – 59 years	100.0	0.0
60 years and above	100.0	0.0
TOTAL	43.3	56.7

Impact on quality of life due to social distancing

As Figure 5 illustrates, the study found that in general, quality of life levels were reduced following the implementation of social distancing in daily life. Before social distancing began, around one-third of the respondents felt they had a very high quality of life, and another one-third felt they had a moderate-level quality of life. However, after practising social distancing, most respondents (43.3%) felt that they were suffering a poor quality of life. Meanwhile, none felt that their quality of life was very high.

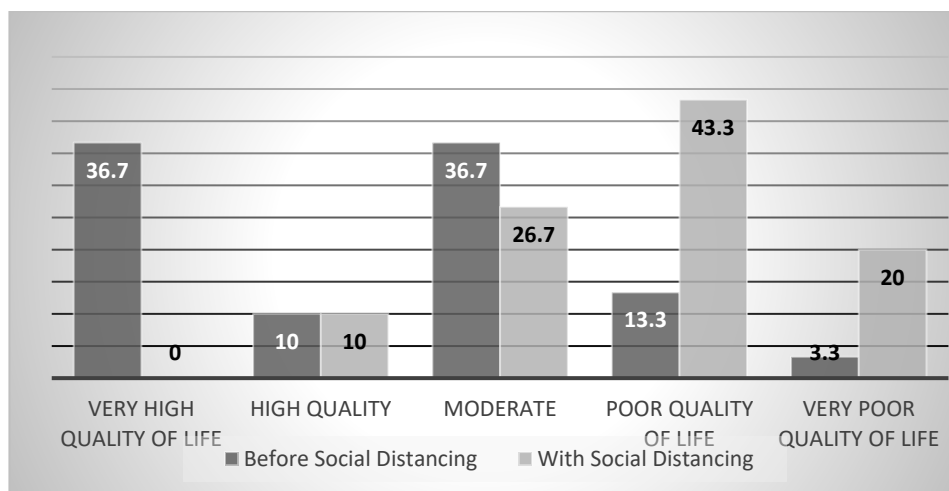


Figure 5: Quality of life levels before and after social distancing measures, by percentage of respondents.

Changes in quality of life due to social distancing

Examining the changes in quality of life, seven (7) variables were chosen, as shown in Figure 6. Most respondents felt that their quality-of-life level had been impaired after practising social distancing; this applied to all seven (7) types of social activities (Figure 6). Of these seven (7) activities, family life and neighbourhood/community relationships were less negatively affected in terms of the quality of life. Fewer than half of the respondents felt that due to social distancing, their quality of life was worse in relation to their family life and neighbourhood/community relationships. This might be due to the role played by social media in maintaining family life or community relationships, even when physical distance between people was being maintained.

However, in terms of the economic/financial aspect, work experience, and teaching/learning, more than half of the respondents felt their quality of life had worsened (Figure 6). This shows that teleconferencing and other online applications still cannot effectively replace the physical contact generally

involved in all economic, work, and teaching/learning activities. For example, some people lost their job or business. Thus, the quality of life was worse in regard to these aspects, which included financial stress.

The worst-affected aspects were sports/recreational activities and transport/physical movement. These two aspects of physical activities were greatly affected by social distancing. Around 73% to 80% of the respondents felt that social distancing had caused their quality of life to deteriorate in regard to transport/physical movement and sports/recreational activities (Figure 6).

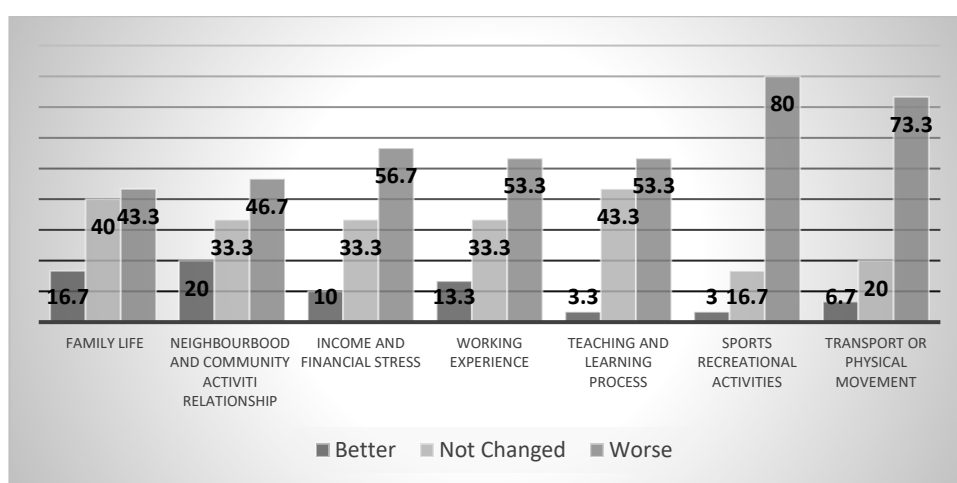


Figure 6: Changes in quality of life during the CMCO period, by percentage of respondents.

In terms of the aspect of work experience as reference, neither age group nor educational level affected the changes in quality of life due to social distancing. Most respondents in all age groups and at all educational levels felt that their quality of life had worsened due to social distancing, except those of 50 years old and above (Table 5) and those with diplomas (Table 6).

Table 5: Changes in quality of life due to social distancing in relation to work experience, by percentage of respondents according to age group.

Age group	Better (%)	Not changed (%)	Worse	Total
17 years and below	0.0	50.0	50.0	6.7
18 – 29 years	30.8	23.1	46.2	43.3
30 – 39 years	0.0	25.0	75.0	13.3
40 – 49 years	0.0	28.6	71.4	23.3
50 – 59 years	0.0	66.7	33.3	10.0

60 years and above	0.0	100.0	0.0	3.3
TOTAL	13.3	33.3	53.3	100.0

Table 6: Changes in quality of life due to social distancing in relation to work experience, by percentage of respondents according to educational level.

Age group	Better (%)	Not changed (%)	Worse	Total
Primary School	0.0	0.0	100.0	3.3
PMR	0.0	50.0	50.0	6.7
SPM	21.4	35.7	42.9	46.7
STPM/certificate	0.0	0.0	100.0	16.7
Diploma	0.0	80.0	20.0	16.7
Degree	33.3	0.0	66.7	10.0
TOTAL	13.3	33.3	53.3	100.0

CONCLUSIONS

Social distancing was generally acceptable and could be practised by respondents in the low-cost housing area. However, it was harder to practise when meeting friends and relatives, on public transportation, as well as in public areas. Nevertheless, the daily activities of most respondents (56.7% - 90.0%) were affected by social distancing in most places except schools and workplaces. Among the seven (7) types of social activities, family life and neighbourhood/community relationships were less negatively affected by social distancing with regard to the quality of life. Apart from educational level and age, the socio-economic background factors of the respondents were not significantly associated with the social impact of social distancing or changes to the quality of life. For instance, the social impact at schools/workplaces was associated with the educational level of the respondents.

To conclude, the implementation of social distancing as one of the measures to control the outbreak of COVID-19 was generally practicable among the respondents in the low-cost apartment complex (the study area). However, social distancing was hard to practise when meeting friends and relatives. The social impact was a concern since social distancing negatively affected the social life of the respondents. Meanwhile, the quality of life was reduced, especially in relation to sports/recreational activities and transportation/physical movement. The authors suggest that the lifestyle changes or the new normal caused by the implementation of social distancing for public/social activities should be studied further among different professions and different types of communities so that effective strategies can be constructed to reduce the negative social impact of this measure.

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