

Commitment Level of Social Distancing among Local Community Individuals at Najran Region, Saudi Arabia to Limit the Spread of Coronavirus Disease (COVID-19)

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ABSTRACT

The current study aimed to identify the commitment level of social distancing among the local community individuals at Najran region in Saudi Arabia to limit the spread of Coronavirus disease (COVID-19). To achieve study objectives, a descriptive analytical design was used. The sample of the study consisted of (596) individuals selected from Najran region in southern Saudi Arabia using convenient sampling procedures. To measure the commitment level of indoor and outdoor commitment level, a questionnaire was used. Another questionnaire was also used to assess the reasons that led to social distancing success or failure, as well as the proposals that contribute to its activation. The results showed that the commitment level of social distancing among the local community individuals at Najran region in Saudi Arabia to limit the spread of (COVID-19) was high level ($m=0.88$). There were no statistically significant differences in that commitment level due to gender, age, and educational qualification. The study also revealed that there were reasons contributing to social distancing success or failure. The study concluded a set of suggestions and recommendations that may enhance the role of public agencies in the Kingdom of Saudi Arabia in enhancing the awareness of Saudi community about the commitment to social distancing in order to limit the spread of Coronavirus pandemic (COVID-19).

Keywords: Social Distancing, Local Community, Najran Region, Saudi Arabia, Coronavirus Disease (COVID-19).

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INTRODUCTION

The spread of Coronavirus disease 2019 (COVID-19) began from China to reach to most of the world (J., 2020). COVID-19 was firstly reported in Wuhan, China in December 2019. After that, the number of cases started to increase significantly worldwide (Ahn DG, 2020). Then, the World Health Organization (WHO) announced that COVID-19 is a pandemic on March 2020 (Khan et al., 2020). Up to date more than 6.4 million cases have been reported worldwide and more than 91 thousand cases in Saudi Arabia (Organization, 2020).

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the cause of COVID-19, which belongs to the Coronaviridae family (Ceraolo & Giorgi, 2020). SARS-CoV-2 is genetically close to severe acute respiratory syndrome (SARS)-CoV and the Middle East respiratory syndrome (MERS)-CoV which have been previously recognized as potential human's health threat (Shereen, Khan, Kazmi, Bashir, & Siddique, 2020). Coronaviruses are single stranded RNA virus and its diameter is about 50–200 nanometers. Coronaviruses composed of four structural proteins, S (spike), E (envelope), M (membrane), and N (nucleocapsid) proteins (Chen, Liu, & Guo, 2020).

SARS-CoV-2 is known to be transmitted between humans by direct or close contact through small droplets formed during coughing, sneezing, and talking (CDC, 2020). COVID-19 mainly attacks the respiratory system causing many common symptoms such as fever, cough, tiredness, difficulties in breathing, and loss of smell and taste (Huang et al., 2020). Sever cases usually require admission to the intensive care unit (ICU), because they usually suffer from acute hypoxemic respiratory failure and need oxygen therapy (Huang et al., 2020). Whereas the mild and moderate cases may not require hospitalization (Huang et al., 2020). The risk factor to get an infection increases in elderly, cancer patients and

chronic disease patients (Guo et al., 2020). Even though there is no available treatment or vaccine for COVID-19, the best option to overcome this pandemic is to prevent the spread of the virus (Ahn DG, 2020).

On March 2nd, 2020 the first cases of COVID-19 were reported in Saudi Arabia (Organization, 2020). The Saudi government started to take precautionary actions to limit the spread of virus even before that date. Some examples of the precautionary actions are travel ban to and from the infected countries, suspending schools and university and transferring to online learning, Umrah or visiting the two holy mosque hold (Alshammari, Altebainawi, & Alenzi). Also, the government urged by social distancing which is the best way to prevent the virus spreading (Yezli & Khan, 2020). This research study the commitment degree to social distancing by community members in Najran region and discuss the reasons that led to success or failure social distancing.

The Saudi government has great attention to monitoring social distancing through various measures, such as monitoring security patrols in markets and mass gatherings at various social events, imposing financial fines on transgressors, and a group of security guards in commercial markets have been assigned to monitor customers in terms of commitment to social distancing. When purchasing goods and upon payment. The government also issued an electronic application under the name of "Tawakalna" to monitor the commitment of community members to social distancing and to detect the infected.

RESEARCH QUESTIONS

1. What is the commitment level among the local community members in Najran region of social distancing to limit the spread of COVID-19?
2. Are there differences in the commitment level among the local community members in Najran region of social

distancing to limit the spread of COVID-19 due to gender, age and qualification?

3. What are the reasons leading to the success of social distancing to limit the spread of COVID-19 from study subjects' perceptions?

4. What are the reasons leading to the failure of social distancing to limit the spread of COVID-19 from study subjects' perceptions?

5. What are the suggestions contributing to increasing local community residents relating to the importance of social distancing to limit the spread of COVID- 19?

RESEARCH OBJECTIVES

The study aimed to identify: the commitment level of social distancing among local community individuals at Najran to limit the spread of Coronavirus disease (COVID-19); the variations in commitment levels among them according to gender, age and educational qualification; to examine the reasons contributing to the success or failure of social distancing commitment; and to provide suggestions (according to the viewpoint of study sample), that may contribute in enhancing local community awareness of social distancing importance in order to limit the spread of the Coronavirus disease (COVID-19).

RESEARCH SIGNIFICANCE

The study importance lies in providing a comprehensive and brief description about the commitment level of social distancing among local community individuals at

Najran region in southern Saudi Arabia to limit the spread of Coronavirus disease (COVID-19). Furthermore, the findings achieved to identify the reasons leading to the success or failure of social distancing and how to implement it to protect the society from Coronavirus's (COVID-19) threats; and to assist public bodies through the suggestions provided to enhance community awareness of social distancing importance to limit the spread of the Coronavirus disease (COVID-19).

RESEARCH METHODOLOGY

The current study uses the descriptive analytical design by: obtaining quantitative data; describing the examined phenomenon accurately in terms of identifying the commitment level of social distancing among local community individuals at Najran region in the Kingdom of Saudi Arabia to limit the spread of the Coronavirus (COVID-19); identifying the reasons leading to the success of social distancing and its failure: and providing suggestions contributing in enhancing awareness of Saudi society about the importance of social distancing.

Sample of the Study

The sample of the study was selected from the local community at Najran region – Southern Saudi Arabia in 2020. The study sample consisted of (596) local residents selected using convenient sampling method due to their approval to participate in the study, and they were distributed based on gender, age, qualification as seen in table (1).

Table 1: Distribution of Sample Members According to Demographic Variables

Variable	Category	Frequency	%
Gender	Male	466	78.18
	Female	130	21.82
	Total	596	100
Age	Less than 30 years	280	46.98
	30 – 40 years	154	25.84
	41 – 50 years	122	20.47
	50 Years and more	40	6.71
	Total	596	100
Qualification	Secondary school and below	70	11.75
	Bachelor	334	56.04
	Master	98	16.44
	PhD	94	15.77
	Total	596	100

Table (1) shows the study sample distribution based of the demographic variables (gender, age, qualification). It can be seen from the table that the number of males (n= 466, 78.18%), higher than females (n =130, 21.82%). As for the age, it can be seen that the age group (Less than 30 years) was the most frequent (n = 280, 46.98%), while the bachelor's degree holders were the most frequent (n = 334, 56.04%) based on qualification variable.

Instruments of the Study

To achieve the study objectives, two questionnaires were used, as follows:

- The first questionnaire consisted of (22) items measuring the degree of commitment level to social distancing, items (1-10) measures social distancing at home; items (11-22) measures social distancing outside the home. To explain the responses of the subjects, a binary scoring (Yes, No) was used as the response (Yes) was given (1) point, while the response (No) was given (0).

- The second questionnaire consisted of (18) items, as items (1-8) aimed to measure the reasons for the success of social distancing; while items (9-13) aimed to measure the reasons for the failure of social distancing, and the items (14-18) aimed to define the suggestions that contribute to developing community awareness of the importance of social distancing. To explain the responses of the subjects, a binary scoring (Yes, No) was used as the response (Yes) was given (1) point, while the response (No) was given (0).

Validity of the Instrument

To obtain the content validity of the study instruments, the preliminary format of the questionnaire was given to a group of experts in the different social, health and medical fields at Najran University; to check the suitability of the instruments in achieving the study purposes, as the experts have indicated the validity of the instruments in achieving the study objectives.

Reliability of the Instrument

To obtain reliability, the instruments were administrated to a pilot study consisting of (30) subjects out of the original sample from Najran region. Then, internal-Consistency-Coefficient (Cronbach Alpha) was calculated for the instruments. Reliability- Coefficient was (0.91) for the first instrument, while it was (0.87) for the second one. Thus, these values were considered appropriate to achieve the study objective and the reliability of the study instruments.

Procedures:

The problem of the study was defined then the population was identified. A review of pervious literature and related studies was performed to analyze these studies to develop the questionnaire of the study. The preliminary format of the questionnaire was developed, and validity and reliability were obtained. The official agreement from public departments was obtained to facilitate the work of researcher in administrating the instrument of the study. The sample of the study was selected using convenient sampling from Najran region

after transforming the questionnaire to a soft copy using google drive. The link containing the questionnaire was distributed on the sample via WhatsApp. At the condition of this administration, valid questionnaires were collected and scored. SPSS was used for data analysis, then results were obtained, discussed, explained; then recommendations were suggested based on the results.

Statistical Analysis:

Frequencies and percentages for the study sample responses were extracted, and "Chi-Square" was used to answer study questions.

RESULTS OF THE STUDY

The Results of the First Question, stating: "What is the commitment level among the local community members in Najran region of social distancing to limit the spread of COVID-19?"

Means, standard deviation, frequencies, percentages and "Chi-Square" for the study sample responses on the commitment level were calculated, as shown in table (2).

Table 2: Means, standard deviation, frequencies, percentages and "Chi-Square" for the study sample responses on the commitment level

Item	M	SD	"Yes" Freq.	%	"No" Freq.	%	Chi-Square	df	Sig.
I respect "Personal Distance", (at least 2 Meter) between family members	0.650	0.4770	388	65.1	208	34.9	54.362	1	0.000
I refrain from sharing family members my personal things	0.83	0.380	492	82.6	104	17.4	252.591	1	0.000
I keep the surfaces clean such as phones, remotes and door handles	0.80	0.399	478	80.2	118	19.8	217.450	1	0.000
I minimize guests visits at my house, including family members who don't live with me	0.95	0.219	566	95.0	30	5.0	482.040	1	0.000
I avoid as much as possible visiting others houses, especially the elders	0.97	0.180	576	96.6	20	3.4	518.685	1	0.000
I don't allow children to schedule visits for group playing or sleepover	0.89	0.314	530	88.9	66	11.1	361.235	1	0.000
I do exercise at home or in the surrounding area	0.89	0.318	528	88.6	68	11.4	355.034	1	0.000
I prepared a (Patient room) to use it in case the disease symptoms appeared on any of my family members	0.39	0.488	232	38.9	364	61.1	29.235	1	0.000
I make sure to wash my hands constantly when entering the house	0.97	0.162	580	97.3	16	2.7	533.718	1	0.000
I make sure to apply social distancing, especially with cancer and chronic diseases patients.	0.92	0.272	548	91.9	48	8.1	419.463	1	0.000
Total Social Distancing at Home	0.83	0.178					622.523	9	0.000
I make sure to work from home if it is possible	0.92	0.267	550	92.3	46	7.7	426.201	1	0.000
I avoid hand shaking with others	0.98	0.152	582	97.7	14	2.3	541.315	1	0.000
I avoid crowds and common areas (Restaurants and lounges)	0.89	0.318	528	88.6	68	11.4	355.034	1	0.000
I avoid attending meetings and social events	0.97	0.162	580	97.3	16	2.7	533.718	1	0.000
I follow the government and national instructions concerning work entrances and exits	0.97	0.180	576	96.6	20	3.4	518.685	1	0.000
I stay home except for shopping or doctor's visits	0.99	0.115	588	98.7	8	1.3	564.430	1	0.000

I get drugs by using tele-pharmacy or by mail	0.97	0.162	580	97.3	16	2.7	533.718	1	0.000
I avoid public transportation	0.83	0.380	492	82.6	104	17.4	252.591	1	0.000
I use delivery, pick up or ordering from restaurants and other commercial activities	0.97	0.171	578	97.0	18	3.0	526.174	1	0.000
I keep a safe distance (at least 2 Meter) with other people in parks, walking paths and hallways	0.71	0.455	422	70.8	174	29.2	103.195	1	0.000
I avoid sports equipment or playing areas	0.95	0.212	568	95.3	28	4.7	489.262	1	0.000
I avoid using public paths or public drinking taps	0.98	0.152	582	97.7	14	2.3	541.315	1	0.000
Total Social Distancing outside the home	0.93	0.122					1400.67	8	.000
Total Social Distancing	0.88	0.128					788.228	14	0.000

Table (2) shows that the commitment level of social distancing among participants is high (M = 0.88, SD. = 0.128). This result indicates that local community resident at Najran Region in KSA are fully of the importance of social distancing for them and their family members.

Results of the second question of the study, stating: Are there differences in the commitment level among the local community members in Najran region of

social distancing to limit the spread of COVID-19 due to gender, age and qualification?

Means, standard deviations for the commitment level among the local community members in Najran region of social distancing to limit the spread of COVID-19 were calculated for the individual domains and the total score in light of gender, age and qualification. To identify the significance of the differences for each of these variables, multiple variance analysis was employed as seen in table (3).

Table 3: The commitment level among the local community members in Najran region of social distancing to limit the spread of COVID-19 were calculated for the individual domains and the total score in light of gender, age and qualification.

Domain	Variables	Category	M	SD
Indoor social distancing	Gender	Male	0.83	0.174
		Female	0.82	0.191
	Age	Less than 30	0.81	0.185
		30-40	0.85	0.154
		41-50	0.84	0.180
		More than 50	0.77	0.195
	Qualification	Secondary school or less	0.84	0.222
		bachelor	0.84	0.173
Master		0.82	0.178	
Doctoral		0.83	0.145	
Outdoor social distancing	Gender	Male	0.92	0.118
		Female	0.94	0.136
	Age	Less than 30	0.93	0.130
		30-40	0.93	0.111
		41-50	0.91	0.127
		More than 50	0.92	0.096
	Qualification	Secondary school or less	0.86	0.229
		bachelor	0.90	0.118
Master		0.95	0.089	
Doctoral		0.93	0.093	
Total social distancing	Gender	Male	0.88	0.124
		Female	0.89	0.240
	Age	Less than 30	0.88	0.134
		30-40	0.89	0.120
		41-50	0.88	0.126
		More than 50	0.85	0.118
	Qualification	Secondary school or less	0.85	0.220
		bachelor	0.87	0.123
Master		0.89	0.110	
Doctoral		0.88	0.093	

Table (3) shows apparent differences in the means scores for indoor social distancing, outdoor social distancing

domains and in the total score for the implementation level of social distancing to limit the spread of

Coronavirus (COVID-19) due to gender, age and qualification. To identify the significance of the differences in the means scores of commitment level

among study sample of social distancing according to gender, age and qualification, multiple variance analysis was used as seen in table (4).

Table 4: Multi variance analysis for the effect of gender, age and qualification on the local community individual at Najran Region commitment level of social distancing to limit the spread of Coronavirus (COVID-19)

Source of variance	Domain	Sum of squares	dif	Means of squares	F	Sign.
Gender	Indoor social distancing	8.645	1	8.645	0.000	0.987
	Outdoor social distancing	0.031	1	0.031	2.198	0.139
	Total	0.009	1	0.009	0.555	0.457
Age	Indoor social distancing	0.307	3	0.102	3.254	0.056
	Outdoor social distancing	0.031	3	0.010	0.736	0.531
	Total	0.082	3	0.027	1.671	0.172
Qualification	Indoor social distancing	0.060	3	0.020	0.632	0.594
	Outdoor social distancing	0.483	3	0.161	11.342	0.000
	Total	.087	3	0.029	1.783	0.149
Error	Indoor social distancing	18.501	588	0.031		
	Outdoor social distancing	8.346	588	0.014		
	Total	9.563	588	0.016		
Total	Indoor social distancing	424.700	596			
	Outdoor social distancing	520.458	596			
	Total	471.702	596			

Table (4) shows no statistically significant differences at the significance level ($\alpha=0.05$) due to each of the study variables (gender, age, qualification) in the commitment level of total social distancing and on “indoor social distancing” domain and “outdoor social distancing”,

except for qualification as statistically significant differences were found in the second domain” outdoor social distancing”. To examine these differences, Scheffe post hoc comparisons was employed as shown in table (5)

Table 5: Scheffe post hoc comparisons for the significant differences on the second study domain” outdoor social distancing” domain based on qualification.

Domain	Qualification	Qualification	Mean Difference (I-J)	Sig.
Outdoor social distancing	Secondary school or less	Bachelor	0.04	0.183
		Master	0.09*	0.000
		Doctoral	0.06*	0.010
	Bachelor	Secondary school or less	0.04	0.183
		Master	0.04*	0.016
		Doctoral	0.02	0.636
	Master	Secondary school or less	0.09*	0.000
		Bachelor	0.04*	0.016
		Doctoral	0.02	0.493
	Doctoral	Secondary school or less	0.06*	0.010
		Bachelor	0.02	0.636
		Master	0.02	0.493

Table (5) shows statistically significant differences between secondary school or less and master’s degree holders, in favor of master’s degree holders; meaning that respondents with higher education degrees are more committed to outdoor social distancing.

Results of the third question, stating: What are the reasons leading to the success of social distancing to

limit the spread of COVID-19 from study subjects’ perceptions?

To answer this question, means, frequencies, percentages and Chi- square were computed for the study subjects’ responses on the reasons leading to the success of social distancing commitment to limit the spread of COVID-19 at Najran Region. Table (6) shows the results.

Table 6: Means, frequencies, percentages and Chi- square were computed for the study subjects' responses on the reasons leading to the success of social distancing to limit the spread of COVID-19 at Najran Region.

Items	M	SD	Frequency "Yes"	%	Frequency "No"	%	Chi-Square	df	Sig.
Implementing curfew and issuing fines for those violating it since the early stages of the crisis.	0.88	0.326	524	87.9	72	12.1	342.792	1	0.000
Closing gatherings places such as parks, rests, sport halls...etc.	0.93	0.262	552	92.6	44	7.4	432.993	1	0.000
Suspending education in the educational institutions such as schools, colleges and universities	0.89	0.318	528	88.6	68	11.4	355.034	1	0.000
Using delivery services from pharmacies.	0.89	0.314	530	88.9	66	11.1	361.235	1	0.000
Using delivery or take away services in restaurants and other commercial activities.	0.81	0.394	482	80.9	114	19.1	227.221	1	0.000
Banning sitting in café, restaurants, and rests.	0.79	0.406	472	79.2	124	20.8	203.195	1	0.000
Promotional offers and sales cancellation on products and services.	0.77	0.420	460	77.2	136	22.8	176.134	1	0.000
Using SMS's by the ministry of health to send educational information for the importance of social distancing.	0.81	0.391	484	81.2	112	18.8	232.188	1	0.000

Table (6) shows that the means for the study subject's responses for the reasons leading to the success of social distancing in limiting the spread of COVID- 19 were high, with a significance level at (0.000). Item stating " Closing gatherings places such as parks, rests, sport halls...etc." ranked first (M=0.93, f=552, 92.6%), followed by "Using delivery services from pharmacies" with (M=0.89, f=530, 88.9%), then "Suspending education in the educational institutions such as schools, colleges and universities" with (M=0.89, f=538, 88.6%", followed by" Implementing

curfew and issuing fines for those violating it since the early stages of the crisis" with (M=0.88, f=524, 87.9%).

Results of the fourth question, stating: What are the reasons leading to the failure of social distancing to limit the spread of COVID-19 from study subjects' perceptions?

To answer this question, means, frequencies, percentages and Chi- square were computed for the study subjects' responses on the reasons leading to the failure of social distancing commitment to limit the spread of COVID-19 at Najran Region. Table (7) shows the results.

Table 7: Means, frequencies, percentages and Chi- square were computed for the study subjects' responses on the reasons leading to the failure of social distancing commitment to limit the spread of COVID-19 at Najran Region

Items	M	SD	Frequency "Yes"	%	Frequency "No"	%	Chi-Square	df	Sig.
Lack of commitment by children and adolescents as a result of group play	0.99	0.115	588	98.7	8	1.3	564.430	1	0.000
Immigrant workers overcrowded housing areas	0.96	0.197	572	96.0	24	4.0	503.866	1	0.000
Lack of awareness about maintaining "personal distancing- 2 meters" when interacting with others	0.97	0.180	576	96.6	20	3.4	518.685	1	0.000
Maintaining family meetings and gatherings by some people	0.98	0.152	582	97.7	14	2.3	541.315	1	0.000
Going to parks and walking by some people without taking the needed prevention procedures	0.97	0.162	580	97.3	16	2.7	533.718	1	0.000

Table (7) shows that the means for the study subject's responses for the reasons leading to the failure of social distancing in limiting the spread of COVID- 19 were high, with a significance level at (0.000). Item stating " Lack

of commitment by children and adolescents as a result of group play" ranked first (M=0.99, f=588, 98.7%), followed by "Maintaining family meetings and gatherings by some people" with (M=0.98, f=582, 97.7%), then "Going to

parks and walking by some people without taking the needed prevention procedures” with (M=0.97, f=576, 96.6%”, followed by” Immigrant workers overcrowded housing areas” with (M=0.96, f=572, 96.0%).

Results of the fifth question, stating: What are the suggestions contributing to increasing local community residents relating to the importance of social distancing to limit the spread of COVID- 19”?

Table 8: Means, frequencies, percentages and Chi- square were computed for the study subjects’ responses on the suggestions contributing to increasing local community residents relating to the importance of social distancing to limit the spread of COVID- 19.

Items	M	SD	Frequency “Yes”	%	Frequency “No”	%	Chi-Square	df	Sig.
Providing advice and guidance using social media from experts	0.98	0.152	582	97.7	14	2.3	541.315	1	0.000
Using SMS about the importance of social distancing by Saudi ministry of health	0.96	0.197	572	96.0	24	4.0	503.866	1	0.000
Educational brochures about the hazards of COVID-19 and how to manage it	0.81	0.391	484	81.2	112	18.8	232.188	1	0.000
The enforcement of strict procedures for home quarantine	0.89	0.318	528	88.6	68	11.4	355.034	1	0.000
Using recorded files from experts about the hazards of COVID- 19 and the importance of social distancing to limit its spread	0.92	0.260	550	92.3	46	7.7	431.993	1	0.000

Table (8) shows that the means for the study subjects’ responses for the suggestions contributing to increasing local community residents relating to the importance of social distancing to limit the spread of COVID- 19 were high, with a significance level at (0.000). Item stating” Providing advice and guidance using social media from experts” ranked first (M=0.98, f=582, 97.7%), followed by “Using SMS about the importance of social distancing by Saudi ministry of health” with (M=0.96, f=572, 96.0%), then “Using recorded files from experts about the hazards of COVID- 19 and the importance of social distancing to limit its spread” with (M=0.92.3, f=550, 92.3%”, followed by” Immigrant workers overcrowded housing areas” with (M=0.96, f=572, 96.0%), then “The enforcement of strict procedures for home quarantine” with (M=0.89, f=528, 88.6%” while “Educational brochures about the hazards of COVID-19 and how to manage it” ranked last with (M= 0.81, f=484, 81.2%).

Role of the Social Work profession and Health Care providers in obtaining the high Commitment Level of Social Distancing among Local Community Community Individuals at Najran Region

Saudi government has taken precautionary actions to prevent the spread of COVID-19. February 27, 2020, the Saudi government has decided to suspend Umrah and the visiting of the Prophet’s Mosque for citizens and residents. The temporary suspension was taken two weeks before WHO announced that COVID -19 is pandemic. Another precautionary action have been taken by the Saudi government to reduce the spread of the COVID-19 was suspending classes in all schools and universities and switching to online electronic learning. Also, travel ban of citizens and temporary residents to the UAE, Kuwait, Bahrain, Lebanon, Syria, South Korea, Egypt, Italy, Iraq, Oman, France, Germany, Turkey, and Spain was another precautionary action. In addition to that, the

To answer this question, means, frequencies, percentages and Chi- square were computed for the study subjects’ responses on the suggestions contributing to increasing local community residents relating to the importance of social distancing to limit the spread of COVID- 19 are presented in table (8).

government has also decided to suspend sports activity, close private gyms and sports centers, close commercial malls and all activities within them except supermarkets and pharmacies.

The Saudi Ministry of Interior issued that prayer in mosques must adhere to social spacing, wear face masks and use a personal prayer carpet. In addition to that the Saudi Ministry of Interior issued rules which prevent all paperwork and switch to the electronic work. Meanwhile the Government has also prevented employees from gatherings inside or outside the workplace and emphasize on maintaining social distancing. Also, the governments insure to measure employees’ and visitors’ temperature before entering workplaces. Whereas the people who have been diagnosed with COVID-19 are required to home quarantine. The government also, suggested the using of scheduled appointment before arriving to any place to avoid overcrowding and to prevent COVID-19 transmission [15].

The Saudi Ministry of Health has directed medical and health agencies to focus on various activities to address the COVID-19, including providing care support to patients with COVID-19, protecting high risk people, providing health education about COVID-19 risks and ways for prevention. The Saudi Ministry of Health also, insured the continuing of normal medical activities that serve the community in safe ways and has also worked, as well as to promote infection prevention measures by providing the community with the community’s need for personal protective equipment such as gloves, masks and disinfectants [15].

In order to reduce the spread of COVID-19, the Saudi Ministry of Interior has prevented all forms of gatherings consisting of five or more persons in one specific area who does not have a single residential relationship. The government’s policy “protecting the rights of the

population" is a priority for the government. So, the government has imposed a fine to anyone who attended the gathering. The Ministry of Interior called on all citizens and residents to apply precautionary measures at home, as well as when going out during the time of allowing the walk, stressing that leaving the house is only at necessary and the obligation to stay at home [15].

A role of social workers in the community working with health Professionals.

The Ministry of Health in Saudi Arabia has a guideline for social and medical service procedures. The role of social workers had significantly emerged during COVID-19 crisis. They had important roles in educational courses and social initiatives, which contributed to raise the awareness among the community about COVID-19 symptoms, the prevention methods, and the importance to adhere to the social distancing. Also, their role emerged in strengthening the community psychologically and socially, which reduced the state of tensions between individuals. They also had an outstanding role in transmitting COVID-19 news to society, which controlled the rumors spreading [16].

Social workers cooperated with health workers in dealing with people who have COVID-19. Since some patients suffer from psychological symptoms, so they do not accept isolation. Also, people who had COVID-19 had false perceptions about themselves, so they think they are a source of concern to others, and no one can touch them or approach them [16].

Social workers and those in charge of mental and public health played a major role in mitigating the psychological and social effects of COVID-19 pandemic. They participated in family training and developing of programs at the district level (locally). These programs aimed to raise the awareness and educate people about the right ways to deal with COVID-19 crisis. Also, these programs aimed for proper application of social distancing standards at home and outside the home and developing strategies to deal with psychological pressures resulting from this crisis. In addition, social workers and health agency developed an educational program for families to teach them how to deal with family members who have COVID-19. These programs aimed to reduce family violence during the crisis and provide them with appropriate psychological and social support. These programs also, emphasized on the importance of positive parental treatment with children during COVID-19 pandemic, as well as taking care of their physical and psychological health. The main aims were to protect children, and to ensure their social development while taking precautionary actions [16].

DISCUSSION

The results of the first question shows that the commitment level of social distancing among local community individuals at Najran Region in KSA is high ($M = 0.88$, $SD. = 0.128$), indicating that there is a complete commitment of social distancing by them to reduce the spread of Virus COVID-19. In addition to that, the commitment domain to social distancing inside home ranked high with a means score of ($M = 0.83$), and also commitment domain to social distancing outside home ranked high with a means score of (0.93). This is due to the awareness reports announced by the World Health Organization since March 2020 about the ways through which the virus spread out and stressed at the importance of social distancing to maintain the

prevention and safety of COVID-19. Furthermore, the Ministry of Health in KSA issued, since March 2020 to date, guides and pamphlets to raise awareness about (COVID-19) and illustrating ways of transmitting infection, as they stressed the necessity to commit to the social distancing inside and outside home in order to be prevented of this dangerous virus. Added to that, the Saudi Ministry of Interior has imposed strict penalties against anyone violates the regulations and does not commit to the precautionary and preventive measures in the application of social distancing, as the fines ranged between five thousand riyals and one hundred thousand riyals, according to the type of violation, in addition to doubling some monetary penalties amounting two hundred thousand riyals and the referral to The Public Prosecution in the event of repeating the violation or the violation led to the transmission of infection. Besides that, the Saudi Ministry of Interior has prevented unnecessary travel and transfers, especially between regions and cities, as it established check points to arrest violators. The Ministry of Health has also worked in cooperation with the Ministry of Municipal and Rural Affairs, the Ministry of Commerce and the Ministry of Labor to set specific times for work, such as some private companies, institutions, stores and markets and by taking into consideration safe precautionary measures and procedures, such as placing stickers on the ground, two meters, to maintain a safe personal distance between individuals, in addition to wearing a face mask and gloves; not to shake hands; use hand sanitizers; and sterilize frequently used furniture, offices, and equipment. Therefore, all previous practices implemented by the public authorities in KSA led to enhance the commitment to social distancing among community members.

Furthermore, the results of the first question showed that the most prominent methods used by study sample members in applying social distancing inside home were: respecting the interpersonal distance (2 meters at least) between the family members themselves; some members' refraining from sharing personal things with their family members, some members' refraining from making visits and receiving guests inside the house, even their family members who do not live with them in the same house; to avoid visiting others' houses, especially if they are elder persons, cancer patients or have any chronic diseases; not allowing children to set dates for team play or overnight visits; and performing sports at home or its vicinity. The results of this question also revealed that the most prominent methods used by the study sample members in applying social distancing outside home were: being keen observer to work from home as much as possible; to avoid shaking hands with others, crowding places and common areas such as restaurants, cafes, buffets, or rest-stops; to avoid attending social events; following public instructions with regard to the entry and exit places in the workplace; staying at home except for going out to do basic shopping or visit doctor, if it is absolutely necessary or urgent; accessing medicines using Telepharmacy Services or by Mail; using delivery or take-out services provided by restaurants and other commercial activities, to avoid touching sports equipment or attending common stadiums; and to avoid the use of public toilets or public drinking taps. In this regard, (Yahya Ali Gaber Moeed, 2020)stressed that these precautionary measures are very necessary because the most common way to transmit infection is through contaminated droplets from

a person who is sick with the illness (through coughing or sneezing), the direct contact with the patient and using personal items or tools used by the patients or infection transmitters.

The application of social distancing and commitment to it by members of the local community has greatly contributed to reducing the number of people infected with Coronavirus, especially with the second wave of the virus, Covid-19, as the cases recorded last February did not exceed 5 infections per day.

The results of the second question showed no statistically significant differences in the commitment level of social distancing among local community individuals at Najran region to reduce the spread of the (COVID-19) due to gender, age and educational qualification variables, which signifies the equal and balanced awareness among Najran community members about the importance of the social distancing to prevent and limit the spread of the (COVID-19). This commitment is probably due to the efforts made by the Saudi Ministry of Health that worked to confront this new virus using a variety of ways, means and volunteer teams, providing educational guidance, spreading healthy and preventive culture and assessing importance of applying social distancing among society members inside and outside home. The results of the second question revealed that those with higher educational qualifications (MA and Ph.D.) are the ones who are more committed to applying social distancing outside home. Therefore, it is apparent that those with higher educational qualifications are more familiar and knowledgeable about (COVID-19) seriousness and its risks to themselves and society, in addition to their awareness about the importance of adhering to the instructions and regulations of the state and its institutions concerning the application of social distancing in order to limit the spread of the (COVID-19), as they see themselves the role and ideal models for ones keen on the national interest. Thus, they were the best in committing to the application of social distancing outside home.

The results of the third question showed that the most important reasons that led to the success of social distancing commitment to reduce the Corona Virus (COVID-19), from the viewpoint of study sample members, represented in: closing the crowded areas, such as parks, rest-stops and gyms; preventing sitting and gatherings in cafes, restaurants, buffets and hotels; applying the system of tele-pharmacy and restaurants delivery services; and educating community members on the use of delivery applications; the Ministry of Education's decision to suspend studying processes inside the educational institutions such as schools, colleges and the university and replacing it with distance education system; the Ministry of Interior use of the curfew system for specific times, as it prevented movement outside and imposed tickets and fines against those who violate it, and provided a special electronic application in issuing electronic permits to leave the house only for emergency and necessary cases; the Municipality of Najran and its sub-municipalities decision that requires stores and shops to cancel sales and discounts offers on commercial goods in order to prevent crowding out between community members; the Ministry of Health's, in cooperation with the Ministry of Communication, activation of free educational SMS service on mobile phones focused on enhancing the awareness of precautionary measures to apply and

maintain social distancing among community members inside and outside home.

The results of the fourth question showed that the reasons that led to the failure of commitment by social distancing to reduce the spread of (COVID-19), according to study sample members' point of view, represented in: children's and adolescents' lack of commitment due to playing cooperatively; the continuation of family visits and family gatherings by some people; going out to gardens by some individuals without adequately taking safety and security measures; the lack of awareness given to the importance of maintaining the interpersonal distancing (at least 2 meters) when associating with others physically; and the overcrowding of the expatriate workers' accommodations. Therefore, these reasons have contributed, somewhat, to the failure of applying social distancing and caused some cases of (COVID-19), this due to the difficulty of controlling children and adolescents and preventing them from gathering and playing cooperatively as a result of their increased motor activity and lack of awareness about how much the virus is dangerous on oneself and society. Hence, parents must strengthen control of their children and make them aware of the importance of maintaining physical and mental health through avoiding being contacted with others to be protected from (COVID-19). Though, some people and families' unawareness and selfishness led them to remain exchanging visits and leave their houses without taking adequate security and safety measures. So that, it was necessary to: focus on enhancing the self-censorship of these persons; intensifying efforts and supervision made by security agencies on such personal actions and imposing monetary penalties against them in case they violate regulations and instructions regarding the application of social distancing, preventing family visits during Corona pandemic. As for the role of expatriate workers' accommodations in spreading (COVID-19), Ministry of Health's and Epidemic Disease Research Group's reports confirmed that that the majority of (COVID-19) cases appeared in expatriate workers' accommodations were a result of overcrowding and gatherings inside these accommodations without taking any health precautions, such as: they do not wear face masks and gloves by workers, do not commit to keep the interpersonal distancing (2 meters) when being close to each other inside their accommodations, do not use sterilizers to maintain hygiene inside and around their accommodation places and do not wash their hands properly for (40) seconds.

The results of the fifth question revealed a set of proposals proposed by study sample members that contribute to enhance community awareness of social distancing importance in order to reduce the spread of (COVID-19), namely: providing support, advice and guidance on social media sites by scientifically specialized agencies; sending free text messages by Ministry of Health and Medical Authorities that focus on the importance of social distancing; broadcasting recorded episodes that host knowledge and specialization holders and giving warnings about the dangers of (COVID-19) and the importance of social distancing to reduce and prevent the spread of the virus; implementing strict measures for quarantine by the relevant authorities and the use of educational brochures that focus on the risks Novel Coronavirus disease and how to deal with it. In fact, these suggestions and solutions have practical benefits on how to educate society and the commitment of applying social

distancing to reduce the spread of the (COVID-19). In this regard, (AL-firm, 2017) states that medical cities and public hospitals in the Kingdom of Saudi Arabia should have electronic platforms beside other platforms on social media sites to be used in raising awareness about the risks of (COVID-19), dealing with it and knowing how to properly implement social distancing. Aldarhami *et al.* a 2020 conducted a study applied to a sample of 5105 participants from the Western Region, Saudi Arabia, to measure the level of commitment to social distancing, and it was found that most of the participants were (78.2%). They have a high awareness of the application of social distancing, and the general implementation of social distancing has been satisfactory (score 3.13 / 5). By comparing this result with the result of the current study, which showed that awareness of social distancing among the study sample members was high, this result is close to the result of the previous study. This confirms that the period of time for the passage of the Coronavirus Covid-19 has contributed to the establishment of appropriate awareness among members of the local community in the Najran region and their adoption of appropriate adaptive strategies regarding the application of social distancing satisfactorily (Aldarhami, Bazaid, Althomali, & Binsaleh, 2020).

SUGGESTIONS AND RECOMMENDATIONS

In light of study findings, the following can be recommended: The competent bodies, such as the Ministry of Health, the Ministry of Labor, the Ministry of Commerce, and the Ministry of Municipal and Rural Affairs should do more efforts to enhance the awareness of Saudi community about the importance of applying and maintaining social distancing inside and outside home in order to limit the spread of the Coronavirus disease; it is necessary for the Ministry of Interior to activate the provisions and penalties against the violators of taken precautionary and preventive measures, especially those actions that lead to the spread of the virus and its transmission in a dangerous way among society members (mainly family and non-family groups in all its forms and settings, whether inside or outside homes, neighborhoods, cities) to confront firmly Coronavirus Pandemic (COVID-19); the allocation of security units designated for this purpose; and activating the role of the official media in educating the Saudi society members about the importance of social distancing to confront the epidemic of Novel Coronavirus disease.

Hopefully, the competent authorities and officials in the Kingdom of Saudi Arabia will get benefit from the suggestions obtained from the study sample in setting standards contribute to the development of how to deal with the (COVID-19). It is also recommended that institutions and companies should activate the system of attending meetings and seminars remotely using modern communication technologies, as well as establishing electronic platforms to complete electronic transactions and services of community members in different regions and governorates without the need to review the relevant authorities.

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