RESEARCH ARTICLE

PHYSICAL DISTANCING AND SOCIAL DISTANCING: WHICH IS APPROPRIATE TO USE AS A LANGUAGE UNDER THIS COVID-19 LOCKDOWNS? A CONTEXTUAL EXPLORATION FOR ANALYSIS

Oyejide Felix Omotosho[1], Oluwatomilayo Felicity Omotosho[2] and Tobiloba Oyejide Alex Omotosho[2]
1. Department of Political Science, School of Arts and Sciences, University of The Gambia, Brikama.
2. Department of Nursing and Reproductive Health, School of Medicine and Allied Health Sciences, University of The Gambia, Banjul.

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Abstract

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The world, once a while, in every century witnesses a virus spread of pandemic phenomenon. The year 2020 in the 21st century is not spared with the outbreak of a new strain of corona virus named (COVID-19) by the World Health Organization (WHO). This paper explored with a contextual underpinning the appropriate language to use in communities to curtail the spread of the epidemic. Is it social distancing or physical distancing and how will the word fit in to address how people protect/should protect themselves against infection and/or infecting others? What are (WHO's) advice on this and how significant has that been to fighting COVID-19 to submission? These and many more were the contextual explorations from this novel thought. While the paper used pure descriptive method of analysis using data from both primary and secondary sources that are empirically verifying, the findings of the research posited "physical distancing" as best appropriate a language for use in the COVID-19 period.

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Introduction:-
Background to Study: Rationale for contextual and empirical explorations:
The world is no longer in doubt of another world war or you may call it the "Third World War". This time, it is not the war of arsenals and throwing of bombs by nations against each other. Neither is it like the blowing-off of the World Trade Center on the central city of New York in the USAas experienced in September, 2001. This is a natural epidemic war that has generated public health crises and which suddenly and furiously went viral and global, informing, why the global health giant the World Health Organization (WHO) on 11th February, 2020 gave it the name COVID-19, because, of its pandemic dimension (WHO, 2020a). As if situation will relapse, it rather exacerbates further, covering more than eighty-five percent of the countries of the world and its populations as it has spread to about 188 countries of the world as at today (Aljazeera Health News, 2020; WHO, 2020a).

The virus originated from a city called Wuhan in China　(WHO, 2020b). Wuhan ([ù.xân], simplified Chinese: 武汉; traditional Chinese: 武漢) is the capital city of Hubei Province in the People's Republic of China (Zhu et al., 2020). It is the largest city in Hubei and the most populous city in Central China, with a population of over 11 million, the ninth most populous Chinese city and one of the nine National Central Cities of China (Manfeng, 2018). Wuhan is

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Corresponding Author:- Oyejide Felix Omotosho
Address**:-** Department of Political Science, School of Arts and Sciences, University of The Gambia, Brikama.

considered the political, economic, financial, commercial, cultural and educational center of Central (Manfeng, 2018; Zhu et al., 2020). It is a major transportation hub, with dozens of railways, roads and expressways passing through the city and connecting to other major cities (Urban Land Institute, 2018). Because of its key role in domestic transportation, Wuhan is sometimes referred to as "the Chicago of China" by foreign sources and it is considered by some to be one of the potential sites of the pivotal Battle of the Red Cliffs, which stopped warlord Cao Cao's incursion into southern China at the end of the Eastern Han dynasty (Manfeng, 2018; Urban Land Institute, 2018). Other historical events taking place in Wuhan include the Wuchang Uprising of 1911, which led to the downfall of the Qing dynasty and the establishment of the Republic of China (Urban Land Institute, 2018). Wuhan was briefly the capital of China in 1927 under the left wing of the Kuomintang (KMT) government led by Wang Jingwei (Mackinnon, 2018). The city later served as the wartime capital of China for ten months in 1937 during the Second Sino-Japanese War (Mackinnon, 2018). A novel coronavirus that caused the COVID-19 pandemic was first identified in Wuhan in December and reported to the World Health Body (WHO) who initially noted it to be a public health emergency before going on to declare it a pandemic (WHO, 2020c).

What exactly was the cause of this virus outbreak in Wuhan and what initial steps were taken by the Chinese Authorities to handle the epidemic?
The Chinese authorities identified a new type of coronavirus (novel coronavirus, nCoV), which was isolated on 7 January 2020. Laboratory testing was conducted on all suspected cases identified through active case finding and retrospective review. Other respiratory pathogens such as influenza, avian influenza, adenovirus, Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), Middle East Respiratory Syndrome coronavirus (MERS-CoV) were ruled out as the cause (WHO, 2020a). On the 11th and 12th, January 2020, WHO received further detailed information from the National Health Commission about the outbreak following early report of outbreak in late December, 2019 (WHO, 2020c). The WHO was reassured of the quality of the ongoing investigations and the response measures implemented in Wuhan, and the commitment to share information regularly by the Chinese Authorities. The evidence was highly suggestive that the outbreak was associated with exposures in one seafood market in Wuhan (Zhu et al., 2020). The market was closed on 1 January 2020 at a stage where there was no infection among healthcare workers, and no clear evidence of human to human transmission (WHO, 2020a, 2020b). The Chinese authorities continued their work of intensive surveillance and follow up measures, as well as further epidemiological investigations (WHO 2020b).

Among the initial 41 confirmed cases, one death occurred. This death occurred in a patient with serious underlying medical conditions. China shared the genetic sequence of the novel coronavirus on 12 January, believed to be of great importance for other countries to use in developing specific diagnostic kits in case of global spread (WHO, 2020a, 2020b). The cluster was initially reported on 31 December 2019, when the WHO China Country Office was informed. According to information conveyed to WHO by Chinese authorities on 11th and 12th January, 41 cases with novel coronavirus infection had been preliminarily diagnosed in Wuhan City. Of the 41 cases reported, seven were severely ill. This was when the one death, mentioned above, was reported, in a patient with other underlying health conditions. Six patients were later discharged from hospital. Symptom onset of the 41 confirmed nCoV cases ranged from 8th December, 2019 to 2nd January, 2020 (WHO, 2020b). The clinical signs and symptoms reported were mainly fever, with a few cases having difficulty in breathing, and chest radiographs showing invasive pneumonic infiltrates in both lungs. National authorities reported that patients were later kept in isolation centers and were treated in Wuhan medical institutions. According to the preliminary epidemiological investigation, most cases worked at or were handlers and frequent visitors to the Huanan Seafood Wholesale Market. The government reported that there was no clear evidence that the virus passes easily from person to person (WHO, 2020b, 2020c).

As a mark of further public health concern and response, China's National Health Commission deployed a group of experts to Wuhan City to support the local response. The Huanan Seafood Wholesale Market was later closed for intensive environmental sanitation and disinfection, with Public risk communication activities carried out to improve public awareness and adoption of self-protection measures. WHO embarked on close monitoring and were in regular contacts with the Chinese national authorities, providing logistic supports and health advice to avoid global spread (WHO, 2020b, 2020c).

Based on the information supplied to WHO by the Chinese national government and steps taken by her, asides, initial supports from WHO to the Chinese government, WHO advised on travel measures to Wuhan from other parts of China and the rest of the world. Among those measures were; in case of symptoms suggestive of respiratory illness either during or after travel, travelers are encouraged to seek medical attention and share travel history with

their healthcare provider. WHO advised against the application of any travel or trade restrictions on China based on the information currently available as at then (WHO, 2020b, 2020c).

COVID-19 Timeline: A Retrospect
Below is the analysis of the COVID-19 spread until declared a global pandemic by the World Health Organization (WHO):
November 16, 2019 - Doctors at the Albert Schweitzer Hospital of Colmar in eastern France said they found evidence of the earliest COVID-19 cases in France.

November 17, 2019 - According to government data seen by the South China Morning Post, a 55-year-old person from Hubei province, China could have been the first person to have contracted COVID-19 disease.

December 12, 2019 - A study reported the coronavirus epidemic could have started during December 2019. Furthermore, this study found that nCoV-2019 is 96% identical at the whole genome level to a bat coronavirus. A November 2017 study, which was co-funded by the US government, said 'Bats in a cave in Yunnan, China, were captured and sampled for coronaviruses used for lab experiments.

December 16, 2019 - In a retrospective analysis, The Lancet reported on January 24, 2020, the December admission of patients with respiratory disease to hospitals in China. About 59 patients with fever and dry cough were transferred to a designated hospital starting on December 31, 2019.

December 17, 2019 - A study by French scientists suggested a man was infected with COVID-19 as early as Dec. 27th. This was a case of a patient hospitalized in December 2019 in an intensive care unit of a hospital in the north of Paris, for hemoptysis with no etiological diagnosis and for which RT-PCR was performed retrospectively on the stored respiratory sample which confirmed the diagnosis of COVID-19 infection.

December 29, 2019 - The 4 cases linked to the Wuhan Seafood Wholesale Market, were identified by local hospitals using a surveillance mechanism for "pneumonia of unknown etiology.'

December 30, 2019, - After receiving test results, multiple doctors in Wuhan shared the information via the Internet, including Li Wenliang, an ophthalmologist at Wuhan Central Hospital, who posted a warning to alumni from his medical school class via a WeChat group.

December 31, 2019 - Chinese experts said they were investigating an outbreak of respiratory illness in the central city of Wuhan that some have likened to the 2002-2003 SARS epidemic. The city's health commission said in a statement that 27 people had fallen ill with a strain of viral pneumonia, 7 of whom were in serious condition. An epidemiological alert was released by the local health authority on Dec 31, 2019. Meanwhile, 59 suspected cases with fever and dry cough were transferred to a designated hospital starting from Dec 31, 2019.

December 31, 2019 - Taiwan CDC implemented inspection measures for inbound flights from Wuhan, China in response to reports of an unidentified outbreak. The CDC said border control measures had been strengthened to include fever screening for arriving passengers and full-scale examinations for suspected cases.

January 2, 2020 - 41 admitted hospital patients had been identified as having a laboratory-confirmed 2019-nCoV infection. Published in The Lancet, this study concluded 'The 2019-nCoV infection caused clusters of severe respiratory illness similar to severe acute respiratory syndrome coronavirus and was associated with ICU admission and high mortality.'

January 7, 2020 - South Korea announced the first possible case of the coronavirus coming from China.

January 7, 2020 - Ohio Department of Health Director Dr. Amy Acton stated during a briefing on May 11, 2020, that 'new data shows COVID-19 was in Ohio as early as January 2020.' Acton said antibody testing revealed at least five COVID-19 disease cases, with the earliest of which dates back to January 7th. Previous data showed an onset of symptoms in Ohio was February.

January 8, 2020 - The US Centers for Disease Control and Prevention (CDC) issued CDCHAN-00424 saying 'it is closely monitoring a reported cluster of pneumonia of unknown etiology with possible epidemiologic links to a large wholesale fish and live animal market in Wuhan City, Hubei Province, China. The patients had symptom onset dates from December 12 through December 29, 2019. Of the 59 patients, seven are critically ill.

January 9, 2020 - A preliminary investigation into viral pneumonia illnesses sickening dozens of people in and around China identified the possible cause as a new type of coronavirus, state media.

January 10, 2020 - The gene sequencing data of the isolated 2019-nCoV, a virus from the same family as the SARS coronavirus, was posted on Virological.org by researchers from Fudan University, Shanghai. A further three sequences from the Chinese Center for Disease Control and Prevention, one from the Chinese Academy of Medical Sciences, and one from Jinyintan Hospital in Wuhan were posted to the Global Initiative on Sharing All Influenza Data (GISAID) portal.

January 11, 2020 – A Travel Alert was issued regarding the pneumonia outbreak in Wuhan, China by the US Centers for Disease Control and Prevention.

January 12, 2020 - The WHO stated China's government reported that there is no clear evidence that the virus passes easily from person to person. And, there were no cases with infection of this novel coronavirus reported elsewhere, other than Wuhan, China.

January 13, 2020 - The US CDC announced that the genome had been posted on the NIH genetic sequence database, GenBank.

January 19, 2020 – Wuhan Municipal Commission of Health in China reported that they have discovered 17 additional cases of pneumonia related to a novel Coronavirus strain, now called 2019-nCoV.

January 19, 2020 - A 35-year-old man presented to an urgent care clinic in Snohomish County, Washington, reported the first case of 2019-nCoV infection confirmed in the USA and describe the patient's initial mild symptoms at presentation with progression to pneumonia on day 9 of illness.

January 20, 2020 - After two medical staff were infected in Guangdong, China confirmed that the virus was human-to-human transmissible.

January 21, 2020 - Dr. Anthony Fauci said during an interview "'This is not a major threat for the people in the United States, and this is not something the citizens of the United States right now should be worried about."

January 23, 2020 - The US Department of State notified U.S. citizens via a Level 4 Travel Advisory that 'travelers should be aware that the Chinese government could prevent them from entering or exiting parts of Hubei province.'

January 23, 2020 - The WHO Director-General convened the Emergency Committee to consider the outbreak of the novel coronavirus in China, with cases reported in the Republic of Korea, Japan, Thailand, and Singapore.

January 29, 2020 - The US Department of State chartered a flight leaving Wuhan (China) Tianhe International Airport on January 28, 2020, bringing US citizens to the USA.

January 30, 2020 - The WHO declared the outbreak a Public Health Emergency of International Concern.

January 31, 2020 - The US CDC announced that it has issued federal quarantine orders to all 195 US citizens who repatriated to the USA on January 29, 2020.

January 31, 2020 - US President Trump signed a proclamation barring entry to the USA of most foreign nationals who traveled to China within the past 14 days.

Source: Honeywell, 2020

Africa's first index contacts:
In Africa, the contagious epidemic crept in through travelers from Asia, Europe and America. Africa's first COVID-19 case was recorded in Egypt on 14 February, and, since then every African country has reported cases, including the Gambia (Shaban, 2020). While it may not be too important to begin to give updates on case index, treated, discharged and death statistics globally here, presently, over 4.5million cases have hit the world in various countries including African nations, whose situations keep worsening on daily basis (Shaban, 2020). Nonetheless, while WHO is working 24/7 to analyze data, provide advice, coordinate with partners, help countries prepare, increase supplies and manage expert networks, individual nations are striving with national efforts and coordination to fight the pandemic. On March 17, The Gambian Ministry of Health (MoH) announced its first confirmed case of COVID-19 in The Gambia (Ministry of Health, 2020). Since then, the government of The Gambia has implemented measures to limit the spread of COVID-19. All schools, including universities and madrassas, were closed; all public gatherings, including open markets and places of worship, were suspended until further notice; and 14-day isolation was put in place for travelers arriving from 'hotspot' countries (OSAC, 2020). More current measures by Gambia's Ministry of Health made thus far, include extension of mass screening exercise and thorough contact tracing, deployment of newly hired health personnel to duty posts, engagement of private pharmacies in reporting clients that may be presenting flu-like symptoms, etc. (Ministry of Health, 2020). Another effort made so far was the declaration of a state of emergency since March to May, 17th, 2020 for 45 days, which has just been extended by another 21 days to further fight the pandemic to surrender (OSAC, 2020).

Physical distancing and social distancing: The genesis and the context:
At the media briefing on COVID-19 by the World Health Organization on the 13th of April, 2020, its Director-General Dr. TedrosAdhanonGhebreyesus delivered this speech;

Good morning, good afternoon and good evening.

Some countries and communities have now endured several weeks of social and economic restrictions. Some countries are considering when they can lift these restrictions; others are considering whether and when to introduce them. In both cases, these decisions must be based first and foremost on protecting human health, and guided by what we know about the virus and how it behaves. Since the beginning, this has been an area of intense focus for WHO.

As we have said many times before, this is a new virus, and the first pandemic caused by a coronavirus. We're all learning all the time and adjusting our strategy, based on the latest available evidence. We can only say what we know, and we can only act on what we know. Evidence from several countries is giving us a clearer picture about this virus, how it behaves, how to stop it and how to treat it. We know that COVID-19 spreads fast, and we know that it is deadly – 10 times deadlier than the 2009 flu pandemic. We know that the virus can spread more easily in crowded environments like nursing homes. We know that early case-finding, testing, isolating caring for every case and tracing every contact is essential for stopping transmission.

We know that in some countries, cases are doubling every 3 to 4 days. However, while COVID-19 accelerates very fast, it decelerates much more slowly. In other words, the way down is much slower than the way up. That means control measures must be lifted slowly, and with control. It cannot happen all at once. Control measures can only be lifted if the right public health measures are in place, including significant capacity for contact tracing. But while some countries are considering how to ease restrictions, others are considering whether to introduce them – especially many low- and middle-income countries in Africa, Asia and Latin America.

In countries with large poor populations, the stay-at-home orders and other restrictions used in some high-income countries may not be practical. Many poor people, migrants and refugees are already living in overcrowded conditions with few resources and little access to health care. How do you survive a lockdown when you depend on your daily labor to eat? News reports from around the world describe how many people are in danger of being left without access to food.

Meanwhile, schools have closed for an estimated 1.4 billion children. This has halted their education, opened some to increased risk of abuse, and deprived many children of their primary source of food. As I have said many times, physical distancing restrictions are only part of the equation, and there are many other basic public health measures that need to be put in place.

We also call on all countries to ensure that where stay-at-home measures are used, they must not be at the expense of human rights. Each government must assess their situation, while protecting all their citizens, and especially the most vulnerable. To support countries in making these decisions, WHO will tomorrow be publishing its updated strategic advice? The new strategy summarizes what we've learned and charts the way forward. It includes six criteria for countries as they consider lifting restrictions:

First, that transmission is controlled;

Second, that health system capacities are in place to detect, test, isolate and treat every case and trace every contact;

Third, that outbreak risks are minimized in special settings like health facilities and nursing homes;

Fourth, that preventive measures are in place in workplaces, schools and other places where it's essential for people to go;

Fifth, that importation risks can be managed;

And sixth, that communities are fully educated, engaged and empowered to adjust to the "new norm".

Every country should be implementing a comprehensive set of measures to slow down transmission and save lives, with the aim of reaching a steady state of low-level or no transmission. Countries must strike a balance between measures that address the mortality caused by COVID-19, and by other diseases due to overwhelmed health systems, as well as the social economic impacts. As the pandemic has spread, its public health and socioeconomic impacts have been profound, and have disproportionately affected the vulnerable. Many populations have already experienced a lack of access to routine, essential health services. Our global connectedness means the risk of re-introduction and resurgence of the disease will continue. Ultimately, the development and delivery of a safe and effective vaccine will be needed to fully interrupt transmission. Finally, I would like to thank the United Kingdom for its generous contribution of £200 million to the global response to COVID-19.

We greatly appreciate this demonstration of global solidarity. In an editorial last week, development ministers from the UK, Denmark, Iceland, Finland, Germany, Norway and Sweden calling on all countries to join this common endeavor. They said that tackling this disease together is our only option. I couldn't agree more. The way forward is solidarity: solidarity at the national level, and solidarity at the global level.

Thank you.
Source: (WHO, 2020b)

The context to physical distancing and social distancing as recommended measures to prevent the spread of COVID-19 has its roots from this onerous, ominous address by the WHO Director General, Dr. TedrosAdhanonGhebreyesus, an Ethiopian-born public health luminary. The two phrases arose as a context to controversies on which one is more appropriate to adopt in communities as a language for fighting COVID-19 in reaction to its pandemic effects through spreading and destructions on what it affects. When this pandemic spread almost uncontrollably, several options rolled on the tables of WHO and the world governments on the issue, its nature and method, best to be adopted as measures arousing the language palaver on social distancing and/or physical distancing. While the two have been used interchangeably by people at virtual sessions for many open discussions and in public views, the worldview contexts have generated heated debate and contentious controversies. It is this context, this paper seeks to review, explore and discuss for empirical premises.

Let's begin by looking at the symmetry and asymmetry contexts of the two terms, using the definitional approaches:
What is social distancing?
New Zealand public health center, says, social distancing, also called, physical distancing, is a set of non-pharmaceutical interventions/measures taken to prevent the spreading of a contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other (New Zealand Government, 2020). Going by this definition, the two contexts appear almost a hundred percent the same. According to World Economic Forum (2020) and WHO (2020a) on COVID-19, social distancing is an

effective protective measure against the new coronavirus. It recommends people to keep at least 1 meter apart. Around the world, measures to ensure people observe this are in force. This kind of social distancing, together with regular hand washing, is key in efforts to halt the spread of COVID-19. It is estimated that about a third of the world's population is under lockdown in their own homes, and, in many countries, where social distancing is being enforced by the police. In anyway, people still need to go out to buy food and medicine (World Economic Forum, 2020). This definition, quoted from WHO, the main global health body, a symmetrical language to physical is distancing.

According to Liverpool (2020), Governments around the world are responding to the covid-19 pandemic, with social distancing as a central aspect of plans to limit the spread of the virus. But what is social distancing and how do you do it? Social distancing practices are changes in behavior that can help stop the spread of infections. These often include curtailing social contact, work and schooling among seemingly healthy individuals, with a view to delaying transmission and reducing the size of an outbreak (Liverpool, 2020).

How do you practice social distancing and does it work?
As an individual, you can lower your risk of infection by reducing your rate of contact with other people. Avoiding public spaces and unnecessary social gatherings, especially events with large numbers of people or crowds, will lower the chance that you will be exposed to the new coronavirus as well as to other infectious diseases like flu. Other measures include working from home if possible, organizing meetings via video calls rather than doing them in person and avoiding unnecessary use of public transport. If you do have to be out and about, the WHO recommends maintaining a distance of at least 1 metre between yourself and anyone who is coughing or sneezing, avoiding physical contact with others in social situations, including handshakes, hugs and kisses (Liverpool, 2020).

 This definition has proven some symmetrical outlook in meaning, given, all the stated measures to be observed when in and when out. Geisinger Health Plan (2020), in their own analysis of "Social distancing or physical distancing: What's the difference and which is best" posit that "As we're living the reality of the COVID-19 pandemic, we've been covering our mouths, washing our hands and practicing "social distancing." But the conversation is shifting from "social distancing" towards "physical distancing." The reason is because of the unseen impact of social distancing and isolation on our mental health and emotional wellbeing. Knowing the difference can help us improve our mental health during these unprecedented times of covid-19 pandemic. In the current context, social distancing refers to staying at least 6 feet away from people to help avoid getting sick and "flatten the curve" in the spread of COVID-19 (Geisinger Health Plan, 2020).

There is evidence from previous outbreaks, including the 1918 flu pandemic and the 2014 Ebola outbreak, as well as from outbreak simulations, that social distancing can effectively limit the spread of infections. It is still unknown exactly how the new coronavirus spreads, but similar viruses which are predominantly transmitted by droplets emitted from the mouths and noses of infected people when they cough or sneeze and which can land on surfaces and people's hands have shown to be curtailed by such methods (Liverpool, 2020).

How are countries implementing social distancing?
China implemented particularly stringent measures in Hubei province, where the first new coronavirus cases were detected. In addition to quarantining the region and building isolation facilities, the Chinese government used mobile phone tracking to monitor people's movements and prevent people with confirmed infections from travelling. Since Italy went into lockdown, many other European countries have imposed travel restrictions and closed schools as well as other public places like restaurants and bars. The European commission has put forward plans to close European Union borders and restrict all non-essential travel in the Schengen area of countries that have no border controls between them. The UK government also advised its citizens to stop all non-essential contact with other people. The Gambia too has not been left out in the race of covid-19 prevention (Chen et al., 2020; DeutsheWelle, 2020; Liverpool, 2020).

Are there potential negative impacts of social distancing?
It has already affected the global economy because people are staying at home hungry. Demand for goods and services have fallen. "Social distancing is a societal effort to contain transmission and it comes at a significant economic cost," says KalipsoChalkidou at Imperial College London. "There are always trade-offs". Concerns have also been expressed that social distancing could lead to increased loneliness, especially among older people who are at a higher risk of severe covid-19 (Liverpool, 2020). Research has shown an association between social isolation in

the elderly and a higher risk of a variety of physical and mental conditions such as cognitive decline and Alzheimer's disease. More so, the effects of social isolation are not confined to the elderly (Khan, 2020). Nowadays, people have little or no opportunity to hug and greet each other during the pandemic and this has resulted in us losing another one of our essential human connections – touch (Khan, 2020; Trudeau, 2010). In addition to calming us down and reducing our stress response, a friendly touch also releases a hormone in the body called oxytocin which triggers the bond between a mother and an infant, and plays a role in sexual arousal, trust and anxiety (Trudeau, 2010; Uvnas-Moberg, 2015). Inadvertently, when there is deficiency of oxytocin, mental health conditions such as stress, depression and anxiety become more prevalent among those isolating themselves during the pandemic (Khan, 2020; Uvnas-Moberg, 2015).

How can you maintain social distance from people you live with or care for?
It is recommended to separate yourself from people you live with as much as possible. If you cannot avoid sharing a bathroom or toilet, clean these areas regularly. If you have covid-19 or suspect that you are at risk, the priority should be to avoid transmitting the disease to others, particularly if you are caring for someone vulnerable (Khan, 2020; Liverpool, 2020). All the above thematic and technically-empirical questions signify the symmetrical components of social distancing and physical distancing. Suffice to say, the two languages are directed to almost the same measures recommended to be observed against coronavirus spread and contagion in places where people are vulnerable to infections.

While "social distancing" is still widely used, it may be sending the wrong message and contributing to social isolation.
"Rather than sounding like you have to socially separate from your family and friends, 'physical distancing' simplifies the concept with the emphasis on keeping 6 feet away from others," says Dr. ShahidaFareed, psychologist at Geisinger Grays Woods (Geisinger Health Plan, 2020).

We're fortunate to be in the age of technology where connecting instantly with someone on the other side of the country is possible. During times like this – of quarantine and isolation – it's important we stay connected virtually with the people in our lives. This ensures that the human connection we need for our daily thriving and mental stability remains intact (Centers for Disease Control, 2020; Geisinger Health Plan, 2020). If this argument is to be analyzed and contextualized, it portends that there is seemingly a narrow part between social distancing and physical distancing. While social distancing points to being not totally disconnected from loved ones, at least, the virtual contacts through communication devices like, phone calls, videoing, Skype calls and WhatsApp voice messages can still be effectively used while in isolation and/or observing distancing, physical distancing points to maintaining a measurable distance between another person or thing (Geisinger Health Plan, 2020; Liverpool, 2020). Therefore, keeping people isolated and/or distant from each other could result in mental illness, because, man by nature according to Aristotle is a political animal. And, as a political animal, he interacts to meet his needs and to socialize. Man is also a social animal, he is a cultural animal and he is purely biological in nature. Going by all these descriptions, it is obvious that man cannot own and share life alone (CDC, 2020; Geissinger Health Plan, 2020; Liverpool, 2020).

What is physical distancing?
Physical distancing, sometimes referred to as "social distancing" is about keeping a safe distance from others. This you can do by limiting physical contacts and doing other business online even with family and friends. COVID-19 can spread from person to person through physical contact (New Zealand Health Ministry, 2020).

Does physical distancing have levels of observance/alert and in which way (s) do these alert levels distinguish it from social distancing?
Four alert levels of physical distancing have been mooted. These levels were suggested to help people know how to practice physical distancing when in different situations. Firstly was that people were advised to keep space from others and limit contact touch, kissing, and hugging, to keep away from shaking hands, even, when the health status of that person is known and irrespective of how dear such person is (New Zealand Health Ministry, 2020, Ottawa Public Health Office, 2020). The second level addressed those who desired to leave their homes to do more things and re-connect with friends and family. To practice physical distancing in this situation meant ensuring that public health measures are followed. Since coronavirus is spread mainly through respiratory droplets, especially when people cough or sneeze, maintaining a safe distance is recommended to decrease transmission. The WHO recommends staying more than one metre (three feet) away from the nearest person, while some health experts have

suggested maintaining a distance of at least two metres from others. (Bueno, 2020; CDC, 2020; New Zealand Health Ministry, 2020; WHO, 2020a). Thirdly, practicing physical distancing also concerns the institutions, groups and individuals tasked with the responsibility of implementing measures laid down to curb the spread of covid-19. Some of these institutions include the Ministries of Health and the covid-19 taskforce of affected nations, the security agencies like the Police and frontline health officials (Bueno, 2020; New Zealand Health Ministry, 2020; WHO, 2020a). These officials are expected to enforce compliances without causing harm on the people like beating or property seizure as we have seen in some countries, especially, in developing nations like the Gambia. While, such manhandling have not been visible in the Gambia, it is important, that the officials, especially, the security officers are properly re-oriented and sensitized to avoid use of lethal force but use of convictions and diplomacy. They must be highly professional in conducts.

The fourth level addressed a situation where someone felt sick during this pandemic. The need to keep self-isolation represents a practice of physical distancing. This measure can be taken till an approach to a health facility is made when the feeling of sickness persists (New Zealand Health Ministry, 2020; Ottawa Public Health Office, 2020). Basically, a number of measures can be taken to increase the physical space between people. They include staying home more often, working from home if possible, catching up with loved ones online instead of in person, strictly limiting the number of visitors to your home, avoiding large public gatherings or public transport, and staying away from other people when you are in a public space. (Aljazeera Health News, 2020; Geisinger Health Plan, 2020).

According to Aljazeera Health News, (2020), the World Health Organization (WHO) has started using the phrase "physical distancing" instead of "social distancing" as a way to prevent the spread of the novel coronavirus from people to people, a move widely welcomed by experts as a step in the "right direction". Officials of the global health body said while maintaining a physical distance was "absolutely essential" amid the global pandemic, "it does not mean that socially we have to disconnect from our loved ones and family" (Aljazeera Health News, 2020; WHO, 2020d). This statement issued by WHO has cleared all doubts and arguments on the differences between social distancing and physical distancing contexts and what is to be adopted as the language for covid-19. The giant body has spoken and next is compliance and solidarity, which, the institution has always preached as the gospel truth (Aljazeera Health News, 2020). Advancements in technology has made is possible for people to stay connected in many ways without having any physical interaction and WHO made clear their intentional change of language use from social distancing' to 'physical distancing' because they want people to still remain connected (Aljazeera Health News, 2020, WHO, 2020e).

"Social distancing makes it sound like people should stop communicating with one another, while instead we should be preserving as much community as we can even while we keep our physical distance from one another," Jeremy Freese, professor of sociology at Stanford University in the United States, told Al Jazeera. "We need to do physical distancing to protect everyone's physical wellbeing, but mental wellbeing is obviously also important, and social isolation is not good for mental wellbeing," he added. Martin W Bauer, professor of social psychology and research methodology at London School of Economics, welcomed WHO's change in terminology, saying it was "long overdue" (Aljazeera, Health News, 2020). Experts have noted that physical distance is measured in metric, metres or centimeters as it refers to the geographical distance from person A to person B while social distance is a measure of distance across social boundaries (Aljazeera Health News, 2020; Lazenby, 2020).

Justification for research findings:
Several arguments have arisen on which language is appropriate for covid-19 towards measures recommended to fight covid-19 to submission. These arguments have been in the form of intellectual debates in both scholarly works and in the public domain. This research had explored this controversy and the rationale underpinning its cause. The research found out that, the rationale is primarily to determine the right word to use in the public domain to collectively address the WHO recommended measures rolled out to debase and even defeat the spread of the raging coronavirus in communities. The research also discovered that there is virtually no difference in the adoption and use of the two words, social distancing and physical distancing. However, there is a thin dividing line between the two words which separates them and this the research made findings on for empirical analysis.

The officials of WHO themselves left no stone unturned to clear the air on this phenomenal context, through media briefings and press releases as well as interviews granted on major satellite cables like Aljazeera. The secondary sources of information through available literature accessed by the authors clearly supported WHO position, arguing that, while a wide gap between social distancing and physical distancing does not exist, the only narrow line

between them is that to be physically distant from others is to keeping gaps of meters away from them. This is not to totally isolate friends, families and colleagues. This is observed to save self and save others, as argued, in the literature. Therefore, social distancing is not an option to consider if the aim is to promote the mental wellbeing of people and observing physical distance is not to ignore the relevance of social communications without meeting in person. Such meeting, if will happen must be most necessary and highly reduced in the interest of everyone as stakeholders in the fight against COVID-19. The World Health Organization clamors on solidarity among the global citizens especially at the national and local levels of governance. This will facilitate the easy defeat of coronavirus as a killer disease. The outcome of the findings is that physical distancing is more appropriate and has rightly been adopted for use in public domains as language in the case of COVID-19 hegemony and fight to defeat and exterminate its spread.

Limitation to Research:
The research did not go through complicated research methodology procedures due to timeframe and the concept of study on which language is appropriate for covid-19 fight: social distancing and physical distancing? Merely examining the problem under study, it could sound even rhetorical researching this kind of topic as the answer should either be yes/no and delving into WHO's recommendations may be enough for reason. This is not so in qualitative research where adequate consultations are expected through literature and primary sources of data to validate facts by theorization, contextualization and data quantifications. However, due to paucity of data on the topic and as an on-going societal issue, data are yet to be substantial for researches that are over-arching and comprehensive. The authors were able to work with available data for explorations and analysis on the discourse.

Contribution to Knowledge:
The paper has added to the existing scarce materials on COVID-19 and all associated discussions surrounding it. It has also served as a source of information and knowledge in the public domain on the ways and methods to fight the pandemic coronavirus. As an additional source, it will inspire future and potential researchers to want to write on emerging issues like the type this research dwelt on for findings. Indeed, it will build on knowledge production in the social sciences and allied subjects and in the medical profession. It is therefore, highly recommended for consultations by emerging scholars and writers, much as it is very valuable for practitioners and social readers in the public domains.

Conclusion:-
This research has been very explorative, descriptive and empirical for fact-finding. It has helped to lay rest to the contextual and contentious controversy brewing around over which language to adopt and which not. It has helped to clear understanding for public knowledge on the subject of social distancing and physical distancing. The research is an insight to further research

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