

HSC R&D Behaviour Change Group

Exploring the facilitators and barriers to following COVID-19 guidelines on social distancing among young people in Northern Ireland and Republic of Ireland Report No: 2

COVID-19 Behaviour Change Cell Date: 07.10.2020











Table of Contents

Executive Summary
Introduction4
Methods5
Results5
1. Participant demographics6
2. Social distancing knowledge and capabilities10
3. Social distancing behaviour12
4. Social distancing and the social/physical environment
5. Thoughts/feelings about social distancing14
Conclusion
Knowledge, ability to distance, and social distancing behaviour 16
Social and environmental influences on social distancing17
Thoughts & feelings about social distancing17
References
Table of Figures
Members of the HSC Research and Development Division Behaviour Change Group 20

Executive Summary

This report explores social distancing behaviour among young people aged 16-25 from Northern Ireland and the Republic of Ireland during the summer of 2020 (prior to School, College, and University restarts). The results presented in this report are part of a surveybased research study that explores young people's experiences of social distancing and the psychological, social, and physical/environmental barriers to social distancing behaviour. The aim of this report is to present initial descriptive findings which provide a greater insight into how young people are experiencing social distancing guidelines and what helps or hinders social distancing. Further analysis of the factors that most strongly predict social distancing behaviour will follow in a future report. Further qualitative analysis of open text responses exploring factors which help or hinder social distancing is also underway.

Key findings

- In general, young people have a good understanding of what social distancing means and how it should be practised.
- Many young people play an active role in reducing transmission through social distancing
- Most young people believe that the actions they take can help control COVID-19 transmission.
- Most young people are willing to wear a face mask when social distancing is difficult.
- 9 in 10 young people are worried about a family member contracting COVID-19.
- Young people report that achieving distance from family/friends outside the household is *possible* but can be difficult *for other reasons*.
- Peers influence social distancing behaviour to a large extent
- Young people often find it hard to remember to distance while with friends/family/others outside their household.
- Social distancing can make young people feel restricted, lonely, and weird

Cite as:

Berry, E., Bradley, D., Tully, M.A., Allen, S., Mulvenna, M., Dempster, M., Shorter, G., & McAneney, H. on behalf of the Public Health Agency Behaviour Change Group. Exploring the facilitators and barriers to following COVID-19 guidelines on social distancing among young people in Northern Ireland and Republic of Ireland, Report No: 2. Public Health Agency: Belfast; 2020.

Introduction

COVID-19 has rapidly changed people's lifestyles worldwide, and one of the most dramatic effects has been the need to social distance from others; including those we are close with such as family and friends. Young people may be particularly affected by the social distancing guidance because of their developmental stage and lifestyles which are typically centred on peers and relationship building (Orben, Tomova, & Blakemore, 2020). Research suggests that adolescents and young adults may experience social isolation as result of the social distance from others, which can impact their psychological wellbeing (Orben et al., 2020). A recent large-scale regional survey suggests that boredom, loneliness, uncertainty are common experiences among young people during this time (Northern Ireland Youth Forum, 2020). Moreover, young people are especially influenced by peers, and thus it is more challenging to resist social norms: in a scenario where the majority of young people in a social group are not social distancing, it is likely that this will permeate to the entire group (Andrews, Foulkes, & Blakemore, 2020).

It is therefore understandable that young people may be finding it more challenging to accept the social distancing guidelines Nonetheless, the need to maintain social distancing behaviours is essential to support the safe reopening of social interactions and activities. There have been media reports of meetings of crowds of young people who were not following social distancing advice. This is problematic because close contact risks increased viral transmission, which could result in exponential growth of COVID-19 cases. Young people are less likely than older people to have symptoms of COVID-19 infection, and they may therefore not know when they are infectious to others (Oosterhoff & Palmer, 2020).

Given the recent increase of young people socialising after public health restrictions have been eased, we need to better understand the factors influencing social distancing behaviour to help engage this population. A US based study showed that 30.5% of young people refrained from coming into close contact with peers outside their household during the peak 'lockdown' period of non-pharmaceutical interventions (Oosterhoff et al., 2020), so it is plausible that social distancing adherence will more rapidly deteriorate over the next coming months. This study aims to explore the facilitators (*enabling/motivating factors*) and barriers (*personal and environmental/social obstacles*) to young people adhering to the COVID-19 social distancing guidance.

This report explores the following research questions:

1. To what extent do young people understand and act on social distancing guidelines?

- 2. What influences social distancing among young people?
- 3. What do young people think and feel about social distancing?

Methods

Data for this survey-based study was collected using Qualtrics software. Young people aged 16-25 years from Northern Ireland (NI) and the Republic of Ireland (ROI) were recruited on social media and through educational and youth-orientated organisations between July and August 2020. The survey closed on August 24th prior to School/College/University restarts. The survey (containing closed and open-text questions) was developed in collaboration with members of the Public Health Agency behaviour change cell (details at the end of this report) and survey items were reviewed by a representative group of young people to inform further adaptions to support relevance and understanding. The survey items were guided by the COM-B model (Michie, van Stralen, & West, 2011) and Theoretical Domains framework (Cane, O'Conor, & Michie, 2012), as a theoretical structure for this exploratory investigation. The survey was divided into four sections:

- 1) COVID-19 knowledge and behaviour;
- 2) Me, my friends, and COVID-19;
- My thoughts and feelings about distancing & Exploring your views and experiences (open text responses);
- 4) About you (demographics).

Results

Data underwent a process of cleaning and descriptive data exploration. Survey responses from individuals who did not provide explicit consent to use their data, were not aged 16-25 years and those who reported living outside of NI or ROI were excluded from the analysis. Therefore, 477 valid responses were included.

Descriptive results are presented across six subsections:

- 1. Participant demographics (including COVID-19 exposure)
- 2. Exposure to COVID-19
- 3. Social distancing knowledge and capability
- 4. Social distancing behaviour
- 5. Social distancing and the social/physical environment (influence of friends/family/others and the environment)
- 6. Thoughts/feelings about social distancing.

1. Participant demographics

Demographics of respondents are captured by the series of graphs below and all (apart from age) are expressed as percentages of the total number of survey respondents. The age of respondents ranged between 16 and 25 years, and the majority of respondents were aged 19-22 (Figure 1).

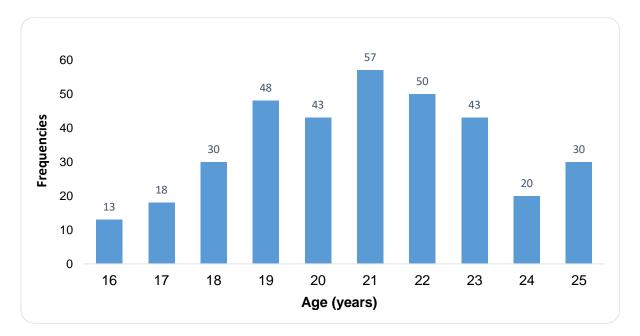


Figure 1. Age of respondents expressed as frequencies

The majority (96%) of young people who responded to the survey were from Northern Ireland (Figure 2). Most respondents were female (73%) (Figure 3).

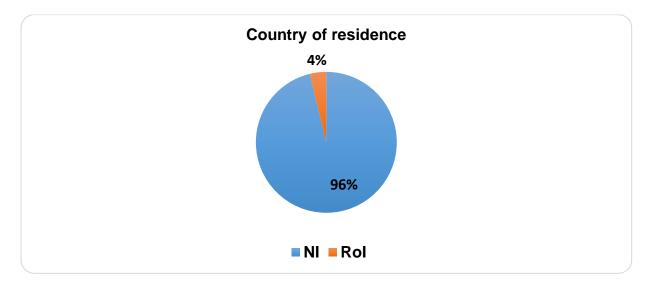


Figure 2. Country of residence of respondents (NI vs. ROI) (%)

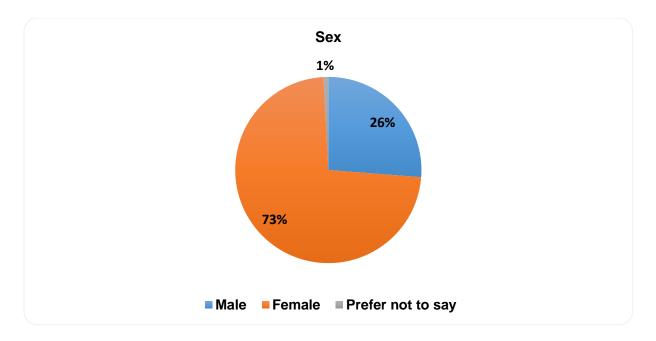


Figure 3. Sex of respondents (%)

The majority (81%) of young people who responded to the survey reported living at their family or parental home at the time the survey was conducted (Figure 4). As shown in Figure 5, most respondents (73%) shared a household with 3-5 people (including themselves).

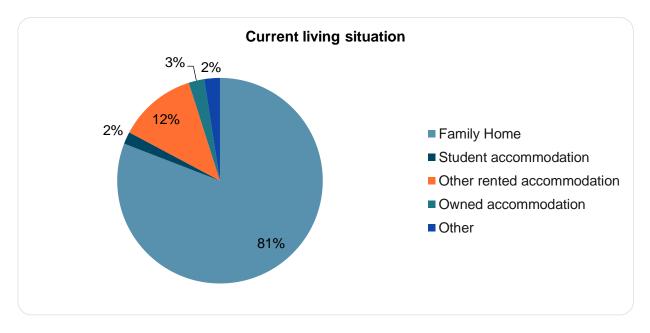


Figure 4. Respondents' current living situation (%)

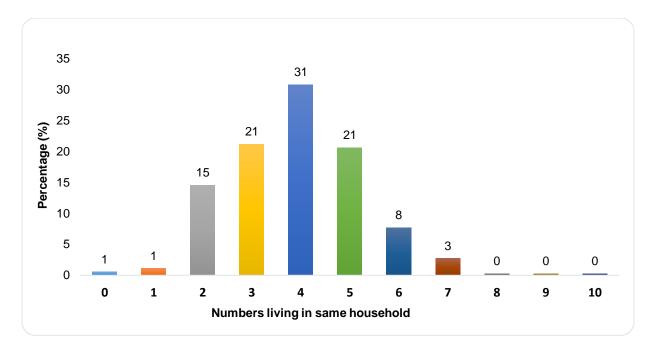


Figure 5. Number of people living in the same household as respondents (%)

As shown in Figure 6, before lockdown, almost half of the young people who responded to the survey were students and were also working, while one third were studying only. At the time of data collection, findings were similar, however there was a marginal decrease in the number of respondents who were working as well as studying and a marginal increase in those only studying. Almost 1 in 6 young people reported living with a chronic health condition (Figure 7).

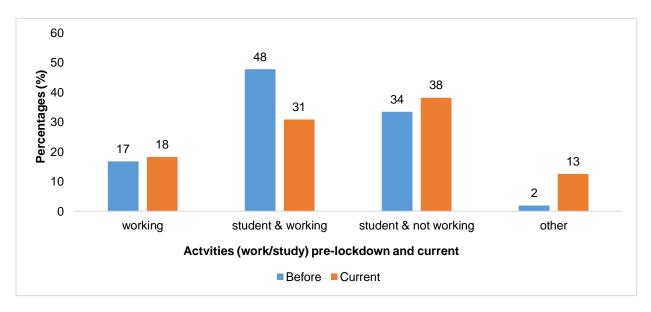


Figure 6. Activities of respondents' pre-lockdown and at the time of data collection (%)

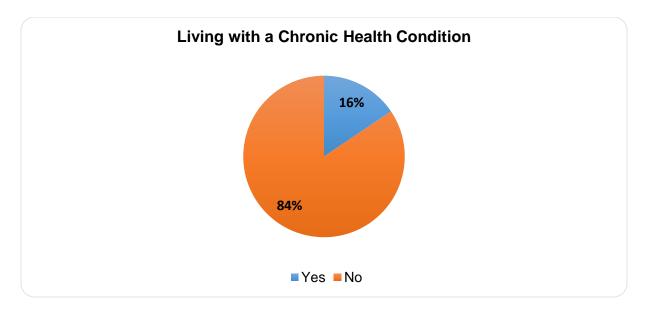


Figure 7. Respondents living with a chronic physical or mental health condition (%)

As Figure 8 shows, most young people were not shielding themselves or others. However, of those young people who reported that they were shielding, the majority were shielding someone else in their household (18%).

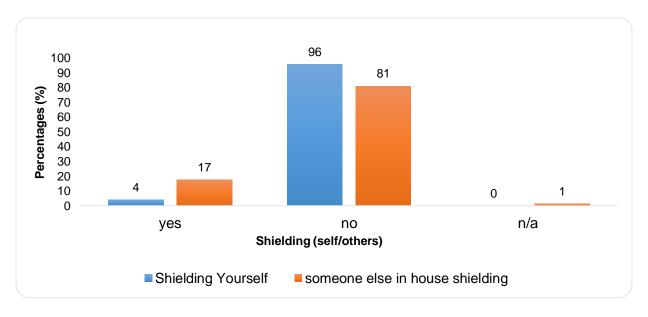


Figure 8. Young people shielding themselves and/or others (%) Note. n/a= not applicable

A minority of respondents reported that they had been diagnosed with COVID-19 (Figure 9). One in ten believed they had symptoms of COVID-19 or were uncertain about whether or not they

have or have had symptoms. Rates of reported symptoms or COVID-19 diagnoses in others that respondents live with was marginally greater. Almost one third of respondents reported that their friends have/have had symptoms and two in ten reported that friends had been diagnosed with COVID-19 (Figure 9).

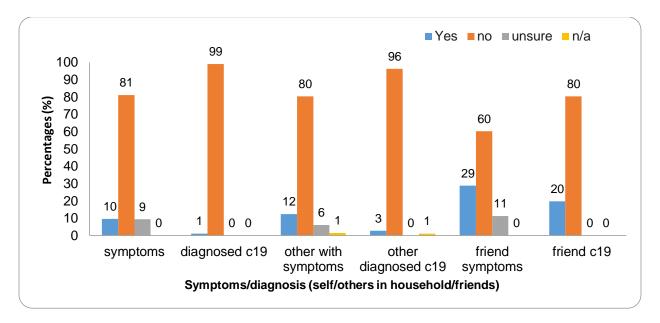


Figure 9. Self-reported exposure to COVID-19 (%). Note. n/a= not applicable

2. Social distancing knowledge and capabilities

Respondents were assessed on their knowledge of COVID-19 guidelines around social distancing within a series of scenarios (Figure 10). Over 85% of respondents thought it was appropriate for a group of four friends to talk at a distance and for two people to walk together at a distance. More than 97% of respondents knew it was not recommended for a large group of friends to hang out in close contact with one another or to stand in a shop queue close behind someone else. Respondents were slightly less confident about whether it was recommended to sit at a bench at a distance from each other, but generally reported that this was appropriate.

As shown in Figure 11, most respondents (76%) reported that they knew how to distance and the majority (93%) knew that they should distance from people outside household.

As Figure 12 suggests, the majority of respondents (<80%) feel they can physically keep distance between themselves and people they know (outside the household) and people they don't know.

However, over 70% of respondents agreed that they still find it hard to keep distance between themselves and friends when they meet.

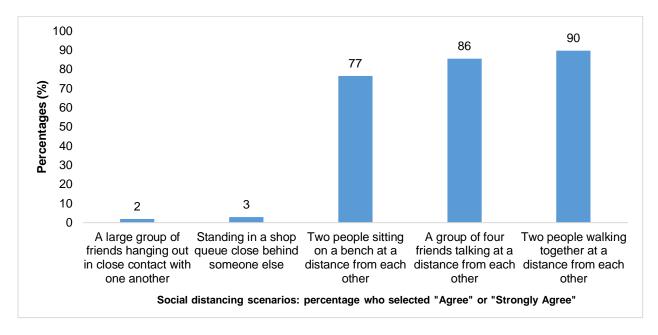


Figure 10. Young peoples' knowledge about COVID-19 social distancing guidelines based on responses to a series of social distancing scenarios (%)

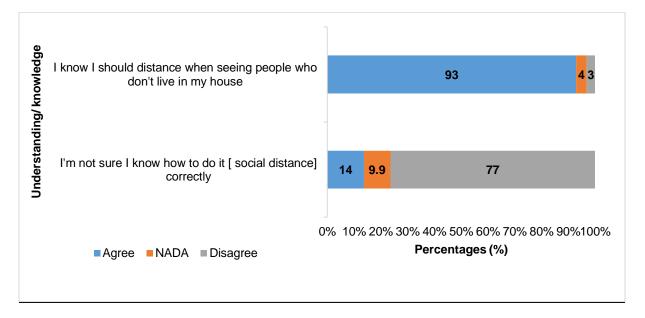


Figure 11. Respondents' perceived ability to socially distance based on their current understanding/knowledge (%) Note. NADA= neither agree nor disagree

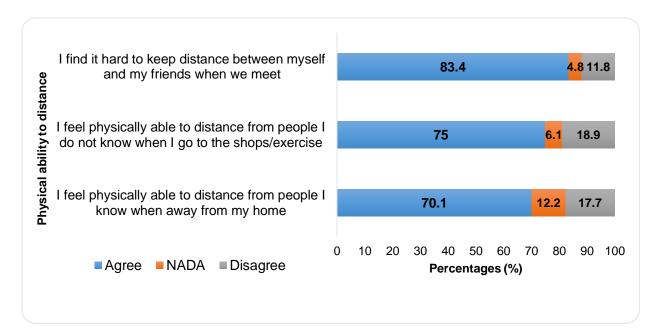


Figure 12. Respondents' physical ability to socially distance (%)

3. Social distancing behaviour

When asked about how often they socially distance from friends and family who they do not share a household with, just over half said always/mostly (the majority of which said 'most of the time'). However, 1 in 5 said they 'sometimes' socially distance from family and friends who they do not share a household with (Figure 13).

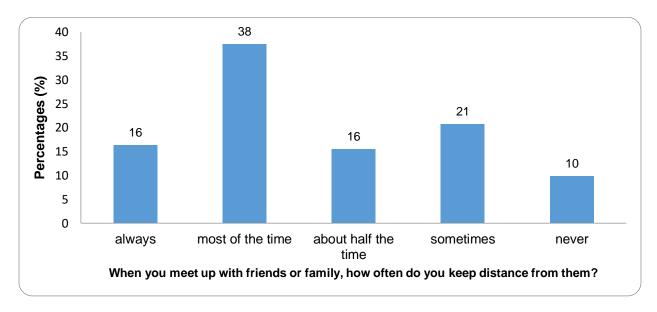


Figure 13. Social distancing behaviour among respondents (%)

4. Social distancing and the social/physical environment

When asked about their perspectives toward different social and environmental influences on social distancing behaviour, approximately half of respondents felt that being restricted in places to go and activities to engage in influences social distancing behavior (Figure 14). Over half of respondents said that they keep a distance from friends even when their friends do not. Contrastingly, over 60% of respondents say that their social distancing behavior depends on their friends' thoughts and behavior i.e. respondents said that if their friends think it is important to distance, they will engage in distancing, but if their friends feel that distancing is not important, respondents say that they do not distance. Many respondents also felt it was hard to remember to social distancing behaviour, most respondents (63%) felt that that parental presence did not influence their behavior (Figure 15).

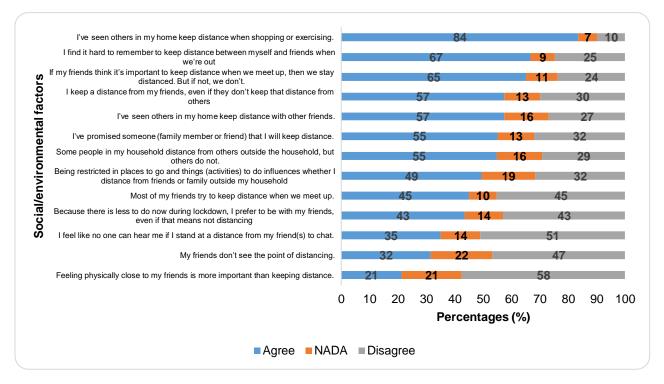


Figure 14. Social and environment factors and social distancing behaviour (%)

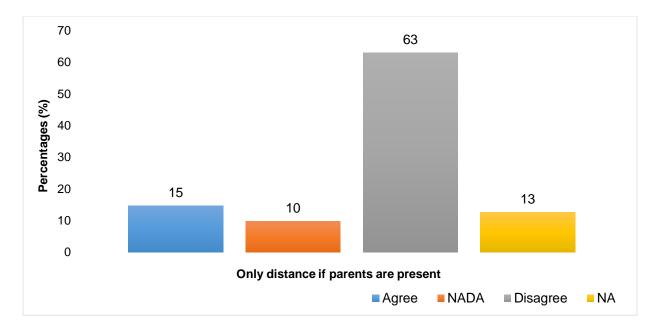
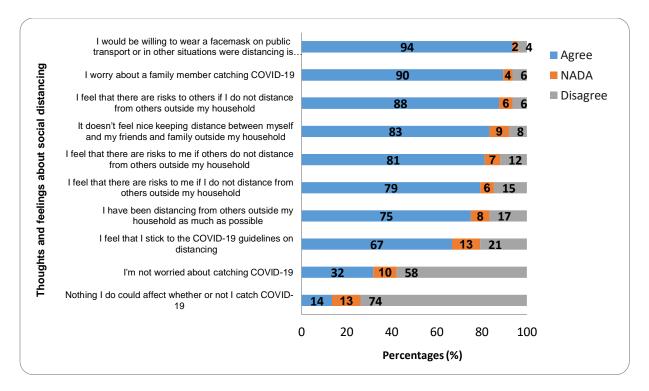
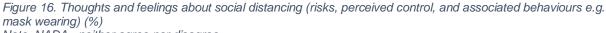


Figure 15. Influence of parents on social distancing behaviour.

5. Thoughts/feelings about social distancing

Nine out of ten of the young people who responded to the survey are worried about a family member catching COVID-19 (Figure 16). Around 80% of young people are also aware of risks to both themselves and others in contexts when there is no social distancing and over half are worried about catching COVID (but one in three are not). Most respondents believe that they have some control over catching COVID-19, but one in ten do not think there is anything they can do (Figure 16). Over 90% reported a willingness to wear a facemask on public transport or public places were social distancing is not possible. Supplementing the results in Figure 13, the majority of respondents feel they do stick to guidelines but 1/3 do not (Figure 16). When asked about how social distancing affected them emotionally, half of the young people who responded to the survey reported feeling restricted, however half also believed they are doing the 'right thing' by social distancing. One third of respondents reported that social distancing made them feel lonely and weird, and a 1 in 4 said that social distancing measures made them feel worried (Figure 17).





Note. NADA= neither agree nor disagree

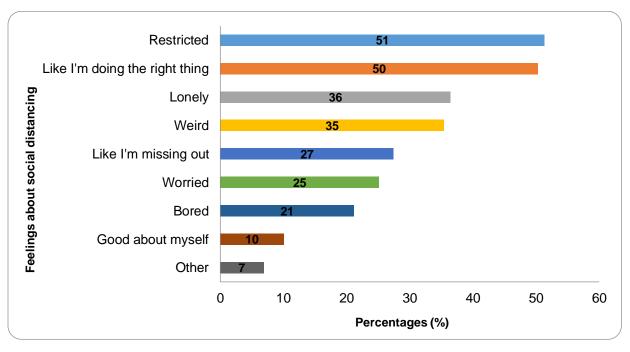


Figure 17. Feelings resulting from social distancing behaviour (%)

Conclusion

This survey explores knowledge of social distancing guidelines, thoughts and feelings towards social distancing, and self-reported social distancing behaviour among young people aged living in Northern Ireland and the Republic of Ireland. Most respondents were aged between 19-22 years. The majority of young people resided in Northern Ireland, in their family home, and the majority were students (with or without other part/full time work) at the point of data collection. A small number of young people reported living a chronic health condition (most commonly asthma) and a small proportion reported shielding themselves or, more commonly, another member of their household. Generally, level of direct experience of COVID-19 (as captured by self-reported diagnosis/symptoms in respondents or members of their shared household) appeared low in this sample of young people. However up to 2 in 10 reported that friends have or have had symptoms or have been diagnosed with COVID-19.

Knowledge, ability to distance, and social distancing behaviour

To a large extent, young people demonstrated a good understanding of the general guidelines on social distancing and were aware of situations when social distancing was necessary and how to distance in different scenarios. Young people felt that while with family/friends outside their household, it was physically feasible to distance appropriately, but they still reported that this behaviour was *difficult*. The findings demonstrate that while many young people engage in social distancing behaviour most of the time (approximately half of respondents), a significant proportion engage in social distancing half the time or less. Rates of social distancing are comparable to the findings of a recent survey based in the US in a subgroup of 18-24 year olds, however this US study also revealed that social distancing behaviours (which included distance maintained between others and situations/places of exposure) was similar across young and middle aged adults (18-55 years) (Masters et al., 2020). This conflicts media coverage suggesting that young people are social distancing less than middle age adults; projecting a universally negative image of young peoples' attitudes and actions (Masters et al., 2020). An international report by the Life with Corona Network (2020) reveals that young people are comparatively as active in preventing transmission (by practicing 'counter-corona behaviours') as older people. Moreover, young people are more willing to relinquish their income than older individuals (Life with Corona Network, 2020). This is further evidence that the portrayal of young people in the media is not representative of the majority of young people across the globe.

Social and environmental influences on social distancing

Many of the young people felt that being restricted in places to go and things to do made social distancing more difficult. While the majority reported that they would distance even when friends did not distance, a large proportion reported being influenced by peers. Parents and guardians had minimal influence on social distancing behaviour in this cohort of young people, which may be reflective of the age group.

Thoughts & feelings about social distancing

Nine in ten young people reported feeling worried about a loved one contracting COVID-19 and the majority also were aware of the risks to them and others where social distancing is not practised. Most young people expressed a willingness to wear a face mask when social distancing is not possible, e.g. in public transport. To a large extent, young people believe that there are ways to control COVID-19 transmission and most report that they follow guidelines; however, a smaller, but significant proportion feel they do not follow guidelines. But whether or not guidelines are clear to young people is less understood, and ongoing qualitative analysis of open text responses collected as part of this study suggests that the clarity and consistency of guidelines has a substantial influence on social distancing behaviour.

Young people commonly reported feeling lonely, restricted, weird, and worried because of social distancing measures; however, a substantial proportion of young people still feel that it is a behaviour that they *ought* to be engaging in; which may relate to perception of personal risk and worries about family/close others' contracting COVID-19. A study in Germany showed that young people with more family/close others who are elderly have more positive attitudes towards social distancing, suggesting that sense of risk may influence the acceptability of distancing (Rieger, 2020). The emotional response of young people observed also compares with international findings; that young people feel more stressed and more anxious about COVID-19 than older people (Life with Corona Network, 2020).

References

Andrews, J. L., Foulkes, L., & Blakemore, S. J. (2020). Peer Influence in Adolescence: Public-Health Implications for COVID-19. *Trends in Cognitive Sciences*, *24*(8), 585–587. https://doi.org/10.1016/j.tics.2020.05.001

Cane, J., O'Connor, D., & Michie, S. (2012). Validation of the theoretical domains framework for use in behaviour change and implementation research. *Implementation science*, *7*(1), 37. https://link.springer.com/article/10.1186/1748-5908-7-37

Life with Corona Network (2020), *Research Report: Shared Global Sentiments and Stark Generational Divides*, ISDC, Berlin, 1 October.

Masters, N. B., Shih, S.-F., Bukoff, A., Akel, K. B., Kobayashi, L. C., Miller, A. L., ... Wagner, A. L. (2020). Social distancing in response to the novel coronavirus (COVID-19) in the United States. *PloS One*, *15*(9), e0239025. https://doi.org/10.1371/journal.pone.0239025

Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, *6*(1), 42. <u>https://doi.org/10.1186/1748-5908-6-42</u>

Northern Ireland Youth Forum (2020). *Our Voices Aren't in Lockdown*. Northern Ireland Youth Forum Summer Report. Access at: <u>http://www.niyf.org/wp-content/uploads/2020/08/Voices-in-Lockdown-Draft-140820-003.pdf</u>

Orben, A., Tomova, L., & Blakemore, S.-J. (2020). The effects of social deprivation on adolescent social development and mental health. *Preprint*, *4642*(20), 1–7.

https://doi.org/10.1016/S2352-4642(20)30186-3

Oosterhoff, B., & Palmer, C. A. (2020). *Psychological Correlates of News Monitoring, Social Distancing, Disinfecting, and Hoarding Behaviors Psychological Correlates of News Monitoring, Social Distancing, Disinfecting, and Hoarding Behaviors.* 9731(March), 12–15. https://doi.org/10.13140/RG.2.2.22362.49602

Rieger, M. O. (2020). What Makes Young People Think Positively About Social Distancing During the Corona Crisis in Germany? *Frontiers in Sociology*, *5*(August), 1–6. <u>https://doi.org/10.3389/fsoc.2020.00061</u>

Table of Figures

Figure 1. Age of respondents expressed as frequencies
Figure 2. Country of residence of respondents (NI vs. ROI) (%)6
Figure 3. Sex of respondents (%)7
Figure 4. Respondents' current living situation (%)7
Figure 5. Number of people living in the same household as respondents (%)
Figure 6. Activities of respondents' pre-lockdown and at the time of data collection (%)8
Figure 7. Respondents living with a chronic physical or mental health condition (%)9
Figure 8. Young people shielding themselves and/or others (%)9
Figure 9. Self-reported exposure to COVID-19 (%)10
Figure 10. Young peoples' knowledge about COVID-19 social distancing guidelines based on
responses to a series of social distancing scenarios (%)11
Figure 11. Respondents' perceived ability to socially distance based on their current
understanding/knowledge (%)11
Figure 12. Respondents' physical ability to socially distance (%)12
Figure 13. Social distancing behaviour among respondents (%)12
Figure 14. Social and environment factors and social distancing behaviour (%)13
Figure 15. Influence of parents on social distancing behaviour14
Figure 16. Thoughts and feelings about social distancing (risks, perceived control, and
associated behaviours e.g. mask wearing) (%)15
Figure 17. Feelings resulting from social distancing behaviour (%)

This report was prepared for the Public Health Agency Behaviour Change COVID-19 cell by:

Name: Dr Emma Berry

Organisation: Queen's University Belfast

Email: E.Berry@qub.ac.uk

Members of the HSC Research and Development Division Behaviour Change Group

Name	Position	Organisation
Dr Nicola Armstrong (Chair)	HSC R&D Division	PHA
Dr Janice Bailie	Assistant Director, HSC R&D Division	PHA
Dr Mags Murray	HSC R&D Division	PHA
Dr Anita Yakkundi	Research Fellow, Network Coordinator,	UU
	Northern Ireland Public Health	
	Research Network	
Sarah Allen	Behavioural Scientist	Innovation Lab,
		NISRA
Dr Diane Anderson	Health Intelligence Division	PHA
Dr Declan Bradley	Consultant in Public Health Medicine	PHA and QUB
Dr Emma Berry	Lecturer, Psychology	QUB
Dr Karen Casson	Lecturer in Health Promotion	UU
	Course Director PGCert/PGDip/MSc	
	Health Promotion and Public Health	
Dr Mary Dallat	Specialty Registrar	PHA
Professor Martin Dempster	Lead health psychologist, Psychology	QUB
Dr Laura Dunne	Senior Lecturer	QUB
Prof Melanie Giles	Head of School of Psychology	UU
Dr Diana Gossrau-Breen	Health Intelligence Division	PHA

Mr Barry Henderson	Senior Industry Manager, HSC R&D	PHA
	Division	
Prof Frank Kee	Director, COE	QUB
Prof Sarah Miller	Senior Lecturer of Education	QUB
Prof Maurice Mulvenna	Digital technologies/AI for Well Being,	UU
	Assistive Living:	
Dr Helen McAneney	Lecturer, Health Services Research	QUB
	Group, Centre for Public Health	
Prof Ciaran O'Neill	Prof of Health Economics	QUB
Dr Gillian Shorter	Lecturer, Psychology	QUB
Rachael Singleton	Behavioural Scientist	Innovation Lab,
		NISRA
Professor Mark Tully	Professor of Public Health	UU
	Director, Institute of Mental Health	
	Sciences	
	Director, Northern Ireland Public Health	
	Research Network	
Prof Hugo Van Woerden	DPH and Medical Director	РНА