Worry, recommended behaviours and stigma. Wave 4 - 17th to 20th February 2020 (n=2000)

26th February 2020

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Recommendations

* The ‘Catch it, Bin it, Kill it’ has been seen by more of the population (58%) and is still having a positive impact on behaviour. However, these benefits could be seen further with increased reach of the campaign.
* Risk perception is still highly associated with uptake of non-recommended as well as recommended behaviours. Recommendations not to focussing on worry or risk perceptions in communications still stand, because this is likely to increase uptake of non-recommended behaviours, as well as recommended behaviours.
* Focussing on efficacy and self-efficacy for specific behaviours may be an effective way of improving uptake. This may be particularly true for behaviours which are not already perceived as highly effective e.g. reducing the number of people you meet (51.1% endorsed not effective), cleaning/disinfecting surfaces (21.7% endorsed not effective), and using sanitising hand gel (18.8% endorsed not effective).

Worry

* 16.4% of participants were worried about coronavirus. This is higher than at the equivalent time point in the H1N1 swine flu pandemic in 2009/10 (median over seven surveys: 14%), but lower than in wave 3.
* Those who perceive a greater risk of coronavirus to themselves and people in the UK were more likely to be worried. As were those who thought their likelihood of catching coronavirus was higher and those who perceived coronavirus as being more severe for themselves.
* Having someone with a chronic illness in the household; having a family member who worked for the NHS; and employment status were no longer associated with worry in this wave. Additionally associated in this wave were: female gender; having a chronic illness oneself; thinking the likelihood of catching coronavirus was higher (not previously tested); and perceiving coronavirus to be more severe (not previously tested).

Recommended behaviours

* 40% of respondents had completed one or more recommended respiratory or hand hygiene behaviours in the last seven days (same as in wave 3).
* Worry was strongly associated with these behaviour changes, followed by perceived risk of coronavirus, using information from official sources, and perceived likelihood of catching coronavirus.
* 58% of participants recalled having seen the “Catch it, Bin it, Kill” campaign (significant increase from 54% in wave 3). Having seen recommendations to “catch it, bin it, kill it” were still associated with uptake of recommended behaviours, but less so than in wave 3. Having seen or heard advice on how to protect oneself or others from coronavirus and credibility of the government were no longer associated with having completed a recommended behaviour in this wave.
* Having heard more about coronavirus was associated with having completed a recommended behaviour in this wave (not previously associated).
* The perceived effectiveness of each behaviour, and a participant’s belief that they could perform that behaviour if they wanted to (self-efficacy) were similar to in wave 3 (approaching significance: fewer people thought that keeping away from crowded places generally was effective).
* Perceived effectiveness of, and self-efficacy for a behaviour showed consistent associations with carrying out the behaviours.

Reducing the number of people you meet

* 11% of participants had reduced the number of people they had met in the last seven days; this is significantly fewer than in wave 3 (~14%).
* People who were worried, who perceived more risk from coronavirus, and who perceived a greater likelihood of catching coronavirus were more likely to try to reduce the number of people they had met.
* Having seen recommendations to “Catch it, Bin it, Kill it” were associated with participants reducing the number of people they had met. Having seen advice on how to protect yourself and others from coronavirus was no longer associated with reducing the number of people you have met.
* Worry was more strongly associated with avoidant behaviour than in wave 3, as was having a friend working for the NHS, and being of black of minority ethnicity.
* Associations between not using mainstream media as a source of information about coronavirus; having seen advice on how to protect oneself and others; having seen recommendations to “catch it, bin it, kill it;” satisfaction with the government response; and credibility of government were driven through worry.

Stigma

* 26% of respondents agreed or strongly agreed that it was best to avoid areas in the UK that were heavily population by Chinese people (same as in wave 3).
* Worry and perceived risk still showed the largest associations with this attitude.
* Having seen or heard information from official sources, satisfaction with the Government’s response and the perceived credibility of the Government were associated with being more likely to endorse this stigmatising attitude (no change in the strength of the associations from wave 3).
* Being of black and minority ethnicity were associated with increased stigmatising attitudes (not previously associated). Having a chronic illness (self) and employment status were no longer associated with increased stigmatising attitudes.
* Using mainstream media, unofficial information sources (social media, friends and family, search engines) and having heard advice on how to protect yourself seem to be acting on stigmatising attitudes through worry.

Methods

* We examined associations with: being ‘very’ or ‘extremely’ worried about coronavirus; having done any recommended respiratory or hand hygiene behaviour more than usual in the past seven days; reducing the number of people you meet (a behaviour not currently recommended); and agreeing or strongly agreeing that “because of the coronavirus outbreak, it is best to avoid areas of the UK that are heavily populated by Chinese people.”

*Please note that this work has been conducted rapidly and has not been peer reviewed or subject to normal quality control measures.*

Datasets used:

* Department of Health and Social Care weekly tracker
  + Tracking DHSC marketing, coronavirus attitudes, beliefs, knowledge, reported behaviour, satisfaction with Government response, credibility of Government.
  + Data collected weekly (Monday to Wednesday) since late January.
  + N~2000 per wave.
  + Market research company commissioned: BMG Research.
  + *This survey is not designed to collect the views of NHS workers and respondents in this sample working in the NHS are not representative of the wider NHS workers in general. In particular, the sample in the survey is of NHS staff who have time to participate in on-line polls. In the context of a major public health crisis this poses very substantial limitations.*

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