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Who Complies with Social Distancing?

First results from a longitudinal study

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NOTE: The findings reported here are part of larger study...

Non-compliance with measures aimed at curbing the spread of COVID-19 in young adults: Insights from a longitudinal cohort study on antecedent and concurrent risk factors

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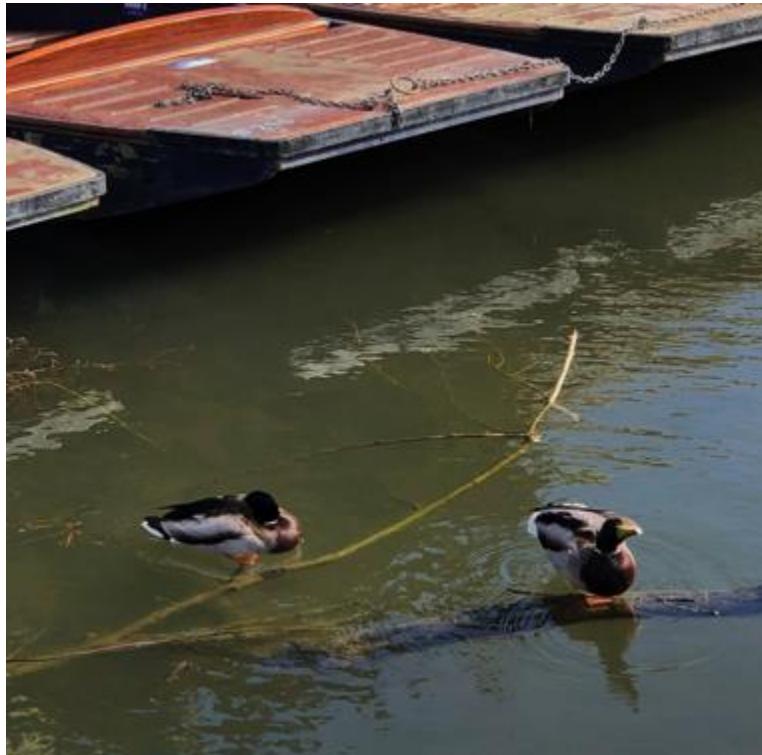
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Compliance with Social Distancing

The Example of Cambridge Residents

Some Comply Well



Others Struggle a Little



Background

In response to COVID-19 governments around the world introduce public health recommendations, focussed around two areas:

- Hygiene: e.g. washing hands regularly, coughing into elbow
- Social distancing: e.g. avoiding groups, 1.5-2 meters distance.

Varying levels of legal bindingness and enforcement between countries: emergency measures, penalties, electronic monitoring, recommendations.

Anecdotal evidence suggests a lot of variation in compliance between countries and social groups ranging from full compliance to open collective protest



The image is a blue-themed poster from the World Health Organization (WHO) providing public health recommendations for COVID-19. It features several sections with icons and text:

- Wash your hands**:
Wash your hands with soap and running water when hands are visibly dirty.

- If your hands are not visibly dirty,** frequently clean them by using alcohol-based hand rub or soap and water.

- Protect others from getting sick**
 - Avoid close contact** when you are experiencing cough and fever.

 - Avoid spitting in public.**

 - If you have fever, cough and difficulty breathing seek medical care early** and share previous travel history with your health care provider.


World Health Organization

Compliance with COVID-19 public health guidance is a special case of a core criminological question:

Why do people comply with rules?

Health Psychology

e.g. health literacy

Why do people comply with an intrusive set of health-related behavior rules as part of the COVID-19 crisis?

Criminology

e.g. antisocial potential

Sociology

e.g. Collectivist versus individualist culture

Behavioral Economics

e.g. conformity signaling

Compliance with Preventive Guidance

- Most research focuses on concurrent risk factors (e.g. during H1N1 pandemic, SARS, MERS)
 - Perceived risk, moral obligation, perceptions regarding others' behavior (social norms), trust in government, information-seeking
- Can we identify broader social and psychological risk factors for non-compliance?
 - Social bonds and lifestyle (e.g. parental monitoring, general trust)
 - Attitudes towards the law and police (e.g. police legitimacy)
 - Deviant peers and antisocial behavior
 - Psychological dispositions (e.g. low self-control, feelings of guilt/shame)

The Study

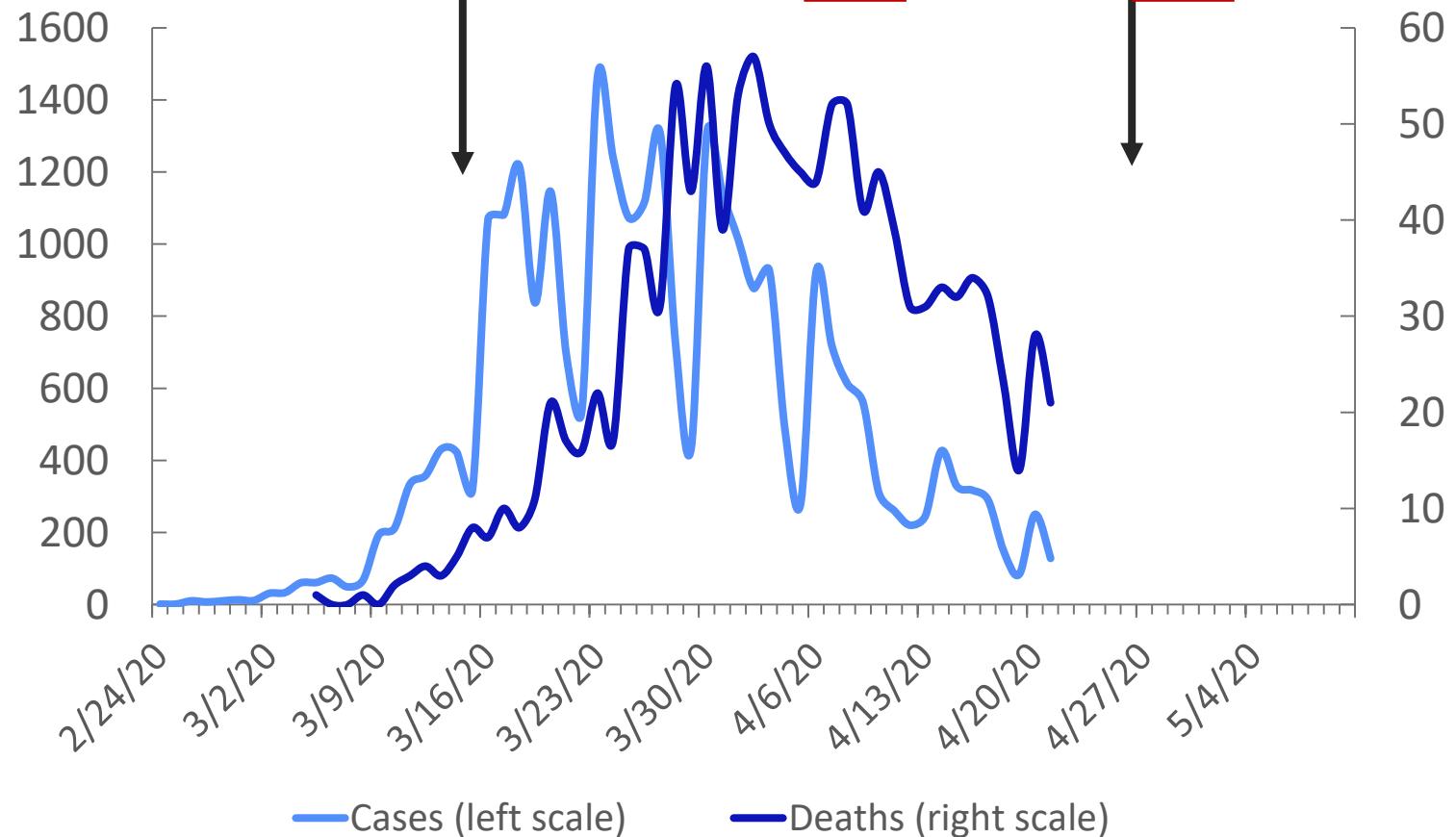


- Add on study to the **Zurich Project on Social Development from Childhood to Adulthood (z-proso)**
 - Cohort entered primary school in Zurich in 2004
 - Target sample=1675
 - Broadly representative of age cohort in city
- COVID-19 study based on participants from most recent wave
 - Average age 22.5
 - N=786
 - Weighted to reflect original target sample

For more information on the Zurich Project on Social Development from Childhood to Adulthood (z-proso) see
<https://www.jacobscenter.uzh.ch/en/research/zproso/aboutus.html>

The Timeline

Eight z-proso waves
Ages 7 to 20 (2004-2018)



The seven social distancing questions

I only travel with public transport if I really have to.

I stay at home as much as I can

I avoid being in groups

I comply with the rules on social distancing (1.5-2 meters)

I stay at home when I have flu-like symptoms

I avoid contact with people who may be particularly at risk

I don't shake hands with anybody

Results

What was the overall level of NON-compliance with social distancing guidance in Early April?

Item	Male	Female	Difference sig.
I adhere to the rules on social distancing (1.5-2 meters)	18%	18%	n.s.
I stay at home as much as I can	18%	7%	<0.001
I don't shake hands with anybody	16%	7%	<0.001
I only travel with public transport if I really have to	12%	8%	n.s.
I avoid being in groups	14%	5%	<0.001
I avoid contact with people who may be particularly at risk	5%	5%	n.s.
I stay at home when I have flu-like symptoms	4%	2%	0.177

Note: No differences by social class, education level, and migration background.

A high antisocial potential predicts low compliance with social distancing rules

Low self-control (OR = 2.3) and high deviant behavior (OR = 1.2) at age 20 predict non-compliance with social distancing rules.

Non-compliance with COVID-19 social distancing rules partly reflects an underlying general tendency towards rule-breaking behavior.

Trust and legitimacy are important foundations for compliance with social distancing norms

Low compliance with social distancing during the COVID-19 crisis is predicted by....

- Low generalized trust (OR = 1.3) at age 20
- High cynicism about the rule of law (OR = 1.6) at age 20
- Low police legitimacy (OR = 1.4) at age 20
- Low trust in the government (OR = 2.0) during the crisis.

It is more difficult to achieve voluntary compliance in societies with a low level of trust and state legitimacy.

Trusted, competent, and credible communication at all levels are an important basis for the willingness to follow social distancing rules.

Group dynamics and social contagion likely play an important role in undermining compliance with social distancing guidance

Low compliance with social distancing during the COVID-19 crisis is predicted by....

- Having delinquent peers (OR = 1.3) at age 20
- Expecting to be admired by friends when breaking rules at age 20
- Assuming that most others don't follow COVID guidance (OR = 1.3)

Among adolescents and young adults examples of non-compliance among peers undermine the willingness to comply.

Maintaining compliance beyond the lock-down period will be challenging.

Widespread non-compliance will undermine the perception of a social norm.

Credible norm-enforcement is important to maintain compliance.

The most powerful predictor of non-compliance is moral disengagement, the tendency to find excuses for not following a moral rule (Bandura, 1990).

- Why should I comply with the rules, others don't either.
- If elderly people get infected it's their own fault.
- Politics and media exaggerate the threat.

Credible moral reasoning is critical to maintaining compliance with social distancing rules.

Conclusions

- At the moment behavioral changes are the only known mechanism to stop the spread of the virus.
- A range of strategies can help to achieve widespread behavior change.
- Voluntary compliance is an critical foundation in democratic societies.
- Our findings suggest that trust in public agencies, credible norm enforcement, and moral beliefs are important bases for compliance with social distancing rules.