

Perspectives

Dyah Anantalia Widyastari

Understanding community's behavioral responses towards Covid-19: Who comply, who don't and reasons of incompliance

Institute for Population and Social Research, Mahidol University
*Corresponding author's email: dyah.ana@mahidol.ac.th,dyah.anantalia@gmail.com

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1. Introduction

Since it was found as unknown pneumonia-like cases in December 2019 in Wuhan, China (Wang et al., 2020), the coronavirus disease-2019 (COVID-19) has spread to most countries in the world. Following its rapid transmission, in the end of January 2020 WHO declared a Public Health Emergency to raise international concern. As the major pathogens that targets the upper human respiratory system, COVID 19 has caused more infections and deaths than SARS or MERS, particularly with the majority of asymptomatic individuals who can spread viruses to others (Rothan and Byrareddy, 2020; Wang et al., 2020).

The government of all nations have been challenged to implement effective measures to fight the rapid spread of the infection since the evidence found only 3-7 days for the epidemic to double in size (Park et al., 2020). Lockdown, partial shutdown and quarantine for infected individuals are imposed to contain the virus and prevent further infection (Anderson et al., 2020; Kraemer et al., 2020; WHO, 2020). Although it varies by the country's policy, public testing was also implemented in order to screen the risky individuals (i.e. Italy, Indonesia, Thailand) or general population (i.e. Korea) to control the further increase in the number of new infections (Balilla, 2020; Harper et al., 2020).

2. Behavioral responses towards Covid-19 measures: who comply, who do not and reasons of incompliance

Covid-19 is not only challenging the government, but also poses a critical trial to the whole society. Although the government have imposed various measures to contain the virus and prevent further spread of infection, the success of a country in halting the infection depends on the public's compliance towards those regulations. The expected behavioral responses toward Covid-19 comprise of complying the social distancing measure and shifting their outdoor into home-based activities. Preventive measures such as hand washing and wearing mask are deemed important to prevent infection and reduce transmission (Adhikari et al., 2020).

Although public health messages have been continuously delivered, there exists a subgroup in the population who are disengaged of information seeking. They feel unaffected by the situation and are being skeptical by showing irrational behavior in non-compliance with COVID-19 policies such as going out or travelling, hang around in groups and ignoring the preventive measures such as wearing mask (Paakkari and Okan, 2020; Wright et al., 2020). In many countries, thousands were arrested for

violating curfew and social distancing measure by loitering on the roads, gathering and consuming alcohol at public grounds, or keeping restaurants open (Colombopage, 2020; Pakpour and Griffiths, 2020; The Star Online, 2020; Xinhuanet, 2020).

Scholars have attempted to understand community's behavior in complying Covid-19 measures. Theoretically driven, individuals will be engaging in new (healthy) behavior depends on their risk perception towards the current health threat. The Health Believe Model which was firstly formulated by Irwin Rosenstock in 1970s suggested perceive susceptibility as one of the underlying causes of behavior to occur (Rosenstock, 1974a,b). Those who feeling personally susceptible of infection are more likely to engage in hand washing and social distancing behaviors (Kwok et al., 2020; Wise et al., 2020) and practicing superficially helpful behaviors such as buying more food and water (Wise et al., 2020). On the contrary, the feeling a false sense of invulnerability, misperception of risks COVID-19 as being low for themselves and others have lead individuals to disengage in protective behaviors (Paakkari and Okan, 2020). The perceived susceptibility also could be expressed in the form of fear. Studies documented a moderate positive correlation between adoption of new behavior and fear of Covid-19, suggesting that negative emotion also motivate a range of behaviors that reduce the engagement in risky behaviors in response to the current pandemic, and could predict compliance (Harper et al., 2020; Pakpour and Griffiths, 2020).

Females, older person and healthy individuals are more likely to adopt a greater degree of social-distancing measures (Atchison et al., 2020; Barari et al., 2020; Kwok et al., 2020; Zhong et al., 2020) whereas younger males (Kwok et al., 2020) and individuals with poor health are reported to have less compliant toward staying home policy, although it could be due to their frequent visits to hospitals or pharmacy (Barari et al., 2020).

Individual's economic status, knowledge and educational attainment appear to affect their responses toward Covid-19 measures. Those with relatively high level of socioeconomic status—in particular women—and have had good knowledge are more likely to perform appropriate practices towards COVID-19 (Atchison et al., 2020; Barari et al., 2020; Zhong et al., 2020) whereas younger males aged 16-29 years, never-married, bachelor's degree or lower education and students were significantly associated with lower knowledge (Zhong et al., 2020). Those from economically disadvantage population and were less likely to work from home showed a less willingness to comply suggesting the influence of structural barriers in adopting preventive behaviors (Atchison et al., 2020).

3. Has the government convey the right messages to the public?

Despite the incompliance by a sub group of population, the public health messages have been heard. People understand how to keep themselves and others safe from the virus, and practicing the new behaviour. Even the skeptical group who doubt the government policies are reportedly believe the public health messages and engage in the expected behaviours (Barari et al., 2020). The information seeking behaviour also could inform the government on how the public respond the pandemic. Google searches on 'face mask' and 'hand washing' including hand sanitizer brands and steps of hand washing not only indicating an increasing promotion of goods but might also reflecting an increasing awareness and engagement of the public (Lin et al., 2020).

There is no absolute approach that has been proven effective in combating Covid-19. Every government has selected the best policy fits to its context, culture, and socioeconomic condition both in macro and micro level, to ensure low fatality rate and minimize the socioeconomic impact of the pandemic. It is individual and community commitment in complying the measures that will define how long a country will be in the risky zone before gradually reached the new normal.

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