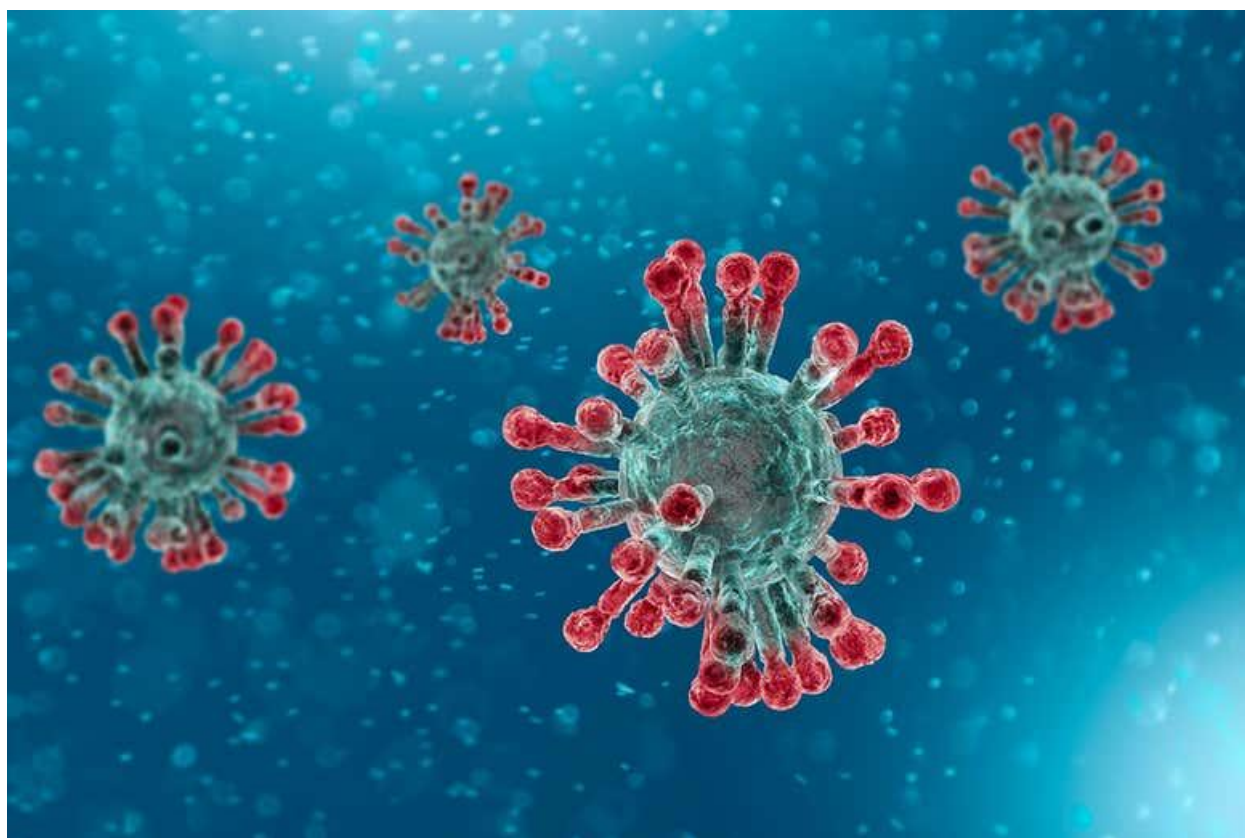


COVID-19: Last Mile Barriers to Social Distancing and Safety practices.

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Globally, public health has experienced the burden of pandemic infectious diseases. Severe Acute Syndrome Coronavirus 2 (SARS-CoV-2) also known as COVID-19 is a recent example that has challenged public health resources. This pandemic has exposed waning community resilience for the last five months since January 2020. Its current spread is a tragic experience that is driving innovators to try many approaches to slow it down.

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In the absence of reliable pharmaceutical interventions against SARS-CoV-2, multiple public health approaches are being deployed. The two approaches currently in use in response to COVID-19 are: Suppression and mitigation strategies.

Mitigation measures include a combination of social distancing (e.g. school closure, University closure and ban on all social gatherings). Mitigation is ideally designed to lessen an outbreak. Suppression involves imposing complete or partial shutdowns of the bulk of non-essential services for extended or on and off period. Suppression comes with considerable community and economic consequences.

When public health experts recommend wearing masks, staying at least six feet away from each other, washing your hands frequently, staying at home if you can, and avoiding crowded spaces, what they are really saying is: Try to minimize the amount of virus you encounter.

One of the basic principle during COVID-19 pandemic is the idea of personal responsibility to prevent transmission. However, there exist some structural and psychological barriers worldwide.

Flattening the Curve.

The phrase “Flattening the curve” was coined during the 1918-19 Spanish flu pandemic and has gained popularity during the COVID-19 pandemic. Although considerable information on pandemic history exists, psychological barriers to flattening the curve have been limited in scope. Establishing barriers to flattening the curve, generating ideas, creating solutions and deploying initiatives to solve the current and future pandemics is paramount.

Structural and Psychological Barriers

Even people with good intentions don’t do enough about pandemics. But more often we fail to act. Why? There is a gap between our views on social distancing and public health safety practices, and our actions to do something about it. Unfortunately, actions are what matter, not sentiments or good intentions. Sometimes, we truly cannot do better. Not everyone can afford to buy face mask, keep social distance, stay home, afford soap, access water, access information, access health care, access health insurance, and exercise. These are structural barriers, beyond an individual’s control.

However, for those not restricted by such barriers, adopting more pro-COVID-19 prevention measures is quite feasible. Yet so far, we are not taking enough action to prevent more new cases. Why is this? What is stopping us from doing at least the things we are capable of?

If so many people are concerned about COVID-19, why aren’t more of them doing something about it?

Many of the barriers are not structural, but psychological. They are as follows;

Ignorance

COVID-19 brings change which many of us perceive it as health risk. Our physical brain hasn't evolved much to adapt to change. Ignorance is a barrier to action in fronts; not knowing that COVID-19 exists, not knowing what to do about it once you become aware of the problem, and being told the wrong information. The first problem is shrinking, although factual knowledge still lags severely. Second comes a lack of knowledge about which actions to take, how to execute those one is aware of, and the relative benefits of different actions. However, much remains to be learned, partly because the answers aren't universal – best practice in China may not be a best practice in Say, Kenya. Third ignorance also stems from disciplined and deliberate attempts by groups with vested interest in healthcare industry and politics.

Information numbness

This comes in two subspecies. First, every information is made up of more elements that we can wholly comprehend, so we attend to them selectively. Sometimes we attend to salient elements more at the expense of less salient but more dangerous ones, which is how accidents happen. Novel COVID-19 is like that for many: dangerous phenomenon that isn't salient it isn't causing any immediate personal difficulties. This makes action unlikely. The second form occurs at the other end of the stimulus spectrum. When people see the same advert many times, they get used to it and stop paying attention. Similarly, hearing about COVID-19 too often, particularly if the message isn't varied, can lead to message numbness and the attenuation of behaviors that would help ameliorate the problem.

Uncertainty

Experiments show that uncertainty- both real and perceived – reduces the frequency of pro-COVID-19 behavior. For example, when asked how many fish they would harvest from hypothetical lake, the more uncertain the number of fish left, the more people said they would take. People tend to interpret any sign of uncertainty as sufficient reason to act in self-interest. This happens in real world too. Thus we are left with a perplexing problem: how to present the likelihood of COVID-19 outcomes honestly without promoting underestimates of the problem, which of course help justify inaction.

Discounting

One well-known psychological bias is our tendency to undervalue distant and future risks. This also true of COVID-19. The believe that the disease affects other people or countries or is worse elsewhere is common. Conditions are often objectively worse elsewhere. People also tend to discount COVID-19 risks that will occur in the future. Both types of discounting are a barrier to

action against COVID-19. If conditions are presumed to be worse elsewhere and in the future, people will be less motivated to act.

Optimism bias

Optimism is generally a healthy, desirable outlook that can produce useful personal outcomes. However, it can be overdone, to the detriment of well-being. For example, people are overly optimistic about their chances of avoiding illness. They are also overly optimistic about COVID-19 risks.

Perceived lack of environmental control

Because COVID-19 is diffuse and global problem, many people do nothing because they think that their behavior has little or no impact on the outcome. Closely related to this is fatalism – the sense that nothing can be done, not only by one self but even by collective human action.

Confirmation bias

We like to be told that we are correct. Therefore, people tend to read and watch media that tells them they are on the right track. Those who have doubts about COVID-19 science prefer to read newspapers and watch broadcasts that reinforce their convictions. That in turn, is a serious barrier to engaging in COVID-19 prevention.

Time is money

Re-opening economies by most countries is a recent example to this barrier. Studies show that when people view the time they have available in monetary terms; they tend to skip acting in precautionary ways. Money is the epitome of self-interest, and so when one's time becomes associated with it, the risk measures take a back seat.

Perceived inability

Many pro-COVID-19 measures require some extra knowledge, resources, skill or ability. Some people are unable to act why because of physical disability, or lack of, for example. However, many are able to keep social distancing, wear a mask, stay at home, but claim to be unable to do so.

World views

This about ideologies, belief systems that inhibit COVID-19 behavior change. World views are swathes of connected attitudes. For example, globalization is especially associated with spread of the COVID-19. Globalization has clearly contributed to comfortable lifestyles for millions, but some aspects of it, such as air and water travel, have also led to spread of COVID-19. Some people also take little or no action because they believe that religious or secular deity will not

forsake them, or will do what it wishes anyway. Anti-COVID-19 inaction follows naturally from these beliefs.

Techno salvation

Technical innovation has a long and admirable history of improving our standard of living. Clearly, it can be a partner in mitigating COVID-19: witness the recent increase in testing capacity. However, some go further in and believe that technology can solve all the problems associated with COVID-19. Such overconfidence can serve as another barrier to COVID-19 suppression and mitigation measures.

System Justification

This is the tendency to justify status quo. When people have comfortable lifestyle, the tendency not rock the boat grows and – more importantly- so does the desire not let anyone alter the way things are done. COVID-19 will require many adjustments; system justifiers normally won't adopt them. On a positive note, if mitigation can be portrayed as part of the system, this can change.

Social comparison

Humans are social animals; comparing our own situation to that of others is deeply ingrained tendency. People routinely compare their actions to those of others. When we compare ourselves to someone we admire, we gravitate toward their choices; if that someone happens to harbor anti- COVID-19 views, we are likely to decide that COVID-19 isn't such a problem.

Social norms and networks

Norms are what we see as proper courses of action. They can be a potent positive force in public health action, but they can also be regressive. Social networks create and informally enforce norms. If the networks sentiment is toward doubt, inaction naturally reigns. But it works both ways.

Perceived inequity

Perceived inequity is often heard as a reason for inaction.: “Why would I change if they won't change?”. Usually other nations or well-known figures are cited as not cooperating, which serves as a convenient justification for one's own inaction. This is backed by experiments that show when any inequality, real or perceived, exists, cooperation tends to decline.

Habits

Habit is a powerful force for keeping things regular and ordered. It is one of the most important because many repeated actions are highly resistant to change – think of diet and

transportation. In the context of COVID-19, habit can lead to routine, mindless performance of damaging actions. Social distancing has a great deal of behavioral momentum, and therefore difficult to change.

Conflicting goals, values, and aspirations

Each one of us has multiple goals in life, and these aren't all compatible with COVID-19 mitigation. The near-universal aspiration to "get ahead" often means engaging in actions that compete with the goal of fighting COVID-19, such as holding parties, not wearing a mask, or not practicing physical distancing. That COVID-19-related goals frequently take a back seat to others is revealed when people are asked to rank COVID-19 against other problems or concerns: they usually assign it a low importance. Many people favor addressing the economic cost of COVID-19 as long as it doesn't come out of their own pocket.

Mistrust

When people think ill of others, they are unlikely to believe what they say or take direction from them. Mistrust is one of these negative views. Trust is essential for healthy relationships. When it is absent between citizens and scientists or government officials, resistance in one form or another follows. There is ample evidence that many people mistrust messages that come from scientists or government officials. When trust sours, the probability of positive behavior change diminishes.

Denial

Uncertainty, mistrust and sunk costs can easily lead to active denial of the problem. This may include denial that COVID-19 is a hoax or affects other people or countries. Denial promotes inaction.

Reactance

Mistrust and denial lead to reactance, the tendency to struggle against whatever appears to threaten one's freedom like lockdowns or curfew. Of course some circumstances should promote reactance, but COVID-19 pandemic is not one of them. Reactance is especially problematic when it comes to pandemics because it may promote actions that go beyond inaction into destructive territory.

Perceived risk

Changing one's behavior is risky. Functional risks of face masks and physical distancing can be questioned. Care givers who take care of the vulnerable persons may question the logic of social distancing because it makes service delivery difficult. Financial risk of buying Personal Protective Equipment (PPE) like face masks and sanitizers also comes in. Will wearing a mask make me look odd? What about social distancing or self-isolation? Will social distancing bring

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any positive results? Fear that the choice might not result in the desired benefits can lead to inaction.

Limited behavior

Most of us act or engage in at least minimum to help mitigate COVID-19. However, most of us can do more. Rebound effects often do occur as a result of limited behavior. Often, after some positive change is made, say after lockdown, we flattened the curve, the gains can be diminished or erased by subsequent actions. For example, people who wear a face mask may develop a false sense of security. Like reactance, this may go beyond cancelling out the benefits and produce negative consequences like resurgence in COVID-19 infections.

A Call to Action: The need to reinforce the right behavior at personal level in order to fight COVID-19 cannot be re-emphasized. We've identified 22 dragons of inaction. To move the needle, other steps need to be taken by researchers from both the social, political, and technical domains, often working together. We need to better understand how people can overcome their barriers so as to tailor COVID-19 prevention measures; improve understanding of those who oppose policies and technologies for tracking progress.

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