Navigating COVID in the post-lockdown period: Shifting risk perceptions and compliance with preventative measures

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South Africa’s lockdown in March and April has saved lives by containing the spread of COVID-19, but it has done so at a tremendous social and economic cost. To avoid a second surge and another lockdown, it is vital to prioritise adherence to non-pharmaceutical interventions (NPIs); such as mask-wearing, as a first line of defence against containing COVID-19. NPIs can save lives without having to risk livelihoods. But for NPIs to have an impact, sufficiently high levels of public adherence are required.

We assessed changes in attitudes and NPI adherence between wave 1 (May/June) and wave 2 (July/August) of NIDS-CRAM. This was an interesting period marked by both greater individual responsibility (with an increase in freedom of movement with the relaxation of alert level 4 to alert level 3) as well as higher levels of infection risk (with a surge in the daily number of new COVID-19 cases).

In July and August (wave 2), 74% of respondents said that they are wearing masks, falling shy of the 80% target for mask-wearing. Models suggest that 80% compliance with mask-wearing policies could change the trajectory of the disease. While still below the target, there is a strong increase in mask-wearing compared to the wave 1 levels in May and June when only 49% of these same respondents were wearing masks.

Figure 1: NPIs reported by respondents

Sources: NIDS-CRAM waves 1 and 2 (2020)
With the return to work and expanded freedom of movement in July and August, we see a drop in physical distancing (23% to 19%), avoiding large groups (16% to 7%) and staying at home (43% to 36%). As expected, we find a trade-off between staying at home and wearing masks. This trade-off has strengthened in July and August.

We find high levels of agency and empowerment with 87% of respondents saying that they believe they can avoid the virus. Respondents who thought that they were unlikely to get Coronavirus explained that this belief was based on their adherence to NPIs, and specifically staying at home and mask-wearing.

It is encouraging to see that there was little evidence of respondents placing their trust in poor science, with respectively less than 1% and 2% of respondents saying that they were protecting themselves against COVID-19 by drinking hot lemon water and eating garlic. Of those who thought that they were unlikely to contract the Coronavirus fewer than 1% of respondents said that they did not believe in the Coronavirus and fewer than 0.5% of respondents said that they did not think that the Coronavirus would affect them.

As expected, given the surge of COVID-19 cases, we see a strong rise in risk perceptions, with the share of respondents saying that they think they are likely to get Coronavirus increasing from 33% in May and June to 50% in July and August.

There are relatively low reported levels of community compliance with lockdown stay-at-home and alcohol prohibition policies, and compliance is lower amongst informal settlement residents, suggesting that it is crucial to take account of the cost of compliance and create enabling environments that support adherence to NPIs. Compliance cost may become more of an impediment over coming months with the expected further decrease in daily cases and lower public visibility of the pandemic.

**Figure 2: Drinking, socialising and going out in your neighbourhood during lockdown**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>How many people in your area went out and drank alcohol during the lockdown period?</th>
<th>How many people in your neighbourhood stayed home during the lockdown period?</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>None (5%)</td>
<td>None (11%)</td>
</tr>
<tr>
<td>75%</td>
<td>A few (28%)</td>
<td>A few (35%)</td>
</tr>
<tr>
<td>50%</td>
<td>About half (32%)</td>
<td>About half (35%)</td>
</tr>
<tr>
<td>25%</td>
<td>Most people (29%)</td>
<td>Most people (11%)</td>
</tr>
<tr>
<td>0%</td>
<td>Everyone (30%)</td>
<td>Everyone (5%)</td>
</tr>
</tbody>
</table>

Sources: NIDS-CRAM waves 1 and 2 (2020)

Of concern, there is no evidence of effective targeting of messages to high-risk groups such as the elderly, the chronically ill and those with elevated blood pressure. These groups tend to be no more informed and are no more likely to employ high-impact COVID-19 prevention measures. The only exception is a significant and positive relationship between obesity and adherence to high-impact prevention strategies.
Policy recommendations

A tough challenge lies ahead: It will be difficult to sustain adherence to NPIs as the perceived threat of the pandemic subsides with a reduced number of daily cases, lower visibility in the media and with life slowly returning to its pre-COVID rhythms. The pandemic will become less salient and under such circumstances, it will be more difficult to motivate the daily disciplines and sacrifices relating to NPIs. Many may succumb to erroneous learning, falsely concluding that their infection risk is low because they have not yet contracted the virus.

- **Enhance and sustain clear, concise, consistent and targeted communication and messaging.** The continued COVID-19 risk needs to be emphasised and we need to find better ways to reach high-risk groups.

- **Facilitate community-based initiatives** to ensure that social norms have deep local roots and invest in an enabling environment for the new normal.

- **Anchor messages in a hopeful shared vision for the future.** NPI adherence requires altruism, trust and a sense of solidarity, so it is vital to foreground and strengthen these values and frequently acknowledge and express gratitude for cooperation.
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