

EPIDEMIC | First Results

Living conditions and understanding medical guidelines during Covid-19

This summary is part of the social epidemiology work package of the EPIDEMIC project. It focusses on the living conditions of individuals during lockdown and their understanding of medical or health guidelines (also called health literacy) with regard to their socio-economic position.

Background

A new coronavirus, Covid-19, belonging to the same family as Severe Acute Respiratory Syndrome (SARS), was discovered in December 2019 in the city of Wuhan, China. The spread of the virus in China, Europe, the United States and other countries around the world, has resulted in the deaths of several hundred thousand people. Faced with this pandemic, many countries put in place various measures to limit the spread of the virus to protect the health of their populations. In France one measure introduced by the government, was a total lockdown from 17th March until 11th May 2020.

Such universal prevention measures do not take into account demographic and socio-economic differences within the population. Educational attainment is an important marker of socio-economic position useful for analysing social health inequalities. We previously established that 'stay at home' measures and social distancing were less well adhered to among people with a lower level of education [see summary note 'respecting Covid-19 public safety measures']¹.

Data sources used :

'Baromètre COVID 19' database wave 4 (28th April – 4th May 2020)
<https://datacovid.org>

Sample of 5,000 volunteers representative of the French metropolitan population aged 18 and over, using the quota method

Hypotheses

- The lower the level of education, the poorer the living conditions related to housing during lockdown;
- The economic impact of lockdown is stronger for people with a low level of education;
- The level of understanding of medical guidelines decreases with the level of education.

¹Neufcourt, L. *et al.* « Attitudes to Covid-19 Public Health Measures » : <https://epidemic.hypotheses.org>

Results

The fourth wave of the study comprises 5000 people, of which 56% were women and 44% were men [1]. One third were under 40 years old and 25% were over 65 years old. 47% lived in an urban area of more than 100,000 inhabitants or in Paris and 17% lived in the Ile-de-France region.

In terms of socio-economic characteristics, 53% of the participants had a university degree, 22% had a baccalaureate (higher high school qualification), (23% had a basic school or vocational qualification and 2% have no qualifications [2].

Finally, 2% of the sample lived in overcrowded housing (with more than 1.5 people per room).



Living conditions

During the lockdown period, we observed that [3];

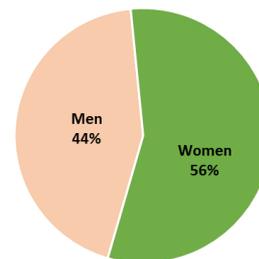
- 20% of participants said they "never or rarely" had access to a private outdoor space;
- 21% said they "never or rarely" could isolate unwell person in a separate room to avoid infection;
- 15% said they "never or rarely" could work alone in a room when needed.

With regard to education level, these conditions were less achievable for people who had no educational qualifications.

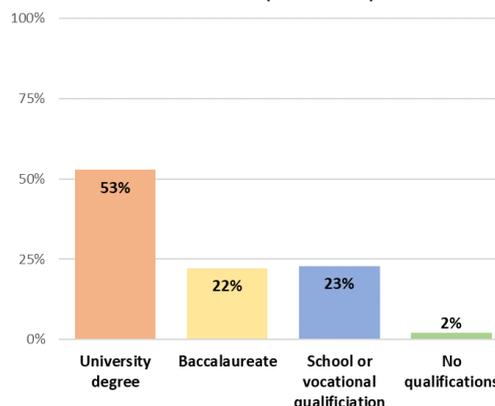
Firstly, 28% of people with no qualifications said they "never or rarely" had access to a private outdoor space, compared to around 20% of people with a university degree, baccalaureate, school or vocational qualification [4].

If someone was unwell in their home, 30% of people with no qualifications said they would "never or rarely" be able to isolate them in a separate room to avoid infection, compared with 19% of people with a university degree. We observed a trend where the lower the level of education, the more difficult it was to isolate an unwell person in the home [5].

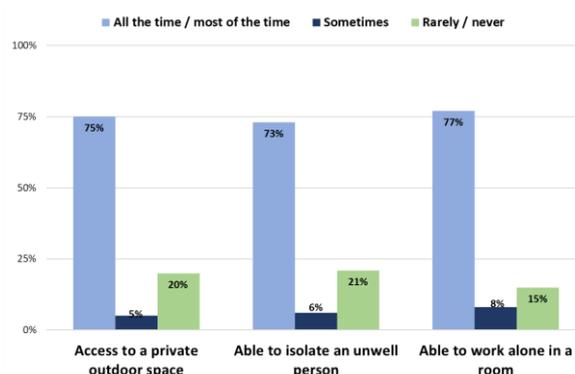
[1] Distribution of participants by gender (N=5000)



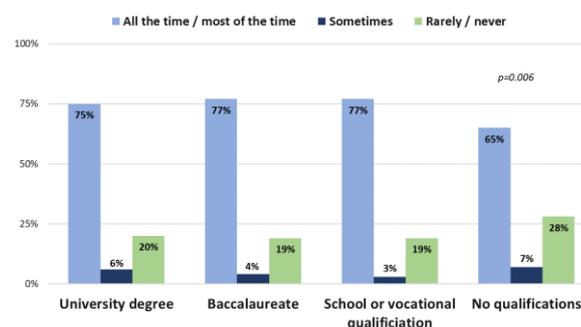
[2] Distribution of participants by education (N=4945)



[3] Distribution of participants by living conditions (N=4945, N=4527, N=4724)



[4] Distribution of participants who had "access to a private outdoor space" by education level (N=4895)



Finally, only 12% of people with a university degree were "never or rarely" able to work alone in a room when they needed to, compared to 30% of those with no qualifications [6]. We found a trend where the lower the level of education, the more difficult it was to be able to find a place to work alone.



Financial situation

Economically, 8% of participants said they lived off their savings, an overdraft or credit pre-Covid-19, compared with 15% during lockdown.

With regard to education level, 7% of participants with a university degree, 8% of those with a baccalaureate and 9% of those with a school or vocational qualification normally lived off their savings, an overdraft or credit, compared with 24% of participants with no qualifications.

During lockdown, this rose to 13% for people with a university degree, 16% for people with a baccalaureate and those with a school or vocational qualification, and 28% for people with no qualifications [7].



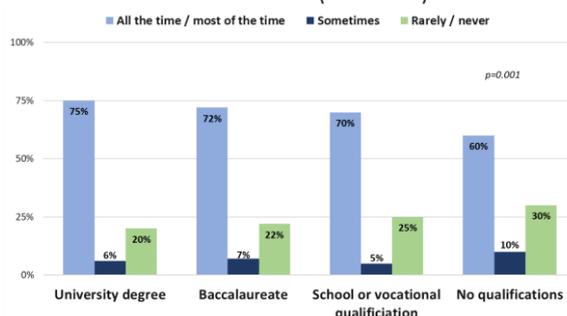
Health literacy

With regard to health literacy, 5% of the participants "always or almost always" asked someone for help in understanding prescriptions or medical documents given to them by a doctor or pharmacist.

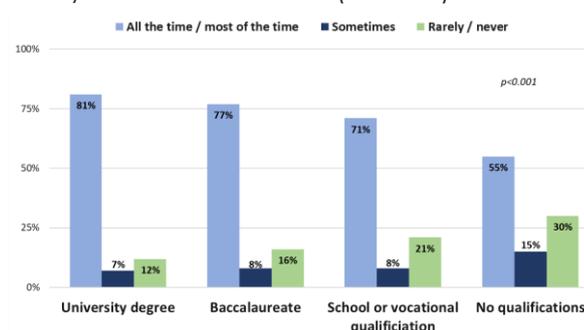
We observed a difference **according to education level**: 11% of people with no qualifications "always, almost or most often" needed help understanding prescriptions compared to 5% of people with a university degree, baccalaureate, school or vocational qualification [8].

With regard to understanding medical information materials, 11% of people living in overcrowded housing "always, almost or most often" needed help with understanding medical information materials compared to 5% of people not living in overcrowded housing [9].

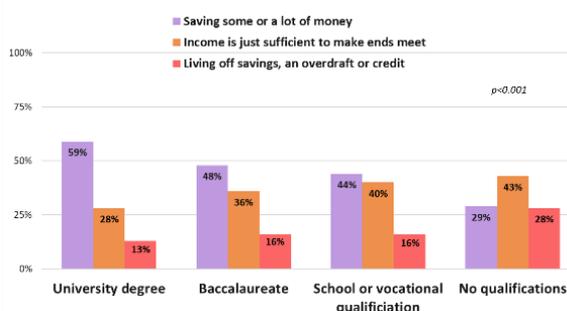
[5] Distribution of participants who "could isolate an unwell person in a separate room to avoid infection" by level of education (N=4483)



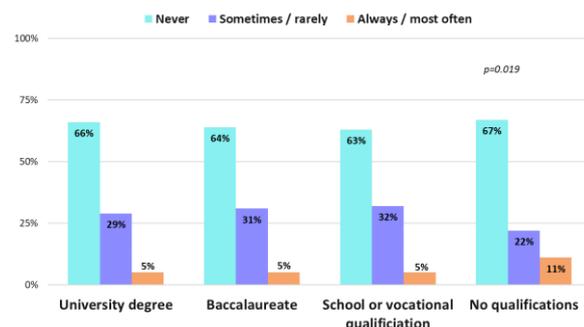
[6] Distribution of participants who were "able to work alone in a room" by level of education (N=4675)



[7] Distribution of participant's financial status by education level (N=4908)



[8] Distribution of participant's "need for help understanding prescriptions" (as a measure of health literacy) by education level (N=4584)



Conclusion

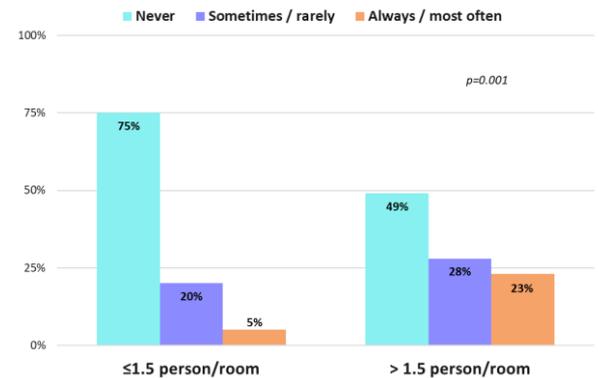
- Individuals with a low level of education were less likely than those with a higher level, to have access to a private outdoor space or were able work alone in a separate room;
- Regarding household financial conditions, all levels of education were impacted by lockdown. People with no qualifications were living on an overdraft, their savings or credit. To a less lesser extent, people with a higher level of education or school or vocational qualification faced these repercussions.
- The level of health literacy, i.e. understanding of medical information, was lower among people with no qualifications and people living in overcrowded housing.

Depending on their level of education, we observed that people did not have access to the same living spaces and did have the same understanding of public health messaging.

Therefore, public health information about health measures such as staying at home or social distancing must consider the socially differentiated material challenges of being able to apply them.

This is also true for the risk of Covid-19 infection, which was distributed differently according to health determinants and could, in part, be explained by different living conditions or the need for help in understand public health messaging [see summary note Covid-19 infection and socio-economic characteristics].²

[9] Distribution participant's "need for help understanding medical information materials" (as a measure of health literacy) by housing situation (the number of people per room) (N=4628)



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² Joannès, C. *et al.* « Covid-19 Infection and Socio-Economic Characteristics » :<https://epidemic.hypotheses.org>