

EPIDEMIC | First Results

Attitudes to Covid-19 public health measures

This summary is part of the social epidemiology work package of the EPIDEMIC project. It looks at the public health measures put in place to limit the spread of the Covid-19 epidemic in France and the socio-demographic and economic characteristics associated with whether or not these measures were adhered to.

Background

The Severe Acute Respiratory Syndrome Coronavirus SARS-Cov-2, a new RNA coronavirus of the same family as SARS and the Middle East Respiratory Syndrome Coronavirus (MERS-Cov), was identified in early January 2020 as the cause of an epidemic affecting the city of Wuhan, from where it rapidly spread to China. After infecting and killing thousands of people in China, the virus spread to Italy and other European countries and then to the United States. Faced with this threat, several countries, including France, put in place several measures to limit the spread of the virus, including the introduction of total lockdown in France from 17th March to 5th May 2020. However, these universal protection and prevention measures do not necessarily take into account the socio-economic differences that exist in the national population.

Data sources used:

'Baromètre COVID 19' database waves 1 to 4 (7th April to 5th May 2020), <https://datacovid.org>

Sample of 20,001 volunteers representative of the French mainland population from 18 years old and up, using the quota method. Analyses are based on participants' self-reported data on their compliance with public health measures

Hypotheses :

- That the public health measures put in place may not be practised in the same way by all individuals, specifically with regard to:
- demographic characteristics (age, gender);
- their socio-economic characteristics (the socio-professional category they belong to, their occupation during lockdown or the number of people living in the home);
- their health status (presence of co-morbidities).

Socio-demographic characteristics of the sample

Among the participants in the COVID 19 database sample, 55% are women and 45% are men [1].

Approximately a third of the participants are under 40 years old, and 23% are aged 65 and over [2].

Nearly 44% of participants are married and 22% said they are single.

20% of the participants live in rural areas, 32% live in urban areas with more than 100,000 inhabitants and 15% live in the Paris region.

In terms of socio-economic characteristics, 11% are managers, 35% have mid-level professions or are in the employee category, 9% are blue-collar workers, 3% are self-employed, 12% are inactive and 29% are retired [3].

In addition, 16% were required to continue working outside the home during the lockdown period.

This summary focuses on three main public health measures: the directive to stay at home, the practice of physical distancing and the wearing of a mask.

Practical application of public health measures

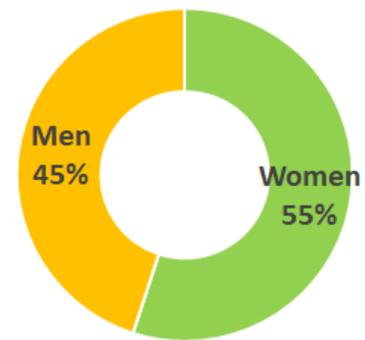


93% of participants reported "staying at home" all the time or often, 3% reported complying with this measure sometimes and 4% reported complying with it rarely or never [4].

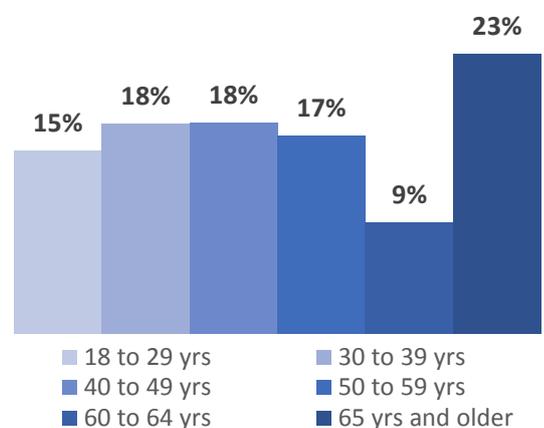
Our multivariable analysis for the period 7 April to 5 May showed that :

- there was no difference between men and women;
- older people reported staying at home more often;
- there were differences between data-collection waves: lockdown was less maintained, over time [7];
- agricultural workers and professionally inactive participants were less likely to stay at home;
- participants with lower levels of education were less likely to stay at home;
- participants who had to leave home to work, stayed at home less often;
- the higher the number of individuals in the household, the less likely they were to stay at home;
- participants with a Body Mass Index (BMI) above 30 kg/m² ("obese") stayed at home more frequently.

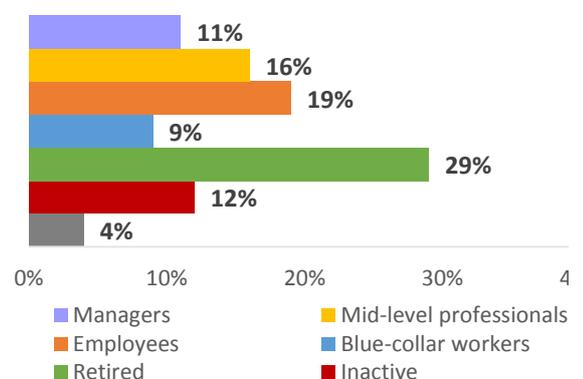
[1] Distribution of individuals by sex (n=20,001)

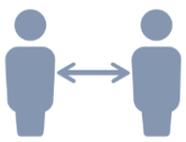


[2] Distribution of individuals by age group (n=20,001)



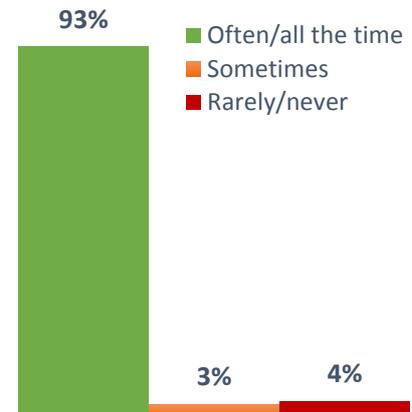
[3] Distribution of individuals by socio-professional category (n=20,001)





91% of participants reported respecting physical distancing all the time or often, 4% report respecting this measure sometimes and 5% report respecting it rarely or never [5].

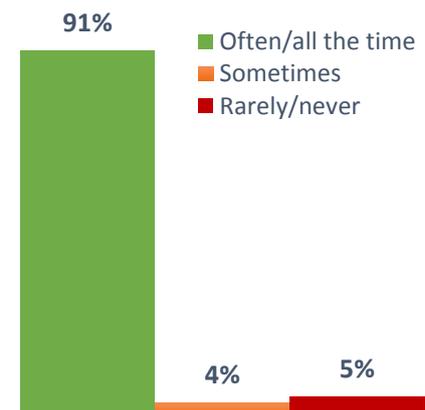
[4] Frequencies of reported compliance with the 'stay at home' measure (n=19,035)



Our multivariate analysis revealed that :

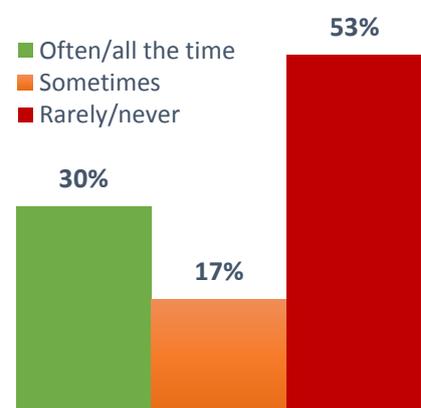
- there was no difference between men and women;
- older people practised physical distancing more often (a marked gradient with age);
- there was a data-collection wave effect: physical distancing was less practised over time [7];
- professionally inactive participants reported less physical distancing;
- participants with lower levels of education reported less physical distancing;
- participants who had to leave the home to work were less likely to engage in physical distancing;
- the higher the number of individuals in the home, the less physical distancing was practised;
- participants with one or more co-morbidities reported less physical distancing.

[5] Frequencies of reported compliance with the physical distancing measure (n=19,059)



30% of participants report wearing the mask all the time or often, 17% sometimes and 53% rarely or never [6].

[6] Frequencies of reported compliance with mask wearing (n=19,070)

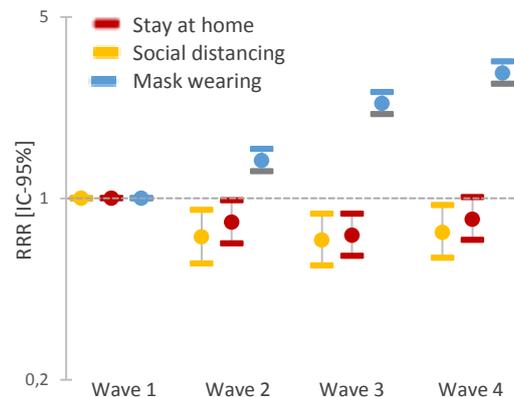


Our multivariable analysis reported that:

- women reported mask wearing more often than men;
- participants aged 60 years and older also reported wearing a mask more often;
- married or cohabiting individuals also reported this;
- Participants residing in big cities and in Paris reported wearing a mask more often;
- there was strong evidence of a data-collection wave effect: individuals wore masks more often over time (existence of a gradient) [7] ;
- self-employed, mid-level professions, retired and inactive individuals reported wearing a mask more often;
- participants without a degree-level education, those living in overcrowded housing and those whom had to leave their home to work reported wearing a mask more often;

- participants with a Body Mass Index (BMI) above 30 kg/m² (“obese”) wore a mask less often;
- participants with one or more co-morbidities wore a mask more often.

[7] Progression over time of the propensity to respect all three public health measures



Conclusions

Overall, older people reported that they adhere to the public health measures more often compared to younger groups.

These results are in line our initial hypotheses, namely that individuals who had to continue working outside the home (mostly those in the employee category, blue-collar workers or those in mid-level professions) reported complying less often with the ‘stay at home’ and physical distancing measures, as well as those participants with one or more co-morbidities (who may have had to travel for medical reasons). However, the latter also reported wearing a mask more often.

Conversely, we observed that the ‘stay at home’ and physical distancing measures were less well practised among participants with a lower level of education. This may be related to living arrangements and housing conditions that vary according to socio-economic position and may have an impact on the implementation of public health measures.

Finally, during the lockdown period between 7th April and 5th May 2020, the stay at home and physical distancing measures tended to be practised less frequently over time, whereas mask wearing was increasingly more widespread.

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