Social and Behavioural Group

16 June 2020

Chair: Professor Heidi van Rooyen

Key social and behavioural strategies

- Social science data collection informed responses

  - Experiences of lockdown

  - Risk factor communication/public health messaging

  - Behavioural responses: hand-washing, masks, social distancing, home working

  - Need for social and mental health support

- Non-pharmaceutical interventions are behavioural interventions

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Facilitators of social/behavioural responses

- Public support for government measures

- Social trust/solidarity (waning over time)

- Influence of respected community health workers ('warriors')

- Advisory groups including social scientists, informing communications and response

- Strong public health messaging, use of media; evidence-informed comms

- Creative use of communication tools (e.g. musicians, influencers); apps

- Decentralised responses (esp. large countries)

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Facilitators of social/behavioural responses

- Community-based support systems

  - Collaboration with NGOs (e.g. mental health support)

  - Food distribution systems/addressing food security

- Community behaviour and resilience

  - conversion of spaces into quarantine areas

  - e.g. spitting in public and wearing of masks

- Engage communities in development of longer-term strategies

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Challenges and barriers

Economic factors
- Environmental challenges e.g. urban slums
- Economic consequences e.g. of lockdown

Lockdown challenges
- Negative psychological impacts; lockdown fatigue
- Increased domestic violence
- Complex guidelines during rollback of lockdown
- Lack of experience among enforcers of lockdown

Social challenges
- Stigma – delay in health seeking
- Misinformation/fake news – leading to mistrust

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Challenges and barriers

Policy responses

- Divergent guidelines (central, state-level)
- Political volatility/lack of coordination
- Harsh implementation of lockdown rules (human rights)
- Resource shortages

Evidence challenges

- Limited evidence in some areas (e.g. mask wearing)
- Focus on biomedical rather than social sciences

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Factors affecting adoption into policy

- Existing multidisciplinary advisory bodies

- Need stronger and broader social science representation

- Political and public engagement by social scientists: visibility

- Rapid evidence reviews/synthesis and policy briefs

- Turning policy issues into research questions

- Data collection through online surveys

- Academic independence in advisory bodies

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Possible priority areas for research

Impacts
- Young children, unborn children; e.g. changes in maternal health-seeking behaviour, child interactions
- Mental health What measures are most effective? (e.g. masks, other behavioural responses)

Behavioural responses
- Impacts on health-seeking behaviours, other conditions
- Substance abuse behaviour
- How age or other factors affect behavioural responses
- Achieving behaviour change in different ages/demographic/social groups

Lockdown learning
- How to effectively manage lockdown rollbacks
- Drawbacks of strict lockdowns

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Possible priority areas for research

- Contextualising responses to different settings, populations, health contexts

- How to integrate COVID-19 and other health needs

- Community adaptation mechanisms and resilience

- Pandemic anxiety

- Transitioning into the 'new normal'

- Communication and behavioural messaging

- Social determinants and impact on health behaviours

  - Race, discrimination and historic trauma

  - Deepening impacts on marginalised/indigenous

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Strengthen social science response

- Multidisciplinary, international collaborations

- Innovative strategies for rapid research and dissemination

- Science and medical academies to promote interdisciplinary, comparative studies

- International online networks (e.g. behavioural science)

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