

Social Activity Measure March 9th (Period Covered: March 1st – March 9th)

The Social Activity Measure (SAM) is a behavioural study that records the public response to the risk of COVID-19 infection and COVID-19 guidelines. Designed by the Economic and Social Research Institute's Behavioural Research Unit (BRU), SAM is an anonymous, interactive, online study that surveys people about their recent activity. The study examines where and how risks of COVID-19 transmission arise. SAM aims to inform policy regarding the opening of the economy and society, while keeping COVID-19 under control. The research is funded by the Department of the Taoiseach.

Method

SAM is a “prompted recall” study that uses methods from behavioural science to help people recall their activities. It asks about times when people left their homes via factual neutral questions. Questions cover locations people visited and visitors to their home during the previous week. Follow-up questions gather detail about the previous two days: how many people participants met, for how long, ease of keeping a 2m distance, use of hand sanitiser and face masks, and so on. The survey then asks questions about people's vaccination status and intentions, as well as some broader questions about perceptions, plans and expectations.

This report presents results from a nationally representative sample of 1,000 adults surveyed between March 1st and March 9th 2022 – the twenty-ninth round of the study. Data have been collected fortnightly since the week of January 25th 2021. Recruitment is from existing online survey panels to match the socio-demographic profile of the adult population. A discussion of the accuracy of this method can be found in previous ESRI-BRU publications.¹ The survey is completely anonymous.

Main findings

Where differences are highlighted, they are statistically significant ($p < .05$) unless otherwise stated. Further detail is provided in accompanying slides, which are referenced here for ease of use. Data were collected six weeks after the lifting of the majority of public health restrictions. The mask mandate was lifted on February 28th (days before data collection); however, mask wearing continued to be advised on public transport and in healthcare settings. The previous wave of SAM coincided with a period of bad weather including multiple storms and recorded some declines in social activity.

1. Increase in social activity resumes

The initial rise in social activity following the lifting of restrictions stalled in late February, likely due to bad weather, but has broadly resumed. The rise is characterised by increases in people meeting more with others rather than visiting greater numbers of places (Slides 3-6), although the recent dip in intercounty travel recovered (Slide 7). The proportion of the population who had a close contact the previous day, and the number of close contacts they had, both increased significantly and are at their highest levels since SAM started (Slide 8, 9). The wave-on-wave comparison for overall number of people met in the previous 48 hours is not statistically significant but is on an upward trend since January (Slide 10).

¹ See Timmons et al. (2020), Public understanding and perceptions of the COVID-19 Test-and-Trace system, ESRI Survey and Statistical Report Series 96, pp.3-4. <http://www.esri.ie/system/files/publications/SUSTAT96.pdf>

2. Drop in mask-wearing following policy change but majority continued to do so

Following the lifting of the mask mandate², unmasked close contact interactions now account for almost all close contact interactions (Slide 11) This change is driven by an increase in unmasked close contacts at workplaces (Slide 11). As expected, there was a steep drop in reported mask-wearing in retail settings and on public transport (Slide 12). The drop is sharpest in reports that staff in retail settings and all other customers/passengers were wearing masks (Slide 12). During the data collection period, two thirds of shoppers and public transport users reported they continued to wear a mask (Slide 12).

The policy change coincided with a rise in the proportion of the population who rarely or never engage in mitigative behaviours to its highest level since SAM began and a corresponding fall in those who very often or always do (Slide 13).

3. Worry remains stable with 1-in-4 highly worried

Worry about COVID-19 had fallen steadily since December but stabilised in this wave of SAM. One-in-four people remain highly worried, giving a score of 8 or higher out of 10 (Slide 14). Turning to the individual components of worry, worry about the effect of the pandemic on the economy remains the highest of all components but fell significantly while other components remain stable (Slide 15)

4. First rise in wellbeing recorded since Christmas

Self-reported wellbeing rose for the first time in 2022, to its highest level since the summer (Slide 16). The rise was observed in all age groups but was strongest among under 40s. The previously recorded dip in wellbeing following the announcement to lift restrictions has recovered in all age groups (Slide 16).

The proportion who reported going for a walk, run or cycle the previous day recovered in this round of SAM following the period of bad weather in late February (Slide 17). The previous wave of SAM highlighted the link between recent exercise and wellbeing. The recorded rise in wellbeing was observed among those who did and did not recently exercise (Slide 17).

A majority of people judge their mental health to currently be the same or better now compared to before the pandemic. The proportion who judge their mental health to be worse now decreased significantly in this wave compared to January and February (26% compared to 32% and 33%, respectively; Slide 18).

5. Consistent link between quality of social life and better wellbeing, particularly among young adults

Judgements of the quality of relationships with friends and family continue to trend upwards, although the change since the previous wave is non-significant. There was a significant improvement in the overall quality of social lives in this wave, which has increased sharply (by almost half a standard deviation) since restrictions lifted (Slide 19). Over half of people report that their social life is the same or better than it was before the pandemic, a significant rise since February. This judgement is consistently linked to better wellbeing (Slide 20). The link between wellbeing and social life quality is stronger among young people (Slide 21). The measures recorded in SAM are

² Mask wearing continues to be advised on public transport and in healthcare settings.

correlational, but the data are consistent with the recorded rise in wellbeing among younger people being driven by improvements in their social lives following the lifting of restrictions.

6. Lower levels of loneliness associated with recent visits to outdoor locations (even by those who went alone) and attending work

The extent to which people felt lonely much of the time fell significantly in the latest round of SAM, having been relatively stable since the measure was first recorded in October (Slide 22). Statistical models linking loneliness to behaviour show that visiting an outdoor amenity (e.g. a park or beach) the previous day is associated with feeling lonely less often, even among those who visit the outdoor location alone and controlling for socio-demographic factors (Slide 23).

Multiple socio-demographic factors are associated with feeling lonely more often, including being a woman, being younger, being part of a lower socio-economic grade and not being Irish (Slide 23). Among workers, those who are working fully from home report feeling lonely more often than those not working from home (Slide 23).

7. New variant of concern viewed as most likely cause of a return to restrictions

A majority (65%) continue to judge the current Government response to the pandemic to be appropriate, with a similar proportion expecting all restrictions to lift for good within six months and almost no one expecting any tightening in April (Slides 24-26). When asked about how likely restrictions are to be re-imposed under different scenarios, a majority (63%) think restrictions are likely if a new variant of concern emerges. Around half of people think restrictions could be re-imposed if hospitalisations rise or due to seasonal changes, with few people (40%) expecting restrictions due to a rise in cases (Slide 27). A majority (58%) believe requirements to wear masks could be reintroduced if restrictions are re-imposed, with few people expecting schools to close or inter-county travel restrictions (Slide 28). Responses to questions about Digital Covid Certs and the return to hospitality restrictions are more equivocal.

8. Other findings

- The extent to which people are following the news about COVID-19 continues to fall (Slide 29)
- Self-reported compliance with public health guidelines, and perceptions that others are following guidelines, remained stable (Slide 30).
- Overall support for the public health effort, as measured by similar pattern of responding across multiple variables, remained stable across all age groups (Slide 31).