

## Social Activity Measure March 22<sup>nd</sup> (Period Covered: March 15<sup>th</sup> – March 22<sup>nd</sup>)

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 records people's level of social activity and degree of caution, as well as how they perceive the ongoing pandemic. 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 15<sup>th</sup> and March 22<sup>nd</sup> 2022 – the thirtieth round of the study. Data have been collected fortnightly since the week of January 25<sup>th</sup> 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.<sup>1</sup> The survey is completely anonymous.

### 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 eight weeks after the lifting of the majority of public health restrictions and more than a fortnight after the requirement to wear masks on public transport and in retail settings had been lifted. The period also covered the St. Patrick's Day holiday and extra bank holiday on Friday 18 March.

1. *While overall social activity has reached levels seen at the end of Summer 2021, the number of close contacts is now significantly higher*

The change in people's social activity since restrictions began to lift in January has not been dramatic, but rather has trended consistently upwards to the point that most measures are now at or above peak levels recorded in late Summer and early Autumn 2021 (Slides 3 to 10). While the St. Patrick's Day holiday meant that fewer people attended workplaces, this was compensated for by more visits to hospitality venues, outdoor locations and events (Slides 4 and 5). International travel has similarly recovered to its Autumn 2021 peak (Slide 6). During March, the proportion of the population who had a close contact the previous day, at over 40%, was higher than at any point since SAM began in January 2021 (Slide 7). Furthermore, those who had close contacts had more of

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<sup>1</sup> 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>

them (Slide 8), were far less likely to be wearing a face mask while the close contact took place, and were more likely to have a close contact in a hospitality venue or other indoor location (Slide 9).

## *2. Since the end of February, mask wearing and other mitigation behaviours have declined sharply*

Until the end of February, most people engaged in mitigation behaviours (wearing a facemask in public, maintaining 2m distance where possible, etc.) most of the time, despite a longer-term declining trend. On 28 February, the legal requirement to wear facemasks in shops and on public transport was removed, although mask-wearing remains advised on public transport, in healthcare settings and in crowded indoor locations. A dramatic change in behaviour followed (Slide 11). The change was most evident in the wearing of masks, which fell sharply in shops, on public transport and (to a slightly lesser extent) in workplaces (Slide 12). People reported even steeper declines in how often other people wear masks, including staff in shops, compared to how often they themselves wear a mask. This pattern was mirrored in reports of overall compliance with public health guidance, which also declined at a faster rate than previously seen (Slide 13).

While this very substantial and rapid change in behaviour has coincided with increased COVID-19 case numbers and hospitalisations, it is probably important also to consider the likely contribution to infections of the strong and sustained recent increase in close contacts (Slide 9).

## *3. Worry increased, especially in relation to pressure on the healthcare system*

Overall worry about COVID-19 increased sharply during March (Slide 14), reaching the highest level seen since mid- to late-January. While all components of worry increased, the largest increase occurred for worry about the healthcare system (Slide 15). While increased worry in the past has typically been associated with more cautious behaviour, this is not the case for the latest increase, at least to date.

## *4. Self-reported wellbeing decreased sharply*

Self-reported wellbeing decreased significantly and substantially to a level not recorded since early 2021 (Slide 16), despite the fact that data were collected over a holiday period. This drop suggests that wellbeing is affected not only by the social activities that people are able to engage in, but by their longer-term perceptions of progress in combating the pandemic. The recent increases in case numbers and hospitalisations appears to have changed the mood. This drop in wellbeing was accompanied by more pessimistic expectations for finally exiting the pandemic (Slide 17).

## *5. Majority support for Government response remains*

Despite the sharp changes in behaviour, worry and wellbeing, the majority (61%) continued to view the Government's response to the pandemic as appropriate, albeit that there was a significant rise in the proportion viewing it as insufficient, which climbed to above 30% (Slide 18). Overall support for the public health effort remained high and has increased among younger people during 2022 (Slide 19).

## *6. Poor understanding of current recommended behaviours for those with symptoms*

This round of SAM asked a direct question about what people should do if they start to experience symptoms typical of cold and flu. Less than 10% selected the response that matches current public health advice to self-isolate, with over 75% instead saying that they should take an antigen test and isolate if it is positive (Slide 20). Similarly, fewer than 1-in-5 selected the recommended option for

what they should do on being informed that they were a close contact (Slide 21), although in this case they were more cautious than the official advice not less. These responses may be related to the continuing falls in the extent to which people are following the latest news about COVID-19 (Slide 22).

*7. Fall in willingness to take booster vaccines and vaccinate children*

Although still high, willingness to take booster vaccines has fallen significantly since it became apparent that the Omicron variant was less severe than previous variants (Slide 23). A higher proportion of parents also reported having decided not to vaccinate their children (Slide 24).

*8. Support for long-term use of facemasks to fight respiratory infection*

Although this round of SAM recorded a sharp drop in the wearing of facemasks, a majority of the public stated that they would support general advice (after the pandemic) for people with cold and flu symptoms to wear a facemask when in public (Slide 25). Less than 10% opposed this idea.