

Social Activity Measure May 24th (Period Covered: May 7th – May 24th)

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 May 17th and May 24th 2022 – the thirty-fourth 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.

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.

During the data collection period, hospitalisations fell to their lowest point since August 2021. Cases of Omicron BA.4 were identified in Ireland towards the end of data collection, following cases of BA.5 identified in the UK earlier in the week.

1. *Social activity follows slow upward trend*

Following a plateau in social activity in recent rounds of SAM (which included some of the Easter holidays and the May Bank Holiday), some indicators have started to rise again (Slides 3 to 10). The previously recorded fall in total locations visited the previous day recovered (Slide 3). The total locations visited during the previous week was significantly higher compared to March, although the round-by-round comparison was not statistically significant (Slide 3). More people reported attending work the week before and the day before completing the survey, as well as using transportation (Slides 4 and 5). International travel was down slightly compared to the previous wave, which included the May Bank Holiday (Slide 6). The proportion of the population that had a close contact the previous day (Slide 7) and the number of close contacts they had (Slide 8) were

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>

significantly higher than the previous round of SAM, driven by workplace close contacts (Slide 9). The number of people from other households that individuals met was also significantly up (Slide 10).

2. Significant fall in mitigative behaviours

The downward trend in mitigation behaviours (wearing masks, keeping 2m distance, etc.) when outside the home continued (Slide 11). Half the population now report rarely or never engaging in mitigative behaviours.

3. Declines in worry about the virus, although one-in-three still highly worried

Overall worry about COVID-19 showed a further significant decline (Slide 12), which was observed across all individual components of worry except for worry about the effects of COVID-19 on the economy and the wider, global situation (Slide 13). The decline in worry was also observed when looking at the proportion of people who reported high-levels of worry (a score of 7 or above on the 10-point scale), although one-in-three remain highly worried (Slide 14). Having contracted COVID-19 during the pandemic is significantly associated with lower levels of worry (Slide 14).

Self-reported wellbeing remained stable (Slide 15). Wellbeing among all adults aged under 60 has followed an upward trend since February (Slide 15)

4. Strong 'return to normal' on pre-pandemic levels of exercise and socialising, but less so among those who remain highly worried about the virus

The proportion of people who reported that they are exercising (going for a walk, playing sport, other exercise) or socialising (going to a café, restaurant or pub or visiting friends) less than before than the pandemic has fallen, compared to when these measures were first recorded in October 2021 (Slides 16 and 17). A majority reported now exercising the same or more than before the pandemic, with about half the population socialising as often or more. The one-in-three who reported being highly worried about the virus are less likely to have returned to their pre-pandemic levels of activity (Slide 18). Exercising and socialising less than before the pandemic is associated with low levels of wellbeing (Slide 19).

5. Support for policy response and long-term expectations stable

The proportion of people who think the government response to COVID-19 is appropriate rose significantly again, to 75% (Slide 20). There was a significant decline in self-reported compliance with public health guidance with perceptions of others also following a downward trend (Slide 21). More than 80% of the population believe restrictions have been lifted for good or will be within a year (Slide 22).

6. Willingness of adults to take booster vaccines remains high but continues to fall

Over 70% of adults have taken at least one booster vaccine (Slide 23) with a further 10% reporting they are willing to take one (Slide 24). The minority who are unwilling to take a booster jab has increased and remains over 10% (Slide 24). The majority (62%) report a willingness to take booster doses regularly, although one-in-five are unwilling and a further 17% are uncertain (Slide 25). Willingness to take an additional dose and to take boosters regularly is associated with the number of doses previously taken (Slide 26). There may be unmet demand for booster doses, as almost half of those who were initially vaccinated but have not taken a booster report that they are willing to

take one, although this may include individuals who are not yet eligible for a booster due to prior infection.

7. Majority of parents satisfied with information on child vaccinations

There was no change in the proportion of parents willing to vaccinate their child (Slide 27). The majority of parents (70%+) with a child over 5 years old reported being satisfied (a response above the midpoint of the scale) with the information they received on how to get their child vaccinated and on child vaccination more generally (Slide 27). Those who were willing to or already had vaccinated their child aged between 5-11 were more likely to view the information around children and the covid-19 vaccination as sufficient (Slide 28).

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