

Public Health Messages for Social Behavior Change in the Wake of COVID-19: A Qualitative Study

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ABSTRACT

Objectives: We sought to study the impact of public health messages on social and behavioral change among recovered patients and the general population in response to coronavirus-2019 (COVID-19) in Oman. **Methods:** Four focus group discussions among recovered COVID-19 patients were organized and conducted via video conference to collect their insights on public health messages. Upon culmination of each discussion, we held debrief sessions with a particular focus on the responses and making notes of comments. Qualitative themes were also recorded at the end of each focus group. **Results:** All 40 participants were COVID-19 recovered cases. The participants' mean age was 33.4 ± 28.5 years, and 70.0% ($n = 28$) were males. We observed a generally positive attitude towards public health messages. However, it was stressed that the nature of such behavioral change posed a significant risk for psychological health. Lack of social interaction, for example, led to lower motivation, a sense of losing the meaning of life, and personal distress. While all participants acknowledged and appreciated the government authorities' efforts in disseminating and educating the masses on such a large scale using different modes of message delivery, all showed a serious concern as to whether they will be able to continue coping with the ongoing situation. **Conclusions:** The participants' responses suggest that public health messaging brought a significant social change in Oman. However, this conclusion cannot be generalized. Further, there is a continued need for strong public health policies with a particular focus on psychological health.

The coronavirus-2019 (COVID-19) pandemic has become a colossal health calamity and calls for large-scale social behavior change.^{1,2} The nature of the ongoing pandemic is such that it has added a burden to the health system.³ It has affected every walk of life, and a significant number of studies have addressed how COVID-19 has crippled life globally. There is evidence that the spread of COVID-19 can be significantly slowed down by bringing social behavior change.⁴ We have observed different countries taking varying methods to respond to the pandemic. For instance, Taiwan was among the leaders in administering institutional quarantine and demanding social distancing.⁵ However, the US government showed reluctance in imposing similar preventive measures, including quarantine and social distancing.^{6,7} Despite a vast campaign comprising of sending out public health messages, it was noted that

people were not readily willing to comply with the recommended practices.⁸ The problematic nature of practicing social distancing is multipronged. Besides other issues, it has resulted in mass changes in people's work-life⁷ and has raised serious concerns about psychological wellbeing.⁹ The severity of COVID-19 calls for extreme measures. However, the challenge remains to ensure people comply with social behavior change recommendations. Several studies have been conducted focusing on the epidemiology of COVID-19,^{10,11} preliminary estimation of the disease,¹² and mental wellbeing of the health workers.¹³ As a part of the initiative, public health messages are being sent out to the population to adhere to the precautionary measures. The messages comprised of general health advice and the recommendations made by the Supreme Committee for COVID-19, Oman. We are in the midst of an unprecedented era where social isolation,

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infection fear, boredom, fake information, financial loss, and stigma have affected almost everyone.¹⁴ We examined the impact of public health messages on people in adhering to the recommendations and coping with stress.

METHODS

The selection criteria for the focus group discussion were purposive given the nature of the study. We included participants who were willing to share their opinions and experiences freely. Such selection criteria were generally applied in focus group discussions. We conducted four online focus group discussions with 40 participants (12 females and 28 males) between 8 and 10 August 2020. All participants were Omani citizens from Muscat. Online focus groups are generally well-accepted when collecting public opinion relating to health issues, especially from geographically dispersed populations.¹⁵ A total of 40 recovered patients of COVID-19 took part in focus group discussions. These discussions were held through Zoom video conferencing.

Thirty-eight (95.0%) participants participated in the discussion using both audio/video options, while two (females) did not utilize the video option. Upon completion of the focus group discussions, data analysis was performed so that we could identify emerging themes. As the discussions were recorded, we analyzed the transcripts individually. We also applied negative case analysis¹⁶ to identify any information that did not relate to an emerging theme. We continued analyzing the data until we reached the saturation point.

RESULTS

All 40 participants were COVID-19 recovered cases. The overall mean age was 33.4 ± 28.5 years, and 70.0% ($n = 28$) were males [Table 1]. Data analysis revealed three major themes: 1) appreciation for the government's efforts for spreading COVID-19 awareness through public health messages; 2) the need for psychological counseling; and 3) the fear that not everyone is following social distancing. We also noted some sub-themes that will be discussed below.

All participants expressed their appreciation to government authorities for launching such a massive campaign for sending out public health messages.

Table 1: Demographic characteristics of the respondents ($n = 40$).

Demographic characteristics	n (%)
Gender	
Female	12 (30.0)
Male	28 (70.0)
Age, years	
18–24	8 (20.0)
25–34	11 (27.5)
35–44	19 (47.5)
> 45	2 (5.0)
Nationality	
Omani	40 (100)
Non-Omani	0 (0.0)
Professional	
Senior managers	2 (5.0)
Administrative staff	10 (25.0)
Healthcare professionals	7 (17.5)
Students	8 (20.0)
Others	13 (32.5)

In their opinion, the messages had a significant impact on how people had gradually started taking COVID-19 seriously, and hence the sub-theme was social behavior change. One of the participants termed this as a 'shift in people's attitudes towards social distancing' (female, age 26). This was, however, followed by a discussion that revealed a general sense of emotional distress as a consequence of losing social life. Participants spoke about how they were 'taking it easy' (male, age 23) in the beginning. However, as time passed and a severe spike in COVID-19 cases occurred, people started to fear not knowing how to tackle the situation. The swiftness of the government authorities in initiating a nation-wide campaign sharing information as well as precautionary measures 'was helpful' (male, age 26).

All participants expressed their concerns about growing psychological stress. It was observed that the sudden change in social norms and behaviors brought with it stress, anxiety, and depression. One participant highlighted the need for 'enhanced mental health support', which we highlighted as a second sub-theme. All participants believed that staying at home with no social life was causing negative psychological effects on people. The pandemic with subsequent social restrictions has made people suffer financially, socially, and mentally (male, age 32). The way people had to change their

lifestyle in just a matter of days has caused ‘a great deal of distress’ (male, age 37). A significant number of participants shared their views about anxiety and depression as they were confined to the boundaries of their homes. Others added that losing jobs within a short period has left many people in acute distress.

All participants stated that they followed the recommendations, especially social distancing, and said they would continue to do so even when ‘things become better’ (female, age 21). Relating their higher level of civil consciousness to the government’s efforts in educating people, they added that this was not only about an individual but ‘other members of the society’ (female, age 35). All participants expressed their concerns about incidents where people will not adhere to the guidelines. Some participants reported noticing social gatherings in recent times, which is ‘just unbelievable’ (male, age 29). The findings from the focus group discussions highlighted common views, experiences, and concerns. However, as we applied negative case analysis, we did notice other issues. For example, some participants suggested social isolation, lockdowns, and quarantines had a positive side where they had an opportunity to spend more time with their loved ones, sit back and relax, reflect on themselves, and plan for the future in a much more focused manner.

DISCUSSION

Our study findings indicate that people in Oman are largely satisfied with the efforts made by the government authorities in educating people against the threat of COVID-19. It can be observed that there is a positive impact of public health messages on the population. It is also noticed that people are accepting a swift social behavioral change. There is a general sense of anxiety, stress, and depressive symptoms such as sleeplessness among people resulting from quarantines, lockdowns, financial stress, and social isolation. From the discussions, it was clear that almost all the participants were experiencing anxiety and were thinking of seeking psychological help. The discussions revealed that the ongoing pandemic’s negative psychological impact is based on multiple factors including, but not limited to, a lack of social life, joblessness, changed lifestyles, and a general sense of losing freedom. We cautiously suggest that the most significant concern revealed from this study is about people’s

mental and psychological health and how people will cope with a high level of stress, anxiety, and depression as the pandemic may continue for an even longer period. Several of our findings are in line with existing literature on society’s social needs and the adverse effects of social isolation. For example, it was noticed that isolation, joblessness, a sense of fear, and extended lockdowns led to anxiety and depressive symptoms. Like any research work, this study has its limitations. First, the possibility of biased responses because of social desirability cannot be ruled out, which can be a case in any focus group discussion. Second, none of the participants were above the age of 50, which means we could not record participants’ experiences above the age of 50 years.

CONCLUSION

The responses from the participants suggest that public health messaging brought a significant social change in Oman. However, we cannot generalize this conclusion, especially because we had a relatively small sample size. The responses also indicated a general sense of fear among the participants about other people not following the guidelines and recommendations made by the Supreme Committee for COVID-19, Oman. Lastly, there is a great deal of stress and anxiety that people are going through, and we advocate for a sustained effort both in terms of targeting social and behavioral change as well as supporting the population in dealing with psychological stress.

Disclosure

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