

Research Insights

Is the collective action of social distancing the new normal?

As Australia assesses how and when it will ease social distancing restrictions imposed by COVID-19, collective action is required to ensure that the nation returns to, and stays safe in, the new normal.

Assessing social distancing during COVID-19

In the absence of a vaccine or treatment for COVID-19, social distancing is one of the main tools currently available to combat the spread of the coronavirus. Following social distancing guidelines contributes to the public good, but there needs to be a sufficient number of people who comply for this to be effective. If a large enough proportion of the population physically distances themselves from others, then everyone benefits – even those who choose not to. This approach aims to reach the same goal as attaining ‘herd immunity’ with a vaccine – if enough people are immune then the virus cannot take hold and spread.¹ Ultimately, the success of social distancing requires a sufficient degree of compliance.

The Melbourne Institute: Applied Economic & Social Research Taking the Pulse of the Nation survey was designed to assess important aspects of the lives of Australians as the COVID-19 crisis unfolds, including compliance with government guidelines on social distancing. When building the survey, the research team was concerned that asking respondents directly about compliance might not provide an accurate assessment because of social desirability bias. Instead of asking if the respondents themselves followed social distancing guidelines, the survey asks if they thought others did so. This indirect approach (a variant of the nominative technique) will provide a population estimate of the behavior.²

SOCIAL DESIRABILITY BIAS



In social science research, social desirability bias is a type of response bias that is the tendency of survey respondents to answer questions in a manner that will be viewed favourably by others. It can lead to over-reporting of “good” behaviour and under-reporting of “bad” behaviour.³

The survey asks, ‘How many people in your neighbourhood do you think are following the recommendations about keeping a physical distance between themselves and others?’

Compliance of others with physical distancing guidelines has been fairly stable over the first five weeks of the survey, collected 6 April–10 May (Figure 1). Roughly 20 per cent say some, few or no one complies, but only 17 per cent indicate that everyone complies. These patterns are similar in rural and urban areas and across states, i.e. NSW, VIC, QLD, WA and SA.

Men and women also express similar perceptions of compliance with the physical distancing guidelines, however, men are 10.7 per cent (2.0 percentage points) more likely to say that none, few or some people are following the guidelines.

While patterns are fairly stable across regions, gender and time – at least thus far – differences by age are noteworthy. As respondent’s age increases, they are more likely to indicate that everyone in their neighbourhood abides by the rules (Figure 2). For example, only 9 per cent of 18–24 year-olds say everyone is following the guidelines, but 3.7 times as many 65+ year-olds think everyone does (34%). This large difference in perceptions could reflect a change in individual behaviour, what peers and neighbours are doing and mobility. Those who are more able or likely to move around a neighbourhood are also more likely to have a better read of what others are doing, compared to those who stay at home. It might also be a form of availability bias – people think everyone does what they themselves or their peers do.

Importantly, there is evidence of reciprocity among Australians. In the fourth week of the survey, respondents were asked about their likelihood of downloading the COVIDSafe app developed by the Government to trace people who have been in contact with someone who has COVID-19. Those who are likely to download the app, or have already downloaded it, are 28 per cent more likely to say everyone is following physical distancing guidelines compared to those who are unlikely to download the app (19% versus 15%). Reciprocity is an important ingredient to providing and sustaining public goods.^{5,6,7}

Of those who report experiencing mental distress (feeling depressed or anxious most or all of the time) in the previous week, 35 per cent state that none, few or only some are following the physical distancing guidelines. Whereas only 10 per cent of those who report no experience of mental distress, indicate that none, few or only some are complying with the social distancing rules. This suggested that better mental health increases the perception that others are contributing to the public good.

AVAILABILITY BIAS



Availability bias is a mental shortcut that relies on immediate examples that come to mind when evaluating a topic, concept, method or decision.⁴

Key Insights

1 There is a large gap between what people say they do and what they say others do

Social desirability bias, or availability bias, may be present. An Australian Bureau of Statistics (ABS) survey shows that 98 per cent of respondents said they had been keeping their distance from others following the introduction of social distancing rules.⁸ These rates are similar to survey reports during the same time period from the USA where 92 per cent say they are social distancing.⁹ These rates are much higher than the 17 per cent of respondents in the Taking the Pulse of the Nation survey, who indicate that they believe 'everyone' is following the recommendations about keeping a physical distance between themselves and others.

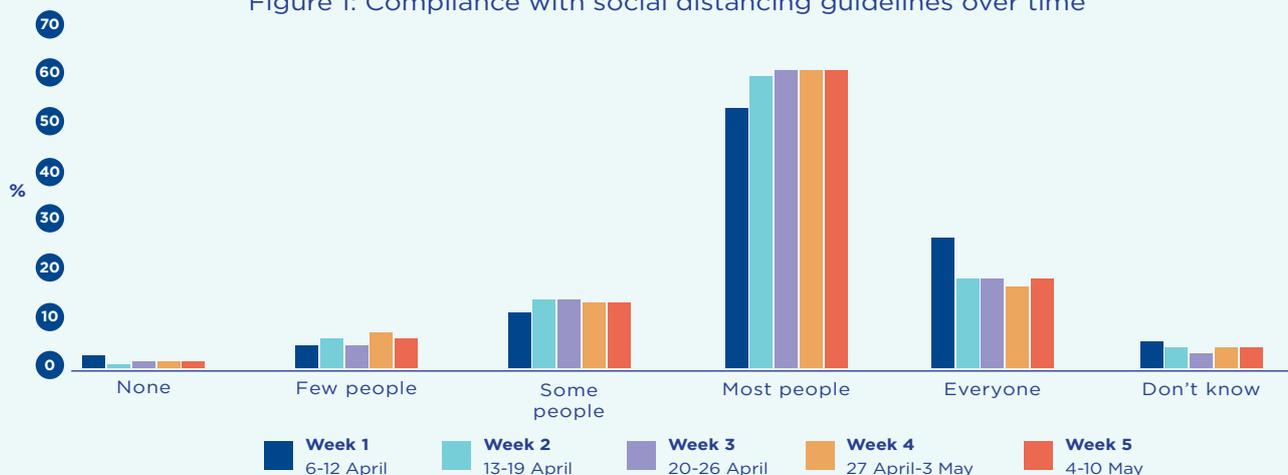
2 Social distancing is only effective if everyone is doing it

Social distancing provides benefits for everyone, however, it is most effective if a large portion of the population complies with the guidelines. Arguments for some form of social distancing are based on models of reducing transmission and compounding effects as more comply.^{10, 11}

3 Social distancing for 'mutual benefit' is alive and well in Australia

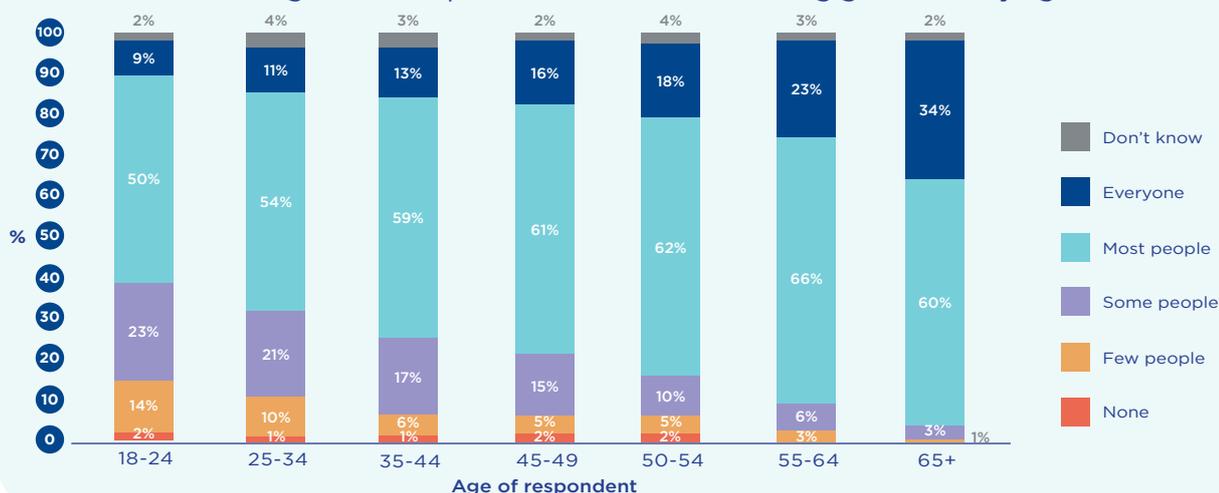
Mandatory enforcement of social distancing guidelines is prohibitively expensive, so voluntary compliance is essential. There is strong evidence that Australians are willing to comply if others do as well.

Figure 1: Compliance with social distancing guidelines over time



Results are based on 6,001 Australian adults surveyed over the period 6 April-10 May 2020

Figure 2: Compliance with social distancing guidelines by age



The path to protecting health and wellbeing in the new normal

As Australia assesses how and when it will ease restrictions towards a new normal, it is important to emphasise a few points.

Social distancing is here to stay, at least for a while

Without a vaccine or treatment, social distancing is an important and effective tool. Countries that have taken a more relaxed approach to stay-at-home orders and social distancing typically have higher death rates. Sweden, for example, which has employed loose constraints on its population and social distancing guidelines, has 316.2 deaths per million residents. The USA is close behind with 240.8 deaths per million. By comparison, countries who have enforced stronger social distancing rules have seen markedly lower death rates – Denmark has 90.7 deaths per million, 41.2 in Norway and 48.0 in Finland. Australia has recorded 3.9 deaths per million and New Zealand is at 4.3.¹²

Physically distanced but socially close

'Social distancing' was the phrase adopted to describe the guidelines of maintaining 1.5 metres from others, but this is physical distancing. Keeping a physical distance does not necessarily imply being socially far apart. This may be important to emphasise especially since mental health interacts with perceptions of how much others do their part in following physical distancing guidelines.

Maintaining a 'bubble'

If Australia can maintain its 'bubble' of low, or no, cases and deaths in the longer run by restricting who enters the country, then social distancing in the general population may be less of an issue. But this could be difficult to sustain as the world economy starts to open up again.

This Research Insight represents the opinions of the author(s) and is not intended to represent the views of Melbourne Institute. Whilst reasonable efforts have been made to ensure accuracy, the author is responsible for any remaining errors and omissions.

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Datasets

This analysis has been drawn from *Taking the Pulse of the Nation* – Melbourne Institute's survey of the impact of COVID-19. The aim of the weekly survey is to track changes in the economic and social wellbeing of Australians living through the effects of the coronavirus pandemic whilst adapting to various changes in Federal and State government policies. The survey contains responses from 1,200 persons, aged 18 years and over. The sample is stratified by gender, age and location to be representative of the Australian population. The current analysis draws on the first five weeks of the survey and therefore includes data from up to 6,001 Australian adults.

References

1. "Herd Immunity," Wikipedia, https://en.wikipedia.org/wiki/Herd_immunity
2. Miller, J.D. (1985). "The nominative technique: a new method of estimating heroin prevalence" (PDF). NIDA Research Monograph. 54: 104-124. PMID 3929108.
3. "Social desirability bias," Wikipedia, https://en.wikipedia.org/wiki/Social_desirability_bias
4. Tversky, Amos and Daniel Kahneman, (1973), "Availability: A heuristic for judging frequency and probability," *Cognitive Psychology*, 5(2), 207-232.
5. Trivers, Robert (1971), "The evolution of reciprocal altruism," *Quarterly Review of Biology*, 46, 35-57.
6. Jacobson, Sarah and Ragan Petrie (2014), "Favor trading in public good provision," *Experimental Economics*, 17, 439-460.
7. Carter, Michael and Marco Castillo (2005), "Morals, Markets and Mutual Insurance: Using Economic Experiments to Study Recovery from Hurricane Mitch," in C. Barrett, eds, *The Social Economics of Poverty: On Identities, Communities, Groups and Networks*, New York: Routledge.
8. Australian Bureau of Statistics, "Household Impacts of COVID-19 Survey, 1-6 April 2020," 4940.0 report, released 20 April 2020, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/ProductsbyReleaseDate/4DF23BAE08F75714CA25855B0003BID9>
9. Kaiser Family Foundation Health Tracking Poll, run March 25-30, 2020, <https://www.kff.org/health-reform/report/kff-health-tracking-poll-early-april-2020/>
10. Joel R Koo, Alex R Cook, Minah Park, Yinxiaohe Sun, Haoyang Sun, Jue Tao Lim, Clarence Tam, Borame L Dickens, "Interventions to mitigate early spread of SARS-CoV-2 in Singapore: a modelling study," *The Lancet Infectious Diseases*, March 23, 2020, [https://doi.org/10.1016/S1473-3099\(20\)30162-6](https://doi.org/10.1016/S1473-3099(20)30162-6).
11. New York Times, "Why Outbreaks like Coronavirus spread exponentially, and how to 'flatten the curve'," March 14, 2020, permanent link: <https://web.archive.org/web/20200330062958/> <https://www.washingtonpost.com/graphics/2020/world/coronavirus-simulator/>
12. Johns Hopkins University Coronavirus Center, numbers as of May 10, 2020, <https://coronavirus.jhu.edu/data/mortality>