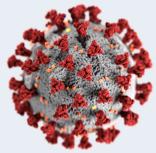


Do Peer Relations and Perceptions of Risk Impact Student Adherence in Response to the Trinity College COVID-19 Pandemic Restrictions?

Campbell Brown, Senior Thesis, Psychology Department, May 2021
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Background

- Due to the coronavirus pandemic, in the fall of 2020, Trinity College implemented standards of behavior that students were expected to follow upon their return to campus
- Students were required to consent to SARS-CoV-2 testing twice weekly and to sign a Community Contract outlining behavioral guidelines and expectations if they were to return to campus
- Nonessential travel off-campus (to restaurants, nonessential appointments, home, etc.) and unauthorized social gatherings or large gatherings of any size were prohibited by the Community Contract
- Research reveals that emerging adults establish their own normative behaviors within cohesive social groups and are particularly concerned with social and peer acceptance, perhaps more so than risk taking behaviors
- These normative behaviors influence perceptions of risk and adherence to rules, as do gender and degree of adult monitoring; college campuses provide a unique environment to examine these normative behaviors
- Prominent peer groups on Trinity College campus include athletes, Greek Letter Organization members, and their extended social circles

Hypotheses

Hypothesis 1: Athletes, Greek Letter Organization members, and those that live off-campus will be less likely to adhere to the social aspects of the Trinity College COVID-19 protocols than members of the general population

Hypothesis 2: Feelings of belongingness with the Athlete demographic group and the Greek Letter Organization membership group will reduce adherence to College protocols

Hypothesis 3: Students will be more adherent to on-campus restrictions than off-campus restrictions

Hypothesis 4: Females are more likely to perceive higher risk of infection than males and therefore will be more adherent

Procedure and Measures

- Students recruited to participate in an online Qualtrics survey via Trinity email
- Self-rating of adherence (0-100%) to 7 Trinity Community Contract guidelines
- Self-rating of risk of infection by coronavirus from routine activities (0-100%) and personal risk of infection (0-100%)
- Self-rating of connectedness (5 point Likert scale) with athlete population, GLO members, entire community
- Responses to 8 hypothetical Trinity-specific scenarios (7 point Likert scale)

Participants

- 282 undergraduate Trinity College students
- Age range: 18-24 years old
- 40% male, 58% female (2% nonbinary excluded due to small sample size)
- 16% freshman, 20% sophomore, 28% junior, 36% senior
- 80% Caucasian/White, 6% Asian/Asian American, 4% Black/African American, 4% Latinx/regardless of race, 4% Multiracial, 2% other, .4% Middle Eastern

Demographic Variables of Interest

- Overall: 59% Athletes, 30% GLO members
11% Athlete and GLO member
48% Athlete only; 19% Greek only
- 95.4% no preexisting health conditions related to COVID-19
- 90.8% no roommates with preexisting health conditions related to COVID-19
- 60.3% lived in on-campus dorms, 21.3% lived in houses on campus, 12.1% lived in off-campus houses or apartments nearby, 6.4% lived in fraternity/sorority houses

Results

Figure 1. Mean Adherence by Demographic

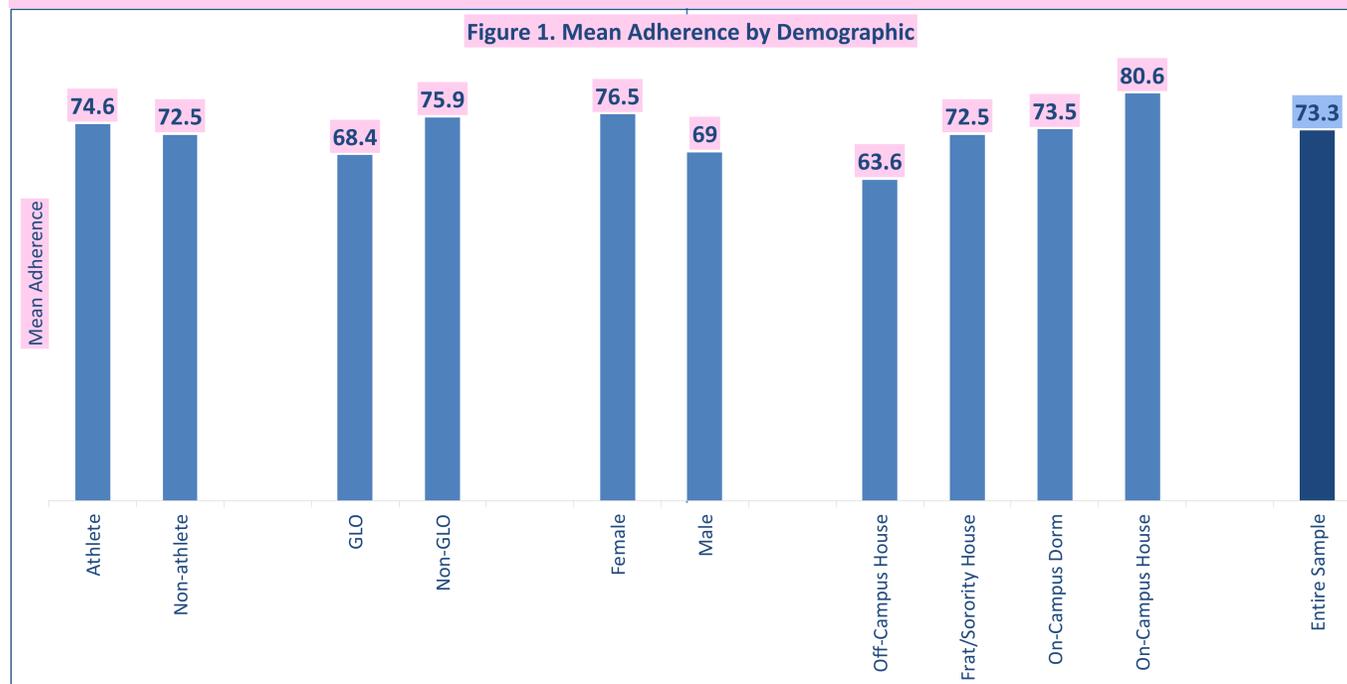


Table 1. Belongingness Correlations with Adherence

Belongingness	Correlation w Adherence
To athlete peer group	-.24, $p \leq .001$
To GLO peer group	-.35, $p \leq .001$
To Trinity community	-.16, $p = .011$

Table 3. Gender Association with Mean Routine Risk Perception and Mean Personal Risk Perception

Gender	Routine Risk	Personal Risk
Female	40.6	30.0
Male	31.5	22.0

Table 2. Main Effects for On-Campus and Off-Campus Scenarios

Scenario	Main Effects on Adherence
On-Campus 1	No main effects
On-Campus 2	Athlete < Non-athlete
Off-Campus 1	Athlete < Non-Athlete GLO < Non-GLO Frat/Sorority < Off-Campus < Dorm < On-Campus House
Off-Campus 2	GLO < Non-GLO Frat/Sorority < Off-Campus < Dorm < On-Campus House

Discussion

Hypothesis 1: Partially supported. While there was no effect of Athlete status on adherence, Greek Letter Organization members, those that lived off-campus, and those that lived in fraternity/sorority houses were on average significantly less adherent to the Trinity College COVID-19 protocols than the general population. In fact, athletes were more adherent compared to the sample as a whole. It may be that Trinity athletic team norms focus on compliance, or that coaches hold their athletes to a higher standard of adherence (Figure 1).

Hypothesis 2: Fully supported. Those that felt more connected to the Athlete group and the Greek Letter Organization membership group were on average significantly less adherent to the Trinity College COVID-19 protocols than the general population. These findings suggest that regardless of strict membership status, emerging adults are particularly concerned with the potential negative effects of social exclusion from their desired peer groups. Therefore, adherence to College policies is less important than maintaining a sense of social group belongingness (Table 1).

Hypothesis 3: Fully supported. As predicted, there were few significant differences in responses to the on-campus scenarios, while the off-campus scenarios showed significantly different average levels of adherence amongst Athletes, Greek Letter Organization members, and those that lived off-campus and in fraternity/sorority houses. These groups of students were less likely to adhere to College protocols in scenarios when their behavior was not monitored by College officials, for example, in off-campus settings (Table 2).

Hypothesis 4: Partially supported. While males and females did not display significantly different levels of adherence, females perceived higher risk of infection than males both from routine activities as well as higher personal risk for themselves. Consistent with prior research, females perceive higher levels of risk than males when it comes to the well-being of others, health-related behaviors, and infectious diseases (Table 3).

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