

Understanding COVID-19 Related Behaviors Through Culture

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Introduction

Role of Culture During the Pandemic: Culture has been commonly used to differentiate between societies and individual behaviors. Individualism and collectivism are thought to be two cultural orientations that help characterize individuals (or societies) by values, beliefs, and behaviors. Individualism promotes behaviors that prioritize individual needs, competition, and autonomy while collectivism promotes behaviors that prioritize cooperation, interdependence, and group harmony (Oyserman & Lee, 2008). In that regard, culture has given us a new lens to understand the behavior of individuals during the current COVID-19 pandemic.

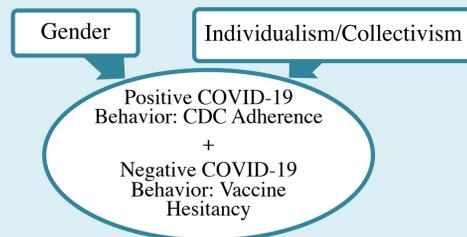
Literature Review:

Key Finding 1: Higher levels of collectivism were associated with higher intentions to engage in social distancing and practice proper hygienic behaviors during the pandemic. (Biddlestone et al., 2020).

Key Finding 2: Countries with collectivistic cultures tended to have lower COVID-19 death rates in contrast with countries with individualistic cultures (Maaravi et al., 2021).

Key Finding 3: Individualism has been associated with anti-vaccination attitudes (Hornsey et al., 2018).

The Current Study: This study was part of larger survey conducted by a Psychology class at Trinity College that explored the relationship among several psychosocial, demographic, and cultural variables and COVID-19 related behaviors. Participants were college attending emerging adults, primarily in the Northeastern part of the United States. This particular study focused on the relationship between individualism/collectivism, gender, and COVID-19 related behaviors such as CDC adherence and vaccine hesitancy in college attending emerging adults.



Participants:

- 225 college students ($M_{age}=19.99$, $SD=1.46$) enrolled in private (91%) institutions of higher education located primarily within Northeastern (80%) United States.
- Gender identity: 65% female; 32% male; 2% gender queer; <1% transgender; and <1% preferred not to say.
- Class year: 13% freshman, 25% sophomore; 32% junior; 28% senior or 5+ years; 1% nontraditional undergraduate.

Measures

CDC Adherence (Park et al., 2020)

- 15 item scale that asked participants to rate their own degree of adherence from 0 to 100(%) for each statement.
- The 15 statements addressed social distancing, hygiene, and general health-related behavior.

Vaccine Hesitancy Scale (Larson et al., 2015)

- 10 item scale ($\alpha = .87$) that asked participants to rate how strongly they agreed with statements about vaccines, via a 5-point Likert scale.
- Several items were reversed score to ensure that higher scores indicated higher levels of vaccine hesitancy

The Auckland Individualism/Collectivism Scale (AICS, Shulruf et al., 2011)

- 26 item scale that asked participants to rate how strongly each statement aligned with their beliefs and behaviors via a 6-point Likert-scale.
- Collectivism ($\alpha = .85$) was defined by two dimensions; harmony and advice.
- Individualism ($\alpha = .87$) was defined by 3 dimensions; responsibility, uniqueness, and competition.

Results

Table 1. Correlation among CDC Adherence and Study Variables

	Correlation with CDC Adherence
Individualism	-.19**
Collectivism	.03
Gender	.26**

Hypothesis 1: Higher levels of collectivism and identifying as female would be associated with higher levels of CDC adherence.

Findings:

- Females were more likely to adhere to CDC guidelines.
- Those who endorsed higher levels of individualism were less likely to adhere to CDC guidelines.
- Collectivism was not associated with CDC adherence.

Table 2. Correlation among Vaccine Hesitancy and Study Variables

	Correlation with Vaccine Hesitancy
Individualism	-.06
Collectivism	-.20**
Gender	-.19**

Hypothesis 2: Higher levels of individualism and identifying as female would be associated with higher levels of vaccine hesitancy.

Findings:

- Males were more likely to be vaccine hesitant.
- Those who endorsed higher levels of collectivism were less vaccine hesitant.
- Individualism was not associated with vaccine hesitancy.

* $p < .05$. ** $p < .01$. *** $p < .001$

Discussion

- **Hypothesis 1:** Prosocial behavior and collective values such as group responsibility, may help bolster CDC adherence.
 - Women may be more worried about the virus than men.
- **Hypothesis 2:** Values and beliefs based on concern for others, collective responsibility to protect the community may decrease vaccine hesitancy.
 - Men may have lower risk perceptions than women.

Limitations

- During this time frame of data collection, the college of most participants underwent several shifts in COVID-19 alert levels, ranging from green (0-10 active COVID-19 cases) to orange (50-70 active COVID-19 cases). This may suggest that students had initial high compliance to CDC guidelines but overall perception/adherence to guidelines changed over time (as case numbers increased).
- Vaccine hesitancy scale contained statements about general vaccines not the COVID-19 vaccine specifically. Therefore, this scale may not cover the full scope of individual's attitudes towards the COVID-19 vaccine.

Future Study

- **Public health campaign/messaging:** Explore what values and beliefs that can promote CDC adherence and decrease vaccine hesitancy.
- **Create focus groups:** Interview participants to understand in depth vaccine (specifically COVID-19) hesitancy and CDC adherence.

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*References available on email request