



COVID 19 PREVENTION BEHAVIOURS IN SOCIAL CONTEXTS AND YOUNG POPULATIONS

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ABSTRACT

Objective: The aim of this study was to investigate compliance with prevention behaviors in contexts of social outbreaks of COVID19 in young people, their association with infection, and the barriers to compliance.

Theoretical framework: The population between 15 and 29 years of age was among the most affected by COVID19. Prevention behaviors were public health measures aimed at preventing and/or controlling SARS-CoV-2 transmission at the societal level. It is necessary to review compliance with these measures and the associated factors in order to develop prevention plans for public health problems with social implications.

Methods: Case-control study among subjects aged 18-29 years exposed to outbreaks of COVID-19 in social events. Prevention behaviors were studied in 40 confirmed cases of COVID-19 and 40 controls.

Results and Discussion: Prevention behaviors among the young cases and controls analyzed during the COVID-19 pandemic have been low. Although they believed these behaviors to be effective, they had low perceived susceptibility to the disease and perception of risk among friends.

Research implications: Prevention behaviors and beliefs about their effectiveness are factors that should be analyzed in situations of public health risks and develop educational actions that encourage these behaviors to prevent the health of the population.

Originality/value: This study based on the experience during the COVID19 allows the analysis of prevention variables in social and educational contexts.

Keywords: Young Population, COVID19, Education, Social Behaviors, Prevention.

COMPORTAMENTOS DE PREVENÇÃO DA COVID 19 EN CONTEXTOS SOCIAIS E POPULAÇÃO JOVEM

RESUMO

Objetivo: Investigar a adesão aos comportamentos de prevenção em contextos de surtos sociais de COVID-19 em jovens, sua associação com a infecção e as barreiras à adesão.

Referencial Teórico: A população com idade entre 15 e 29 anos estava entre as mais afetadas pela COVID-19. Os comportamentos preventivos foram medidas de saúde pública destinadas a prevenir e/ou controlar a

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transmissão do SARS-CoV-2 em nível social. É necessário analisar a conformidade com essas medidas e os fatores associados para desenvolver planos de prevenção para problemas de saúde pública com implicações sociais.

Método: Estudo de caso-controle entre indivíduos de 18 a 29 anos expostos a surtos de COVID-19 em eventos sociais. Os comportamentos de prevenção foram estudados em 40 casos confirmados de COVID-19 e 40 controles.

Resultados e Discussão: Os comportamentos de prevenção entre os casos e controles jovens analisados durante a pandemia da COVID-19 foram baixos. Embora acreditassem que esses comportamentos fossem eficazes, eles tinham uma baixa percepção de suscetibilidade à doença e percepção de risco entre os amigos.

Implicações da Pesquisa: Os comportamentos preventivos e as crenças sobre sua eficácia são fatores que devem ser analisados em situações de risco à saúde pública, e ações educativas devem ser desenvolvidas para incentivar esses comportamentos a fim de prevenir a saúde da população.

Originalidade/Valor: Este estudo baseado na experiência durante a COVID-19 permite a análise de variáveis de prevenção em contextos sociais e educacionais.

Palavras-chave: População Jovem, COVID19, Educação, Comportamentos Sociais, Prevenção.

CONDUCTAS DE PREVENCIÓN DE COVID19 EN CONTEXTOS SOCIALES Y POBLACIÓN JOVEN

RESUMEN

Objetivo: El objetivo de este estudio ha sido investigar el cumplimiento de las conductas de prevención en contextos de brotes sociales de COVID19 en población joven, su asociación con la infección, y las barreras para su cumplimiento.

Marco Teórico: La población entre 15 y 29 años fue de las más afectadas por el COVID19. Las conductas de prevención fueron medidas de salud pública que tuvieron como objetivo prevenir y/o controlar la transmisión del SARS-CoV-2 a nivel social. Es necesario revisar el cumplimiento de estas medidas y los factores asociados para desarrollar planes de prevención ante problemas de salud pública con implicaciones Sociales.

Método: Estudio de casos y controles entre sujetos de 18 a 29 años expuestos a brotes de COVID-19 en eventos sociales. Se estudió las conductas de prevención 40 casos confirmados de COVID-19 y 40 controles.

Resultados y Discusión: Las conductas de prevención entre los jóvenes casos y controles analizados durante la pandemia de COVID19 ha sido baja. Aunque creían que estas conductas eran efectivas, tuvieron una baja percepción de susceptibilidad a la enfermedad y percepción de riesgo entre los amigos.

Implicaciones de la investigación: Las conductas de prevención y las creencias sobre su eficacia son factores que deben analizarse en situaciones de riesgos para la salud pública y desarrollar acciones educativas que fomenten estas conductas para prevenir la salud de la población.

Originalidad/Valor: Este estudio basado en la experiencia durante el COVID19 permite analizar variables de prevención en contextos sociales y educativos.

Palabras clave: Población Joven, COVID19, Educación, Conductas Sociales, Prevención.

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1 INTRODUCTION

COVID-19 epidemiological reports in Spain during the pandemic showed that around 20% of notified COVID-19 cases occurred in the population between 15 and 29 years (Equipo Covid-19, 2021), which is why it is necessary to analyze perceptions and conducts in this population as preventive measures.

Individual prevention behaviors and in social contexts are non-pharmacological interventions (hereinafter MNFs) that have constituted and constitute public health measures to prevent and/or control the transmission of SARS-CoV-2 in the community, being health interventions more effective public (European Center for disease Prevention and Control, 2020). In Spain, the Early Response Plan in a COVID-19 pandemic control scenario of the Ministry of Health, established during the pandemic the MNFs that can be carried out individually and in social contexts to prevent the risk of infection (Ministry of Health, 2020). These MNFs coincided with those described by the European Center for Disease Control (ECDC): Physical distancing, Hand hygiene, Masks, and Ventilation (go to closed, crowded and poorly ventilated spaces) (European Center for disease Prevention and Control, 2020). MNFs have a key role in reducing the risk of transmission of the virus, but their promotion requires intense, sustained and contextualized communication within sociocultural and economic environments (Odusanya *et al.*, 2020). The experience during COVID19 may allow developing strategies that allow the promotion of these measures with specific populations in possible future pandemics.

The objective of this study was to describe the compliance with behaviors in the young population of the Canary Islands for the prevention of the transmission of SARS COV 2 related to social outbreaks. The specific objectives have been to associate these behaviors with the risk of being diagnosed with COVID-19, describe the barriers to compliance in social outbreak contexts, and understand the change in individual and social prevention behaviors after being involved in a COVID outbreak. -19.

2 THEORETICAL FRAMEWORK

The COVID-19 disease pandemic was a deadly coronavirus outbreak and became one of the most important global public health concerns (WHO, 2020). In this context, prevention behaviors of the population have been essential to limit morbidity and mortality, and can reduce the impact of an outbreak by reducing the number of contacts and risk behaviors in the



transmission of the disease. In situations of previous health crises due to respiratory viruses, the population's preventive behaviors have been essential and various actions have been developed in this regard to control transmission. (Jefferson et al, 2008). The experience during COVID19 allows us to expand our knowledge about the variables that influence compliance with the implemented MNFs .

Compliance with behaviors is influenced by structural, psychosocial and individual factors. Among individual factors, demographic characteristics, including age, have been associated with this compliance with contradictory results. Although some studies showed that MNFs were higher among young people (Chan *et al.*, 2020), other research found that the frequency of these preventive behaviors increased with age (Cvetkovic *et al.*, 2020).

Although the older population is more susceptible to COVID-19, young people are not exempt from risks. Customs and social interactions have been a key factor in explaining the evolution trends of the pandemic during COVID19 (Conde, 2020). Young people are often associated with greater risk-taking and a greater need for group acceptance, factors that can hinder adherence to MNFs (Andrews *et al.*, 2020). Socialization is a fundamental need in the young population, with social confinement and isolation being related to negative psychological effects. Situations such as the one experienced during COVID19, with cancellation or reduction of study, work and leisure activities, have been associated with greater risk behaviors in young people (Dumas *et al.*, 2020), for example, have been identified as risk factors for greater alcohol consumption, a greater degree of exposure to the virus and having had to be isolated as a consequence of it (García- Alvarez *et al.*, 2020). In addition, there is evidence of the transmission of SARS-COV-2 by sharing alcoholic beverages (Mungmungpantip and Wiwanitkit , 2020) and of the transmission of other microorganisms, such as pneumococcus through shared glasses and bottles (Levine *et al.*, 2012).

The necessary compliance with preventive measures is related to your belief system about COVID-19. The health belief model has been proposed for application in the COVID-19 pandemic (Carvalho *et al.*, 2021). This model suggests that a person's belief about the threats of the disease (susceptibility and perceived severity), and belief about the effectiveness of measures can predict changes in health-related behaviors (Jones *et al.*, 2015) .). Personal characteristics such as age or gender influence this subjective perception (Glanz *et al.*, 2008). In Spain, the COSMO- [Spain study](#) analyzed the knowledge, behaviors and risk perception of the Spanish population over 18 years of age in the face of the COVID-19 pandemic. Their results show high adherence to MNFs but low risk perception (ISCII. Health Institute, 2021), so it is necessary to analyze other intervening factors.



Public health messages promoting MNFs could have left out populations at risk, such as youth leisure (Karamouzian *et al.*, 2020). In a context in which customs and social interactions have been expressed as a key factor in explaining the speed and evolution trends of the pandemic (Conde, 2020), restrictive measures need to be accompanied by educational and socialization alternatives that promote new habits to interact socially with a lower risk of transmission. To this end, research is necessary that has analyzed compliance with MNFs as prevention behaviors by young people in different contexts, in addition to the barriers and/or motivations for compliance, with the results being able to guide prevention and risk reduction measures. specific, being the objectives of the present study.

3 METHODOLOGY

3.1 PARTICIPANTS AND PROCEDURE

The population under study was made up of young people between 18 and 29 years old related to COVID19 outbreaks that occurred at social events in the Canary Islands. An “outbreak associated with social events” is considered to be any COVID-19 outbreak where the environment of acquisition of the infection, according to the epidemiological investigation developed by the General Directorate of Public Health, has taken place in a social environment (leisure, friends' houses, bars or restaurants, meetings at sporting events...). Exclusively family, work or school outbreaks are excluded. The cases were young people diagnosed with COVID-19 in the context of a social outbreak, and the young controls who, having been close contacts of the cases, did not contract the disease.

The sample was obtained using the REVECA database (Epidemiological Surveillance Network of the Canary Islands) of the General Directorate of Public Health. The 6 social outbreaks of young people that occurred between November and December 2020 were selected. All cases of these outbreaks were initially selected and a control was selected for each case, being of the same sex and similar age (+-5 years). The inclusion criteria were age (over 18 years and under 30), having been diagnosed by PCR or classified as close contact in the context of the selected outbreaks. The exclusion criteria were age, cases or controls in outbreak contexts that were not social or cohabiting, and not being able to contact by telephone.

Information was collected through a telephone interview with a questionnaire carried out for this study on the perception of Adherence to Non-Pharmacological Measures in the context of the COVID-19 outbreak and the barriers to compliance.



In relation to ethical aspects, prior authorization was requested from the Research Committee of the Complejo Hospitalario Universitario Insular Materno Infantil. In addition, the participants were informed of the voluntary and anonymous nature, previously requesting informed consent.

3.2 VARIABLES

Questionnaire questions were selected based on variables highlighted in previous literature and reports.

The personal variables included were age, sex, and the result of the PCR diagnosis. Exposure variables were described and related to outcome variables based on whether or not COVID-19 was diagnosed. The variables analyzed in the context of the outbreaks have been:

- Individual perception and the close environment in compliance with different non-pharmacological behaviors: use of masks, perform hand hygiene, maintain safe physical distance, share objects that are put in the mouth (cigarettes, food and drinks), stay in closed and poorly ventilated spaces and go to crowded spaces.
- Perceived barriers to compliance with non-pharmacological measures: effectiveness, susceptibility, severity and other perceived difficulties in compliance with the measures.
- Change in adherence after diagnosis or close contact.
- To prepare the survey, prior exploratory interviews were carried out with young people, requesting their opinion on the questionnaire for its improvement in unclear elements.

3.3 DATA ANALYSIS

Descriptive analyzes and the Chi square test were performed to contrast hypotheses of qualitative variables, comparing the frequency of non-pharmacological measures between cases and controls. Subsequently, the association of each of the variables with being classified as a “case” was calculated using the Odds Ratio (OR), assessing whether the cases have a greater exposure to the risk factors than the controls. The difference has been considered significant at a value of $p < 0.05$ in the Chi square analysis; For the association measures (OR), the non-presence of the unit in the 95% CI has been considered significant.



4 RESULTS AND DISCUSSION

4.1 SAMPLE DESCRIPTION

A total of 6 outbreaks that occurred on the islands of Gran Canaria, Tenerife and La Palma were selected. An attempt was made to contact by telephone with a total of 128 young people involved in these outbreaks, of whom 31 could not be contacted by telephone after multiple attempts at different times. Finally, we were able to contact 97 young people (75.8% of the initial sample). After applying the established exclusion criteria, the final sample was 80 young people (40 cases and 40 controls) between 18 and 29 years old. 60% (n=48) were men and 40% (n=32) women, with a mean age of 21.8 years (± 2.5). In relation to the islands of residence, 56.25% (n=45) are from Gran Canaria, 36.25% from Tenerife (n=29) and 7.5% (n=6) from La Palma.

4.2 PERCEIVED NON-COMPLIANCE OF MNFs

Individual perception of adherence to MNFs in social situations associated with the outbreak has been low. 77.5% (n=62) of those surveyed stated that they had not used a mask in social situations in which they were exposed to COVID19, 71.3% (n=57) had not maintained a safe distance, 68.8% (n=55) have stayed in poorly ventilated and/or closed places, 53.8% (n=43) have not performed hand hygiene, 40% have shared objects that are put in the mouth (cigarettes, food, cutlery, glasses and/or bottles), and 33.8% (n=27) had shared mobile phones.

4.3 PERCEIVED NON-COMPLIANCE OF MNFs AND COVID 19 RISK

The association between non-compliance with each MNF and “being a COVID19 case” was analyzed. Of the nine MNFs analyzed (Table 1), six were shown to be significantly associated with the risk of being a COVID-19 case. The MNFs whose non-adherence constitutes in this study a risk factor for being a COVID-19 case are: not using the mask, staying in closed spaces, not maintaining a safe distance, not performing hand hygiene, sharing mobile phones, and going to places with many people.



Table 1

Association between non-adherence to MNFs (individual perception) and being a COVID-19 case

		Case (n=40)	Control (n=40)	χ^2	P	OR (95% CI)
	% (f)	% (f)				
Use of mask	Yeah	2.5% (1)	42.5% (17)	18.35	<0.001	28.8 (3.59-231)
	No	97.5% (39)	57.5% (23)			
Physical distance	Yeah	12.5% (5)	45% (18)	10.31	<0.001	5.72 (1.86-17.7)
	No	87.5% (35)	55% (22)			
Hand hygiene	Yeah	32.5% (13)	60% (24)	6.08	<0.01	3.11 (1.28-2.09)
	No	67.5% (27)	40% (23)			
Share glasses and/or bottles	No	67.5% (27)	80% (32)	1.61	N.S.	
	Yeah	32.5% (13)	20% (8)			
Share cigarettes	No	80% (32)	85% (34)	0.346	N.S.	
	Yeah	20% (8)	15% (6)			
Share food	No	72.5% (29)	80% (32)	0.621	N.S.	
	Yeah	27.5% (11)	20% (8)			
stay in closed spaces	No	10% (4)	52.5% (21)	16.81	<0.001	9.94 (2.98-33.2)
	Yeah	90% (36)	47.5% (19)			
Go to places crowded	No	67.5% (27)	92.5% (38)	7.81	<0.01	5.93 (1.54-22.9)
	Yeah	32.5% (13)	7.5% (2)			

Note: (f): Frequency. The Odds Ratio is not shown if there is no statistically significant association (p value>0.05). NS: Not Significant

4.4 BARRIERS TO COMPLIANCE

To describe the personal barriers in compliance with MNFs in social environments, the perception of the effectiveness of the measures, the severity and perceived susceptibility, and the perceived difficulties have been analyzed.

4.4.1 Perception of the effectiveness of preventive measures

The results showed the belief that non-compliance with MNFs increased the risk of contracting COVID19. 96.3% (n=77) considered the risk increased by not wearing a mask and not maintaining a safe distance, 93.7% (n=73) by not performing hand hygiene, 91.3% (n=73) for going to crowded places, 82.5% (66) for staying in closed places, and 72.5% (58) for sharing objects that are put in the mouth.



If we consider the individual perception of the non-effectiveness of the measures and their association with “being a COVID-19 case”, no significant differences have been found (*Table 2*).

Table 2

Association between the belief about the effectiveness of MNFs and being a COVID-19 case.

		Case (n=40) % (f)	Control (n=40) % (f)	χ^2	p
Wearing a mask protects against COVID-19	Yeah	92.5% (37)	100% (40)	3.1	N.S
	No	7.5% (3)	0% (0)		
Keep safety distance protects from COVID -19	Yeah	90% (36)	97.5% (39)	1.92	N.S
	No	10% (4)	2.5% (1)		
Performing hand hygiene protects against COVID-19	Yeah	95% (38)	97.5% (39)	0.35	N.S
	No	5% (2)	2.5% (1)		
Sharing glasses and/or bottles increases the risk of COVID-19	No	27.5% (11)	27.5% (11)	0.00	N.S
	Yeah	72.5% (29)	72.5% (29)		
Sharing cigarettes increases risk of COVID-19	No	30% (12)	30% (12)	0.06	N.S
	Yeah	70% (28)	70% (28)		
Sharing food increases risk	No	55% (22)	45% (18)	0.8	N.S
	Yeah	45% (18)	55% (22)		
stay in closed spaces increases the risk	No	20% (8)	15% (6)	0.35	N.S
	Yeah	80% (32)	85% (34)		
Going to crowded places increases the risk	No	7.5% (3)	10% (4)	0.16	N.S
	Yeah	92.5% (37)	90% (36)		

Note: (f): Frequency. The Odds Ratio is not shown if there is no statistically significant association (p value>0.05). NS: Not Significant

4.4.2 Severity and perceived susceptibility

71.3% (n=67) of young people considered that they were not going to contract COVID19, and 81.3% (n=65) that if they did contract it it would not be serious.

Perceived susceptibility and severity are lower in cases than in controls, with statistically significant differences. Considering that one is not susceptible to contracting the virus is significantly associated with a greater risk of being diagnosed with COVID- 19 (OR 5.73 CI 1.85-6.3 p<0.001). Considering that, if contracted, the disease will not be serious is also significantly associated with a higher risk of being diagnosed with COVID-19 (OR 5.29 CI 1.36-20.5 p<0.01). The data are shown in *Table 3* .



Table 3

Association between susceptibility and perceived severity and being a COVID-19 case.

		Case (n=40) % (f)	Control (n=40) % (f)	χ^2	P	OR (95% CI)
Susceptibility	Yeah	12.5% (5)	55% (22)	10.31	<0.001	5.73 (1.85-17.65)
	No	87.5% (35)	45% (18)			
Gravity	Yeah	7.5% (3)	30% (12)	5.29	<0.01	5.29 (1.36-20.5)
	No	92.5% (37)	70% (28)			

Note: (f): Frequency. The Odds Ratio is not shown if there is no statistically significant association (p value>0.05). NS: Not Significant

4.4.3 Perceived difficulties

Among the perceived difficulties in complying with non-pharmacological measures (open question), being with the usual and trusted group stands out, referred to by 51% (n=41) of the participants. Other of the most notable reasons have been being in a recreational environment, social pressure from the group, the existence of habits and customs that are difficult to change, and the lack of information or contradictions in the information received (Table 4).

Table 4

Perceived difficulties (open question)

Perceived difficulties in complying with prevention measures	% (f)
Little perception of risk due to being with the usual and trusted group	51% (41)
Playful atmosphere, and desire for leisure and fun	16% (20)
Group social pressure for non-compliance	8.75% (7)
Habits and customs that are difficult to change	8.75% (7)
Lack of awareness and information during the outbreak period	8.75% (7)
Perception of low risk due to published data of low incidence in the environment	6.25% (5)
Contradictory and changing information on prevention measures	6.25% (5)
Access to information on social networks against prevention measures	6.25% (5)
Performs activity incompatible with the measure (e.g. eating and drinking)	5% (4)
Discomfort due to the use of measures	5% (4)



4.4.4 Diagnosis and change in adherence

In relation to changes in compliance with measures after diagnosis or being considered close contact, statistically significant differences have been found between cases and controls (*Table 5*). Only 50% of the cases reported having increased adherence to the measures after the outbreak, compared to 73.7% of the controls.

Table 5

Perception of changes in compliance and being a COVID-19 case

		<i>Case (n=38)</i>	<i>Control (n=38)</i>	χ^2	<i>p</i>
		% (f)	% (f)		
Change in individual adherence	Less than or equal	50% (19)	26.3% (10)	4.52	0.03
	Elderly	50% (19)	73.7% (28)		

4.5 DISCUSSION

The results show the perception of poor compliance with the MNFs for the prevention of COVID-19 in social situations in the young population of the Canary Islands analyzed, and the association of non-compliance with certain MNFs with an increased risk of being diagnosed with COVID-19. 19.

The risk of non-compliance with these MNFs has been analyzed in different studies and previous reports (European Center for disease Prevention and Control, 2020; Jones *et al.*, 2015; Ministry of Health, 2020). Its poor compliance in the population studied may be related to the high incidence data in the population between 15 and 29 years of age in Spain. (COVID-19 Team, 2020)

The MNFs with the least compliance by young people in contexts of social outbreaks have been the use of masks, safety distance, staying in closed or poorly ventilated places and hand hygiene, these being those established as individual protection measures by the Ministry of Health and the ECDC and on which the most preventive interventions have been carried out (European Center for disease Prevention and Control, 2020; Ministry of Health, 2020). This poor compliance contrasts with those obtained in the COSMO- Spain study referring to the entire Spanish population over 18 years of age, with these MNFs being the ones that showed the highest adherence (ISCII. Instituto de Salud Carlos III, 2021).

These results coincide with the need proposed by different authors for public health actions to be based on local sociocultural and epidemiological situations. There is a risk that messages



from Public Health do not focus on characteristics of specific populations such as young people in leisure situations (Karamouzian *et al.*, 2020; Odusanya *et al.*, 2020). Therefore, the study and prior analysis of its characteristics and the application of behavioral models such as the health belief model would allow intervention to promote adherence to hygienic practices in young people in social contexts.

In reference to the barriers to compliance with the measures, the perception of the effectiveness of the MNFs for the prevention of COVID-19 is high, and this result can be interpreted as the positive effects of the interventions and communication carried out by the institutions to prevent the COVID-19 (European Center for disease Prevention and Control, 2020; Ministry of Health, 2020). However, no significant associations were found between this individual perception of the non-effectiveness of the measures and “being a COVID-19 case”, the results contradicting the principles of the health belief model, which establishes the belief about the effectiveness of the measures. measured as one of the variables related to its compliance (Carvalho *et al.*, 2021).

The specific characteristics of the young population and the current situation may influence non-compliance with preventive behaviors in these social contexts, despite beliefs in their effectiveness. The evolutionary characteristics of young people, the effects of isolation and the consequences derived from the pandemic, and the greater need for social connection and group acceptance at these ages have been described as possible causes. (Andrews *et al.*, 2020).

In the present study, the belief of being able to contract COVID-19 has been low for the majority of participants, with a high percentage also considering that if they contracted it it would not be serious. This perception of low severity coincides with the results of the COSMO-Spain study (ISCIII. Instituto de Salud Carlo III, 2021), although in the case of our study population it is much lower. The perception of risk in the young people surveyed coincides with the data provided regarding the few but existing hospitalizations, ICU admissions and deaths in the population between 15 and 29 years old. (COVID-19 Team, 2021).

On the other hand, the susceptibility and severity perceived in the population of this study has been significantly associated with a greater risk of being diagnosed with COVID-19, coinciding with the principles established by the health belief model. (Carvalho *et al.*, 2021). Not being afraid of contagion or the severity of the disease are risk factors, so it is an aspect to take into account when reviewing and planning COVID-19 prevention strategies.

In the results of changes in compliance with measures after diagnosis or being considered close contact, only half of the cases consider that their compliance has increased



after the outbreak. Lockdowns and social isolation after contact with SARS have been associated with increased risk behaviors after confinement (Andrews *et al.*, 2020; Dumas *et al.*, 2020). It would be necessary to analyze factors that may be associated with changes in adherence to MNFs in order to adopt prevention measures.

The interpretation of these results must be carried out taking into account its main limitations, such as the retrospective and cross-sectional nature of the study, and possible information biases. To minimize these biases, the sample was selected from outbreaks that occurred in the most recent period, establishing a maximum of two months between the outbreak and the study telephone interview. It is therefore an exploratory study, but it can guide future research and interventions in the prevention of COVID-19 in the young population and in social contexts.

5 CONCLUSION

There is a perception of poor adherence to MNFs for the prevention of COVID19 in the young population of the Canary Islands in social situations related to outbreaks, and this low adherence is related to an increased risk of being diagnosed with COVID19. The perception of the effectiveness of MNFs for the prevention of COVID19 is high while the perceived susceptibility and severity of COVID-19 is low. These beliefs about low susceptibility to the disease have been associated with a higher risk of being diagnosed with COVID19.

Barriers to adherence are related to social factors such as trust in the group or being in leisure situations. Furthermore, there are few changes in adherence to MNFs after being involved in a COVID-19 outbreak. These conclusions could serve as guidance for approaching the promotion of effective adherence to preventive behaviors in the young population of the Canary Islands in contexts of social disease outbreaks.

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