



Bridging the gap to a "new world order"

Harnessing social sciences to evoke and stimulate consciousness, resilience and agency relevant to today and beyond







COVID-19 ERODES AN ALREADY FRACTURED, UNEQUAL SOCIETY

- COVID-19 has eroded societies all over the world the world is in turmoil. The virus has demonstrated the world's fragility, families experience multiple loss, grief and trauma. It is necessary to explore the intersectionality between people's daily lives and their responses to co-existing with COVID-19.
- Significant breakthroughs relating to COVID-19 will likely emerge from social sciences due to the virus being transmitted through human behaviour.
- Infectious disease epidemiology provides us with the host, virus, environment model
- In the absence of therapeutics and vaccines, the only areas of interventions are in the host and in the environment, namely where people live, work, play and travel
- Social science cannot cure the coronavirus, but can contribute to evidence-based social solutions that create a world in which infectious threats limit the devastating effects of pandemics.
- We need an assessment of current and historical experiences within the context of contemporary South Africa if we are to create an evidence base to develop meaningful policies and programmes that contribute to a "new world order" not a new normal.
- The "new world order" has to rest on fairness, dignity, human and social justice
- In order to forge ahead to this new world order, social scientists need to study the determinants of personal and community resilience, agency and ownership of a transition from lifelong behaviours in the era of COVID-19







EVIDENCE THAT RESTS ON THE SOCIAL SCIENCE APPROACH

How HSRC responded:

- Given the pace of the epidemic, HSRC had to conduct research rapidly on the publics' response to COVID-19 and to measures to mitigate and contain the spread of the disease
- Timeous, multi-disciplinary, innovative, mixed methods approach to reach South Africans
- At the time, we did not have much behavioural evidence to draw from to create our study tools
- Thus our work became a baseline for studying COVIDrelated behaviours and its determinants







SURVEY METHODOLOGIES



Triangulate data (Quantitative, Qualitative, Social media) for rapid responses

Mixed methods approach:

1) Quantitative surveys

- General population surveys X 2 (April) assessed behaviours, psychosocial and economic factors and adherence to lockdown regulations
- Healthcare professionals survey (nurses, doctors, other HCPs) (April-May) psychosocial factors, risk perception, work experiences, training, access to PPE and their wellbeing
- Young people attending tertiary educational institutions and NEETS (June-July) psychosocial factors, risk perceptions, experiences regarding institutions reopening

Online and telephone-facilitated online surveys allowed for real-time data collection, translation into other languages Media campaign to promote recruitment

2) Qualitative studies

- Key informant interviews with high risk populations (taxi commuters and drivers, sex workers, teachers)
- Photovoice case studies in low-income communities experiencing outbreaks (e.g areas of the Cape Flats
- 3) Social media studies analysis of information on social media platforms to gain real time sentiments of issues that were of concern related to COVID-19







HOW DOES SOCIAL SCIENCE DATA CONTRIBUTE TO MANAGING OF EPIDEMICS

- Socio-behavioural science plays a key role in epidemic control e.g. cholera (John Snow 1846 1860) removed the handle of the water pump changed the water-using behaviour of people in that environment thereby changing the trajectory of the epidemic. This was a sociobehavioural intervention. This established public health in the western world.
- To model the trajectory and impact of the epidemic, we need to include evidence-based behavioural parameters into such models.
- The evidence for the parameter selection can come directly from social science studies. They
 include:
 - Estimates of for e.g. number of people in close contact, or percentage high risk perception, or percentage access to chronic medication, percentage using crowded transport, percentage of South Africans seeking financial assistance
- Data informs government responses i.e. 24% had no money for food, 15% used taxis/buses (often overcrowded) to access food, 13% could not access chronic medication, 29% came into close contact with >10 people when out of their homes during lockdown, 8% met with >50 people
- The HSRC engaged with SA government to relate the survey findings into recommendations for health promotion including policy, health literacy and communication

The findings on cigarette buying behaviour were used as key evidence in the High Court case filed by the tobacco industry against the government's temporary ban on the sale of cigarettes during the COVID-19 epidemic. The government won both cases.



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FORGING A ROAD MAP TO A SUSTAINABLE, RESILIENT FUTURE: MORE THAN HEALTH

- We need to generate evidence on the gaps in knowledge, incorrect practices and problems encountered in infection control among groups, individuals and institutions.
- We need to identify sources of fear, anger, panic, prejudice and vulnerability.
- We need to contribute to knowledge and understanding, thereby informing how the existing guidelines on prevention and control can be effectively applied in the South African context, such as in informal settlements, rural areas and across various sectors
- We need to despecialise, demystify and disseminate information in culturally sensitive and linguistically appropriate ways
- We need to provide the evidence to mobilize society to confront present structural and agential sources of injustices, asymmetrical power structures, patriarchal ideologies and racist articulations and practices putting the most vulnerable at risk
- We need to understand how we are adapting as the epidemic progresses, and identify successes and build on those successes
- Socio-behavioural data must be fed into country responses from the outset, so that social scientists are engaged
 at the outset of public health emergencies and outbreaks to integrate into biomedical and epidemiological
 approaches.
- Creative methods and smart partnerships need to be used in order to collect and triangulate data (social media, quantitative and qualitative data) for rapid responses.
- Social sciences should be harnessed to aid government and society in forging a path to recovery from the
 devastation wreaked by this pandemic; and to ensuring that South Africa is better prepared for the next pandemic