

How cultural differences shape responses to COVID-19

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A study exploring cross-cultural differences in knowledge and attitudes towards COVID-19 reveals that people in Europe had the least knowledge of COVID-19 and lowest tendency to care about the coronavirus, while people in the United States had the lowest tendency to comply with public health restrictions. As the pandemic began to unfold,

people in the Middle East and Asia were the most aware of COVID-19. People in the Middle East were also the most afraid of the coronavirus.

The study, published in the *International Journal of Mental Health and Addiction* was led by an international team of researchers including Zakir Uddin, a former Postdoctoral Research Fellow in Professor Timothy Wideman's lab at McGill University.

Q&A with Zakir Uddin

What questions did you set out to answer?

As the pandemic unfolded, we aimed to explore cross-cultural differences in fear, knowledge, attitudes, and practices towards COVID-19. To do this, we conducted a survey of 1,296 participants in 8 different countries over 5 continents around the world in April 2020. We wanted to measure whether age, gender, education, and occupational status had an impact on knowledge of the coronavirus.

What did you find?

At the beginning of the pandemic, we found that:

People in Europe had the lowest knowledge of COVID-19 and the lowest tendency to care about the disease, while Americans had the lowest tendency to comply with public health restrictions for COVID-19. On the other hand, people in the Middle East and Asia were quite aware of COVID-19.

Those in the Middle East were the most fearful of the coronavirus, compared to those in other continents like Europe, Africa, and North America.

Region-specific cultural issues and exposure to news coverage of the

pandemic could be a reason for this fear. However, we did not find a link between knowledge and fear, meaning that fear was not dependent on the individual's knowledge of COVID-19. Interestingly, knowledge of COVID-19 was higher among females overall, particularly in regions like Oceania Africa, the Middle East, Europe, and South Asia. However, in North America, knowledge of COVID-19 was higher among males compared to females. Predictably, knowledge regarding COVID-19 was higher in the graduate and postgraduate participants, especially in the South Asian and Oceania region. These findings were consistent with other studies that found poor knowledge about the infectious disease among non-graduate populations.

Why are the results important or interesting?

The COVID-19 death toll was highest in the United States and in Europe compared to other regions. Perhaps if they had been more aware of COVID-19 in advance, the damage could have been reduced. Effective pandemic management requires support from the general population to combat the spread of the disease. Previous studies of contagious disease outbreaks, like the H1N1 flu, have shown that improved knowledge increases the uptake of preventive measures and influences the protective behavior at the individual and community level. Despite severe COVID-19 situation in Europe, we found only 35.5% of people there wore a mask. This rate was significantly lower compared to the overall mask wearing rate of 78.1%. Mask wearing was also considerably lower among people living in North American.

What advice would you give?

To help guide better public health education strategies, campaigns must consider cultural and regional factors. Health education aimed at improving knowledge and reducing fear of COVID-19 could encourage

more optimistic attitudes and safe practices during the pandemic, and hopefully help reduce the infection rate.

More information: Mohammad Ali et al, Knowledge, Attitude, Practice, and Fear of COVID-19: an Online-Based Cross-cultural Study, *International Journal of Mental Health and Addiction* (2021). [DOI: 10.1007/s11469-021-00638-4](https://doi.org/10.1007/s11469-021-00638-4)

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