



## Short communication

## “Stay home so this can be over:” A national study of youth perspectives on social distancing during the COVID-19 pandemic

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## ABSTRACT

Social distancing is an important public health recommendation that has been implemented to reduce the spread of COVID-19. Infections are rising among younger populations, but relatively little is known about youth social distancing behavior. Our qualitative study aims to examine youth engagement with social distancing and elucidate the reasons why guidelines are followed and broken. Members of the national MyVoice Text Message Cohort (aged 14–24) were surveyed from April 24 to April 30, 2020, through an open-ended text message poll. Responses were inductively coded and analyzed with descriptive statistics. Of the 944 youth who responded (response rate = 81.2%), 95% self-reported social distancing. However, 62% recalled instances of themselves or others breaking the guidelines and 19% expressed misconceptions about the rules. Notably, 14% of youth said they would encourage their friends to social distance by telling them it will accelerate a return to normal life. Feelings of social isolation were the most frequently cited (55%) negative impact of social distancing. Overall, responses from youth indicate significant variation in the interpretation of social distancing guidelines. Public health communications may need to address several critical misconceptions which impact the social distancing behaviors of youth. Further, safe methods for youth to interact with peers during periods of social distancing are necessary to prevent mental health impacts and to ensure adherence to social distancing guidelines.

### 1. Introduction

The Centers for Disease Control and Prevention (CDC) recommend social distancing, defined as limiting face-to-face contact and keeping at least 6 feet distance from others, as the most effective method for containing the spread of COVID-19 (Centers for Disease Control and Prevention, 2020). Although most stay-at-home orders and other restrictions have been lifted, recommendations by U.S. health officials to practice social distancing remain in effect. Depending on progression of the pandemic, periods of prolonged or intermittent social distancing could be necessary through the year 2022 (Kissler, et al., 2020). One reason for such uncertainty is that transmission of COVID-19 is still not well understood. This was exemplified by a recent controversy in which the World Health Organization had to retract a claim that asymptomatic transmission is rare (TIME, 2020). As many areas of the U.S. report spikes in infections among younger populations, it is critically important

to understand the willingness and ability of youth to engage in social distancing behavior (NPR, 2020).

However, there are many unknowns regarding youth experiences with social distancing guidelines. National polling firms such as Gallup routinely ask American adults about their social distancing behaviors and their approval of the restrictions (Saad and Gallup, 2020). Additionally, the U.S. Census Bureau conducts large-scale weekly surveys of adults to assess social and economic needs during the pandemic (U.S. Census Bureau, 2020). In contrast, although youth can be portrayed in popular media as being careless or indifferent to COVID-19, their views have been subject to little study.

Oosterhoff and colleagues assessed social distancing compliance and motivations in adolescents, finding that over 80% of youth report engaging in a significant amount of social distancing (Oosterhoff, et al., 2020). However, popular reports often depict youth breaking these guidelines (Gordon, U.S. News 2020), and understanding when youth

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are making exceptions to the rules is highly relevant to public health practice. Our aim was to further knowledge of youth behavior and compliance with social distancing guidelines during COVID-19, and elucidate the reasons why social distancing guidelines are both followed and broken.

**2. Methods**

Participants were part of the national MyVoice Text Message Cohort, a large-scale longitudinal study of youth age 14–24 (DeJonckheere et al., 2017). Participants were recruited through targeted Facebook and Instagram advertisements to meet benchmarks based on weighted samples of the American Community Survey (ACS). Consent was obtained from participants and parental consent was waived for minors as approved by the University of Michigan Institutional Review Board.

From April 24 to April 31, 2020, 1162 participants received a text message survey with the following open-ended questions: (1) Public health officials are asking people to practice “social distancing” during the COVID pandemic (stay at least 6 ft from others, not gather in groups, avoid crowded places). Are you social distancing? Why or why not? (2) How has social distancing negatively impacted your life? (3) How has social distancing positively impacted your life? (4) Have you or someone you know broken social distancing rules? Why? (5) What would you say or do to encourage friends to practice social distancing?

The research team first created a codebook that identified the major ideas (codes) encompassed by the responses. Specifically, two investigators reviewed youth responses for each question and collectively determined 15 to 20 codes to cover all responses for that question. This was repeated for all 5 questions. Then, two investigators independently coded individual responses to each question and a third investigator reconciled disagreements to reach consensus. Codes were not mutually exclusive and many youth responses were assigned multiple codes. Descriptive statistics were used to describe prevalence of codes and themes. We also examined differences across gender, race, region, and free or reduced-price lunch, and performed chi-squared tests to determine statistical significance.

**Table 1**  
Demographic characteristics of the study sample.

	All respondents (n = 944) n (%) / mean (STD)
Age	19.0 (2.8)
Gender	
Male	361 (38.2)
Female	508 (53.8)
Other gender	75 (7.9)
Race/Ethnicity	
Non-Hispanic White	526 (55.7)
Non-Hispanic Black	88 (9.3)
Hispanic	117 (12.4)
Non-Hispanic Other	213 (22.6)
Participant Education Level	
Less than high school*	325 (34.4)
High school grad	144 (15.3)
Some college or tech school	278 (29.4)
Associate’s or tech grad	35 (3.7)
Bachelor’s degree or higher	162 (17.2)
Region	
Midwest	346 (36.7)
Northeast	141 (14.9)
South	259 (27.4)
West	198 (21.0)
High school free or reduced lunch	
Yes	331 (35.4)
No	605 (64.6)

\* Includes participants still in high school.

**3. Results**

Participant demographics are shown in Table 1. The majority of respondents identified as female (53.8%), with mean [SD] age 19.0 [2.8] years. Major findings and representative quotations from 944 respondents are found in Table 2. Nearly all participants in our study reported social distancing to some extent (901/944 [95%]). However, when asked specifically about non-compliance with social distancing, 586 respondents (62%) identified instances of themselves or others breaking the guidelines, most often to visit friends, family, or significant others (261/944 [28%]). Many of these responses reflect beliefs that social distancing rules are less strict than official recommendations (181/944 [19%]), for example that essential workers can meet without added risk (“my best friend came over because there are 3 essential

**Table 2**  
Main findings, responses, and representative quotations.

Main Findings	No. (%) (N = 944)	Representative Quotations
Compliance		
Self-report social distancing	901 (95)	“I am social distancing because it lowers the chance of me spreading or contracting the virus”
Self or others breaking the guidelines	586 (62)	“People are in the house having quarantine parties... they be like 15 people deep” “I have met with my boyfriend multiple times at his home to see each other”
Expressed misunderstandings of the guidelines	181 (19)	“Oh yeah, my best friend came over because there are 3 essential workers in my family and 2 in hers” “I have friends who still meet up because they are young and therefore safe”
Temporary motivation		
Cited public health goals as a reason for social distancing	198 (21)	“Yes. important to flatten the curve and not make things worse than they are” “Yes because I want to stay safe and make the jobs of health care workers easier”
Mentioned a return to normal life to encourage others	131 (14)	“If you social distance now, it won’t be extended throughout the summer” “To just stay home so this can be over”
Social distancing because of legal mandate or business closures	76 (8)	“Yes because my city requires it” “90% of public places are closed where I live”
Social Impacts		
Lost social interaction as negative impact of social distancing	520 (55)	“I’m more sad and isolated. I really miss my friends and I get stir crazy” “I miss hugs so bad”
Breaking guidelines for social reasons	261 (28)	“People are getting lonely and depressed and decide to go hang out with friends” “To see my girlfriend because we were both going crazy without each other”
Spending time with others as a positive impact	179 (19)	“It has brought my family together” “I primarily contact people online, so it feels like the world has come knocking on my doorstep”
Altruistic Values		
Social distancing to protect the health of others	252 (27)	“I want my parents and grandparents to stay safe” “The health and well being of our high risk populations is very important”
Expressed ideas of collective responsibility	117 (14)	“In times like these we need to collectively stay home for the common good of the future of the world” “It is everyone’s duty to comply so that we can help get over this”

workers in my family and 2 in hers”).

Respondents described a range of motivations for social distancing. Some youth said they were social distancing because of public health recommendations or statistics (198/944 [21%]), which often included short-term goals to contain the virus (“important to flatten the curve and not make things worse than they are”). Others mentioned compliance with legal orders or business closures (76/944 [8%]). Some youth said they would encourage their friends to social distance by telling them life will return to normal sooner (131/944 [14%]) (“If you social distance now, it won’t be extended throughout the summer”).

Many youth discussed their experiences in terms of social impacts. The most frequently reported negative impact of social distancing was lost interactions with others (520/944, [55%]) (“I’m more sad and isolated. I really miss my friends and I get stir crazy”). While fewer youth mentioned positive impacts from social distancing, the most common (179/944 [19%]) was the ability to spend more time with others in their household or virtually connect with friends.

Youth also described social distancing as part of a shared responsibility to care for their communities. More than one-quarter of respondents practiced social distancing to protect the health of others (252/944 [27%]), including loved ones and vulnerable populations (“The health and well-being of our high-risk populations is very important”). Responses from youth also indicated that many viewed social distancing as a collective effort (117/944 [14%]) (“It is everyone’s duty to comply so that we can help get over this”).

In analyses performed to compare the prevalence of codes across demographics, an equal proportion of respondents aged 13–18 years (98/499 [19%]) expressed a misconception about social distancing guidelines compared to those aged 19–24 years (83/445 [19%]). However, youth who received free or reduced-price school lunch (a proxy for low-income) were less likely to mention breaking social distancing guidelines compared to those who did not receive free or reduced price school lunch (180/331 [54%] vs. 402/605 [66%],  $p < 0.001$ ). There were no other significant differences ( $p < 0.01$ ) between codes reported in Table 2 by demographics.

#### 4. Discussion

Youth in our study were asked to share their views and behavior related to social distancing, as well as explain the reasoning behind their behavior. Almost all youth reported practicing some amount of social distancing, but there was significant variation in understanding and implementation of the recommendations. When asked about the negative impacts of social distancing, youth most frequently mentioned the difficulties of being isolated from others.

It is encouraging that many youth expressed concern for the well-being of the world around them. Strikingly, almost as many respondents said they were social distancing to protect the health of others (27%), compared to respondents social distancing to protect health of themselves (30%). This is important to consider amid reports that infections are rising in younger populations, which could be too easily dismissed as the result of youth not caring. For example, there was a recent wave of stories in popular media about teenagers and young adults holding “coronavirus parties,” in which attendees compete to see who can become infected first. (Karimi et al., 2020). While these stories garner attention, our findings suggest that most youth are not indifferent to the pandemic. Public health officials can be reassured that many youth appear to be inclined to make sacrifices for the greater good of their communities. Thus, the public health response should prioritize ensuring youth are properly informed so they make behavior choices that keep themselves and others safe.

In fact, responses from youth suggest there are serious gaps in public health communications about appropriate social distancing behaviors, which has led to common misunderstandings in this population. Some youth believed there are exceptions to social distancing rules, including that younger people cannot become sick, essential workers can meet

without added risk, or that visiting friends and significant others is approved. In order to improve youth motivation to adhere to social distancing guidelines, public health messaging should address common misconceptions, possibly through social media platforms popular among youth (Eghtesadi & Florea, 2020).

Due to an evolving understanding of how COVID-19 is spread through communities, understanding the motivations of youth to social distance is also critical as the pandemic continues. Youth in our sample commonly mentioned the desire to return to normal as a reason for social distancing, as well as short-term public health goals such as “flattening the curve” and reducing the number of cases. While these goals have motivated youth so far, compliance may change as youth realize there may be a delayed return to normal. Furthermore, survey responses indicated that stay-at-home orders and business closures cued youth to the importance of social distancing, but many of these restrictions have been lifted. Therefore, public health officials may need to adjust messaging to emphasize long-term goals, while reassuring youth that collective sacrifices will provide benefit down the line.

Many youth in our study also experienced lost social connections, which impedes healthy development. Prior studies of children and adolescents experiencing isolation found associations with negative mental health impacts, including that longer periods of loneliness correlated with mental health symptoms (Loades et al., 2020). One potential mitigation strategy is to ensure youth have the resources to interact safely during periods when in-person interactions are discouraged, which often equates to online or virtual interactions. However, access to technology and internet service is limited for many youth, particularly in low-income and rural communities (Croft & Moore, ACT Center for Equity in Learning, 2019; Pew Research Center, 2020).

#### 5. Strengths and limitations

While MyVoice participants represent a large diverse sample that are recruited to meet ACS benchmarks, the sample is not nationally representative and generalizability may be limited. Instead, we share youth experiences with social distancing guidelines in their own words. Our open-ended survey allows for nuance and richness in responses, although follow-up clarifications are not possible in the text message format.

##### 5.1. Conclusion

Responses from youth indicate that public health communications may need to address several critical misconceptions which impact the social distancing behaviors of youth, including the idea that social distancing will not be necessary after the curve is flattened. In addition, safe methods for youth to interact with peers during periods of social distancing are necessary to prevent mental health impacts and to ensure continued adherence to social distancing guidelines. Youth play an important role in limiting the spread of the COVID-19 pandemic, and policymakers can bolster public health efforts by ensuring youth are given the support they need.

#### Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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### Author contributions

TC and MD conceived the study and designed the methods. MW was responsible for curating the data. MRD, MW, and TC contributed to project administration. All authors contributed to investigation and formal analysis, and TC supervised these efforts. MRD wrote the first draft of the article. All authors assisted in revising the manuscript.

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