

AMURCON 2021**AmurCon 2021: International Scientific Conference****CHANGING PUBLIC HEALTH BEHAVIOURAL STRATEGIES IN
THE CONTEXT OF THE COVID-19 PANDEMIC**

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Abstract

The article discusses social problems, which have arisen in connection with the COVID-19 pandemic. At this stage, heads of Governments and international organizations are included in the decision-making process, and implementation of decisions concerns the overwhelming number of citizens of the world community. Some of the decisions are restrictive, and some are forced. The purpose of the paper is to consider the way the change in the social situation affects people's behaviour, life strategies, particularly healthcare, and building relationships with social institutions. The empirical part of the study is based on the data of the author's survey conducted in December 2020 in Khabarovsk (n=227), the data of the sociological research, and the information on the analytical report of the Russian Public Opinion Research Center (VCIOM) and Scientific Studies Research Center (SSRC) "Dissenting Opinion" (April 2021). The paper analyses factors causing changes in the behavioural strategies of population concerning health in the conditions of the COVID-19 pandemic. As a methodological basis, the paper uses the theory of epidemic transition by Abdel R. Omran, the demographic theory of T. Malthus, and the theory of social trust by Jan Fuhse. The research is based on analytical, statistical, historical, and comparative methods. A search and analysis of publications in the databases of PubMed, Google Scholar, Doctors of the Russian Federation were carried out to fulfil the research tasks under the set goal. It has been established that uncertainty and misunderstanding of what is happening cause some people's protest behaviour.

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1. Introduction

The article examines the social problems, which have arisen in connection with the COVID-19 pandemic and their impact on changing the strategies familiar to the population concerning their health (Abramov, 2021). Based on a review of various sources, it is concluded that similar social situations associated with infectious diseases have repeatedly arisen in society (Omran, 1977; Sorokin, 2012). However, today heads of governments and international organizations are included in the decision-making process, and implementation of these decisions concerns the overwhelming number of citizens of the world community (Bacchi, 2016; Tartakovskaya, 2021). Some of the decisions are restrictive (tourism, visits to public events, catering establishments, and the like), some are forced (social distance", vaccination) (Bavli et al., 2020; Kholyavin, 2020). The purpose of this article is to consider how the change in the social situation affects people's behaviour, their personal life and behavioural strategies, particularly health care, the reasonableness of decision-making, their assessment of the epidemic situation, and building relationships with social institutions.

2. Problem Statement

The social situation caused by the COVID-19 pandemic, which is characteristic not only for Russians but also for citizens of other states, has shown the vulnerability of the human community to the forces of nature, the unpreparedness of human civilization to resist unfavourable interference in its existence (Brooks et al., 2020). Representatives of various fields of scientific knowledge are faced with finding out the causes and consequences of the current situation. We believe that sociology should actively engage in this process and make an attempt to find out how much the behavioural strategies of the population regarding health have changed in the context of the above circumstances.

3. Research Questions

The unexpected and rapid spread of a new coronavirus infection caused a lack of understanding of what is happening among the population, a change in life plans and priorities, a change in behaviour, together with life strategies, including health care (Chto..., 2020). In the context of a pandemic, drastic changes in human behaviour are taking place (Adel et al., 2018). Over the past seven centuries, about fifteen pandemics have been identified. Historical experience shows that pandemics have both short-term and long-term effects on politics, the economy, and social life. Pandemics have a multifaceted and multi-vector impact on all spheres of human life (Kislitsyna, 2021; Schraff, 2020). Historical aspects knowledge of the life of society and individuals in a pandemic, taking into account the experience of the past and the multiplication of the positive effects of the present, allows you to better and more clearly outline the main contours of the future post-pandemic world. This article presents how the change in the social situation affects people's behaviour and strategies, particularly health care. A comparative analysis of the strategies of the population in the conditions of "non-pandemic" and pandemic was carried out. The population assessments of the current epidemic situation were revealed, focusing on building relations with social institutions (healthcare) in these new conditions.

4. Purpose of the Study

The work aims to identify the causes and factors influencing the change in the previous health strategies of the population and the possibility of forming new behavioural population strategies in the conditions of the COVID-19 pandemic.

5. Research Methods

As a methodological basis, the authors use the theory of epidemic transition by Omran (1977), the demographic theory of T. Malthus (as cited in Shchegolevsky, 2016), and the theory of social trust by Fushe (2016). The research is based on analytical, statistical, historical, comparative methods.

The empirical part of the study is based on the data of the author's survey conducted in December 2020 in Khabarovsk (n=227) and the data of the sociological survey and the materials of the joint analytical report of the VCIOM and Scientific Studies Research Center (SSRC) "Dissenting Opinion" (April 2021) (Sovmestnyy..., 2021). To fulfil the research tasks under the set goal, a search and analysis of publications in the databases of PubMed, Google Scholar, Doctors of the Russian Federation was carried out.

6. Findings

In this article, we tried to trace the changes in the strategies of the population's behaviour concerning health and their direction. In previous studies, we examined the people's tactics in the context of the transformation of the healthcare system (Gareyeva & Kovaleva, 2018; Fedorishcheva et al., 2020). We also used these materials to prepare this article, as they allowed us to trace how and in what direction the strategies of the population in maintaining health are changing. The study of changes in health behaviour strategies in the context of a pandemic seems to be a new direction.

The sociological survey was conducted in December 2020 in the city of Khabarovsk. We posted the questionnaire on the online survey service Google Forms regarding the current situation. 227 respondents participated in the survey (random sample); the age groups were distributed as follows: 18-23 years old – 22%, 24-29 years old - 23%, 30-35 years old - 14%, 36-41 years old- 15%, 42-47 years old- 6%, 48-53 years old- 12%, 54-59 years old- 8%. The gender distribution of the survey participants was as follows: women - 57%, men - 43%. Students – 7%, working - 85%, unemployed - 5%, pensioners - 3%.

According to our research conducted in December 2020, answering the question "Your attitude to the current situation," the responses revealed that 71% of the respondents were not fully aware of what was happening. They had encountered such a situation for the first time. And they expected that there would be no severe consequences of the pandemic - 23% of the respondents, 6% of respondents did not answer or found it difficult to answer. The respondents aged 18-23 (in the sample they made up 22% and mostly university students) assessed the conditions of the pandemic as follows (it was allowed to choose three answer options): for 6%, the situation of "lockdown" was new and did not bear any critical consequences. Mastering the training program for 17% of the respondents from among students was not "a problem"; 42% of students needed consultations and lectures; 30% of students believed that lockdown

and distance learning would seriously affect the quality of knowledge (mainly students of technical specialities and medical universities). 21% of the respondents, among students, noted that the pandemic affected their part-time employment. The employed respondents expressed more pessimistic attitudes (it was allowed to choose five possible options). According to this group of respondents, the state of lockdown might negatively affect their employment and wages – 69%. Some expressed concerns about a job loss - 23%. 31% of the respondents intended to abandon the next annual leave and postpone it to a more favourable period, 13% of the respondents feared a reduction in the working hours on the employer's initiative, and 23% of the respondents feared a leave without pay 23%. 10% found it difficult to answer.

Answering the question, "How do you think the pandemic situation can affect health?" 78% of the respondents believed that the pandemic could negatively affect their health. 9% of the respondents believed that "everything would be fine," 13% found it difficult to answer. Among those who feared the negative impact of the pandemic on health, they noted (29%) that they had fears of catching a new coronavirus infection. 26% believed existing diseases might worsen, 13% admitted the possibility of other non-communicable and infectious diseases, 5% found it difficult to answer, 27% of the respondents were sure that there were health threats, but personal prevention could reduce these risks.

Answering the question, "How did you assess your health state before the pandemic?" 44% answered "good", 27% - "satisfactory", 7% - "excellent", 12% - found it difficult to answer, 10% rated their health as "bad".

91% answered "yes" to the question "Are you interested in preserving your health?" 9% of the respondents did not answer or found it difficult to answer.

Answering the question "What are you doing to preserve your health?" the answers were distributed as follows: "I lead a healthy lifestyle" -17%, "I try to do at least something to preserve my health" - 18%, "I'm not doing anything, there's no time" - 43%, "I'm not doing anything because I have good health" -15%, 7% found it difficult to answer.

Replying to the question "If you go to the polyclinic, what is the purpose?" the answers were distributed – "for preventive purposes" - 3%, "in case of illness" - 12%, "for a medical check-up" - 5%, "I do not go there" - 38%. 42% of the respondents did not answer or found it difficult to answer.

Answering the question, "Have you applied to a medical institution for medical care in the last three months?" the answers were distributed - "yes" -7%, "no" - 92%, it was difficult to answer - 1%. Many respondents gave explanations to this question in free form. They mentioned that going to a nearby polyclinic within their residence was difficult due to some issues.

Among the reasons were: "the conversion of the medical establishment to a "Covid hospital," "the lack of any communication (telephone, making an appointment online) with a medical institution," "impossibility of making an appointment with a doctor on the necessary dates," "fear of visiting a medical institution." All the answers to this question were negative.

Replying to the question, "What are the most effective measures, in your opinion, to prevent diseases connected with a new coronavirus infection?" 7% of the respondents named "strict quarantine" among the necessary measures. 9% of the respondents said it was "strict epidemic measures, such as

wearing masks, disinfection, and the like." 4% of the respondents named "mass vaccination," 15% of the respondents mentioned "wait-and-see tactics," and 65% of the respondents found it difficult to answer.

Answering the question, "Choose from the proposed list those behavioural strategies that can characterize you today," 12% chose "leading a healthy lifestyle." 10% named "self-isolation, even in case of the absence of contact with a new coronavirus infection." 2% of the respondents chose "urgent vaccination," 17% named "good nutrition," 9% of the respondents chose "regular exercise," 4% of the respondents named "work-out in fitness centres, swimming pools, and gyms." 2% of the respondents chose "daily walks," and 2% named regular preventive medical check-ups. 28% of the respondents mentioned, "They did not see the necessity to take any preventative steps" and found it complicated to answer – 25% (it was allowed to choose up to 3 answers).

We used the materials of the joint assessment report of the VCIOM and SSRC "Dissenting Opinion", based on the results of the sociological research, conducted in April 2021 (Sovmestnyy..., 2021).

The survey results are as follows: 21% of the respondents evaluated the risk of contracting the coronavirus infection as "high," whereas 40% of respondents estimated the infection probability as low, and 39% could not decide.

Most of the respondents (48%), when answering the question about assessing the severity of the disease, if they suddenly got sick, believed that the consequences of the disease could be severe. Thirty-six % of the respondents underestimated the outcomes believing they were minimal or did not exist at all. And 16% of the respondents could not answer the question.

Answering the question, "In case of the coronavirus infection, what is the probability of severe consequences for your health?" Some people thought they had high risks ranging from 39 to 54% (average 48%), depending on the population of the respondents' places of residence. Thus, population surveys identified the lowest indicator (39%) in the cities of Moscow and St. Petersburg, and the highest ones were in cities, with a population of up to 100 thousand people (54%) and villages (50%).

Women and older people demonstrated the highest level of anxiety. Thus, 54% of the female respondents admitted the probability of severe consequences during the coronavirus infection as "high," whereas only 40% of men admitted such a probability. Older people held the same opinion in 60% of cases, whereas younger people accepted the likelihood of severe consequences in 36% of responses.

Self-isolation has become a new phenomenon in the COVID-19 pandemic. Quarantine measures in case of the threat of infectious diseases have been applied for a long time and have given good results. However, modern society has not faced such global quarantine measures as lockdown. According to the survey, 82% of the respondents intended to observe self-isolation, 16% did not consider it possible. Among the people ready for self-isolation, 39% planned to keep to this regime in full for the entire period, and 43% of the respondents replied that they were willing to observe self-isolation, but not to a full extend. However, 8% were sure that even treating this issue responsibly, it would be difficult for them to observe self-isolation for several reasons. A similar number of the respondents (8%) replied that they would not keep to the self-isolation regime.

Replying to the question, "To what extent do you intend to comply with the self-isolation rules?" the answers were as follows: 22% of men and 11% of women confirmed that they would not observe the

self-isolation regime. Able-bodied and the most active in 16% of cases did not intend to comply with self-isolation measures; 22% of them aged 25-34, 25% aged 35-44, and 2% found it difficult to answer.

14% of respondents admitted having severe complications in case of an illness but did not want to comply with the self-isolation regime. The share of the respondents from those who did not intend to observe self-isolation and were confident that there would encounter no consequences was 20%. The part of respondents who expected severe complications in case of an illness but did not intend to comply with the self-isolation regime was 6%. Despite the significant results, among those respondents who did wish to comply with precautionary measures, a high proportion of those who were sure that there would be no dangerous difficulties was ready to follow the self-isolation regime - 78%.

Answering the question, "To what extent do you think the majority of your acquaintances, friends, and relatives will comply or not comply with the self-isolation rules related to them?" the answers were as follows: 59% believed that their friends and relatives would try to follow the self-isolation regime as much as they could, 24% were sure that they would comply with the rule for the entire period, 10% were not sure it was possible to expect compliance of the requirements for the whole period of self-isolation, 4% were confident that they would not comply, and 3% found it difficult to answer.

In our previous studies, we have analyzed the issue of behavioural strategies in case of illness. Thus, the prevailing behaviour of the population under normal conditions is characterized by visiting medical institutions for preventive medical care. 82% of the respondents went to medical institutions for a check-up. This type of conduct depended on the income level. Thus, citizens with a low income used this type of service less often – 37%. At the first signs of the disease, 18% of the respondents sought medical help, disregarding the income level. It was revealed that among low-income respondents, 34% of the respondents went to hospitals "when they no longer had the strength to endure." People refused medical care for various reasons (early recovery, unwillingness to consult doctors, lack of available funds to pay for treatment, working hours). In 65% of cases of responses, people had a high income. And in 60% of cases of answers, people had a low income. The study results gave grounds to conclude that there was an unfavourable situation in the attitudes of Russians to both individual and public health care. The respondents' answers allowed us to analyze the current situation and identify factors that negatively affected the population's attitude to their health. The most crucial factor for that time was the previous experience when visiting a medical institution having queues at the registry, difficulties in making an appointment with a doctor for the desired date, low service culture, lack of further doctor's recommendations during the check-up. The second important factor was the patient's expectations when contacting a doctor who shows an attentive attitude, high professionalism, goodwill, and frankness. Therefore, 32% of the respondents believed that they would go to medical institutions as rarely as possible, 39% of the respondents replied that they had some medical knowledge and were constantly updating preservation practices and planned to resort to them in the future. The portion of people refusing medical services in case of illness was 27%. The reason for this conduct was waiting for a doctor's appointment for a long time, together with changes in the registration and accrual of temporary disability benefits.

The idea of self-preserving behaviour was promoted among the population, whose specifics consisted in an individual's literacy and informed control. In the context of the pandemic, the concept of

self-preservation and preventive behaviour has demonstrated its limitations. Neither patients nor doctors knew how to behave in case of the first signs of the coronavirus infection. Consequently, those behavioural strategies familiar to the majority of the population during periods of "non-pandemic" lost their significance and, in other cases, bore health-threatening features. And in the conditions of the COVID-19 pandemic, the population's behaviour in the case of the disease was significantly different from the previous one. So, answering the question "What will you do if you feel symptoms of the coronavirus infection (dry cough, fever, and the like)?" the majority of respondents (59%) were aware of the untimely seeking medical help risks when answering this question. Russians are known not to be inclined to call an ambulance (before the COVID-19 pandemic). It happened only in case of emergency, being in critical health conditions ("when there was no strength to endure any more" -34%). During the pandemic, 73% of the respondents answered that they would call an ambulance, 20% said they would go to the hospital for hospitalization on their initiative, 15% would call the hotline (a completely new practice that appeared in the conditions of a pandemic). 5% would go to the laboratory for the coronavirus testing on their initiative and were ready to pay for the check-up, and 4% would call a local doctor. However, 10% of the respondents would not go anywhere. They would isolate themselves at home and begin treatment on their own. And 1% of the respondents would not do anything (people were allowed to choose more than five options). We should say that the number of self-treated people in large cities was much higher than in thinly populated areas (20% and 14%, respectively). Those who admitted severe complications in the case of disease were less likely to express a desire to isolate themselves and be self-treated than those who estimated the risk of severe complications as low (7% and 13%, respectively).

When asked about the motives for supporting the measures being implemented, the respondents' answers were distributed as follows: 33% would support all initiatives because they were afraid of infecting their loved ones; 21% believed that all the accepted actions were justified and able to stabilize the situation; 13% feared of getting infected; 9% trusted doctors and were ready to do everything they recommended; 13% trusted the authorities and considered the authorities' actions justified; 3% did not want to pay fines, and 8% found it difficult to answer.

The media spread some statements that the population of older age groups who suffered the new infection most severely had more difficult complications and risked catching a new coronavirus infection. We asked the question, "Do you have concerns about the health of your close relatives in the COVID-19 pandemic?" 97% of the respondents expressed concern about the health of their older relatives; 37% of the respondents showed concern about the children's and adolescents' health; 8% found it difficult to answer (it was allowed to choose up to two answers). Among those who feared for their relatives' and friends' health: 43% of the respondents aged 18-24, 44% aged 25-34, 41% aged 35-44, which demonstrated a high degree of responsibility or a high degree of awareness. The respondents aged 25 to 34 (18%) expressed risks of contracting a new coronavirus infection. It was probably because this group was the most demographically active (marriage, childbirth). And among the respondents with higher education, the leading motive to support the implemented measures was the fear of getting infected themselves or infecting loved ones (35%).

The measures taken to fight against coronavirus were not supported by 13% of the respondents. 35% explained it because they failed to earn a living. 16% denied the coronavirus infection as such. 12%

believe that these measures would not help them cope with the pandemic. 12% hoped for an excellent immunity system. 9% considered that they would catch an infection in any case, and 16% found it difficult to answer.

Thus, the study results demonstrated that the pandemic changed daily life and work organization, family relationships and relationships with other people, and public behaviour strategies concerning health. The pandemic has significantly exacerbated the problem of public health behaviour. On the one hand, many scrupulously follow all the doctors' recommendations and the authorities' requirements. On the other hand, many people openly and demonstratively disregard all prohibitions and recommendations.

Contradictory and unsupported with scientific and official statistical data information generates uncertainty in decision-making and behaviour.

7. Conclusion

Understanding the study results allows us to conclude that all types of the population's behaviour concerning health are changing under the influence of many factors. The state of uncertainty and misunderstanding of what is happening causes protest behaviour in part of the population (refusal of vaccination, non-compliance with sanitary and hygienic and anti-epidemic measures). Some people have lost the usual strategies for maintaining health daily (visiting a medical establishment in case of illness, an annual medical check-up, compliance with a healthy lifestyle). A hard lockdown, followed by the rapid removal of all anti-epidemic prohibitions, causes the population to have the illusion of well-being and a decrease in alertness and fear of being infected with a new coronavirus infection. The health-saving technologies and behavioural strategies developed over the years in the society, during 2020-2021, were partially lost. There is an acute issue of cooperating with specialists on an intersectoral level to comprehensively evaluate the "pros" and "cons" of various measures. The purpose of these steps is to prevent the new coronavirus infection. Measures aimed at people's well-being and health preservation should be based on impartial information and scientific results, evidence-based programs to mitigate side effects and preserve strategies for saving health among the population.

Thus, the conducted research allows us to formulate several generalizing conclusions:

1. Behavioral strategies of the population regarding health during the COVID-19 pandemic are changing significantly. These are primarily because contradictory information from official sources creates a kind of "cognitive dissonance" in public opinion during the pandemic period regarding recommended treatment regimens, prevention, and consequences of the coronavirus infection, which negatively affects the development of adequate health-preserving behavioural strategies in the society.

2. The general negative attitude of the population towards the measures taken by the state to overcome the pandemic affects the implementation of specific health-saving strategies, determines the algorithm of the people's interaction with health care institutions, characterized by a significant decrease in the citizens' activity.

3. The life strategies of the population concerning health protection in the conditions of a pandemic are a marker of citizens' trust/distrust of not so much the current system of health care institutions as the official authorities.

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