

Perceptions of Lockdown Measures in Response to COVID-19 Among UK University Students: A Qualitative Analysis

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Young individuals between 20 and 40 years of age have been reported to drive the spread of COVID-19. University students are likely part of this group. Perceptions, in comparison to personality traits, account for more variance in compliance to measures during the pandemic. Different personal and relational factors influence how individuals evaluate information and may shape how they perceive their surroundings. Using thematic analysis and saliency analysis, this study aims to understand how students perceive and experience lockdown, the management of the pandemic, and the implications of lockdown. As a result, data will allow for better comprehension of how these perceptions may translate to a health context and personal behaviors. Data drawn from semi-structured interviews with 17 university students based in London revealed a strong disagreement with the government's actions, questioning of lockdown measures, and participants' reflective processes throughout lockdown. Important implications concerning the well-being of the public and policymakers' efforts to manage the pandemic are discussed.

Keywords: coronavirus, COVID-19, perception, preventive measures, students

COVID-19 is a disease resulting from a zoonotic coronavirus that was first recognized in individuals in Wuhan, China after being exposed to a wet market (Perlman, 2020). Cases were first reported in late 2019 (Li et al., 2020). By March 2020, the outbreak was declared a pandemic by the World Health Organization (WHO) after its quick progression (Lui et al., 2020). On August 18, the WHO announced that young people between 20 and 40 years old were driving the spread of the virus, as they may not realize they are infected due to experiencing mild or no symptoms (WHO, 2020). As of October 27, the United Kingdom (UK) was one of the most impacted regions in Europe, where 894,690 confirmed cases and 44,998 deaths were attributed to COVID-19 within the UK (European Centre for Disease Prevention and Control, 2020).

COVID-19 overwhelmed the entire world and urged the institution of social distancing measures (Galea et al., 2020). The spread of COVID-19 was reported to be significantly lowered by lockdown (Atalan, 2020), but many factors appear to influence adherence to quarantine, such as people's knowledge about measures and the outbreak, social norms, feasibility of quarantine, and perceived advantages and perils of quarantine (Webster et al., 2020). It has been suggested that the ideal approach towards specifying lockdown

restrictions is to consider the needs of the community which should fit a particular context and location (Nazareth et al., 2020).

Lockdown measures in the UK, this study's setting, were not announced until March 23, even though 335 lives had already been lost to COVID-19 (Iacobucci, 2020). These restrictions mandated that people stay at home unless they required medical care, needed to exercise, or were engaging in essential travel and shopping (Davies et al., in press). Throughout lockdown, the public was advised to wash their hands frequently, wear a face covering when outside, and practice social distancing (Public Health England, 2020). On June 1, the public was authorized to meet up outdoors with six other individuals (Prime Minister's Office, 2020). However, COVID-19 cases started soaring late in the summer after restrictions were relaxed (Davies et al., in press). Although initially the four governments in the UK worked together in their response to the pandemic, each country's government planned a different response to the lifting of lockdown (Institute for Government, 2020).

The imposition of lockdowns has impacted university students around the world and may have presented them with novel challenges. Rather than focusing on the development of skills with a long-term impact, such as effective coping strategies, university students have paid more attention to short-term responses that provide instant relief to the issues presented by the pandemic (Charissi et al., 2020). Students who revealed a surge in gaming behavior were likely to consider gaming a stress-reliever and a coping strategy which may prove maladaptive (Singh Balhara et al., 2020). Female students were reported to have increased their snacking frequency and caloric intake, while the rates of physical activity decreased in both genders (Gallo et al., 2020). In comparison to measures taken prior to the pandemic, mental health trajectories worsened, which was related to unfulfilled social and emotional needs as well as worries associated with the virus (Elmer et al., 2020). Lockdown measures appear to have tradeoffs, but their adoption is essential. Nevertheless, adapting to this novel situation may prove to be overwhelming and confusing.

Influential Factors on COVID-19-Related Perceptions

Health literacy refers to an individual's capacity to obtain, comprehend and employ health-related information (Batterham et al., 2016), as well as the ability to apply analytical and decision-making skills in health contexts (Zhang et al., 2014). The global population has experienced firsthand a continuous flow of complicated and conflicting information regarding COVID-19 when it comes to detecting, preventing, and treating the virus (Abdel-Latif, 2020). Given the significant uncertainty surrounding the body of knowledge concerning the virus, it proves troublesome to make an adequate interpretation of COVID-19 news and official recommendations (Abel & McQueen, 2020). Health literacy is also important as it predicts whether individuals will engage in preventive behaviors in the COVID-19 pandemic (Gautam et al., 2020). However, health literacy is influenced by personal and relational factors (Batterham et al., 2016). To ensure effective health literacy, a better understanding of the factors that might be contributing to people's assessment of the management of the pandemic, lockdown measures themselves, and individual responses to the experience of the COVID-19 pandemic is required.

Trust concerns the willingness to allow others to represent oneself because one believes they will make sound decisions while considering one's best interests (Beshi & Kaur, 2019). The adoption of preventive behaviors in the UK during the previous H1N1 influenza pandemic was found to be influenced by trust in government officials (Quinn et al., 2013), and not much is currently known about university students' general

perceptions of trust. Unfortunately, the uncertainty surrounding the COVID-19 pandemic poses a challenge when trying to build public trust, which in turn affects the perceived severity of the virus and how it is transmitted, willingness to seek information, and the likelihood of adopting social distancing (Balog-Way & McComas, 2020). As decision-making shifts among authorities managing the pandemic crisis, the potential to affect public trust increases because the public perceives health and the economy as contradictory (Bekker et al., 2020). Additionally, the backtracking and withdrawal of scientific findings have the potential to impact science-based policies and can result in the politicization of these policies as well (Kreps & Kriner, 2020). Although essential to manage the pandemic, building trust in the government might prove to be an arduous task for these reasons.

Health beliefs play an important role when fighting the pandemic as well. The British and American public hold major misconceptions about COVID-19 (Geldsetzer, 2020). Misinformation about COVID-19's transmission and exposure can be found online, which increases confusion, virus transmission, and progression of the virus (Mian & Khan, 2020). Conspiracy theories are rampant, and those who support them have been suggested to be more likely to disregard the cautionary advice of public health experts concerning the gravity of the pandemic (Miller, 2020). University students have been reported to have increased rates of beliefs in conspiracy theories (Patsali et al., 2020). A considerable endorsement of COVID-19 conspiracy thinking was identified in England, and such thinking is linked to reduced compliance to government guidelines and reluctance to get tested or vaccinated (Freeman et al., 2020). Current health beliefs may shape how students perceive lockdown measures.

The experiences of university students during lockdown might shape their views on the implications of the pandemic and lockdown. This experience may prove to be an opportunity to foster altruism, especially towards the more disadvantaged. Altruistic behaviors in university students have been previously linked with social adaptation and happiness (Feng et al., 2020). Unfortunately, the COVID-19 pandemic has been suggested to worsen health inequalities, and disruption to emergency care services will prove detrimental to marginalized groups (Coronini-Cronberg et al., 2020). Mutual aid groups have become more prevalent as a result of the pandemic (Van Bavel et al., 2020). However, higher education appears to be a barrier to the teaching of health inequalities (Muntaner, 1999), and individuals with better socioeconomic status in England and Scotland were found to be less aware of health inequalities and their repercussions (Davidson et al., 2006).

Similarly, mental health awareness must be assessed, as lockdown may be isolating. COVID-19 psychological morbidity has been linked to university students and those under 50 years of age, whereas compliance to measures is more likely in individuals over 30 and participants scoring low in depression (Solomou & Constantinidou, 2020). Mental health awareness in British students has previously been reported to be poor, reflecting low levels of mental health literacy (Pinfold et al., 2005). Nevertheless, positive effects arising from hardship are possible, which is why fostering resilience may help buffer the pandemic's repercussions (Kalaitzaki et al., 2020).

In situations where behaviors are prompted by fixed guidelines, such as the COVID-19 pandemic, perceptions account for more variance in compliance than do personality traits (Zajenkowski et al., 2020). Given their novelty and intensity, the COVID-19 pandemic, lockdown, and quarantine were perceived as disorienting by Greek university students (Charissi et al., 2020). Risk perceptions appear to be influenced by multiple factors,

including the trust individuals have in science and government officials, degree of knowledge about governmental strategy, coming across virus-related information from relatives and friends, and firsthand experience with the virus (Dryhurst et al., 2020). In certain circumstances, the public's opinions concerning social distancing as well as social isolation prove to be contradictory, as these measures are tied to unfavorable economic and social consequences and stigma (Williams et al., 2020). Increased public collaboration with restrictions may result from studying how individuals perceive governmental responses to COVID-19 (Lazarus et al., 2020)—in this case, lockdown restrictions. At the time of this study, research exploring the unique perceptions of university students towards lockdown measures, particularly in the UK, is meager.

Thus, this study aims to explore the perceptions of lockdown measures in university students in England by answering three research questions:

1. What do university students think about lockdown measures being put in place in England as a response to the pandemic?
2. What is students' appraisal of lockdown measures?
3. What has been the experience of students throughout lockdown after witnessing the consequences of the pandemic?

As a result, this study offers insight about the factors influencing university students' perceptions and how these perceptions might translate to a health-related context and their behaviors. To the best of our knowledge, this is the first study in England exploring perceptions of lockdown measures among university students.

Methods

Design

A qualitative analysis was chosen, as qualitative research is appropriate for the development of strategies to deliver health messages to specific cohorts as well as to address the reasoning or motive behind a matter (Coyne et al., 1993). Ethical approval was granted for this study by the University of Westminster.

Participants and Recruitment

Participants were selected according to specified inclusion criteria: English-speaking male and female university students over 18 years of age based in England. Recruitment was achieved via purposive and snowball sampling. Initially, recruitment proved difficult despite social media usage as is expected in a pandemic. This may have resulted from a lack of incentive or reciprocity. Although several students expressed their interest in participating in this study, many were working on their dissertations or studying for exams when the study was conducted. Students expressed that completing an interview would possibly disrupt their schedules. Students also refused to participate due to the sensitive nature of the topic, as the virus has had numerous biopsychosocial repercussions. Snowballing proved to be a suitable sampling approach, as it made recruitment attainable and cost-effective. Recruitment stopped after new participants failed to come forward.

Potential participants were approached in student accommodation facilities in London, which house students from different universities, and provided with an overview of the study. London was chosen as a recruitment location due to its high rates of COVID-19 infection and easy access to the diverse student population. Students who showed interest were asked to provide their email addresses. After participants participated in semi structured interviews, they were asked to share details of the study with their friends,

along with contact information. Recruitment and data collection took place between May 31 and June 11, 2020.

Students residing in student halls were recruited by snowball sampling. These were not friends of the researcher. This recruitment method was the most appropriate when researching lockdown measures and observing social distancing. It is also not the aim of qualitative research methods to provide generalizable sampling, but rather to generate novel ideas and knowledge that could be translated into a quantitative study. We believe that our analysis offers important new findings in the context of the COVID-19 pandemic measures and their impact on health and well-being in the student population.

Data Collection

A participant information sheet and a consent form were sent and returned via email. A debrief form with contact information of mental health charities was provided after interviews had finished. Consent forms were stored separately from interview transcripts.

Semi-structured interviews were conducted in this qualitative study. The interview schedule was developed after reviewing the literature for factors that appeared to play a role in the management and impact of previous outbreaks, epidemics, and pandemics. Questions were kept broad for future contrast and comparison with different cohorts while maintaining the lens of this study's sample. Interviews were conducted via a password-protected phone. Consent and interviews were audio-recorded with a password-protected recorder. Technical difficulties were often experienced due to network congestion as a result of social distancing. Interviews lasted an average of 30 minutes. The complete interview schedule was covered with each participant.

Interviews were transcribed verbatim in a password-protected computer making use of Express Scribe (Version 10.08) transcription software's variable speed playback feature. Completed transcripts were reviewed with the corresponding audio files to ensure accuracy. Potentially identifiable information in transcripts was anonymized, and participants were given pseudonyms. A separate record was kept noting observations of the data throughout the transcription process. This ensured familiarization with the data prior to data analysis.

Data Analysis

Thematic analysis within an experiential framework was utilized to explore participants' viewpoints in relation to their assessment and experience of their surroundings (Clarke & Braun, 2013)—in this case, lockdown measures. Thematic analysis was chosen due to its ability to explore differing views, produce unforeseen realizations, and emphasize likeness and contrasts (Nowell et al., 2017) as well as provide a thorough and nuanced report (Vaismoradi et al., 2013). Saliency analysis was employed to examine codes that are relevant but not necessarily recurrent in the data to enhance thematic analysis; this proves useful when findings are novel, improve comprehension of a topic, and have a real-world application (Buetow, 2010). The aforementioned allowed the identification and exploration of patterns in students' perceptions that arose from their experiences of the pandemic.

As described by Maguire and Delahunt (2017), a high standard thematic analysis allows the identification of themes beyond summarizing the data only. This study looked at the latent level of themes by exploring the beliefs and ideas that were considered to shape the surface meanings of the data collected. The focal point of the analysis lay in an in-depth interpretation of the data (Maguire & Delahunt, 2017). Coding and analysis consisted of

seven stages: transcription, familiarization with the data, complete coding, generating themes, reviewing themes, establishing and naming themes, and completing the analysis and the write-up (Clarke & Braun, 2013). Codes and themes were revisited to ensure they reflected the content in the data. Buetow's (2010) saliency analysis enabled the evaluation of both the recurrence and the relevance of coded excerpts. The coded excerpts were examined in consideration of these two attributes to decide whether codes should be merged and incorporated into existing themes. Consequently, the interrelationships of codes were disclosed, codes were not lost, and themes were not overstretched (Buetow, 2010). See Table 1 for themes and codes used in data analysis. Google Docs was used to analyze and organize the data. Data extracts were modified to improve readability, but the content remained the same.

The analysis of data was discussed between co-authors to ensure reliability. The generated themes and subthemes were validated through discussion until agreement was reached, reflecting the transparency of the analytical method and clarity of the findings. All authors were involved in the data analysis stage. The first author coded the transcripts independently to generate ideas. These were then discussed with the co-authors to reach agreement on the final set of themes.

Saturation, which specifies that data collection is no longer necessary based on current data collection (Saunders et al., 2018), was not reached. As per Nelson (2017), the concept of saturation can be problematic in many qualitative studies as there is no consensus about its meaning or application. We tested the process of our concept formation in order to reach agreement on whether the inductive process of thematic analysis was capable of producing novel concepts informing themes and subthemes. In many published research studies, 17 participants is justified as an optimal sample size when the depth and range of ideas have been sufficiently explored. Using the criteria set out by Guest et al. (2020), we believe we reached a new information threshold that allowed us to formulate the findings we presented.

Positionality Statement from the First Author

The interview process proved somewhat challenging, as sometimes it proved difficult to hear that some participants were not complying with lockdown measures or obtaining reliable information about the virus. As a health psychology researcher who strictly follows social distancing measures due to her belief in their effectiveness, I found some participants' perceptions and beliefs shocking. Nevertheless, participants were always encouraged to share their honest opinions. Listening to completely different opinions than mine proved to be a learning experience, as I separated my feelings from my research. Also, as an introspective individual, it sprung to my attention that despite their struggles, participants made sense of their experiences and acknowledged how they had changed after experiencing lockdown. Although I had originally thought that all participants would share similar views, as they were all in higher education, conducting research on this topic helped me understand the complexity of individual perceptions. It was fascinating to learn about participants' perceptions that had not occurred to me before.

Results

A total of 17 interviews were analyzed to understand students' perceptions of lockdown measures (see Table 2 for demographic information). All participants were based in London. Ages ranged between 18 and 42. Seven participants identified as female and ten as male. Participants had different ethnic backgrounds: Asian, Black, Latino, White, and Arab. Students were studying at both the undergraduate and postgraduate (master's and

Ph.D.) levels and belonged to different schools: social sciences, life sciences, business and management, arts, humanities, computer science and engineering, and health sciences. Thematic analysis generated three themes: (a) *dissatisfaction with the government*, (b) *views on the effectiveness of lockdown measures*, and (c) *lockdown-encouraged reflection*.

Dissatisfaction with the Government

Dissatisfaction with the government captures the implicit disagreement with the government's efforts to contain the virus, its actions throughout lockdown, and the influence of politics over health matters. First, many participants criticized the late response to enact lockdown and how lockdown appeared to be relaxed and lenient in comparison to other countries, which might have resulted in a high number of deaths. Maddie further explained that "Things should not be taken lightly. . . . They didn't quite understand the extent of how hard this could go and even though they were advised by people in the WHO, I think they took their advice casually." Maddie appeared frustrated with what seems like an unresponsive decision by the government. Measures in England had been advised rather than enforced. Participants noted that guidelines in England are more indulgent than those in other countries, which might play a role in the virus's impact in England. As Alexander commented:

For example, France and Spain or other countries, you have to have a written permit, like you have to have a certificate that explains why you're going outside, it's like there are police, like, everywhere so you kinda get stopped, like you're gonna be questioned of why you're outside, and does that happen here? No.

Although Timothy commented that fines were not initially enforced "because [the government] has the trust with the public," Jennifer expressed uneasiness about trusting others to "only meet six people at a time or two, three people at a time outside their household and not meet, you know, their extended families that they haven't seen for months." Feelings of ambivalence resulted from the public not being monitored after lockdown was relaxed, given that the public's social needs had been disrupted, which may instill the desire to break social distancing.

Personal behaviors and perceptions also appeared to be influenced by what was identified as faults within governmental leadership. The motive behind the support to the NHS was questioned as "maybe it was only publicity," as there seemed to be a lack of evidence to demonstrate the tangible support given to them. Further, Arthur remarked, "This whole Dominic Cummings thing. . . didn't help at all. People were saying if he's not going to be punished then what's the point of us doing this, it's not one rule for one and one rule for another." In this case, Dominic Cummings, senior aide to the British Prime Minister, broke lockdown rules to visit family when his wife had COVID-19 symptoms and lockdown measures were strict. Growing frustration was identified given that relevant governmental figures were not adhering to the guidelines they provided or being punished for their behaviors, which comes across as a double standard. When assessing the lifting of lockdown, although several participants agreed that it will prevent the downward spiral of the economy, others questioned what this might mean for the public's health. Victoria expressed that "It has stopped being about COVID-19, but rather its impact...Now everybody is pushed or asked to probably go out there again to live their lives, but we still haven't dealt with COVID-19...The uncertainties have not been answered." This comment reflects the belief that health is perceived by the government as a secondary problem rather than a priority.

Participants considered that the virus had been politicized, as governmental influences had permeated vital information related to COVID-19. As Mason explained, "It seems to be so political and point-scoring... There doesn't seem to be that much evidence, like,

based on anything... It seems to be also a political sort of blame in the natural stuff." Participants observed that rather than making sound leadership decisions and addressing the virus containment, governmental figures seem to focus on blaming others. This constant "blame" in the political realm over the origin of the virus has encouraged the spreading of conspiracy theories. For example, Noah, like Sarah, believed that the virus "had to be man-made...Somebody did something in China, a certain lab or something...Either the Chinese or the U.S.A., somebody has to answer for it... It's not just a natural phenomenon." Given the extent of the virus's impact, individuals believe that it originated as a bioweapon by a powerful nation. Politicization of the virus was also identified by several participants in what they perceived as biased news coverage. Arthur commented, "There's gonna be some influence on what they can and can't report, especially in regards to this conservative government. I don't think it's quite overtly, I think it's quite subtle." Participants stated that the government appears to be pushing political agendas by manipulating what is reported to the public. In return, news sources are lacking neutrality.

Views on the Effectiveness of Lockdown Measures

This theme captures how, even when participants were aware of what self-isolation and social distancing measures involved, the measures' clarity, feasibility, and efficacy were often put into question. Participants' health beliefs also appeared to be influential when weighing whether the measures were worth adhering to.

Participants frequently described self-isolation as a state of confinement and the limiting of social contact with people outside their place of residence. Nevertheless, only a few participants mentioned that self-isolation must be practiced when individuals believe they have been exposed to COVID-19 or might have the virus themselves, suggesting a lack of clarity to the term. For example, Harry stated that "Self-isolation is when you voluntarily go and cut every physical connection, you know, because of what was happening, with the outside world." The word "voluntarily" might prove problematic, as self-isolation is no longer about containing the spread of the virus. Rather than being the corresponding course of action for this given scenario, self-isolation is perceived as a choice. Interestingly, self-isolation also appears to have an emotional facet that disrupts humans as social beings and might even affect mental health after not being able to engage in face-to-face social interaction. Sarah commented:

I think that self-isolation is a good way to prevent the spread of the virus but it hugely affects mental health because, in this situation, patients are in need of support, talking to people, even if they can talk over the phone, but support is personally more effective. It means nightmare to me because I can't imagine myself self-isolated.

Tradeoffs were identified wherein one must choose between preserving physical and mental health. Well-being appears to be compromised in both scenarios, which might make a person feel that no course of action is beneficial. Self-isolation also seems to induce dread. Concerning its feasibility, Sophie wondered "if it's realistic to be practiced by everybody...It's almost impossible to have no contact at all with anybody, just considering what you need to do to, like, serve yourself and care for yourself." The feasibility and convenience of self-isolation are questioned, as it would prove disruptive to be completely isolated when one does not have anybody providing for their needs.

When it came to social distancing, most participants agreed that, unlike self-isolation, it allows you to interact with others face-to-face as long as you maintain a distance from others. However, a few participants attributed a degree of vagueness to the term. Gerald stated, "Let's say if you're in a bus, there's no way you can maintain two meters of

distance, it's not possible so, in such situations, I think the definition has to change." Social distancing can only be practiced "wherever possible," regardless of participants' desire to follow the measures, because the term is not fitting to every situation. Thus, this ambiguity must be addressed.

While other participants described social distancing as strictly physical, some perceived it as disruptive in personal aspects. Rather than a preventive measure, it appeared to be seen as a political statement by a few participants. Sarah explained that "Social distancing means that my freedom is restricted because I think it's my right to be close to any person and I have the right to decide if I want to be close to any people or not." The belief that the government or others are trying to "oppress" them appears to overpower the need to protect oneself and others from the virus. These participants would prefer to decide for themselves whether they want to engage in social distancing rather than it being an official guideline. As he considered safety, Arthur encouraged socially distant interactions. He commented:

I mean, visiting is fine. . . as long as, you know, you do the whole standard stand-two-meters-away-from-their-house-and-chat-through-the-window or something like that... What's the point of having this social distancing... To a point it's going to ruin your life if you feel lonely.

Rather than avoiding social interaction altogether, the ideal social distancing approach includes following preventive measures and addressing humans' social nature. To fulfill their social needs, some participants mentioned technology usage. Josh said that the virus "doesn't transfer through phone calls or Zoom calls so that's why we can resort to those kinda technological channels, otherwise it's sad but you have to distance yourself." This signals an active approach to lockdown measures as individuals adapt to the new difficulties posed by the pandemic while remaining safe and attributing the lockdown measures with their corresponding importance.

Lockdown measures mentioned by participants, who agreed on their validity, included handwashing, sanitizing, wearing masks, social distancing, outdoor exercise once a day, and avoidance of gatherings. Nonetheless, participants mentioned reasons why they might struggle to adhere to them. As Alexander commented, "In the city, you're gonna feel claustrophobic in quarantine even if you're just, like, out on the street because things are so close together so you kinda have this desire to just go out into open spaces and live." The lack of immediate, available space proves to be overwhelming and anxiety-inducing, especially when having to remain inside for a long period. When residing in student accommodation with others who participants were not necessarily roommates with, struggles with social distancing were present. Gerald stated, "I make it a point to follow whenever I can... I consider these people to be my family... If one of us catches the virus it's gonna spread to all of us because we share communal facilities." Two aspects are highlighted in this comment. Social distancing has an emotional component, wherein participants might overrule its necessity as it might come off as callous. Second, a sense of helplessness is implicitly expressed. Similarly, Victoria indicated that "With time. . . I knew exactly that social distancing would not help me anyway... That didn't really mean that I will not get the virus, because standing two meters away from someone doesn't make you safe." Social distancing cannot guarantee full protection from the virus, which makes one question its purpose.

The virus's potential impact was not always fully acknowledged. In practice, the measures were not perceived by participants as useful or convenient. For instance, Ava stated:

I haven't seen evidence that being super aseptic, like, you know, um, religiously sanitizing my hands every two minutes works. That doesn't work. It reduces your

immunity, makes you more susceptible 'cause there is such a thing as being too clean.

Health beliefs are used to question and disagree with the soundness of measures, despite those measures being issued by an official authority. Additionally, Ed found masks troublesome, commenting, "Wearing a mask all the time causes practical difficulties for me... My breath just gets onto my glasses and... fogs it... I don't prefer wearing a mask." The inconvenience of wearing a mask is emphasized and renders the mask an inefficient measure.

Lockdown-Encouraged Reflection

Lockdown encouraged reflection indicates that although the pandemic has had serious repercussions that will possibly remain and prevent a complete return to pre-pandemic conditions, participants came to favorable realizations after witnessing the aftermath of lockdown, which raised awareness to relevant issues concerning individuals and society. The prominence of inequalities in society was identified. Those without financial security were frequently cited to be one of the most affected groups, which appeared to shock many, including Christina:

I don't have to worry about being able to afford basic things like food and water and things like that, but it's come to my attention that some people, when out of a job, have to worry about that, like to a great extent and that can be very scary.

The pandemic allowed participants to break the distance with this persisting issue as the existence of poverty and its accompanying struggles were revealed and acknowledged by participants. Luke emphasized that poverty prevents access to a COVID-19 vaccine and health care, which must be made "accessible to everyone... You can't solve problems like that, much less a global problem like that... Basic needs should be accessible to everyone." This comment explains the complexity of fighting any global crisis, where the less privileged are often forgotten or overlooked, which could potentially perpetuate the crisis, especially if a vaccine is not made available to everyone. Gerald commented that "Lockdowns have their dignity until and only if people follow it... They're fed up, people are like, 'If we're gonna die, we're gonna die anyway, we don't wanna die of hunger.'" Participants observed that some individuals found themselves in the difficult position of choosing whether they want to remain healthy or starve to death due to how impractical remaining at home is for some. In turn, people might not follow the measures due to these reasons. Noah highlighted the intricacy of lockdown by saying that "Those who would depend on, like, hand-to-mouth. . . cannot get any sustenance checks 'cause they're not on any jobs that qualify for that, but. . . they still need to be in lockdown and just survive until the end of all this." Adhering to lockdown measures may add tremendous pressure for some individuals, as lockdown measures prevent them from fulfilling their most basic needs.

The importance of mental health, another valuable need, and the desire to treasure it was often mentioned by participants and reflected upon in these difficult times. As a result of his struggles throughout lockdown, Ed now believes in mental health:

I always thought of mental health as something that, for example, when people used to complain of panic attacks at night, I used to think they are just being overdramatic. . . until I went through that. I realized how important mental health is... I think that has been one thing that I will definitely take for a lifetime.

After experiencing psychological difficulties as a result of lockdown measures, views shifted as the importance of mental health was acknowledged. These experiences appear to have fostered empathy towards those struggling with mental health and taught a valuable lesson to preserve mental well-being even after lockdown. Sarah stated that

mental health issues “had started before the lockdown, not because of the lockdown, so we have to take care of our mental health and normalize it in lockdown.” This comment highlights how preexisting mental health problems were exacerbated by lockdown and should be considered a relevant problem to target during lockdown. Detrimental effects on mental well-being caused by an overload of information were also mentioned by some participants. Noah commented, “In recent times, I haven’t been too in-depth because I’m trying to maintain my peace and too much news at a time just brings anxiety.” The constant flow of news reporting the repercussions from the pandemic negatively impacts the well-being of participants, which prevents them from accessing news channels altogether. Likewise, Victoria stated, “It’s more of what information do I need to have in my mind or store in my mind.” Although staying informed is beneficial, well-being was prioritized, and its importance acknowledged.

Besides valuing mental health, participants discussed a newfound appreciation of life and demonstrated personal growth. Lockdown provided more leisure and encouraged them to reflect on their lives. Harry commented, “Many things are not necessary at all and actually your life can be even better because you can focus on other stuff that are actually important, like personal ruin, like building relationships...” Being materialistic is deemed worthless, whereas building emotional connection and personal growth are priceless and more fulfilling at a spiritual level. Gerald stated, “My parents have some sort of underlying health conditions... This lockdown has made me realize their importance in my life even more so now I value the time we spend together.” Given the health risk that the virus poses for some families, some realized that their time together is finite, and this made them more mindful about cherishing each other’s company. Perceptions appear to have evolved after lockdown.

Discussion

Participants expressed a sense of discontent with how the government has managed the pandemic, questioned the effectiveness of the lockdown measures, and voiced the realizations they attained as a product of their lockdown experience.

A strong disagreement towards governmental decisions, lockdown measures, and political figures was expressed, resulting in feelings of distrust, uncertainty, and frustration as well as painting a picture of an unresponsive government. When lockdown was first announced, confidence in the government rose, but after the government announced on May 10 that the country would reopen again, confidence levels have remained low (Fancourt et al., 2020). After Dominic Cummings, senior aide to the prime minister, broke lockdown rules, experts stated that the UK mismanagement of this event damaged public health messaging, efforts to build trust with the public, and the public’s adherence to measures (Mahase, 2020). This might suggest that participants may feel conflicted on whether the government has their best interests in mind, as they disagree with the management of the pandemic. It may prove useful to improve confidence among the public to focus on what really is important during the pandemic, alleviating its consequences and following advised guidelines. In former pandemics, trust in the government has been linked to adherence to advised health measures (Sibley et al., 2020). Interestingly, in contrast to prior research, UK individuals with low trust in the government and who considered themselves low risk followed the advised COVID-19 measures to a great extent (Williams et al., 2020). Given that the COVID-19 pandemic proves to be a situation unlike others, more research is needed in this area.

Although they held the government accountable for the repercussions of the pandemic, participants were aware of the purpose of the advised measures but still questioned their

effectiveness, feasibility, and clarity, which might have an impact on participants' engagement in appropriate health behaviors. Although it is possible that they held these beliefs due to misinformation, perceiving COVID-19 measures as effective did not influence compliance in the UK; however, evidence from Hong Kong has demonstrated that perceived effectiveness relates to the adoption of measures (Atchison et al., 2021). This may be explained by attitudes towards morality and justice. The advocacy for social distancing measures demonstrated by some individuals may showcase their willingness to self-sacrifice for the collective good, including the protection of healthcare services (Gollwitzer et al., 2020). It is possible that cultural background may play a role in these perceptions. Additionally, perceived barriers decrease adherence rates to preventive measures (Shahnazi et al., 2020). Previously, participants had reported that social distancing information in the UK was ambiguous (Williams et al., 2020), which was also expressed in the current study. Perceived barriers can also concern inconvenience and emotional upset (Jose et al., 2020), as described in this study. Kim and Kim (2020) found that the commonalities surrounding varied responses to measures included that measures were not official recommendations, were hard to engage in, and were demanding. Therefore, they suggest that behavioral habits and efforts to adopt preventive measures must be considered when promoting strategies to the public.

After participants witnessed the consequences of the pandemic and lockdown, they shared the impact these experiences have had on them. Participants acknowledged inequalities as a result of the economic impact of lockdown. This has significant implications, as the awareness and positions of the general public contribute to and influence political will (Shankardass et al., 2012), which may lead to a development in the health equity agenda, and in turn, reaffirm the public's perception of the government's responsiveness and trust. Participants also reported a newfound appreciation for mental health and deep introspection about their relationships and materialism. The mental health of UK university students has been reported to be impaired throughout lockdown (Savage et al., 2020). However, a positive impression on mental health under similar circumstances has previously been reported after the SARS epidemic and was suggested to act as a "cushion" against its repercussions (Lau et al., 200). This suggests protective effects to individuals' well-being during and after the COVID-19 pandemic. Nevertheless, the lasting impact of the pandemic on students' well-being remains unknown and requires more research. Altogether, in support of Batterham and colleagues (2016), participants' ability to use and apply health-related information appeared to be strongly influenced by personal beliefs, emotions, and experiences that shaped how they perceived lockdown.

Strengths and Weaknesses

Overall, the findings from this study prove useful to educationists in understanding the impact of the pandemic in university students and what a return to academic facilities might involve regarding their health behaviors and beliefs. Findings are also helpful for policymakers, as insight is provided about the factors that must be considered to improve efforts to manage the COVID-19 pandemic and future outbreaks as well as to cater to the public's needs. This is the first study to date that explores the perceptions of lockdown measures in England from the perspective of university students. The study shares a detailed and real-time account of the perceptions of students when they were experiencing lockdown, rather than after the pandemic had ended, which would potentially have influenced the memory of their experiences. Given that information on COVID-19 is constantly changing, the views and perceptions of individuals might change accordingly, so the context of the study is essential when interpreting the findings.

Additionally, the sample included international students, meaning that participants have different cultural backgrounds, which may influence their perceptions. Previous research has demonstrated that the relationship between negative affect and health varies among cultures (Curhan et al., 2014). Similarly, individualistic and collectivistic logic influence individual behavior and decision-making (Airhihenbuwa et al., 2020), and these factors were not considered in the study. Nevertheless, the inclusion of international students was deemed suitable, as this study focused on conducting an in-depth exploration of participants' perceptions of a shared, distinct phenomenon at a time where all participants were students and resident in London. Testing whether cultural factors may influence pandemic-related perceptions is out of the scope of the current study, and a quantitative study may be more fitting to isolate these variables and ensure the representativeness of findings. London is also a relatively liberal area where residents might feel more inclined to question the government's actions, in comparison to more conservative regions in England prone to agree with the government's decisions. Lastly, the length of interviews varied, as some students were busy with their schoolwork.

Saturation was not reached. This may be attributed to different reasons. A few participants were unforthcoming, which may have been a result of the sensitive nature of the topic. Therefore, participants may have held back their opinions. The small sample size may explain the inability to reach saturation, and more participants were most likely needed. Difficulties were also experienced in recruitment efforts (as described in Methods). This study's sampling method (snowball sampling) enabled the recruitment of participants in a timely manner. Building rapport with participants was easy, as they had a desire to share their experiences. However, the disadvantages of snowball sampling must be discussed. Snowball sampling employs a nonrandom participant selection that is based on the subjective assessments of other participants, whose reasons for referring others may not be readily available to the researcher (Johnson, 2005). There may be a potential sampling bias that could influence the results. Individuals who did not volunteer to participate may have held different perceptions than those reported. These limitations must be considered when interpreting this study's conclusions.

Future Research

Future research should explore the perceptions and experiences of cohorts that were immediately affected by the virus, such as those who experienced financial struggles or were above 65 years of age, as their perceptions might differ. A few students mentioned their struggle to adapt to an online educational environment. It might be worth exploring the impact of the pandemic on educational endeavors. Also, the experience of lockdown was speculated to be different in the city than in the countryside by a participant. A future study might explore the relationship between well-being and the availability of immediate space when having to remain at home for long periods as a result of a health crisis.

Conclusion

Altogether, participants' perceptions of the lockdown measures were found to be influenced by their personal beliefs, experiences, and emotions resulting from the lockdown. It appears that participants were not satisfied with government efforts to manage the pandemic, which may have diminished their confidence in the government as an institution. More research in this area is required, as the literature is divided on the effects of low trust in the government on compliance (Sibley et al., 2020; Williams et al., 2020). The feasibility, effectiveness, and clarity of lockdown measures were questioned, which may be attributed to attitudes towards justice and morality, as well as participants' perceived barriers. These factors may impact adherence to measures. A heightened

awareness of relevant matters was also displayed by participants, which has the potential to foster well-being and change in themselves and the community. Finally, this study provided insight into university students' perceptions, which educationists and policymakers might find useful to improve efforts to manage the current pandemic and its repercussions.

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Appendix

Table 1

Themes and Codes Used in Data Analysis

Theme:	Describes participants' lack of approval for the government's decision in the pandemic and lockdown & their influence over health-related matters		
Dissatisfaction with the government	Codes	Description of content	Example
Disagreement with government's actions		Reference to the implicit disagreement expressed with the government's efforts and actions in the pandemic	"They could've been a bit serious about this and they could've applied these lockdown measures maybe two or three weeks earlier than they did"[c1]
Late response from the government		Reference to how late the government was to put lockdown measures into place in comparison to other countries	"UK was so late in applying or enforcing the lockdown and now, they are late as well in easing down the lockdown, erh, because erh europe countries have started to already open shops"
Relaxed lockdown measures		Reference to how permissive lockdown measures are in England and the negative impact it has led to	"It could've been more restricted, like more strict, um, earlier on because it's been a bit lax, like more lax than other countries so obviously there have been more deaths"
Government's enforcement of measures		Reference to how lenient the government appears	"Especially compared to my home country, it's a lot more relaxed so I don't know if it was necessarily

	with the enforcement of measures, or lack thereof	responding to the scale of the pandemic”
Importance of effective governmental leadership	Reference to governmental figures not acting accordingly to the best interest of the public	“Had it not been the prime minister himself eventually got affected by the virus, certain things might have never been put in place”
Misinformed decisions from the government	Reference to how the government did not give the pandemic enough importance as they should have done	“It was their inefficiency, they could've done so many things beforehand but didn't do it”
Politicization of the virus	Reference to the virus being used to push a certain political agenda	“A lot of the political leaders sort of mainly between America and China trying to blame, particularly America trying to blame China for the virus and also sort of criticizing the World Health Organization”
Acknowledgment of bias in news	Reference to participant’s awareness of the lack of neutrality in the news which is influenced by politics	“It's quite difficult but um you wanna try and get the most neutral so that you can transform your own ideas in something that's not sort of clouded by such nationalistic sentiment or so much propaganda”
Theme: Views on the effectiveness of lockdown measures	Describes participant’s criticisms towards the efficacy and practicality of preventive measures as well as the measures’ lack of clarity	
Codes	Description of Content	Example
Facets of self-isolation	Reference to participant’s interpretations of self-isolation which included perceptions outside of the standard definition	“It means you are isolating yourself from other people but emotionally, nobody wants to do that, that's against our human nature. We as humans were made to be in community”
Facets of social distancing	Reference to participants’ interpretations of social distancing which included	“That goes broader than just being physically separated, in my case it's more like, also, emotionally separated”

	perceptions outside of the standard definition	
Humans as social beings	Reference to the disruption that lockdown measures have imposed in people's social lives	"You have to be so mindful, if you are going to social distance. In a way, it's such, again, an unnatural thing, like who talks to someone two meters away?"
Compliance to an extent	Reference to participant's admissions that they would not always follow lockdown measures and their justifications for doing so due to different factors	"I felt like if I needed to wear [a face mask] around them that I was going to be wearing it anywhere except for inside my room but I just felt like it was more because it was a burden"
'Guideline' provides choice	Reference to participants' statements where they only followed the measures in certain scenarios after making their personal assessments	"I haven't seen evidence that supports myself as an asymptomatic and an infected person using a mask so I haven't used a face mask"
Misunderstanding of the virus	Reference to the lack of awareness of the extent of impact of the virus	"Ah social distancing, I think if we wear a face mask, it doesn't matter if we are in social distance or not"
Theme: Lockdown encouraged reflection	Describes how participants experienced advantageous realizations that may potentially benefit them and society as a whole	
Codes	Description of Content	Example
Awareness of inequality	Reference to how apparent inequalities have become as a product of lockdown	"The people that are most affected are gonna be those who are most marginalized, the lowest income, people from groups who already have the most limited access to healthcare"
Impact dependent on unemployment and finances	Reference to how the impact of the virus does not only concern health but also finances	"Getting people back to work I think was quite good because a lot of people also lost their jobs"
No financial support for the poverty stricken	Reference to the lack of support to those who are disadvantaged in our society	"Because of lack of shelter and because it makes [those who are homeless] more prone to acquiring the virus so being out in the open just makes them more

		vulnerable to catching the disease”
Awareness of mental health importance	Reference to participants’ beneficial discussion of mental health and its significance	“Like I said, trying to use technology as much as possible to make sure that I am still in contact with other people which is very important for my mental health”
Lockdown encouraged introspection	Reference to how participants reflected upon their lives and values throughout lockdown	“For me in a personal level, I’ve had a lot of time to spend on myself which I never used to do earlier and I’ve had lot of time to introspect my own life, introspect what I’m doing”
Newfound appreciation of connection	Reference to the realization of how meaningful and important relationships are	“I think people are gonna be more considerate of each other. I think people are gonna enjoy hugs more often, people are going to really value each other and not take for granted physical touch”
Newfound appreciation of life	Reference to participants’ acknowledgment of having prioritized unimportant, materialistic things	“They might find that there’s generally more to life than full shelves of clothing”

Table 2
Demographic Information of University Students Participating in the Study

Name	Age	Gender	Ethnicity	Course type	School of
Alexander	18-26	Male	White	Postgraduate	Arts
Arthur	27-35	Male	White	Postgraduate	Social Sciences
Ava	36-42	Female	Black	Postgraduate	Health Sciences
Christina	18-26	Female	Asian	Undergraduate	Social Sciences
Ed	27-35	Male	Asian	Postgraduate	Health Sciences
Gerald	27-35	Male	Asian	Postgraduate	Computer Science & Engineering
Harry	18-26	Male	Latino	Undergraduate	Arts
Jennifer	27-35	Female	Black	Postgraduate	Social Sciences
Josh	18-26	Male	Asian	Postgraduate	Business & Management
Luke	18-26	Male	Asian	Undergraduate	Computer Science & Engineering
Maddie	18-26	Female	Asian	Undergraduate	Social Sciences
Mason	18-26	Male	White	Postgraduate	Social Sciences
Noah	18-26	Male	Black	Postgraduate	Computer Science & Engineering
Sarah	27-35	Female	Arab	Postgraduate	Life Sciences
Sophie	18-26	Female	Arab	Postgraduate	Humanities
Timothy	27-35	Male	Arab	Postgraduate	Computer Science & Engineering
Victoria	27-35	Female	Black	Postgraduate	Life Sciences