Most COVID-19 studies looked at the influence of sex, age and our perception of COVID-19 on social distancing, handwashing and face covering.

Over the course of the COVID-19 pandemic, there have been huge volumes of research looking at how different factors influence COVID-19 health protective behaviours: social distancing, face covering and handwashing. The majority of this research is focused on factors that cannot be altered through intervention, such as demographics (age and sex).

What is this evidence and gap map (EGM) about?
In the early stages of the COVID-19 pandemic, health protective behaviours such as distancing and handwashing were the first line of defence to help limit the spread of COVID-19. Understanding why people do or do not engage in recommended behaviours is important to developing successful public health messaging, and to increase the number of people engaging in these behaviours.

This EGM summarises studies that measured one or more factors that might influence health protective behaviours, including handwashing, use of face coverings, social or physical distancing, and isolation or quarantine.

What studies are included?
The current map includes 1,034 pieces of evidence. This consists of 25 reviews (including 17 systematic reviews) and 1,009 primary studies. Of these, 860 were cross-sectional studies, 68 were longitudinal, and 78 were qualitative studies.

What are the main findings of this EGM?
There was lots of evidence on some behaviours (social distancing, handwashing, face covering) and very little on others (not touching your face, cleaning surfaces).

Social distancing had the most evidence (487 studies), followed by use of face coverings (382 studies) and handwashing (308 studies). Fewer studies looked at behaviours such as avoiding the T-zone (not touching your face), cleaning surfaces and respiratory hygiene practices (coughing into your elbow or tissue).

This EGM can be used to help guide future areas of research and public health policy.

What is the aim of this EGM?
The aim of this EGM is to map the current research on different factors and health protective behaviours, such as social distancing, handwashing and face covering.
A large number of studies (333 studies) combined two or more protective behaviours within the one study. This makes it difficult to use these studies to look at how different factors may influence individual behaviours.

Across the studies there are significant differences in how different behaviours are defined. Some studies described social distancing as minimising contacts outside of the home, whereas others used the term to mean physical distancing from others (for example, keeping at least two metres apart).

In relation to the different factors influencing these behaviours, demographics was the most reported (730 studies), followed by cognitive factors (how people might perceive or think about COVID-19; 496 studies).

Fewer studies looked at the influence of factors such as interventions (for example, providing access to hand sanitiser), information on COVID-19 (for example, the different sources of information people received) and the impact of engaging in other protective behaviours (for example, if someone covered their face, would they be more or less likely to also social distance).

What do the findings of the map mean?
This EGM shows the available evidence on the different factors that may influence health protective behaviours such as distancing, face coverings and handwashing.

This EGM can be used to help guide future areas of research and public health policy during the current COVID-19 pandemic and any future outbreaks of respiratory viruses with pandemic potential.

Current evidence is largely focused on social distancing and the use of face coverings; and primarily on the influence of factors such as age or sex (demographics) on these behaviours. There are major gaps in the evidence base on other important health protective behaviours and the influence of factors other than age or sex.