

Compliance to these PMs depends on the acceptability and adaptability of the general public to these PMs. However, there is a dearth of studies on this issue. Our study aimed to explore the perceptions and practices of COVID-19 related PMs among the general public in four districts of North India.

**Methods** The qualitative study was done in four administrative districts (Lucknow, Etawah, Patna and Darbhanga) in North India. All study districts had COVID-19 confirmed active cases at the time of data-collection. Participants in this study were healthy caregivers of under-five children, admitted for pneumonia, in a tertiary care hospital as part of ongoing study. Inclusion criteria was (i) child hospitalized in tertiary care hospital for pneumonia but presently discharged (ii) availability of telephone/mobile with caregiver and (iii) consent to participate. Audio in-depth interviews (IDIs) were conducted. Respondents were purposefully selected to represent both genders and two education groups (i) *Below Primary Education Group* ( $\leq 5$  years education) and (ii) *Above Primary Education Group* ( $> 5$  years education). This ensured variability and heterogeneity in the population being studied. Data was managed using Atlas Ti. Conventional content analysis was used.

**Results** From July-Sep 2020, 60 IDIs were conducted; 36.6% (22/60) respondents were females and 26.6% (16/60) had below-primary education. Respondents concurred that most people in their society flouted the recommended PMs. The reasons for poor/non-compliance with PMs were: perceived poor susceptibility to illness, perceived less severity of COVID-19 and low perceived benefits of complying with PMs. Perceived severity of disease played a key role in shaping attitude and practices related to adherence of PMs. Most people believed that COVID-19 often had less severe outcome and is thus less fatal. The lack of direct experience with the disease also attenuated this belief and made them underestimate the risk due to it. Social stigma associated with the disease caused many to hide the contagion and spread it rapidly. Respondents shared that many people in society 'hide' the disease due to fear of discrimination that was common for COVID-19 positive patients.

In addition, respondents opined that COVID-19 is less prevalent in rural areas and among the less educated population. Most respondents were aware of the recommended PMs and opined that these must be followed, however subjective norms, social norms and behavioural intentions negatively impacted compliance.

**Conclusion** Since there was poor community perception of susceptibility to COVID-19 as well as poor perceived severity, the community did not understand the benefits of applying to PMs. Therefore, future health communication strategies must take these into account to increase the possibility of success.

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**'IT'S REALLY STRANGE BECAUSE ALTHOUGH I'M WITH ALL MY FRIENDS, I'VE NEVER FELT SO LONELY AND I HAVE NO IDEA WHY': EXPLORING YOUNG PEOPLE'S EXPERIENCES OF THE COVID-19 PANDEMIC IN NORTH EAST ENGLAND: A QUALITATIVE DIARY-BASED STUDY**

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10.1136/jech-2021-SSMabstracts.192

**Background** Children and young people risk being 'disproportionately harmed' by the COVID-19 pandemic. Whilst an evolving body of literature focuses on the impact of the pandemic on the mental health and wellbeing of children and young people, less attention has been paid to the collection of qualitative, exploratory data. The aim of this study was to examine young people in North East England's experiences of COVID-19 and associated control measures.

**Methods** Flexible, qualitative diaries were collected with 31 young people aged 13–17 for six weeks between July and October 2020. Diary extracts were curated using Instagram Direct Messaging (DM), email and text messaging. At the end of the study, participants took part in a follow-up interview (conducted by telephone or Zoom), asking them to reflect on their diary entries.

**Results** Thematic analysis of diaries and interviews yielded three central themes: (1) impacts of social distancing upon mental health and emotional wellbeing; (2) impacts of the pandemic on education and school life; and (3) frustration, burden and responsibility.

**Discussion** These findings highlight acute mental health impacts (loneliness, isolation, anxiety) as well as longer-term repercussions from disrupted education (missed parts of curriculum, home schooling, cancelled exams, periods of isolation) on young people aged 13–17 as a result of the COVID-19 pandemic.

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**WOMEN'S REACTIONS TO THE COVID-19 FOOD SYSTEM SHOCK AND INSIGHTS FOR STRATEGIES SUPPORTING HEALTHY PURCHASING AND DIETARY BEHAVIOURS: A QUALITATIVE STUDY**

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10.1136/jech-2021-SSMabstracts.193

**Background** The COVID-19 pandemic disrupted usual routines, including families' food acquisition and consumption patterns. This pandemic could have lasting effects on consumer behaviour and implications for future strategies to improve population diet. The aim of this study was to gain in-depth understanding of families lived experiences by i) examining the impact of disruption resulting from the pandemic on the food purchasing and eating behaviours of young women, and ii) identifying the insights these experiences bring to designing future healthy eating interventions.

**Methods** A cross-sectional sample of 34 customers aged 18–45 years, from a UK discount supermarket chain completed semi-structured telephone interviews. Women were asked questions to understand their lived experiences of food shopping, cooking, and eating during the COVID-19 lockdown. Interviews were transcribed verbatim and analysed thematically using QSR NVIVO software. Six researchers were involved in developing the initial coding framework, double coding of eleven interview transcripts and refining the coding framework.