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Taking cover before the outbreak: understanding precautionary behaviors of Chinese in Italy in the COVID-19 scenario

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ABSTRACT

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This paper provides an empirical exploration of the preemptive measures adopted by Chinese in Italy vis-à-vis the early outbreak of COVID-19. Based on a quantitative dataset obtained through an online survey, the assessment of preemptive self-isolation has been pursued in relation to: the sources of information regarding the pandemic, the perception of risk, the level of trust towards both Italian and Chinese authorities, and the level of perceived stigma. According to the evidences we have collected, most of the Chinese living in Italy began an "all-out self-isolation" prior to the enforcement of the national lockdown. Such behaviours appear as the result of individual decisions taken on the basis of an individual, high perception of risk, apprised by Chinese sources of information and fueled by distrust towards policies enforced by the Italian governmental authorities. This article suggests that the precautionary behaviours of the Chinese in Italy can be seen as the result of the combination of their "preparedness" and their perception of stigma and discrimination.

KEYWORDS

COVID-19
Italy
Lockdown
Chinese Population
Risk Perception
Precautionary Behaviour

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Taking cover before the outbreak: understanding precautionary behaviors of Chinese in Italy in the COVID-19 scenario[2]

1. Introduction

In the final months of 2019, some cases of a mysterious pneumonia were reported in Wuhan, in central China's Hubei province. On December 1st, the first official diagnosis of the unknown disease was occurred in Wuhan, though the nature of the pathogen was yet to be determined (Wu, Chen, Chan, 2020). Reports to the World Health Organization (WHO) were filed from Chinese authorities on December 31st, with identification details of the novel coronavirus (2019-nCoV) ensuing a few days later. The rapid surge in the number of cases, while lunar new year holidays were approaching, pushed Chinese authorities to enforce bolder containment policies, and on January 23rd, 2020, Wuhan and then Hubei were placed on all-out lockdown (Qian, Hanser, 2020). Reports of new cases in other East Asian countries, namely Japan, South Korea and Thailand, paved the way for the WHO to declare the 2019-nCoV a «public health emergency of international concern» on January 30th (WHO, 2020).

After East Asia, Europe has been the first reported continent targeted by 2019-nCoV. In Italy, the first documented cases, a pair of Chinese tourists, date to January 31st (ISS, 2020). On February 21st, the first Italian patient was diagnosed with 2019-nCoV, and by the end of the month local lockdowns were for the first time enforced in the northern region of Lombardy, involving some 50.000 citizens. A number of increasingly stricter policies ensued at the local and national levels; on March 9th, Italian Prime Minister Giuseppe Conte publicly announced a nation-wide lockdown that was set to begin one day after. Concurrently, wearing face masks in public enclosed spaces was made mandatory, but a critical lack of personal protective equipment (PPE) for both medical and civil usage affected Italy for several weeks in March and April. It was not until October 2020 that wearing face masks became compulsory in all public, both enclosed and open, areas (Gazzetta Ufficiale della Repubblica Italiana, 2020).

Prior to – and in the early phases of – Italy's lockdown enforcement, a number of local and international media reported the successful self-isolation attitude of Chinese in Italy[3]. In Prato, a small-sized Italian city that is home to the largest Chinese

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This paper was conceived jointly by the authors. However, for the purposes of acknowledging authorship, paragraph 1 and 3 should be attributed to Alessandro Albana; paragraphs 2 and 4 to Valentina Cappi; paragraph 5 to Licia Proserpio; paragraph 6 to the three authors jointly.
[3] In this paper, we use the term "Chinese in Italy" purposefully. Precisely for being rather vague and broad, the term

community in the country (relative to the overall urban population) no 2019-nCoV cases have been reported by local medical authorities within the large Chinese community during the so-called "first wave" of COVID-19. Nevertheless, in February Chinese in Italy became the target of racist attacks, as they were frequently seen as harbingers of the new disease. As of April 2020, hypotheses on a "grid reaction" implemented by Chinese in Italy, and especially in Prato, to prevent the spread of COVID-19 attracted an increasing deal of academic interest (Ceccagno, Salvati, 2020). However, to date scholarly research has not yet provided a consolidated analytical understanding of the preemptive measures adopted by Chinese in Italy *vis-à-vis* the early outbreak of the disease.

Examining when, how and to what extent Chinese in Italy adopted self-isolation measures between January and March, 2020, this study sheds light on the reasons that brought them to preemptive self-isolation. We assess preemptive self-isolation and the influence of the following factors in relation to that behavior: the sources of information, risk perception, the level of trust towards both Italian and Chinese authorities, and the perceived stigma. Moreover, this article examines Chinese communities' perceptions of collective behaviors during the early enforcement of containment policies at the national level. Against this backdrop, this study aims to feed into the political debate on societal responses to the risk of health disruption. Central to this research is the assessment of how people from diverse social groups and geospatial locations responded to the crisis, and which individuals and social groups were the target of marginalization, neglect, or stigmatization (Lupton, 2020).

2. Background

Prevention and control strategies towards an epidemic of infectious disease can be divided into the two broad categories of pharmaceutical and non-pharmaceutical measures. Within the second category, administrative control measures (quarantine, school closure, restrictions on travel, etc.) and personal protective measures (social distancing, wearing face masks, etc.) are widely considered as effective tools for outbreak management in its early phases (Raude, Setbon, 2009). Besides individual approaches, community responses have demonstrated to play a crucial role in the acceptance of, and adherence to, public health policies in the context of epidemic control (Cheng et al., 2020; Kwok et al., 2020) and their proactive implementation (Wan et al., 2020). Therefore, civil society, community-based organizations and social mobilization for mutual assistance have been identified as decisive actors in co-producing responses to, and coping with, the COVID-19 pandemic (*ibidem*; Cheng et al., 2020). The response of the civil society to the limitations to personal freedom, and public compliance to the policies set-up to control epidemics, are

seems appropriate to describe the subject of this study. Though more specific (and perhaps due to that very reason), other terms seem less adequate within the scope of our research. As we have retrieved no information regarding their citizenship, it may very well be inaccurate to speak of "Chinese citizens in Italy". "Chinese communities in Italy" may also be subject to criticism: defining a "community" entails critical implications and its scope lays beyond the purpose of this study; furthermore, we have not conducted any investigations as to whether every single respondent feels to be part of or belongs to a community of any kind; lastly, we are aware of a number of participants in the sample residing in Italy on their own, in no close proximity to Chinese friends or relatives. Finally, we have avoided the term "Chinese diaspora" as it requires a larger dose of complexity, describing Chinese migrations as a historically defined process.

strictly linked to social trust in the government and public authorities (Blair, Morse, Tsai, 2017). However, as in a pandemic context the responsibility of risk management is not centralised, but spread across society, high levels of public trust can result in the underestimation of risk and lower levels of compliance (Wong, Jensen, 2020). On the contrary, the coexistence of a strong civic community, a high perception of the risk, and public distrust in the government – the latter resulting in skepticism towards ineffective policies – seem to contribute positively to pandemic management in certain contexts (Wan et al., 2020). Public perception of a health threat encompasses, among other factors, risk perception and the evaluation of the effectiveness of actions recommended for reducing the risk (Leppin, Aro, 2009). Existing studies on risk perceptions of COVID-19 suggest that risk perception correlates significantly to the adoption of preventative health behaviors (Dryhurst et al., 2020). According to the protection-motivation theory, in fact, perception of being at risk is a prerequisite for behavioral change (Rogers, Prentice-Dunn, 1997), and information-seeking plays an essential part in the process of appraising threats and coping strategies (Jiang et al., 2009). A number of studies on risk perceptions of HIV/AIDS contend that members of ethnic immigrant communities sometimes share a similar risk perception with those living in their countries of origin (Beyene, 2000). In the same vein, scholarly research on the responses of European Chinese to the SARS epidemic in 2002-2003 stresses that information on the virus obtained from family and friends in Asia have influenced risk perceptions and protective behaviors among overseas Chinese, generating fear and alarm although SARS did not spread to Europe (Ding, 2013). This is not surprising if one considers the role that transcultural flows, reinforced by hyper-connectivity, play in daily communication practices (*ibidem*). Yet, little research has been conducted in the Italian and European context as to how Chinese communities overseas cope with epidemics, notwithstanding the deep transnational ties that exist between mainland China and overseas Chinese (*ibidem*).

The studies introduced above do not seem to contrast with a social constructionist approach. Rather, they may benefit from a deeper exploration of the role that culture (and subcultures) plays in understanding, explaining and reacting to risk (Lupton, 2013). Considering risk not as an objective threat or danger, but rather as a socially and culturally mediated process of evaluation (Sadique et al., 2007) paves the way for focusing on the political use of risk, as a concept, in blaming a "foreign other" or other particular social groups (Douglas, 1992), which is a commonplace in the history of epidemics (Logie, Turan, 2020).

Stigmatization and prejudice towards Asians increased in the early phases that followed the outbreak of COVID-19, exacerbating an existing process of "othering" the Asians in Western countries. Individuals have shown to turn to non-health related traits to purportedly identify potential carriers, and ethnicity was central to this attitude (Roberto, Johnson, Rauhaus, 2020). A number of scholars invited the international community to draw stigma-reduction strategies similar to those experienced in the context of HIV (Logie, Turan, 2020), urging authorities to empower communities in order to help persons protect their own and one other's health (UNAIDS, 2020).

3. Context

In Italy, the earliest presence of Chinese citizens in modern times dates to the mid-Nineteenth century, when a narrow number of students, priests and diplomats with their families resettled from China (Battilani, Fauri, 2018). The occurrence of a larger, yet not massive, migration process leading Chinese to Italy took place in the 1920s and 1930s. Milan and, at a later stage, Bologna, were the first Italian cities hosting Chinese migrants (*ibidem*; Carchedi, 1994). In the Maoist period (1949-1976), overseas migration of Chinese citizens was severely restricted and it only resumed after Deng Xiaoping's reforms in the early 1980s (Battilani, Fauri, 2018; Campani, Carchedi, Tassinari, 1994; Carchedi, 1994). A growing number of Chinese resettled to Italy, especially after the mid-1980s, when the country became the main destination of Chinese migrations to southern Europe (Marsden, 2015; Pieke, 1998). The surge kept pace in the following decades, with the number of Chinese in Italy increasing ten-fold between 1994 and 2015 (Dei Ottati, Brigadoi Cologna, 2015). In 2018, documented Chinese in Italy amounted to 318,000 (Italian Ministry of Labor, 2019). In 2020, non-EU citizens in Italy decreased by 3% on the previous year; in this context Chinese saw the most prominent decrease (-5,3%) among non-EU individuals (ISTAT, 2020).

Crucial processes emerged with the rapid increase of Chinese in Italy. Firstly, fostered by family reunions, a growing number of Chinese women resettled to Italy. At earlier stages, Chinese in Italy were mostly single males who frequently married local women. As of 2019, the gender ratio was close to a perfect balance, with 49,8% women and 50,2% men (*ibidem*). Interestingly, as of 2018 nearly 82,000 of the Chinese in Italy were minors, amounting to 25,7% of all Chinese and 10,1% of all non-EU minors (*ibidem*). Secondly, throughout the 1980s, Chinese resettling to Italy were mostly unskilled workers from Zhejiang, a coastal province in southeastern China (Bertinelli, 1990; Ceccagno, 2003b). At the end of the 1980s, Chinese migrants from Fujian province relocated to Italy in increasing numbers; finally, in the 1990s migrants from *dongbei* – the northeastern provinces forming Manchuria – also joined in the process (Ceccagno, 2003b; Marsden, 2015). Nevertheless, Zhejangese have permanently represented the majority of Chinese in Italy until nowadays. Thirdly, the positioning of Chinese within the Italian labor market has significantly evolved over time. Whereas manufacturing has for a long time been the main industry involving Chinese in Italy, from the late 1980s services and, at a later stage, catering and trade (import and export) acquired growing popularity (Battilani, Fauri, 2018; Ceccagno, 2003a; Ceccagno, 2003b; Marsden, 2015). Lastly, the presence of young Chinese is significant: as of 2020, the average age of the Chinese in Italy was equal to 33 years and 26,2% of the total were of minor age. In this scenario, in 2019 education was the most cited reason (50,7% of the total) for issuing residence permits to Chinese citizens in Italy (Hu, 2020; ISTAT, 2020).

Traditionally, a wide majority of Chinese in Italy settled in the northern regions of the country, attracted by a more favorable economic environment compared to other areas. As of 2019, 90% of the Chinese in Italy live in large, medium and small cities (ISTAT, 2020). Milan and Prato are key urban centers as far as Chinese in Italy are

concerned. Milan is home to the largest Chinese community among Italian cities. As noted, the city was the first Italian destination of Chinese migrants to Italy in the 1930s (Battilani, Fauri, 2018; Carchedi, Ferri, 1998). In 2019, official data reported 32,000 Chinese in Milan (ISTAT, 2020).
As of 2019, Prato was home to 25,000 Chinese, the second largest urban community in the Italian context (*ibidem*). Prato stands out for its peculiar foreign to Italian resident ratio (21,7%, with Italy averaging 8,7%) (Italian Ministry of Labor, 2020), but, perhaps more tellingly, Chinese in Prato account for 58,8% of the overall foreign residents and 12,8% on the whole urban population (Comune di Prato, 2020). Against this backdrop, Prato is home to the largest number of Chinese residents in a given urban center on a Chinese to local resident ratio, and for this reason it has been considered a peculiar context in Italy and Europe (Berti, Valzania, 2015). Currently, Prato likely constitutes the main fast-fashion center established by Chinese entrepreneurs in Europe (Ceccagno, 2003b). However, strong economic engagement has not grown hand in hand with social interactions, and Chinese in Prato do not yet enjoy a widely positive view among the locals (Berti, Valzania, 2015). Mainstream media reports significantly contribute to negative views of the Chinese among the locals (Latham, 2015). The case of Prato well epitomizes the discriminatory attitude that Chinese in Italy had confronted frequently. Dei Ottati (2009) has it that in Prato the theory dubbed the "double Chinese challenge" has been forged. According to this view, not only the rise of China, but also Chinese citizens (and their businesses) overseas constitute a challenge to the Western world, its societies and economic stability. More generally, these processes disclose the skepticism and sometimes open distrust that inform Italians' views of the Chinese. Therefore, the discriminatory actions and open racism that Chinese have been subjected to after the early outbreak of COVID-19 are not new in the Italian context, being rather grounded in a common distrustful consideration of China and the Chinese.

4. Methodology

As several scholars emphasized, the COVID-19 pandemic represents an important opportunity for methodological reflection in the social sciences (Dodds, Hess, 2021; Fetters, Molina-Azorin, 2020; Lupton, 2020; Torrentira, 2020; Vindrola-Padros et. al., 2020). The dimensions touched upon by this debate seem relevant as far as the methodological design of this research is concerned. The original design aimed to strike a balance between the following binomials: 1) accuracy/timeliness; 2) thorough data collection/avoiding intrusiveness in the lives of research participants already impacted by the health crisis; 3) originality/aggregated "actionable" findings. As a result, a web-based descriptive survey (Boas, Christenson, Glick, 2020; Toepoel, 2016) was developed in order to assess what precautionary actions Chinese in Italy have employed to respond to the outbreak of COVID-19[4]. These responses have

[4] This research was conducted in the early stages of the pandemic, encountering a number of hurdles that came to represent a significant challenge to the authors' work. In this context, however, this study did envision some opportunities in the present predicament, constituting to some extent a pilot study that presents both some room for improvement and potential to stimulate and integrate into further research in the field. Key limitations brought about by the pandemic outbreak in its early stage resulted in: lack of access to field research, difficulties in engaging participants and establishing a more direct contact between them and the authors, short time spans for data-col-

been represented as aggregated quantitative data. The survey was developed taking into consideration relevant variables assessed in the literature (Kwok et al., 2020; Sadique et al., 2007) that were also pertinent to our research questions. A total of 58 questions were included; most questions were based on a conventional response format (Likert scale 1–5) or multiple choice, while 4 were open-ended. The questions were divided into four main sections: 1) personal data, family background, ties with China; 2) information-seeking during the outbreak and risk perception; 3) individual and collective precautionary behaviors; 4) perceptions of collective behaviors at the outset of containment policies at the national level.
The eligibility criteria for participation were: Chinese individuals aged 18 or above, with no other restrictions as to age, gender, and occupation. The exclusion criteria were: non-Chinese; Chinese nationals residing in Italy who were not in Italy when the lockdown began. Participants were allowed to choose whether to fill in the questionnaire in Chinese or Italian (translation and back translation were carried out to ensure linguistic and cultural appropriateness). The link to the survey was sent via email and social media (mainly WeChat) in the first week of May 2020[5] to a snowball sample of participants recruited involving key informants and a wide network of Sino-Italian associations. In particular, a great deal of support was provided by three gatekeepers: 1) student associations; 2) trade associations; 3) cultural associations. Student associations have been particularly supportive in sending out the survey throughout the questionnaire administration period, therefore young respondents make up a larger share among other demographic ranges. The main targets were the Chinese living in Bologna, Milan and Prato. Milan is a large urban center that hosts the largest number of Chinese in the Italian context; Prato, a small-medium city, is home to the largest number of Chinese in relation to the overall population; Bologna is a medium-sized city with a significant presence of Chinese. The analysis was carried out using SPSS and Tableau software and the data were then processed and compared for further interpretations and explanations.

5. Findings

5.1. Respondents

The study sample involved 278 respondents; a total of 283 people filled out the survey, but 5 did not meet the inclusion criteria. Most of the respondents were women (66%) in a young age bracket (59% of respondents were aged between 25 and 44, 32% between 18 and 24, 9% over 45 years old). The majority had a high level of education, with 62% holding a university degree. The occupations of respondents

lecting activities. All such factors contributed to the authors' decision to employ a questionnaire. From their perspective, the questionnaire represents a valid means to measure the object and context of this research, providing respondents with the opportunity to elaborate their own judgement and reactions *vis-à-vis* the unraveling of the pandemic and the enforcement of containment policies without requiring excessive effort from them. In addition, building upon the existing literature in the field, and supplemented by the answers provided by the respondents to the open-ended questions, this study aims to unpack the 'how' and 'why' of the interviewees' response to the pandemic outbreak. Acknowledging a more distinct qualitative nature in this latter realm, the authors are confident that this study will act as an opportunity for future research in the field, possibly devoting a larger analytical attention to the exploration of the meanings attributed to the personal experiences of the social actors involved.

[5] Responses were accepted until July 2020.

fell into three main categories: 43% were students, 22% were freelancers and entrepreneurs, and 21% were employees. Among the respondents, 81% were born in China and 19% in Italy. Those born in China had resettled in Italy at different times: less than a year prior (10%), 1 to 5 years prior (32%), 5 to 10 years prior (11%), 10 to 15 years prior (9%), and 15 or more years prior (21%). A total of 65% resided with their family units, and most of those who did not live with family members shared housing with non-relatives (only 12% of the sample stated to be living alone). As expected, most of the respondents lived in northern Italy and in the cities targeted by the study, specifically Milan (34%), Bologna (23%), and Prato (15%). The majority of the respondents stated that they hold deep transnational ties with mainland China, engaging in daily or weekly contact (phone, post, WeChat, WhatsApp, etc.) with family and friends and yearly travel to visit them. Indeed, 14% of the respondents were located in China when the pandemic began and subsequently returned to Italy. Only 10% had close, constant ties with Hubei province; these data are hardly surprising, considering that a large majority of Chinese people in Italy hail from other Chinese provinces. Finally, 95% of respondents stated that they had not contracted COVID-19, while 5% declared that they had been affected by an unknown illness.

5.2. Information-seeking during the outbreak

	1	2	3	4	5
	Italy				
Family and/or friends	10%	21%	38%	19%	11%
Health personnel	9%	12%	36%	28%	15%
Local and National authorities' communication offices	7%	14%	37%	30%	12%
Social media	13%	18%	42%	23%	4%
Traditional Media	15%	24%	36%	21%	4%
	China				
Family and/or friends	1%	5%	22%	35%	36%
Health personnel	1%	2%	14%	36%	46%
Local and National authorities' communication offices	1%	5%	17%	37%	40%
Social media	3%	9%	34%	32%	22%
Traditional Media	1%	8%	33%	36%	23%

Figure 1. Reliability of information sources on a Likert scale – Source: The authors

Participants were asked when they began to follow news and seek information on COVID-19. The vast majority (61%) declared to have started seeking information when the first cases were reported in China; a smaller group (36%) mentioned the lockdown in Wuhan as the triggering event. Only a small minority (3%) were uninformed when the first cases were reported in Italy. The survey examined information-seeking with reference to two aspects: 1) the clinical dimension; 2) rules to abide by in everyday life. Overall, participants declared themselves extremely (57%,

with respect to the second aspect) or very well-informed (41%, as to the first aspect). The sources of information that participants referred to during the outbreak vary in terms of media (television, newspapers/magazines, the internet, and interpersonal communication) and sources (news media, public health authorities, health workers, families, and friends), but reveal substantial uniformity as to geographic origin. In fact, sources of information from China were more widely cited by most respondents. From this perspective, and according to the responses to follow-up open-ended questions, the main sources of information appear to be Chinese media, institutional communication/information agencies of Chinese national authorities, family and/or friends in China, and the most popular social media in China. Weibo, TikTok (Douyin) and WeChat were indicated as the social media most frequently consulted to obtain information. On a Likert scale, respondents were also asked which sources of information they deemed most reliable. As figure 1 shows, Chinese sources overall were deemed more reliable than Italian sources. The sources considered most reliable were health personnel in China, while the least reliable sources were the Italian traditional media, Italian family and friends, and Italian national and local communication and information agencies. In another question, respondents were asked which authority "should have served" as a means for providing reliable information. The vast majority indicated local Italian authorities, followed by the Italian national government.

5.3. Risk perception

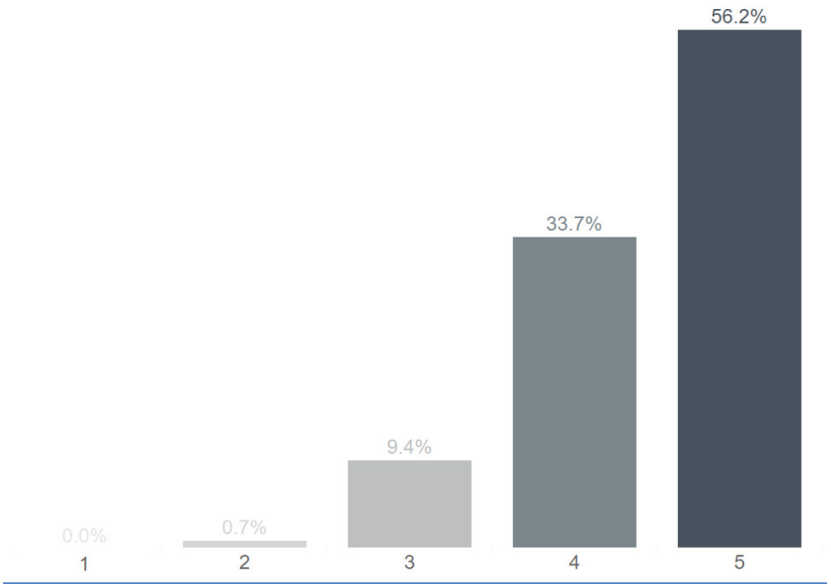

Figure 2. COVID-19 risk perception on a Likert scale - Source: The authors

As shown in Figure 2, respondents associated COVID-19 with a high level of risk, with 56% pointing to highest possible degree of risk. The respondents expressed concern about various factors related to the COVID-19 outbreak. When asked to consider the individual sphere, the main factors of concern were implications for personal and/or loved ones' health, followed by short-term economic consequences and long-term economic implications. Significantly less concern was expressed

regarding consequences on personal psychological conditions and limitations to social life, while estrangement from family and friends ranked quite low. Similarly, when asked to evaluate the most worrying implications of the COVID-19 emergency for the community as a whole, the respondents indicated implications for people's health, short-term economic consequences and long-term economic repercussions as core concerns, followed by the looming potential for political and social unrest. Restrictions to social life and personal psychological consequences appeared as factors of minor concern. Lastly, a specific question was asked in order to identify which places were deemed riskier than others in facilitating the spread of COVID-19. Public transportation was identified as the most hazardous, followed by venues of entertainment, hospitals, public places in general, schools and shops. Workplaces were perceived as significantly less risky, followed by private homes, identified as the least risky setting.

5.4. Precautionary behaviors

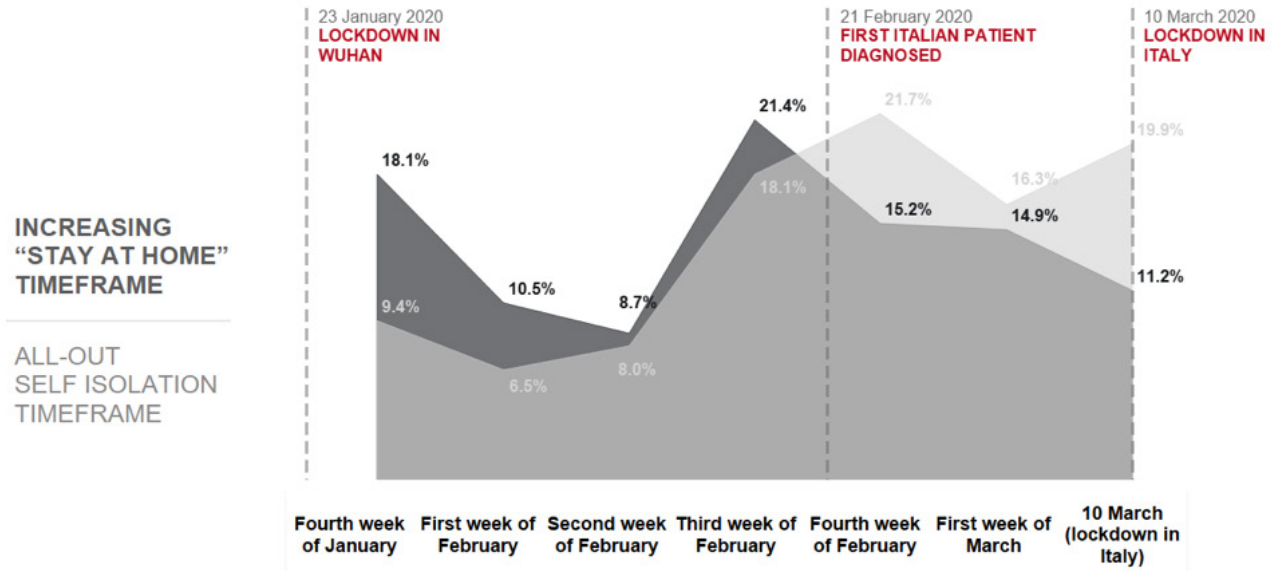

Figure 3. Isolation-based precautionary behavior timeframes - Source: The authors

Respondents began to engage in "stay at home" precautionary behaviors according to the following timeline (see Figure 3): the last week of January (18%), the first week of February (10%), the second week of February (9%), the third week of February (21%), the fourth week of February (15%), and the first week of March (15%). When the lockdown was enforced by the Italian government on March 10,

only 11% were not yet enacting any "stay at home" precautionary behaviors to avoid potential infection. In line with the study's research question and hypothesis, respondents were asked if and when they placed themselves in all-out isolation. The following was the reported timeline: the last week of January (9%), the first week of February (7%), the second week of February (8%), the third week of February (18%), the fourth week of February (22%), the first week of March (16%). When the lockdown declared by the Italian government took effect, only 20% of respondents were not yet in self-imposed isolation. During the period of self-imposed isolation, respondents stated that they left the house: daily (7%), once a week (33%), twice a week (6%), once a month (28%), less than once a month (21%), never (10%). Responses revealed that leaving the house occurred almost exclusively for purpose of purchasing food or household items. Of the respondents, 79% declared that any form of precautionary behavior was adopted uniformly by all members of the same household. Respondents were next given a list of precautionary behavior modifications and asked whether they had adopted any of them in the pre-lockdown phase. The three most-commonly adopted measures were: greater attention to sanitation practices (washing hands, etc.), avoiding entertainment places, and using personal protective equipment (face masks, etc.). These practices were highlighted more frequently than: avoiding public transport, limiting shopping to the essentials, staying at home at all times, or avoiding contact with sick people. In the transition between the self-isolation phase and the national lockdown, the three practices that assumed greater frequency were: working from home, avoiding seeing doctors, and limiting contacts to seeing friends and relatives within the same household.

Lastly, respondents indicating they had enacted self-isolation before the national lockdown was enforced were asked to indicate (in an open-ended question) the factors that led them to make that specific decision. Frequent comments referred to the experience of the pandemic in China and the recommendations of relatives in China: «Our [Chinese] doctors and scientists informed us from the very beginning of the outbreak that this virus is very contagious [...]. Although China was the first country to openly announce it, we knew that different European and American countries were suffering from a pandemic of "flu" that looked like COVID-19. Therefore, most Chinese knew that self-isolating was the best solution to contain the spread of the virus». Tellingly, answers to this question revealed a widespread sense of feeling unsafe due to what was perceived as a «weak reaction» on part of the Italian population: «People around me don't wear masks and I feel unsafe»; «Italians' concept of virus prevention is very weak, it is not possible to convince them, therefore, I do my best to protect myself». Lastly, the fear of stigma and discriminatory treatment had an impact on precautionary behaviors: «At the beginning of the pandemic, the anti-Chinese atmosphere prevented me from going out»; «I don't go out to prevent China from being held responsible for the pandemic»; «[If one has] To go out it is important to have a mask. If you have a mask people think you are sick. Therefore, to avoid this discrimination, I don't go out». As to this last factor, in a separate question the survey asked to report episodes of discrimination or racism (verbal or physical attacks, exclusion from commercial activities or places open to the public, etc.) in the period between the outbreak of the epidemic in China and the enforcement of the national lockdown in Italy. Of the respondents, 39% de-

clared that they had suffered such episodes; 28% declared that they had relatives and/or friends who had been subjected to such episodes (but were not targeted personally); 32% declared that they were not aware of or had not experienced any discrimination or racist treatment.

5.5. Perceptions of collective behaviors

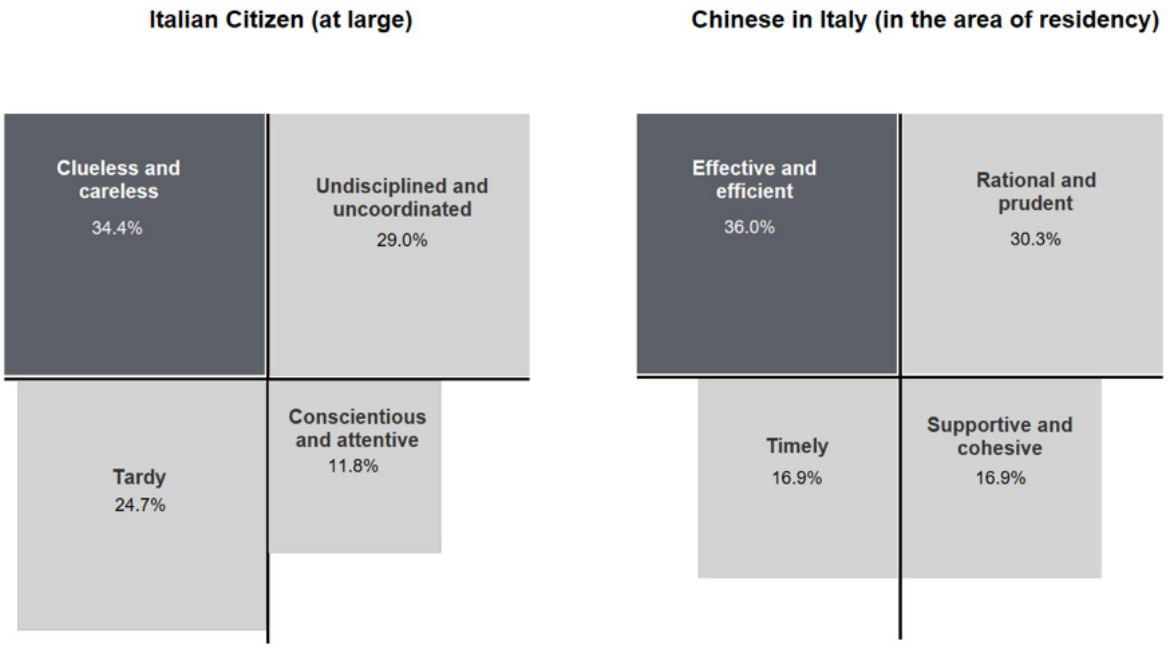

Figure 4. Respondents' perceptions of collective behaviors vis-à-vis the COVID-19 emergency. Source: The authors

As shown in the previous paragraph, 80% of the respondents started self-isolation before the imposition of the national lockdown in Italy. Of the respondents, 82% believed that this "early" isolation was practiced by all Chinese residing in Italy. Regarding the reasons that led to self-isolation, 52% of the respondents indicated it as the consequence of individual decisions made on the basis of personal perceptions of risk; according to 16%, it was the result of clear directives from the Chinese authorities and/or communities inside Italy; 13% believed that preemptive self-isolation took place in emulation of what the community of reference was doing. To assess perceptions of collective behaviors *vis-à-vis* the COVID-19 emergency, the survey included two open-ended questions. The first asked respondents to describe the behaviors of Italian citizens (at large); the second requested comments as to the behaviors of the Chinese in Italy (considering the area of residency). As shown in Figure 4, the answers (given in adjectives) can be organized in 4 semantic groupings. The main semantic groupings used to describe the collective behaviors of the Italian population at large were: "clueless and careless" and "undisciplined and uncoordinated". A further 24% of the respondents used words that can be included in the semantic grouping "tardy", referring to the lateness shown by the Italian population in acknowledging the health crisis and assuming appropriate behavior modifications.

Only 12% of the respondents deemed the Italian population "conscientious and attentive". Instead, the behaviors of Chinese communities in Italy were described as "effective and efficient" and "rational and prudent". Of the respondents, 16% praised the "supportive and cohesive" attitude shown by Chinese communities at the individual level (i.e. frequent gestures of kindness towards others) or community level. Finally, a "timely" acknowledgement of the risk and modification of behaviors was also mentioned.

5.6. A comparison between two countries

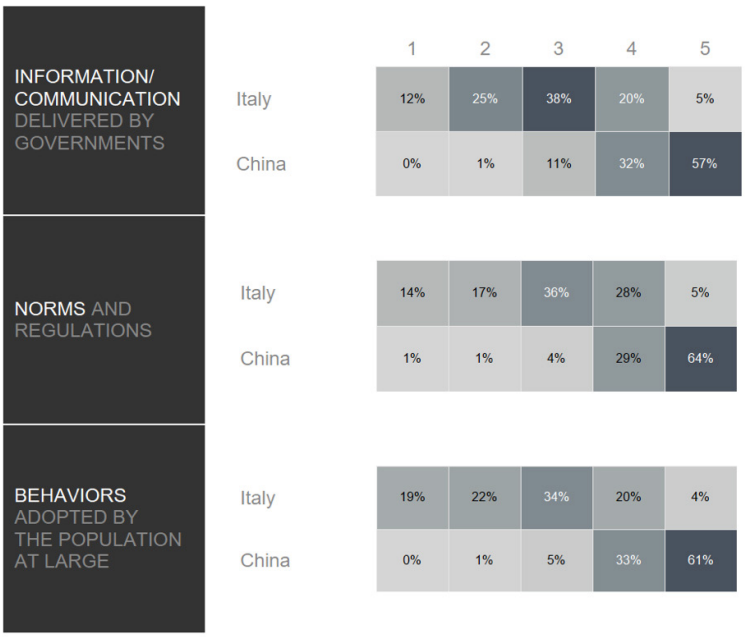

Figure 5. Respondents' evaluation of the adequateness of information, rules and norms, and individual behaviors in Italy and China – Source: The authors

Considering contagion prevention, the study postulated 3 factors (see Figure 5): 1) the amount of information disseminated by the Chinese and Italian governments; 2) norms and regulations established by the two countries' governments; 3) behaviors (social distancing, use of personal protective equipment, sanitation practices, etc.) adopted by the population at large. As seen in Figure 5, respondents evaluated the availability of information, rules and norms, and individual behaviors in China as consistently and fully adequate to prevent the spread of COVID-19. As far as Italy is concerned, the same factors were judged only moderately adequate. The divergence between the three factors in the two countries was minimal: China was praised more for rules and behaviors and slightly less for the amount of information available, while Italy was less appreciated for individual precautionary behaviors and to the same degree for governmental information and rules.

6. Discussion and Conclusion

The findings of this study stem from a descriptive analysis of the quantitative data collected throughout the research and the interpretation of those data in light of inferential statistical analysis and existing scientific literature on the subject. Based on

a sample reflecting the composition and characteristics of the Chinese population in Italy, our research reveals that the Chinese living in the country began an "all-out self-isolation" before the enforcement of the national lockdown. Concurrently, in the pursuit of this study we have found little evidence that such precautionary actions were carried out along precise hierarchical lines, or that they were the product of top-down decisions taken at the level of community leaders or Chinese formal or informal associations in Italy or China. As to the reasons that led to self-isolation, individual decisions made according to personal perceptions of risk appear to be central, outweighing other considerations. In order to further investigate this aspect, the authors employed inferential statistics of selected factors and variables, referencing similar studies conducted in different geographical areas (Dryhurst et al., 2020; Kwok et al., 2020; Sadique et al., 2007; Wan et al., 2020). In this section, we correlate precautionary behaviors to personal risk perceptions, information-seeking attitudes, level of trust in the local and national authorities and, finally, how and to what extent racist attacks and stigmatization played a role. As protection-motivation theories contend (Floyd, Prentice-Dunn, Rogers, 2000), threat appraisal and risk perception are important determinants of the public's willingness to adopt health-protective behaviors in a pandemic scenario. Our research confirms and aligns with Dryhurst et al. (2020), who observed that COVID-19 risk perception around the world correlated positively and significantly with an index of preventative health behaviors. In fact, risk perception in our sample proved to be significantly higher in people who had placed themselves in all-out isolation before the Italian government enforced the lockdown – the majority of the sample (N = 185; M = 4.52; S.D. = .67) compared to those who started their self-isolation when the Italian government enforced the lockdown (N = 15; M = 4.20; S.D. = .77), and those who did not self-isolate completely, but reduced the frequency of outdoor activities at the moment the lockdown was enforced (N = 78, M = 4.33; D.S. = .71) ($F_{(2,275)} = 3.195$; $p < .05$). On a second level of analysis, Dryhurst's research proves that perception of risk is higher in those who received information on COVID-19 from relatives and friends, as well as in those who tend not to trust the policies implemented by governmental authorities *vis-à-vis* the spread of the disease (Dryhurst et al., 2020). This study confirms Dryhurst's postulation. As far as accurate and timely information regarding the evolution of the pandemic and necessary containment measures is concerned, the majority of respondents in the survey declared that they relied firstly on Chinese media, secondly on the official information channels of Chinese authorities, and thirdly on family and friends living in China. Media exposure is also known to have a mediating effect on risk perception (Jiang, 2009; Wu, Li, 2017). As figure 5 shows, there was a widespread perception among individuals in the sample that policies and citizens' behaviors in Italy were inadequate or not sufficiently strict to tackle the spread of COVID-19. This perception acquires stronger evidence when the Italian scenario is compared to the perceived boldness of Chinese policies and Chinese citizens' compliance. This assessment is in line with Jiang's findings on the SARS epidemic, and specifically with the observation that respondents with heightened risk perceptions frequently felt that European governments failed to enforce adequate, relevant, and effective policies (Jiang, 2009). Chinese citizens' response to

COVID-19 in Italy seems to mirror the scenario described by Wan et al. (2020): the community responses to the pandemic in Hong Kong demonstrated that the greater the distrust towards the government is in a given district, the faster a community-based mobilization of mutual assistance is implemented in that district (for example, by sharing and distributing surgical masks) (*ibidem*). Such actions can be conceived as a form of preparedness, understood with Keck (2020) as a technique of imagination that blends competition and collaboration when human beings react to a threatening situation. Chinese communities in Italy enacted such forms of preparedness in several cities.

Before the lockdown was enforced at the national level, a significant number of respondents were reportedly targeted by discriminatory actions, racist attacks and stigma. In fact, 67% of the respondents stated that they were involved in such incidents (39%) or knew someone among their relatives and friends (28%) who had been subjected to discrimination. Based on a Chi Squared test, no significant differences as to gender, age and place of dwelling or residence emerged from the inferential analysis, suggesting that stigma and discrimination targeted Chinese people in Italy uniformly. Tellingly, stigma towards Chinese people, and individuals with Asian traits more broadly, seems not to be specific to the Italian case, as discriminatory episodes have been reported elsewhere in Europe and North America (Ma, Zhan, 2020; Roberto, Johnson, Rauhaus, 2020). Under such circumstances, Asian communities seem to have experienced a two-fold stigma (the "visible" stigma of "looking Asian" and the "invisible" stigma of presumed illness): due to the partially asymptomatic nature of the virus, some people referred to non-health-related traits to identify potential carriers (Roberto et al., 2020). Emerging as one of the most-commonly adopted measures, the preventive use of face masks among Chinese in Italy seems to have fed into social discrimination and, paradoxically, came to constitute a critical factor. Despite widespread agreement that wearing face masks is key to preventing the spread of COVID-19, Chinese people in Italy feared that wearing PPE would have identified them in other people's eyes as spreaders of the novel coronavirus, rather than individuals exercising responsible preemptive behaviors. Distress and concern were intensified by the fact that, in the early stage after the outbreak, wearing face masks was not yet legally mandatory in Italy and not yet widespread habit among Italians. Against this background, and considering the open-ended answers collected via our questionnaire, it seems reasonable to expect that a relevant number of discriminatory actions targeting Chinese people in Italy contributed, to some extent, to the adoption of preemptive self-isolation in a context of increasing social (and racial) discrimination and perceived institutional indecision as to the enforcement of containment policies against COVID-19.

As Lupton (2020) summarizes, COVID-19 is a global health challenge that emerged and spread extremely quickly, meaning that organizations and individuals did not have much time to make sense of it. Given their cultural, personal and social ties with China – the first pandemic flashpoint – Chinese in Italy were caught in a condition in which their "preparedness" had to coexist with stigma and discrimination. Since stigma appears to function as a barrier for people seeking disease prevention and treatment services (Nyblade et al., 2019), national policy makers and the international community are called upon to address it more attentively. This research

aims to provide an opportunity for political actors, at the national and global levels, to design risk communication strategies that take into account both drivers and facilitators of discrimination. The authors indirectly suggest that the use of qualitative methods is worth of consideration, in order to explore the influence of individuals' cultural backgrounds upon their risk perception, to elicit their experiences of discrimination, and to shed light on the soft skills they have mobilized to cope with the pandemic. Reasonably, the authors expect this research to acquire further relevance if supplemented by, and integrated into, an existing or prospective body of literature addressing the experiences of other Chinese communities overseas in dealing with COVID-19.

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