

Faculty Development Program for IIHMR Group of Institutions

Retaining Preventive Actions as Sustainable Health behaviours post COVID-19: Challenges and Opportunities for Health Communication

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Dr. Neetu Purohit
Professor
IIHMR University, Jaipur

Dr. Neetu Purohit is a PhD in Psychology. Prior to joining IIHMR, she worked with University of Manchester as consultant in the area of elementary education. She had also worked as a counselor in Family Counselling Centers and Family Courts with Department of Social Welfare, Government of Rajasthan. Since her joining IIHMR, she has conducted multiple studies and projects on health systems and assessment /evaluation of various health programs. She has published and presented papers in journals and seminars. She has upgraded her skills by attending summer program on Health Behavior and Society at Johns Hopkins University, Baltimore, USA. While her keen interest lies in Behaviour, particularly Behaviour Change Communication and community mobilization via various forms of communication and organizational behavior, she is equally engaged in the area of child malnutrition and reproductive health and proficient in using both quantitative and qualitative methodology.

**Retaining Preventive Actions as
Sustainable Health behaviours post
COVID-19: Challenges and
Opportunities for Health
Communication**

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Rationale

- In absence of any vaccines and treatment, the recourse to pandemic COVID 19 lies in behaviour change.
- The contagious nature of the disease has mandated behavioural change lest the survival and safety would be jeopardized.
- With the outbreak of the disease and risk communication that followed, attempts were made to inform community of the preventive behaviours including hand hygiene, respiratory etiquette and social distancing.
- Measures to make people adopt a few promoted preventive behaviours had been not very successful in the past

RQ

- Would preventive behaviour promoted to combat the pandemic sustain post-COVID?
- What are the challenges and opportunities that can be anticipated in sustaining these preventive behaviour ?
- Which behaviour change theories will hold more promise in designing health communication strategies post COVID-19?

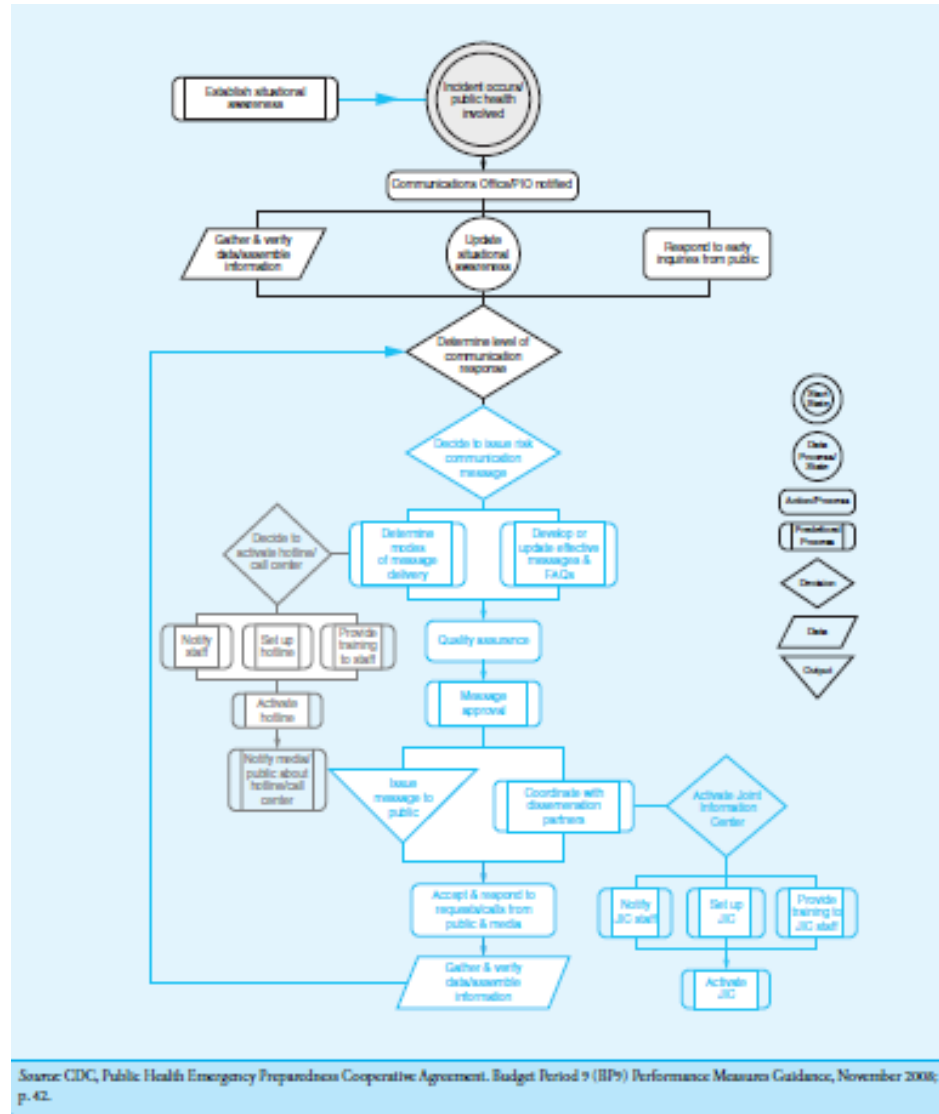
Methodology

- Review of the papers
 - Behaviour change during normal and pandemic times
 - Behavior change communication strategies during epidemic and pandemic
 - Risk communication
 - Behaviour change theories
- Review of communication videos aired during first phase of lockdown

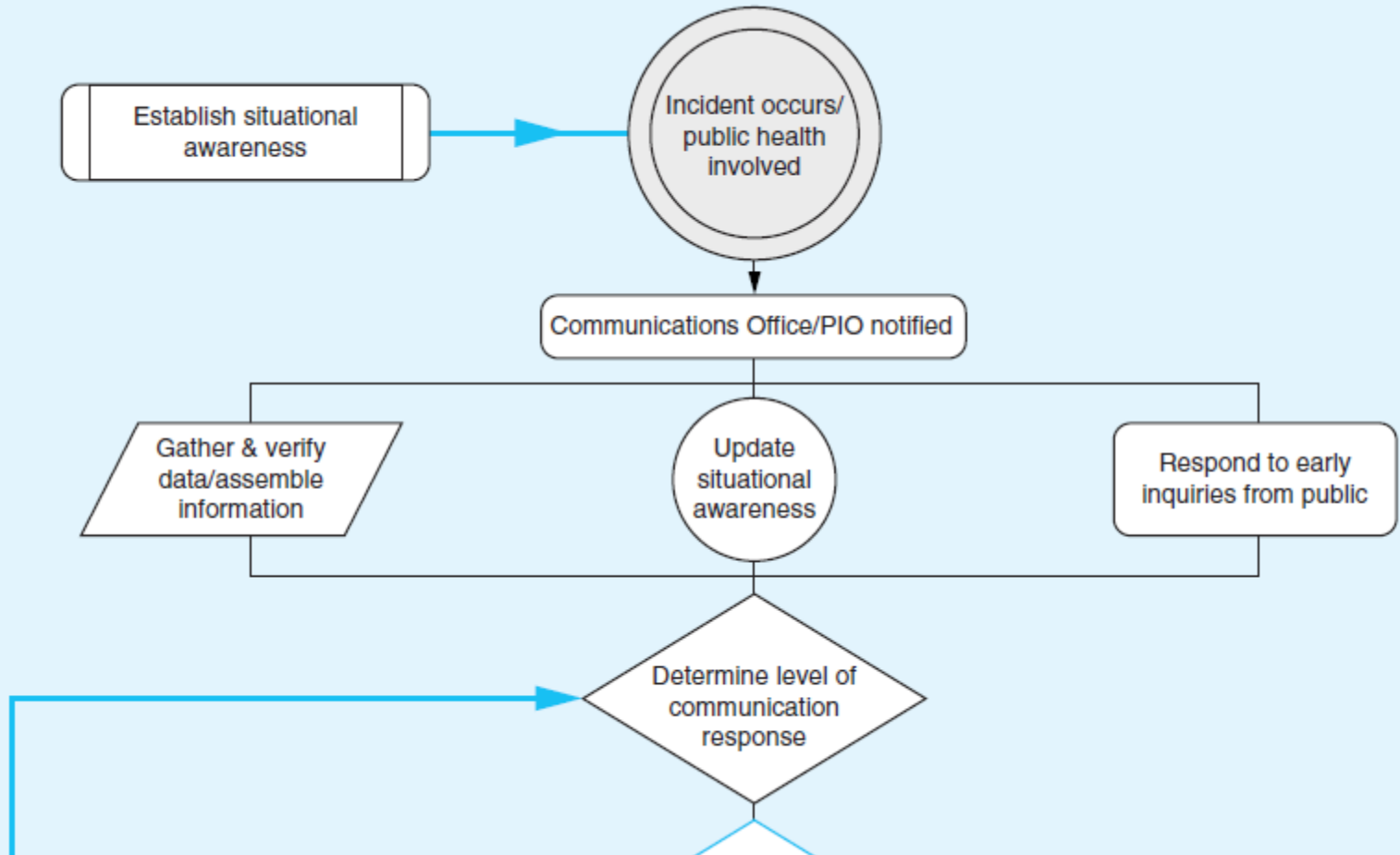
Behaviour as an outcome of Emergency Risk Communication

- Purpose of ERC is different than routine Health Communication
- Purpose of messages of emergency risk communication is to
 - facts/update
 - Rally to action
 - Clarify event status
 - Address rumors
 - Satisfy media requests

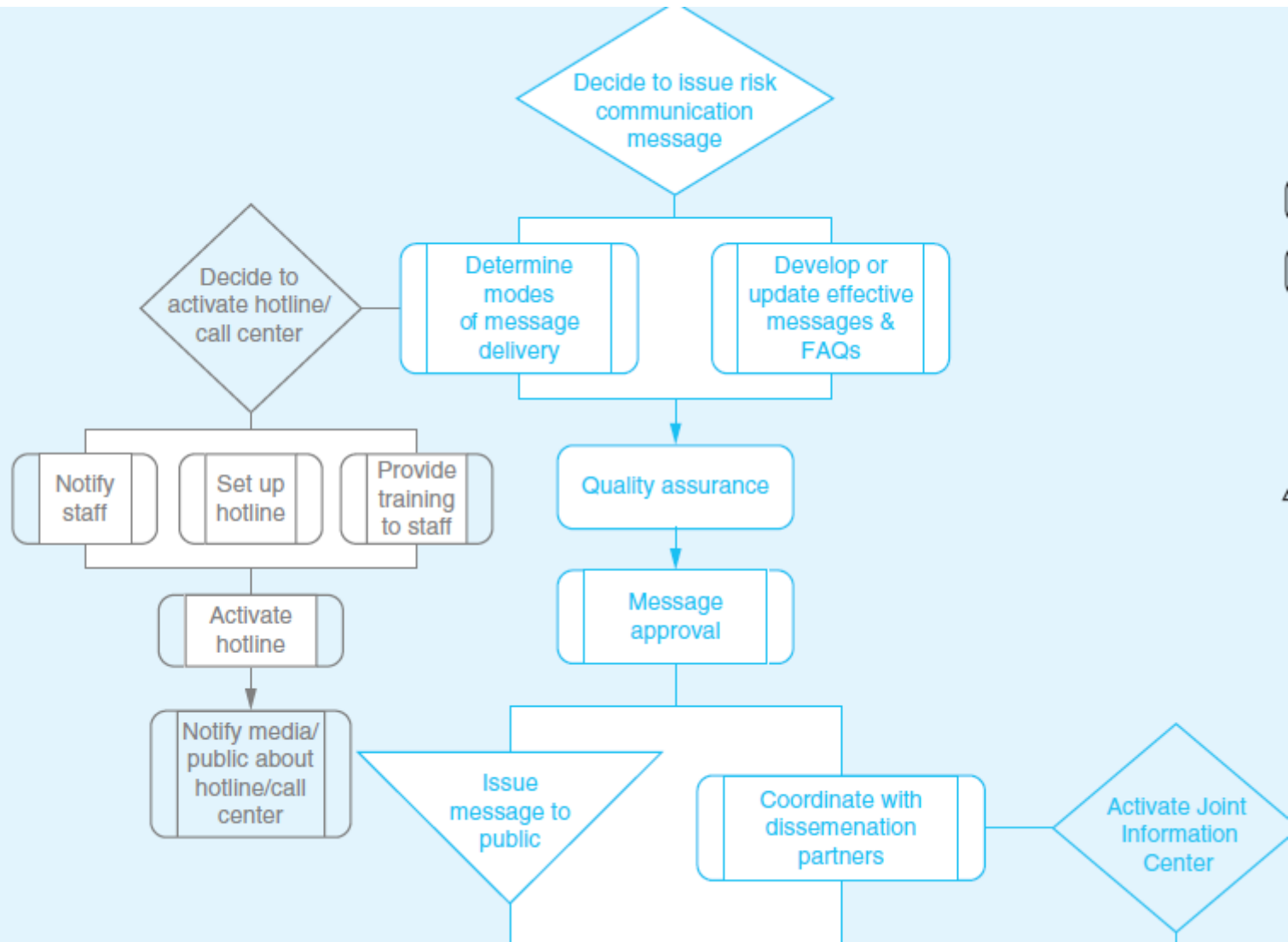
Emergency Risk Communication



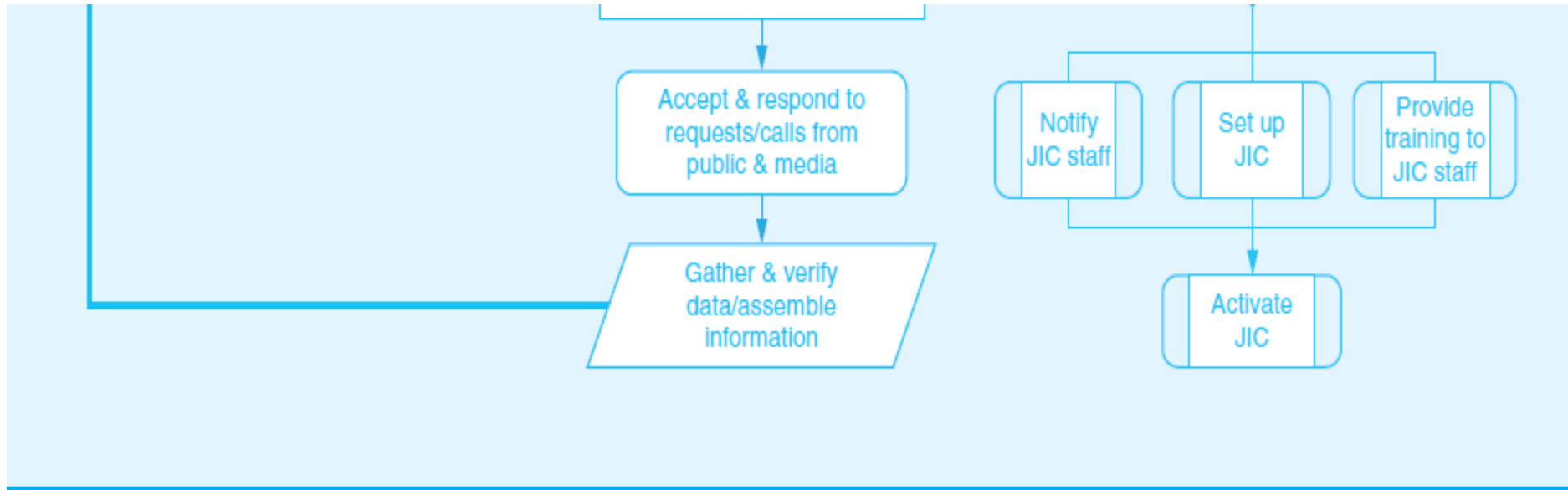
Emergency Risk Communication



Emergency Risk Communication



Emergency Risk Communication



None of the 37 videos took any behaviour change theory or risk into account

Behaviour as an outcome of Emergency Risk Communication

- “Behavior” can be defined as “anything a person does in response to internal or external events. Actions may be overt (motor or verbal) and directly measurable or, covert (activities not viewable but involving voluntary muscles) and indirectly measurable; behaviours are physical events that occur in the body and are controlled by the brain” (Davis, Campbell, Hildon, Hobbs, & Michie, 2015, p. 327)
- In most cases, the preventive behaviour exhibited is not a behaviour change per se (as desired in Health behaviour) but a mere ‘action’ resulting out of perceived immediate risk, compulsion or enforcement as any emergency risk communication outcome
- It is a thrust

Key Expected Behaviours

- Hand-Hygiene
- Respiratory Etiquette
- Social Distancing

Status prior to COVID 19: Hand Hygiene

- India launched Total Sanitation Campaign (TSC) in 1999, which became Nirmal Bharat Abhiyan (NBA) in 2012 and the Swachh Bharat Mission in 2014
- Past two decades have failed to take message of cleanliness to the last person in the community.
- An NSSO survey finds that only 25 per cent wash their hands before a meal in rural areas and 56 per cent in urban areas. (2018)
- Over 74 per cent wash their hands after defecation -- close to 67 per cent in rural areas and over 88 per cent in urban areas.

Determinants of Behaviour and Behaviour Change

- Behaviors are determined by a wide range of factors
- Knowledge about the benefits and practice of proper hand hygiene alone does not necessarily translate to uptake
- To translate into population health, behaviours must be **maintained over the long run and factors influencing maintenance may differ from those influencing initiation of change.** (Gardner, 2015; Verplanken & Wood, 2006; Wood & Runger, 2016)
- Important to distinguish behaviour during routine times and behaviour during risk

Determinants of Behaviour

- George et al. (2017) assessed the mechanism underlying the change in observed handwashing with soap for family members and found that the intervention's effect was mediated by response efficacy, disgust, convenience, and awareness.
- Source: George CM, Biswas S, Jung D, Perin J, Parvin T, Monira S, et al. Psychosocial factors mediating the effect of the CHoBI7 intervention on handwashing with soap: a randomized controlled trial. Health Educ Behav. 2017;44(4):613-25.

Determinants of Behaviour

- Studies suggest that interventions using emotional drivers (such as nurture, disgust, affiliation, and social status) may be more effective than those that teach about health benefits.
- Source: Gautam OP, Schmidt WP, Cairncross S, Cavill S, Curtis V. Trial of a novel intervention to improve multiple food hygiene behaviors in Nepal. Am J Trop Med Hyg. 2017;96(6):1415-26.

Challenges and Opportunities

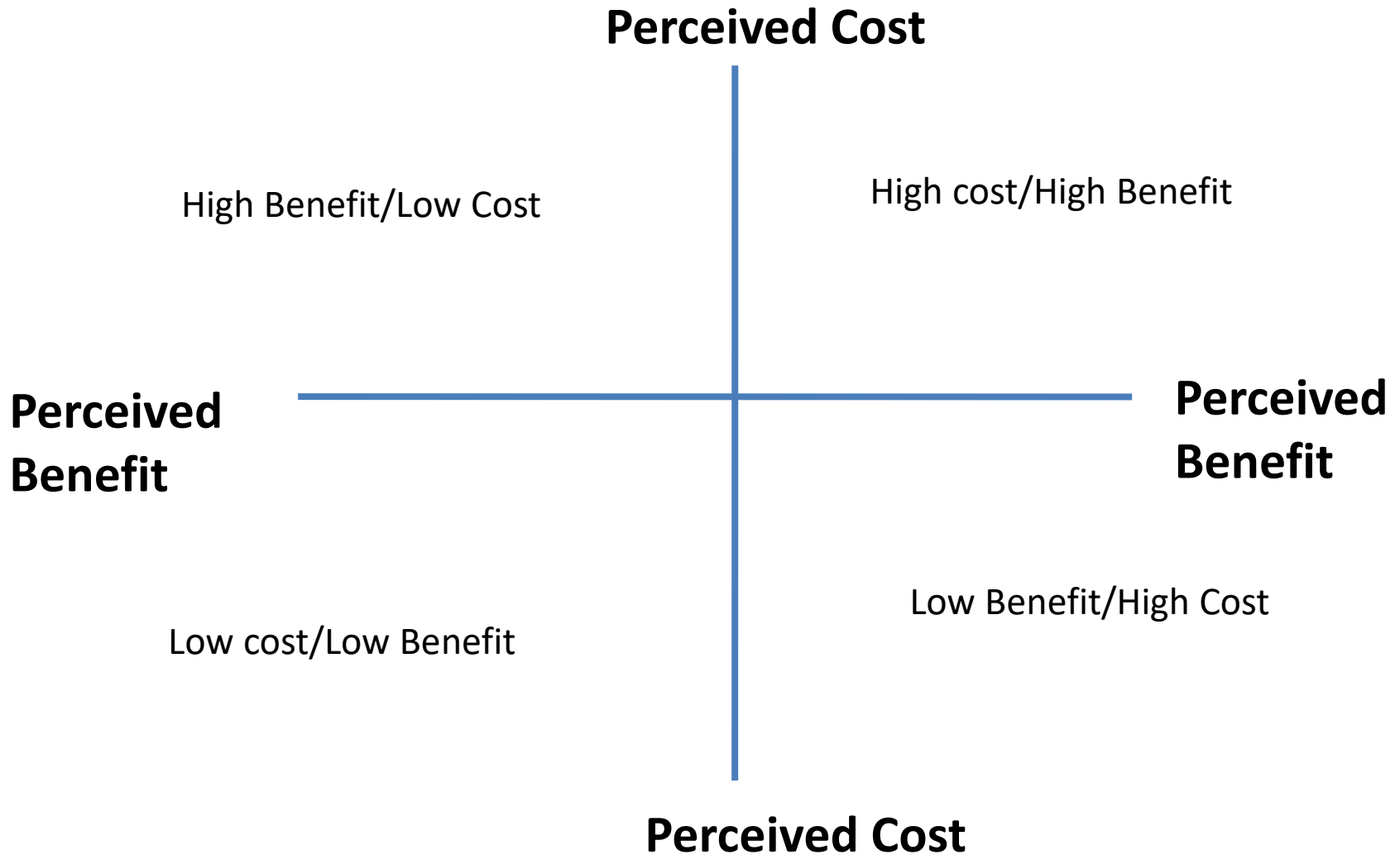
High Hazard	High Outrage
Low Hazard	Low Outrage

Sandman's Risk Perception

Purpose

- Initiation of new behaviour
- Maintaining the behaviour
- Automated behaviour

Positioning of Behaviours



Hand-washing

- Perceived Low Cost/Perceived High Benefit

High Threat due to shutdown/Lock down

Information on prevention measures

- Perceived Low Cost/Perceived Low Benefit

Inform and Educate

- Maximum People are doing it
- But
- All should do it &
- To do without a miss

Identifying Barriers and Enablers

- People are different
- Possible Barriers
- Water- Availability and Scarcity
- Alternative- Use Sanitizer (Comes with a cost)

Hand-washing

- Perceived High Cost/Perceived High Benefit

Sanitizers

Information on
prevention
measures

- Perceived Low Cost/Perceived Low Benefit

Other Behaviours

- Sanitize
- Avoid Surface Contamination
- Respiratory Etiquette
 - Face Cover
 - Sneezing in the arm
- Social Distancing
- Care Seeking and adherence

Seeking.....

- Temporary Change
- Permanent Change

Killing two birds with one stone!

- People behave differently when there is no solution/treatment, than when the solution is
- As it is related to threat
- Use this as an opportunity to instill permanent behaviour change

Respiratory Etiquette

- Coughing-in-the Arm
- Wearing of mask
- Difficult to follow as similar to common cold and cough
- Most people do not follow
- No pressure to follow

Social Distancing

- Alien Concept
- Opposed to physical, social and psychological set up
- Many a times not possible
- Fear of stigmatizing

Change is to be targeted at

- Societal Level
- Normative
- Social Sanction v/s legal sanction
- Theory of Reasoned Action/Theory of Planned Behaviour
- Extended Parallel Process Model
- Social Cognitive Theory

Role Models

- Social Media Influencers encourage adolescents to follow social distancing guidelines
- Peer-to-peer campaigns (Department of Psychology, UCL Institute of Cognitive Neurosciences)
- Tiktok videos
- Whatsapp messages
- From Class to Mass
- People look up to other people to understand social norms and align their behaviour with the group they want to belong to

Role of Policy/Regulation

- Helps in advocacy
- As an opportunity to push desired behaviours
- Shift of ownership from state to people

Identification of SBCC/BCC Strategy

- Restriction on face-to-face interventions, social media /mobile would be effective, if the reach is ensured

Thank You for Your Time!