COVID-19 Health and Adherence Research In Scotland (CHARIS)

18th -24th June Route MAP: moving to phase 2

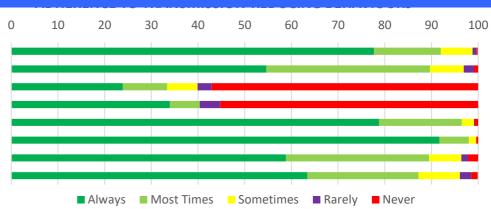


www.abdn.ac.uk/CHARIS | @CHARIS CVD19

What is CHARIS? CHARIS is a research study that uses behavioural science to understand how people in Scotland respond to the Coronavirus pandemic. CHARIS is a telephone survey with a nationally representative sample of 500 adults. It began on the 3rd of June and will run for 5 months.

ADHERENCE OUTCOMES

Only went out for permitted reasons Stayed 2m distant Wore a face covering when shopping Wore a face covering on public transport Washed hands on return home Washed hands with soap and water Washed hands for at least 20 sec Washed hands before eating and drinking



Highlights

- Adherence to 2m distancing and hand washing was greater than adherence to wearing a face covering.
- Who and why people adhere to transmission reducing behaviours is different for each behaviour (keeping 2m distance, wearing a face covering, and hand washing).
- Having an intention to and the confidence that you can adhere to the transmission reducing behaviours is associated with greater adherence.
- Feeling anxious about getting COVID was associated with greater adherence

Understanding Adherence to Transmission Reducing Behaviours



Physical distancing: 9 out of 10 people kept 2m physical distance when outside



Face covering: 3 out of 10 people wore a face covering when shopping or on public transport



Hand washing: 8 out of 10 washed their hands thoroughly and frequently

Who Adheres?



There were no associations between sociodemographic factors and adherence to physical distancing

Face covering



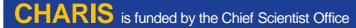
Hand washing



Who is MORE likely to? 65+ year olds

Who is LESS likely to? People who work fulltime Households with more than 3 adults There were no associations between sociodemographic factors and adherence to hand washing





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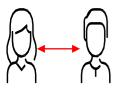
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Using behavioural science to understand adherence

CHARIS is using three theories to understand how different beliefs and emotions affect adherence.

- Beliefs and emotions about COVID-19
- Beliefs about risk of infection and beliefs about how to reduce that risk
- Beliefs about the three types of transmission-reducing behaviours (physical distancing, hand washing and wearing face coverings)

BELIEFS AND EMOTIONS ASSOCIATED WITH GREATER ADHERENCE



I am anxious about getting COVID

Being ill with COVID would be **serious** for me

I **intend** to keep 2m distance

I am **confident** I can keep 2m distance

I **believe** most people in my area are following government instructions



COVID would have major consequences for my life

COVID is **caused** by:

- other people not keeping 2m distance
- · my not wearing a face covering

I spend time worrying about getting COVID

I am anxious about getting COVID

Being ill with COVID would be **serious** for me

If I follow government instructions it **will stop me getting** COVID

I **intend** to wear a face covering

I am **confident** I can wear a face covering



COVID would have major consequences for my life

You can get COVID more than once

COVID is **caused** by:

- other people not keeping 2m distance
- my not wearing a face covering
 I am anxious about getting COVID

Beliefs about risk of infection were not associated with hand washing

I intend to wash my hands thoroughly and frequently I am confident I can wash my hands thoroughly and frequently

