

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

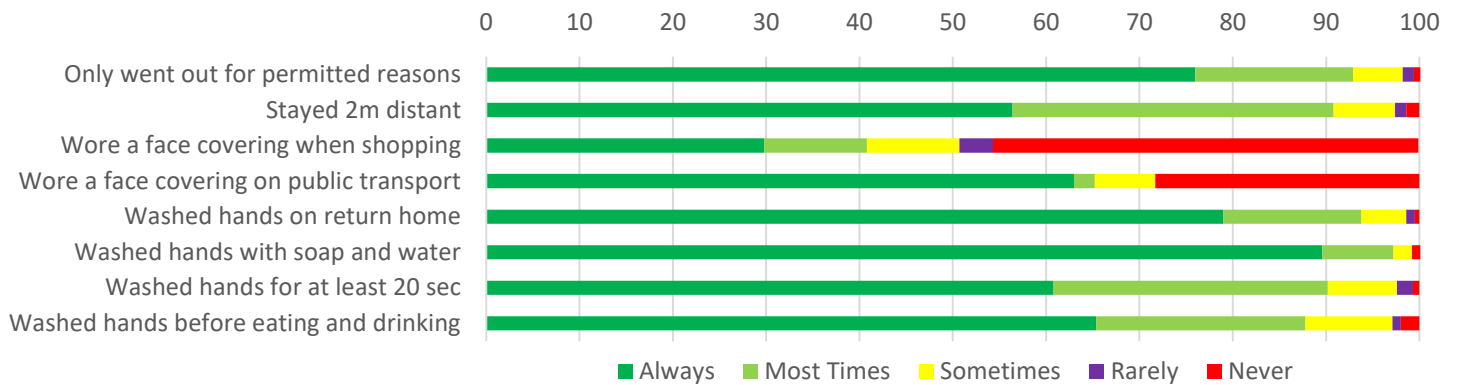
www.abdn.ac.uk/CHARIS | @CHARIS_CVD19

25th June – 1st July
Route Map: Phase 2



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



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: 4 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?

Keeping 2m distance



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

Face covering



Who is MORE likely to?
People shielded by the Government

Who is LESS likely to?
People who work fulltime
Households with Children

Hand washing



Who is MORE likely to?
Women
People living in South Scotland

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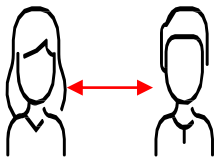
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Using behavioural science to understand adherence

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



Beliefs and emotions about COVID were not associated with physical distancing

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

I **intend** to keep 2m distance
I **intend** to wash my hands frequently and thoroughly
I am **confident** I can keep 2m distance



COVID would have major **consequences** for my life
COVID **symptoms** will last a long time
COVID is **caused** by:
• my not wearing a face covering
I spend time **worrying** about getting COVID
I am **anxious** about getting COVID

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

I am **confident that I can avoid getting COVID** by following Government instructions

I **intend** to wear a face covering and to keep 2m distance and to wash my hands frequently and thoroughly
I am **confident** I can wear a face covering and keep 2m distance and wash my hands frequently and thoroughly



COVID would have major **consequences** for my life
COVID **symptoms** will last a long time
COVID can be **cured** with treatment
You can get COVID more than once
COVID is **caused** by:
• 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 and to wear a face covering and to keep 2m distance
I am **confident** I can wash my hands thoroughly and frequently and wear a face covering and keep 2m distance



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