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

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

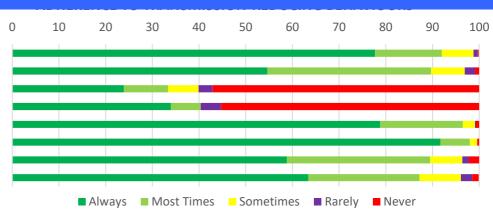


www.abdn.ac.uk/CHARIS | @CHARIS CVD19

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 3<sup>rd</sup> 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?



**Face covering** 



**Hand washing** 



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

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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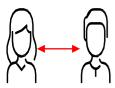
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## Using behavioural science to understand adherence

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

