

# MIXED-METHODS RESEARCH TO UNDERSTAND COVID-19 APPROPRIATE BEHAVIOUR (CAB) IN INDIA

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## Background

COVID-19 affected billions of lives across the world. In India too, the first positive case of COVID-19 appeared in January 2020, followed by multiple waves of the virus, with COVID-19 infections reaching on an average 40,000 cases per day in June–July 2021. The effective management of the pandemic largely depends upon communication of the pandemic and an inquiry into people’s knowledge, attitudes, behaviours, and practices about it.

A study was conducted in 10 cities and 12 districts across 11 states to assess the knowledge, attitudes and behaviours about COVID-19, and the practice of various preventive measures and perception towards vaccination among people across various socio-economic groups. These insights guided UNICEF and the Ministry of Health and Family Welfare in the re-designing of communication strategies and messaging around COVID-19.

## Specific Aims & Objectives

The study intended to assess the knowledge, attitudes and behaviours about COVID-19, and the practice of various preventive measures and perception towards vaccination among people across diverse socio-economic groups.

The objectives of the study were as follows:

- ▶ To assess the extent of awareness or knowledge and behaviours appropriate to combat COVID-19 and actual adherence to appropriate behaviours among the general population, both within individual households and among people at public places
- ▶ To find out reasons behind complacency regarding CAB across households in different types of settlements
- ▶ To evaluate perceptions towards the COVID-19 vaccination drive and individual attitudes towards vaccine inoculation of self and other household members

## Methods

Methods	Scope
Observation	300 observations in each city or district to understand how the general population practises social distancing and personal hygiene in 10 common public places such as local markets in colony/slum, shopping malls, transport hubs, open parks/gardens, etc.
Social Experiments	Enquire instant reactions of individuals after facing question on non-practicing CAB in public places and mapping the most prevalent reasons for the same. Almost 50 random samples were selected from the 10 observation sites for the social experiment.
Knowledge and Attitude Survey (Household Survey)	Assess awareness towards COVID-19 disease and vaccination, the practice of CAB and reasons for not following the same across households with differential access to various basic amenities such as availability of rooms, handwashing facilities, drinking water connections, etc.

## Results

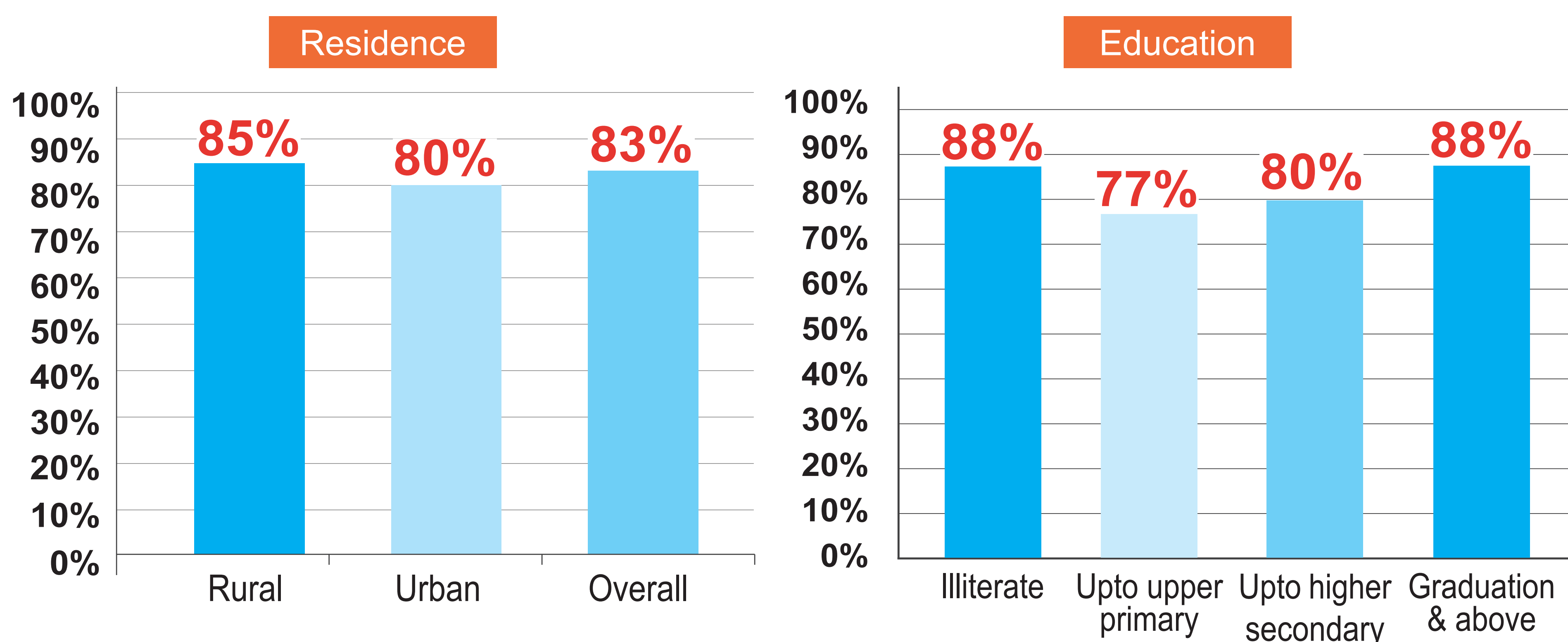
The findings obtained from the study suggested that knowledge levels varied significantly between rural and urban areas, and across different urban localities, gender, age groups, and levels of education. The overall knowledge level was poorer in rural areas, among women, and those with up to upper primary education.

Lack of information about the COVID-19 virus, its treatment and availability of vaccines was also higher in rural areas and among those with less education. Another segment that was found to be lacking in awareness was senior citizens, who particularly had poor knowledge about testing facilities and treatments and therefore needed targeted communication. The study also found hesitancy regarding the effectiveness of the vaccine, which was higher in urban areas and among those who have completed education up to primary and higher secondary level.

The study also showed that the practice of CAB was particularly poor in rural areas, among men, adults (46–60 years) and senior citizens (60 years and above). It was also notably less in public places such as open markets, religious places, streets, and tea stalls. On the other hand, it was more strictly followed at places like malls and restaurants, clearly indicating a class bias.

## Graphs/Figures

Percentage of people who have knowledge about usefulness of COVID-19 vaccine by:



## Conclusions

1. The study clearly indicated that lack of information, misinformation, and fear were major challenges in the practice of preventive measures and in the decision to get vaccinated. In this regard, a well-conceived national as also state-specific communication strategies were developed and modified to tackle the ‘infodemic’, especially among the most marginalized and those with no digital literacy.
2. The study also brought out television and mass media as the most widely accessed mediums of dissemination. As a result, an edutainment serial, *Duur Se Namaste* (greeting from a distance) based on the context of the COVID-19 pandemic was produced and broadcasted by the Social and Behaviour Change section, UNICEF-ICO on *Doordarshan*, a public service broadcaster.
3. In communities and regions where access to mass media and penetration of government awareness programmes were low, trusted health workers and influencers within the communities such as ASHAs, youth volunteers, self-help groups, and traditional leaders/influencers were mobilized to spread awareness among the most marginalized groups.
4. Additionally, the evidence gaps from the study were used to inform other studies such as the Community Rapid Assessment which was conducted in 10 states.
5. The innovative methodology of the combination of observation and social experiment was shared widely by UNICEF at the regional level and adapted by other countries.

## Acknowledgements

- Dr. Yasmin Ali Haque, Country Representative, UNICEF, for entrusting NIUA with this research study.
- Dr. Meera Dhuria, Deputy Director, Department of Epidemiology Division and Dr. Sudarshan Ramaswamy for conceptualizing the study and providing guidance in development of the research tools.
- Ms. Alka Malhotra, SBC Specialist, and Mr. Kanchan Dyuti Maiti, former Planning and Evaluation Specialist, UNICEF-ICO for their constant support and valuable insights.
- Dr. Ritu Singh Chauhan from World Health Organization, India for her suggestions.
- Mr. Nisar Ahmad and Ms. Varsha Chanda, Envisions Institute of Development, for developing the survey tools and training the field investigators.
- All India Institute of Local Self-Governance (AIIILSG), for their support in carrying out the primary survey.
- The research, design, and finance teams at NIUA and Mr. Hitesh Vaidya, Director, NIUA, for his constant encouragement and support.

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