



Behaviour Change Model for Living with Covid-19

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Why in News

Recently, **Meghalaya** has issued a **new health protocol** saying that it would consider everybody as an **asymptomatic** (showing no symptoms) **carrier of Covid-19 'by default'** because it is the best way to prevent the threat of community transmission with **migrants** returning to the state from different zones.

Key Points

- **Behaviour Change Model for living with Covid-19:**
 - The pandemic has resulted in two kinds of fear: **fear for the loss of life** and **fear for the loss of livelihood**, that is why the state wants to build a system through which **people can protect themselves and carry out their livelihood** at the same time.
 - People have to live with the coronavirus now and that could be achieved through what psychologists call the '**locus of control**', or **the extent to which one feels control over events in their lives**.
 - As soon as people think that they could be Covid-19 positive, their entire **behaviour changes and they become more cautious and feel responsible** for their actions and thus help to reduce the risk of community transmission.

- **Implementation Method:**

- To implement this, there is a **four-pronged plan** that suggests **testing** everyone who enters the state, **isolating** them, **stressing on behavioural change** and finally **training** them.
- Everyone in the state shall be treated as **Category A patients** unless they are tested on a continuous basis.

This implies **living with the assumption that every person could be an asymptomatic, mobile carrier of the Covid-19 virus**, with a probability of transmitting the virus to others unknowingly.
- The Category A patients will have to follow **three non-negotiable practices: compulsory mask-wearing, hand hygiene and social distancing.**
- For that, the health department of the state has built a series of training modules by **dividing the entire population into three categories:**
 - The elderly, who are above 65.
 - Those who have **comorbidities** (It is the presence of one or more additional medical conditions often co-occurring with a primary condition and is associated with worse health outcomes, more complex clinical management and increased health care costs).
 - The mobile group or the mobile workforce including students who are constantly on the move.
- The **Health Department will carry out the training** with the help of identified master trainers and **a certificate will be provided** to all those who have successfully completed training.
- The two main components of training include **checklists and self-help diaries.**
 - **Checklists:** A checklist, with a **set of model questions** which address topics such as hand hygiene, social distancing, respiratory etiquette, will be provided for all three groups. The checklist is designed in such a way that **one can rate themselves** out of ten based on their performance on that day.
 - **Self-help Diaries:** The senior population and those living with comorbidities can use these as a tool to monitor themselves. **Accredited Social Health Activist** (ASHA) and **Anganwadi** teams will go to every house to train this section.

Way Forward

- Behavioural change does not happen through scaring people and it can be hoped that constant repetition of these habits, using the self-help diary or checklist through appreciation and progress monitoring will lead to change.
- In the healthcare field, **behavioural economics** can address concerns about optimizing people's well being.

- The shifts in responsibility will create a supportive environment that will remove fear and encourage compassionate care towards fellow beings.

Source: IE