

Behavioural Changes can be Engineered After All – as a Package Deal in The Wake of COVID 19

Running Title: Behavioural Changes during COVID- 19

Strange things are happening as an aftermath of the contemporary Corona crisis. There is a need to analyse these to understand the intricacies involved with respect to human behaviour as well as the governance. General public, health professionals, political leaders as well as administrative authorities, all have shown some or other changes in their routine working or living style while handling the COVID 19 situation. Response of different sections of society has also been different.

It is often said that behavioural changes are difficult to bring about. But people did significantly change since January 2020 in the wake of corona scare and they did it very fast. The established 'norms' were transcended. Many of these 'deviations from the normal' among the stakeholders were witnessed for the first time, because of Corona situation. These have been enlisted below, though the tally is not exhaustive. It is just indicative of the actual situation.

A. International scenario / universally seen in most countries

- ✓ Western, well to do countries were affected more (many are in deep crisis)
- ✓ America reacted strongly to the situation. It criticized China vehemently. It also withdrew support to WHO.
- ✓ Long, extended lockdowns, were enforced in almost all the countries globally

- ✓ This led to extensive and prolonged economic (factories / offices) shutdowns
- ✓ Intentions and complicity of China (in generating and inflicting this malady) has still remained a mystery. Reports indicate gross manipulation of data by China(under-reported number of Corona cases and deaths)
- ✓ Some countries were stigmatized, as the epicentre of the spread of cases.
- ✓ Widespread stigma was also seen against the people belonging to some ethnic groups and some professional groups. Root cause for the same was linked to the fear and panic (about the chances of spread/ catching of infection)
- ✓ International travel (a downside of globalization) became a reason for the fast and relentless spread of Corona cases

B. India / country level

- ✓ Hon'ble Prime Minister of India addressed the nation 5 times during such a crisis.
- ✓ Similarly, state chief ministers also frequently addressed the people.
- ✓ A 'Janta Curfew' was successfully enforced across the nation
- ✓ Extensive communication of the sets of prevention / disease management related guidelines / SOPs from ICMR / MOHFW was done. These were regularly reviewed and revised.

- ✓ Extensive behavioural interventions were enforced on people, who complied with these ,e.g., almost universal use of the masks (there was a provision of a penalty for violation); Social distancing; hand hygiene(sanitizers use)
- ✓ There was extensive use of power by the government, the police and even resident welfare associations
- ✓ Massive communication exercises were there between various departments
- ✓ Extensive use of statistics / data / graphs /models / predictions etc. was witnessed in media reports. Mostly, it was (wrongly) used by different states to prove themselves better than others.
- ✓ Use of IT application / Aarogya Setu by people was also widespread, voluntary as well as enforced.
- ✓ Online money transactions increased
- ✓ Banks were closed for some weeks
- ✓ Markets , malls, cinemas , eating establishments were closed for months
- ✓ Prolonged entertainment industry (films / TV / Theatre) shutdowns was seen
- ✓ Extensive and prolonged hospitality sector shutdowns was witnessed
- ✓ Almost universal shutdowns of teaching institutions (schools / colleges / universities) was the norm
- ✓ Tuition classes were suspended
- ✓ Exams / viva –are now being held through Skype calls / Google meet etc.
- ✓ Extensive and prolonged shutdowns of air / road / rail / water based transport / travel were seen ; both international and domestic
- ✓ Media reports focused on a public health crisis for such a long time

- ✓ Maids were debarred from working
- ✓ Massive interstate migrant labour exodus ensued (on foot or other means)
- ✓ Health remained as a political agenda for quite a long time

C. Community level

- ✓ Widespread stigma and discrimination was witnessed against the international travellers, the quarantined / suspect / confirmed / cured cases as well as against the health care staff
- ✓ Concealment of cases resulted because of this stigma
- ✓ Home quarantine was seen by this generation of people for the first time (after a long time since small pox)
- ✓ Widespread interruptions in provision of essential services and supplies (daily needs) was commonplace. There were extensive / intensive efforts by the civic administration to tackle the same.
- ✓ People could not avail the services of plumbers, electricians carpenters tailors tea shops, paan, bidi, liquor shops, Barbers, haircuts, beauty salons.
- ✓ Some people realized the worthlessness of worldly possessions, money etc.
- ✓ People realized what is essential and what the bare minimum necessary things in life are.
- ✓ Panic buying(and hoarding)was seen on a large scale
- ✓ Religious places were closed for months
- ✓ Fear and phobia pertaining to the spread of the disease was seen among people
- ✓ Loneliness was experienced by many people
- ✓ Rich, middle class and poor sections of society reacted differently to the crisis

- ✓ People realized the importance of kitchen garden.
- ✓ Elderly (above 65 yrs) and children (below 10 yrs) were prohibited from venturing out of their homes
- ✓ Leisure walks were suspended

D. Home level

- ✓ Home kitchens ambience changed. New as well as old recipes were tried.
- ✓ Home delivery from eateries, which had picked up very fast in the last decade, were stopped.
- ✓ Social interaction (visits), formal as well as informal, was suspended.
- ✓ Drawing rooms remained unused for months(no guests)
- ✓ 'Work from home' (which had been started long back in private sector) was widely practiced, even in govt. offices.
- ✓ Burden on housewives increased, since maidservants were not available (not allowed in houses)

E. Professional Life

- ✓ Public health professionals demanded their due, their place in the plan of the things. Conferences, picnics, outings were suspended.
- ✓ Flurry of webinars, video uploads was seen

F. Health care sector

- ✓ Use of PPE kits etc. was quite widespread by health professionals
- ✓ Suspension of routine OPDs was enforced
- ✓ Implementation of the concept of screening OPDs was done in hospitals
- ✓ Closure of bulk of the private clinics/ hospitals was seen
- ✓ Reluctance / apathy of doctors for tele-consultation relaxed. (many

start-ups ventured in to telemedicine service provision)

G. Media

- ✓ Widespread TV debates / You tube uploads on CORONA (individual as well as institutional)were seen
- ✓ Newspapers were discontinued by many people,
- ✓ Fake news also floated
- ✓ Community Medicine department (of PGIMER, Chandigarh), was wrongly blamed by Dainik Bhaskar for worsening of Corona situation in the city

To conclude, various domains have been affected due to Corona crisis, with significant changes, e.g., Professional and office work, family life, eating habits, social life, shopping, markets, industrial sector, entertainment, reading habits, street vending etc.

Another thing which became clear in 2020 in crisis like Corona, generic, age old preventive measures (which have been a part of the routines established in our culture) seem to be the only way out. Back to the basics appears to be the clarion call. For example, generic social distancing measures like use of 'Namaste' instead of westernized 'hand shake'. This is because, no specific measures against Corona are available (vaccines and medications are still a far cry). This is likely to be true for any virus based pandemic, even in future. Again, this is particularly true for the infections which spread through respiratory route, where person to person spread is very fast.

Widespread blame games have also been witnessed during Corona crisis. Frequent intra- and inter departmental fights / debates within and outside hospital/medical colleges have also been there. Interstate differences in the skills and attitude of administrators in handling the Corona crisis also became apparent. Some have handled it well, while others committed mistakes. Impact of shutdowns

is also being hotly debated. Contrary opinions are being expressed. On one hand, some countries have been quoted to have realized that delay in (or lack of) imposition of shutdowns was a blunder; on the other hand, many experts are criticizing their own country for 'draconian lockdown' [1].

All said and done, one thing that has dominantly emerged in this crisis is that the self-reliance concept and capacity of villages has been realized by many, while exposing the ever-increasing dependence of urbanites (on maidservants, essential service providers, departmental stores and street vendors etc.). Importance of neighbourhood provision stores also dawned upon people.

Lastly, about behavioural change efforts, we can say that, 'You can tell people to change; they may or may not change. You force people to change, they may concede and comply. But, it remains to be seen as to when will the reverting back to original lifestyle may happen. We have to wait to witness, 'Till what time these changes will be sustained?' We will come to analyse (and realize), what are the temporary changes and what are relatively permanent.

Also, the author is of the opinion that the present Corona crisis is more of a

management and administration issue, rather than just exclusively being an epidemiological conundrum to be solved. Public Health Professionals need to realize that political compulsions are an integral part of decision making for such a crisis. They have to understand that once the Epidemic Disease Act and Disaster Management Act come into force effectively, the bureaucracy has to be proactive.

Public health professionals have to and should play an active as well as supportive role constructively in any pandemic situation. Before blaming the central government, they should do a self-check whether they could convince their institutional administration to give them their due place in the scheme of things. Did they criticize their own Chief Executive officer for not giving due importance to them?

Reference

1. Indian Public Health Association (IPHA), Indian Association of Preventive and Social Medicine (IAPSM) & Indian Association of Epidemiologists. 2nd Joint Statement on CoVID-19 Pandemic in India – Public Health Approach for COVID19 Control 25th May 2020

Dr. Amarjeet Singh

Professor & Head, Department of Community Medicine & School of Public Health, Postgraduate Institute of Medical Education and Research, Chandigarh

Email: dramarjeet56@gmail.com

-----*-----