

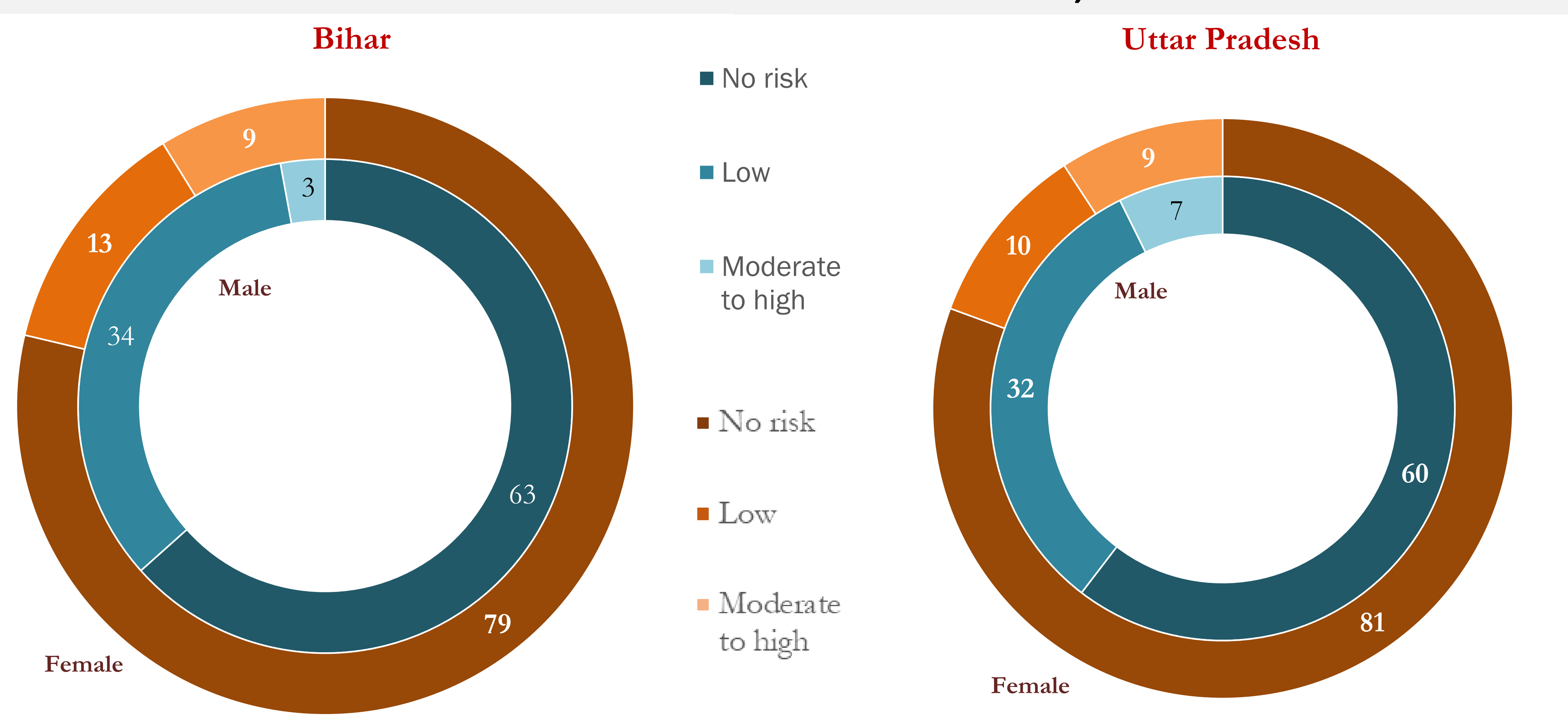
# Low perceived risk: a potential challenge to continuation of preventive behaviors in the war against COVID-19

**India**, with **21,700** cases reported as of April 23, currently accounts for just **0.8%** of the COVID-19 cases worldwide. The nationwide lockdown may have helped contain the initial COVID-19 outbreak. With increase in number of tests done per day, the size of the outbreak will be clearer in days to come. However, the risk of spread remains until it is completely contained, and therefore, it is critical to ensure ongoing adherence to current social distancing and handwashing behaviours.

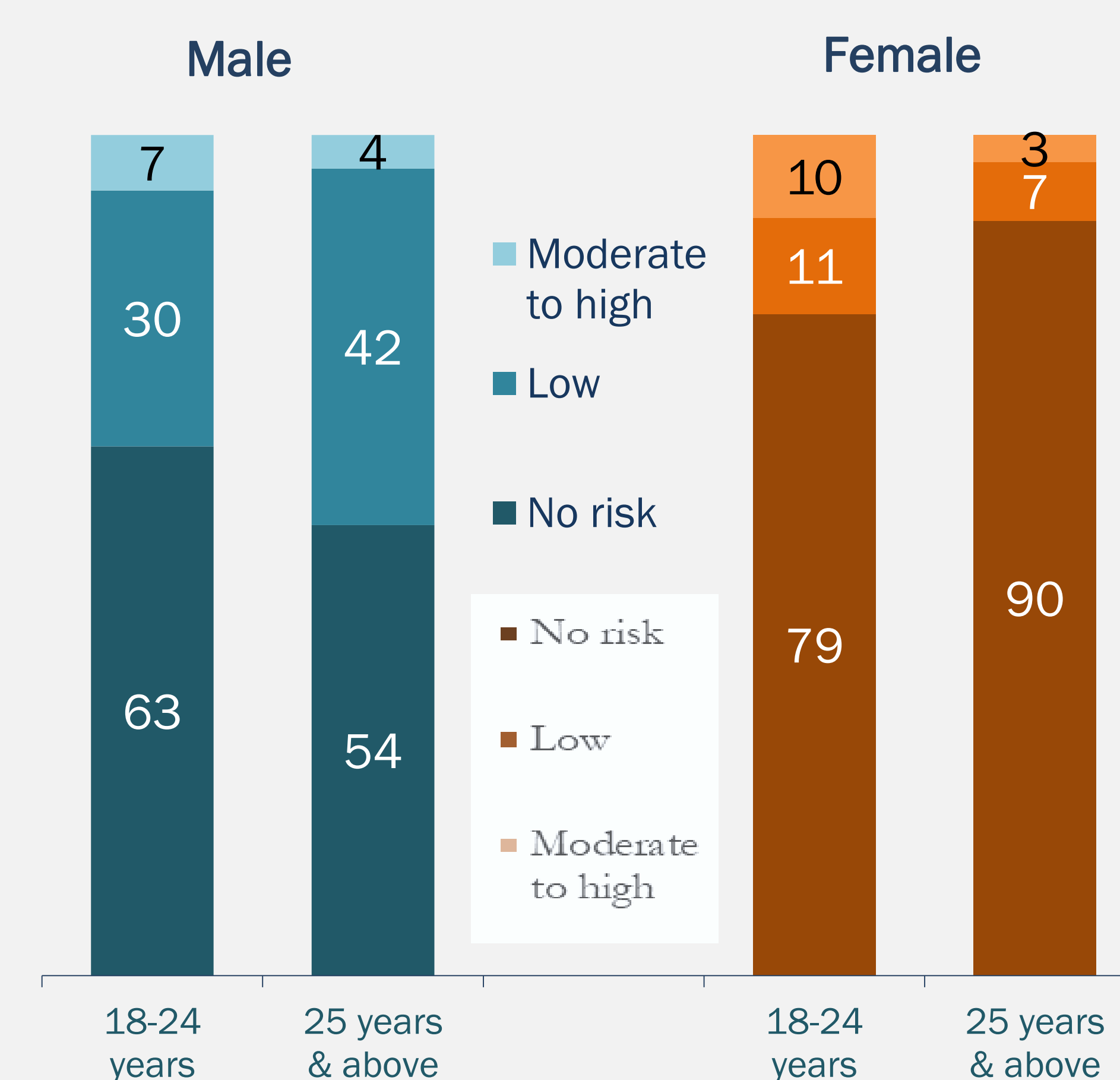
An ongoing COVID-19 knowledge, attitudes and practices study implemented by the Population Council Institute in Bihar and Uttar Pradesh sought to assess the extent to which study participants felt personally at risk of COVID-19 (see Box 1 for a profile of study participants).<sup>1</sup>

Profile of study participants (N=2,041)		
<b>Age</b>		
18-24	81%	89%
25 and above	19%	12%
<b>Education</b>		
None	3%	12%
1-7	6%	10%
8-9	12%	16%
10 and above	79%	62%
<b>Place of residence</b>		
Urban	54%	43%
Rural	46%	57%
<b>State</b>		
Uttar Pradesh	492	989
Bihar	175	385

Although all participants were aware of COVID-19, their risk perception was very low in both Bihar and Uttar Pradesh. More females than males perceived their risk to be none in both states (79% vs. 63% in Bihar and 81% vs. 60% in Uttar Pradesh).



More young men and women (ages 18-24) believed that they were at moderate to high risk, compared with, adult men and women (ages 25 and above)

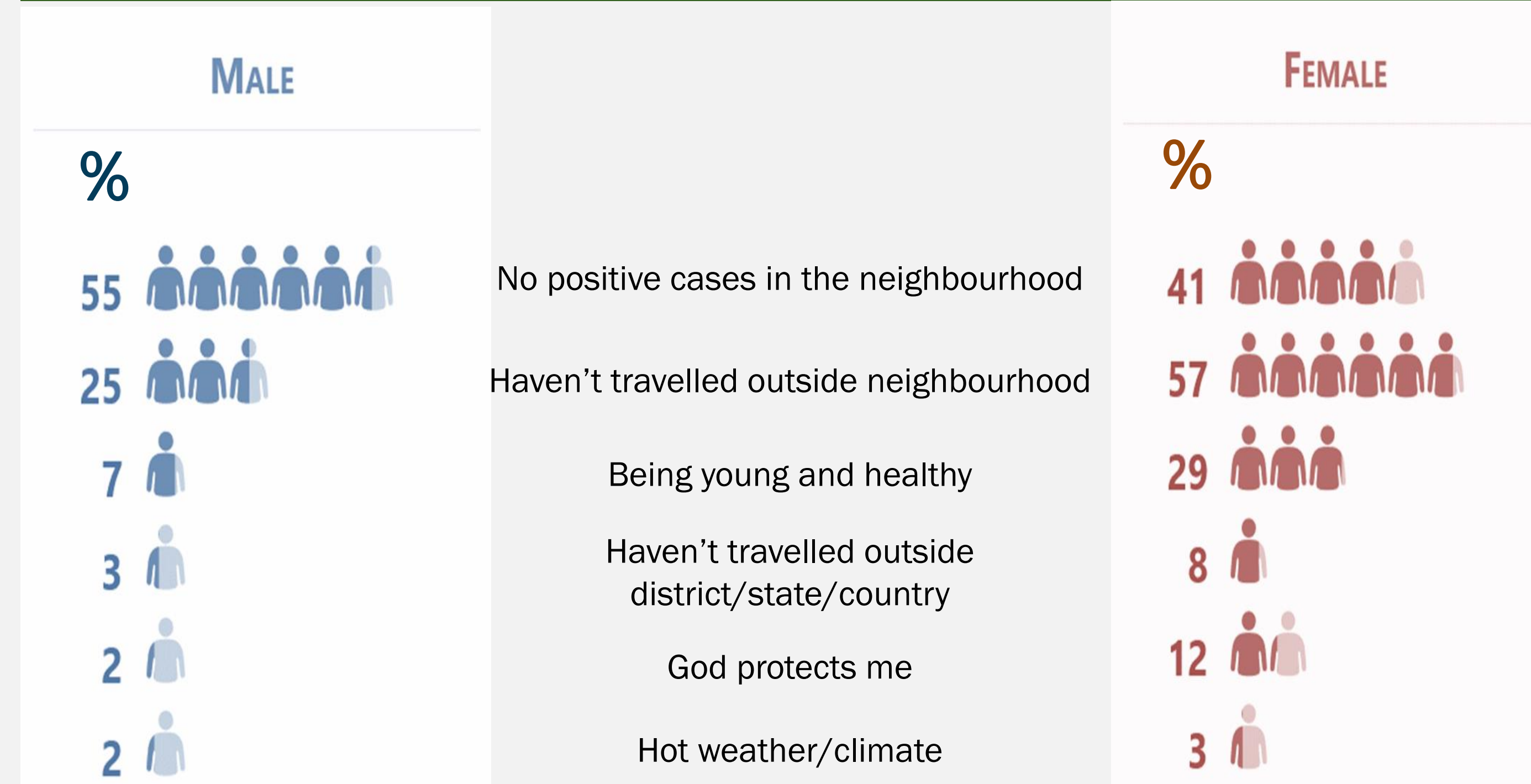


Perceived self-risk did not differ significantly between participants in urban and rural areas.

Prominent reasons for very low risk perceptions were **absence of any positive case in their neighbourhood and no history of travelling outside their neighbourhood, district, state or country.**

At the same time, there were misconceptions among those who perceived to be at no/low risk. Females were more likely than males to attribute their low risk to beliefs that they are young and healthy, god will protect them or the virus will not spread under hot weather; they also had less accurate information about symptoms and preventive behaviours.

Among those who perceived their risk to be none or low, reasons include



Despite our concerns stemming from low perceived risk, so far we see very high adherence – 94-96% staying home, 68-89% washing hands/using hand sanitizer more. Continuation of these behaviors shall be the priority!

Behavior change campaigns to promote social distancing and handwashing behaviours may strongly encourage personal risk assessment, especially among youth in order to protect not only themselves, but also older family members. There is also a need to debunk the myths and misconceptions about COVID-19.



The Arogya Setu App, introduced by MoHFW needs to be popularized in both rural and urban areas because it contains information about transmission and prevention measures and enables individuals to assess their risk and create awareness of proximity to COVID-19 positive cases!!!

**Survey Methodology:** Details can be accessed at: <https://dataverse.harvard.edu/dataset.xhtml?persistentId=doi:10.7910/DVN/8ZVOKW>

<sup>1</sup>The study builds on the UDAYA longitudinal study of adolescents; to know more about UDAYA longitudinal surveys, please visit: <https://www.projectudaya.in/>

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Note: This brief presents findings from the first round of the COVID-19 KAP study (N=2041), and results from follow-up rounds will be shared in due course.