COVID-19 IN THE COMMUNITY: THE EFFECT OF OPTIMISTIC BIAS ON DISEASE PREVENTION & HEALTH PROMOTION IN UGANDA

DR. RONALD M. KASYABA
UGANDA CATHOLIC MEDICAL BUREAU
KAMPALA.

Optimistic bias is a widely observed individual cognitive phenomenon in which most individuals unrealistically perceive themselves to be at a lower risk for an adverse event than the average person. This perception influences rational decision-making and impairs the ability to appreciate risk. The currently observed behaviours by the population in Uganda to the guidance on preventive measures against COVID-19 suggest either a misunderstanding of the messages or heavy doses of optimistic bias.

A demonstration of this unrealistic optimism may have both beneficial and harmful consequences. Unrealistic optimism is beneficial in the maintenance of a high level of self-esteem—which motivates individuals to perceive themselves as less (or not) vulnerable to the acquisition of COVID-19, which then reduces anxiety, excessive fear, emotional distress and a sense of helplessness—creating an adaptability, that enables people live their daily lives rather normally without fear.
This, however, may be risky—since it interferes and in fact lowers the individual's ability to take necessary prevention precautions to reduce the risk of acquisition and/or transmission of COVID-19.
If people believe that negative events are less likely to happen to them (optimistic bias) they will pay less attention to risk-related information and will not or are less likely to engage in self-protective behaviours.

Take a cursory look around, you will notice that face masks in public are placed just below the lips or below the chin (sometimes the facemask is circling the neck!), hand-washing at the entry in bank, restaurant, supermarket or any other public place is done with only one hand or with just the thumb & index finger (*sometimes without soap),* and in some instances at entry into public transport vehicles, you are sprayed with a liquid which is not perhaps a sanitizer—sometimes just plain water! The placement of facemasks while in taxis is done at the sight of the traffic police officer!, and is immediately tucked away after passing by the police by most passengers. People are shaking hands, hugging and crowding with total disregard of any precautionary measures.
This popular behaviour of a sense of individual invulnerability may have been worsened by the continued Government reporting of numerous recoveries (despite increasing COVID-19 cases) and sustainably highlighting no-deaths due to COVID-19 unlike the unfortunate experiences (of deaths) elsewhere!

The failure of adherence to precautionary measures that have been advised and are universally known to either prevent disease or limit the severity is result of optimistic bias to our individual safety, and imagining the "other average person" is more at risk, and should therefore take more precaution.

The government through its various sectors should strengthen the 3 "Es" program—mainly adopted in accident and injury prevention, of **Education, Enforcement,** and **Engineering** to curtail the potential escalation of COVID-19 in Uganda.
Public education, risk information and communication has been provided but I believe it is not enough and is not consistent with the rapidly changing COVID-19 transmission landscape. The education aspect of COVID-19 has also been limited to Ministry of Health and a limited scope to other stakeholders yet there are numerous potential education support infrastructure including faith/religious leaders, cultural & community leaders who hold community trust and can facilitate the education aspect of COVID-19 prevention and health promotion. The education component should enhance self-protective and risk-taking behaviour

The enforcement aspect (of presidential directives, and the Public Health law pertaining to COVID-19 prevention and control) is random, sometimes adhoc and inconsistent.

Uganda, with a track record of having effectively reduced the prevalence of HIV/AIDS, through health promotion campaigns of self-protective and preventive behaviours, at a time when our health care system was incompetent to handle therapeutic and rehabilitative aspects of the disease is still inadequately prepared to handle large numbers of hospitalised COVID-19 cases—but we have systemic strengths in marshalling disease prevention and health promotion efforts which we should optimise.

The health promotion lessons learned from the fight against HIV/AIDS, Ebola, and Marburg in the 1990s & 2000s—targeting individual assessment of vulnerability to acquisition of infection, and therefore encouraging precautionary behaviour, could be used to reduce the number of community COVID-19 infections.