Twitter Thread by Abir Ballan ■

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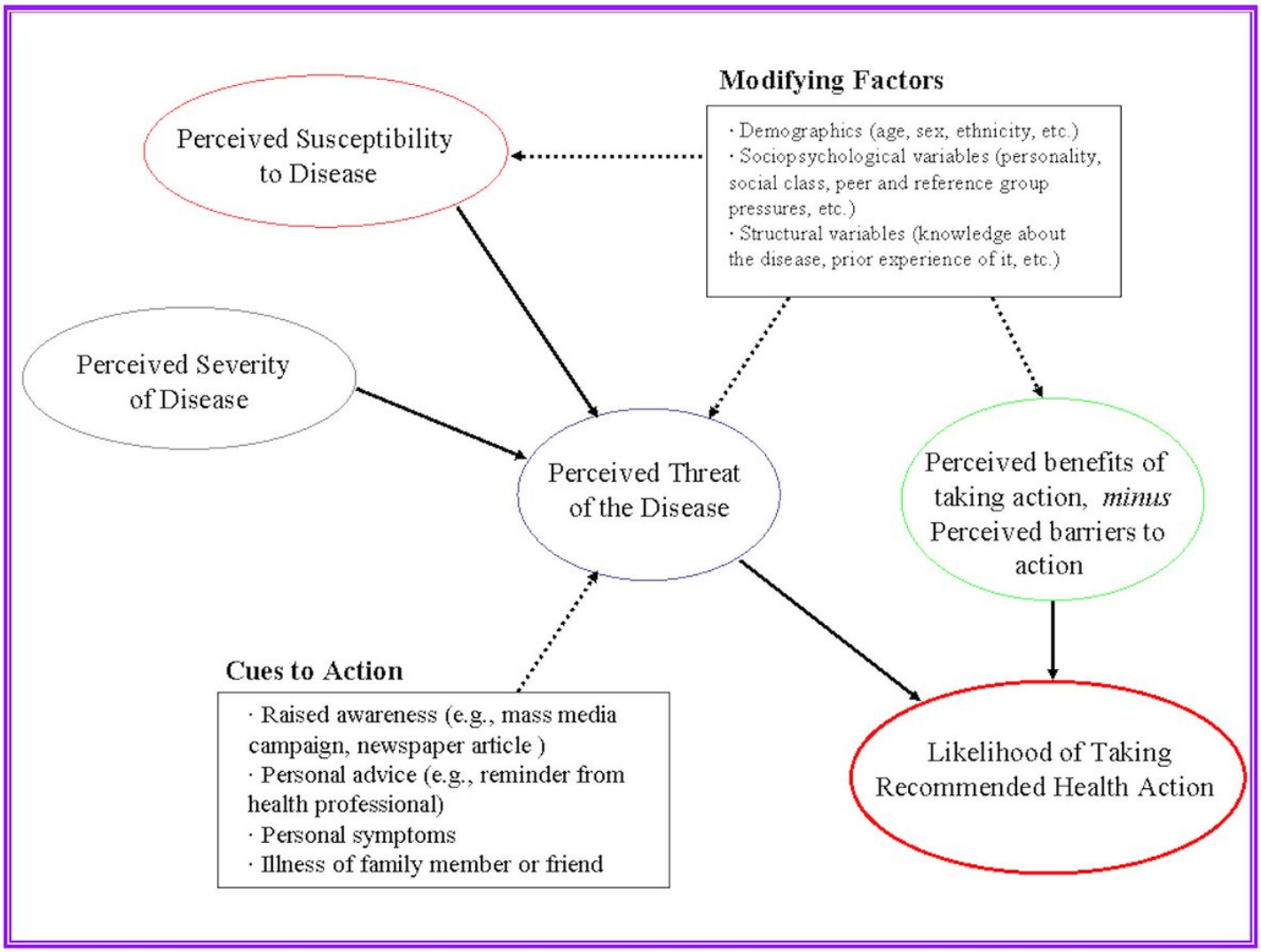
A brief tutorial in health education to show you how sound health education models have been used for manipulation instead of creating health awareness during the COVID 19 pandemic. We'll uses masks as an example of a health behavior.
Are you ready to explore? 1/n

The Health Belief Model (HBM) consists of 5 components: perceived threat (lethality + Susceptibility),
perceived benefits,
perceived barriers and
cues to action.

Familiarise yourself with the definition of each concept in this table. 2/n
https://t.co/1tOz1cJFvc

CONSTRUCT	DEFINITION
Perceived Susceptibility	Belief about getting a disease or condition
Perceived Severity	Belief about the seriousness of the condition, or leaving it untreated and its consequences
Perceived Benefits	Belief about the potential positive aspects of a health action
Perceived Barriers	Belief about the potential negative aspects of a particular health action
Cues to Action	Factors which trigger action
Self-Efficacy	Belief that one can achieve the behavior required to execute the outcome

Study this diagram to understand how the components are interrelated. 3/n
https://t.co/iUoaqNkgyP

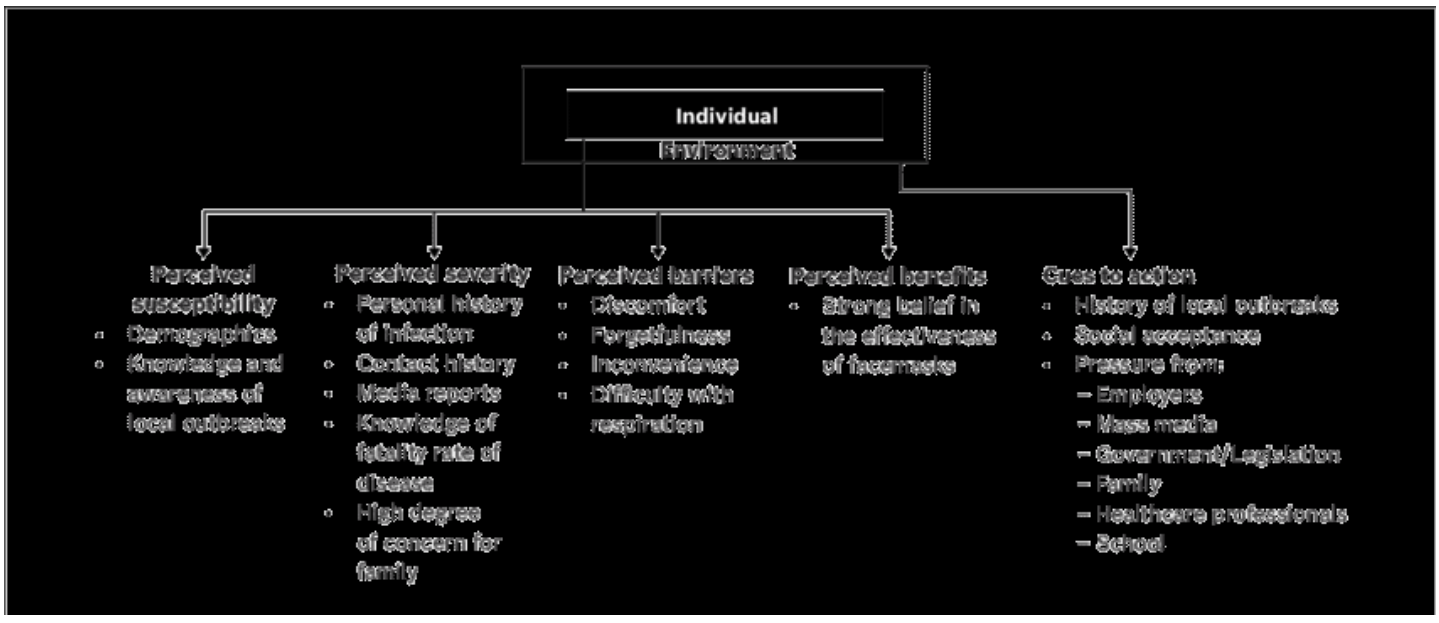


Now let's apply this to the COVID 19 pandemic.

Review this diagram to see how the HBM applies to the behaviour of mask-wearing.

"perceived susceptibility appeared to be the most signi■cant factor determining compliance" 4/n

https://t.co/xF6uwUx12N



Part I: The HBM
Increase the perceived threat of a disease
1) increase perceived severity: Confusing the general public with CFR & IFR- 2 indicators that are an order of magnitude apart.
People understood wrongly that the fatality rate of C19 is 3.4%.
5/n
https://t.co/gxyEd0E9H0

> "Globally, about 3.4% of reported #COVID19 cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected"-@DrTedros #coronavirus
>
> — World Health Organization (WHO) (@WHO) March 3, 2020

2) Increase perceived susceptibility:
People were told that this virus is 'novel' and we are all immuno-naive to it and thus all susceptible. 6/n
https://t.co/C6ySpWQTw7

> We now have a name for the disease caused by the novel coronavirus: COVID-19.
>
> Having a name matters to prevent the use of other names that can be inaccurate or stigmatizing. #COVID19https://t.co/HTNjm27BHw
>
> — Tedros Adhanom Ghebreyesus (@DrTedros) February 11, 2020

Both of these elements increase the perceived threat. So now the entire population feels threatened by a disease that is in fact only harmful to the very few (mostly the elderly with comorbidities). Fear is rampant at this point. 7/n

3) Increase perceived benefits: make people believe that masks can protect them and protect their loved ones
a) Recommendations by authoritative figures such as WHO ...
8/n
https://t.co/rdaMdtA2P3

> "In light of evolving evidence, WHO advises that governments should encourage the general public to wear masks where there is widespread transmission & physical distancing is difficult, such as on public transport, in shops or in other confined or crowded environments"-@DrTedros
>
> — World Health Organization (WHO) (@WHO) June 5, 2020

and the CDC that listed studies with unsound methodologies on their website to support the benefits of wearing masks, such as the 2 hairdressers study!
9/n
https://t.co/8PUPrd3axu

b) create public acceptance through expert endorsements like Dr Tedros, Dr Fauci, and Dr Birx.
(I know what you are looking at. Give him a break. His perceived threat is low.) 10/n



a) another benefit is the avoidance of negative events
avoid stares and harassments by others (fitting in)
avoid being reported on. 11/n
https://t.co/d7UAAMxVgZ

avoid fines and being harassed by the police
12/n
https://t.co/yh51hCRgxG

4) Decrease perceived barriers:
a) increase the accessibility of masks by increasing their supply and promoting cloth masks as an option
13/n
https://t.co/MXNaQHuY06

b) reduce the sense of embarrassment from wearing maks =>turn them into a fashion statement
for women... you are sexy
for men... you are strong
for teens... you are cool
for kids ... you are cute
14/n



4) cues to action:
a) voice reminders in public places & signs in shops and public spaces
15/n



b) Using celebrities to promote masks
16/n
https://t.co/krwsfivfec

c) AD campaigns playing on emotions.
17/n



(FYI: Big budgets behind AD campaigns...) 18/n



Videos playing on emotions 19/n
https://t.co/NPN6S2pjdd

And to my utter disappointment, my favourite superheroine also participated in this...
20/n
https://t.co/cWKoGzW8Hk

=> the outcome of the analysis of perceived benefit minus the perceived barriers within the context of perceived threat determines the likelihood of engaging in the desired behaviour 21/n

Part II: Why is this a manipulation?
1) The severity was exaggerated
The fatality rate is much lower than initially insinuated by WHO. The median IFR (Infection fatality rate) is 0.23%.
22/n
https://t.co/fonxVwW9rE

2) The susceptibility was exaggerated

We are not all susceptible to the virus. SARS-CoV-2 (the virus that causes COVID 19) is closely related to SARS-CoV (2003 epidemic). Many people might have pre-existing immunity that will protect them from this not-so-novel virus. 23/n

NIH reports:
“the evidence that a subset of people has a cross-reactive T cell repertoire through exposure to related coronaviruses is strong.“ 24/n
https://t.co/wQzeAWkKg5

3) Public health is never coercive. People are given accurate unbiased information about risks & benefits then respected to make their own decisions. In this case, people were given misleading information then mandated to abide by certain behaviours. 25/n

4) The health behaviour in question is not even shown to lead to the claimed benefit

“It would appear that despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks.” @carlheneghan @CebmOxfo 26/n
https://t.co/Eo7n9CVzB5

The Norwegian Institute of Public Health review:
"wearing facemasks to reduce the spread of COVID-19 is not recommended for individuals in the community without

respiratory symptoms who are not in near contact with people who are known to be infected." 27/
https://t.co/iggSJjRDV0

from the same review...
“200 000 people would need to wear facemasks to prevent one new infection per week in the current epidemiological situation." 28/n

“we did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility.”-CDC
https://t.co/ulazJvURSI

“At present, there is no direct evidence (from studies on COVID19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including C19.”- WHO 30/n
https://t.co/zdAsllF1vv

5) Mixed messaging from authoritative bodies such as the WHO & CDC recommending masks for the general public on their social media & websites but then publishing reviews that the public will not dig out saying that there is a lack of evidence to support mask mandates. 31/n