World Health Organization
REGIONAL OFFICE FOR Europe

MINISTRY OF INTERNALLY DISPLACED PERSONS FROM THE OCCUPIED TERRITORIES, LABOUR, HEALTH AND SOCIAL AFFAIRS OF GEORGIA

Monitoring knowledge, risk perceptions, preventive behaviours, and public trust in the current coronavirus outbreak in Georgia

(The results of fifth, sixth and seventh waves of the survey)

September 2020 – March 2021

Methodology

Research type: Quantitative cohort study

Research method: Telephone Survey (Average duration – 30 min)

Research instrument: Structured questionnaire

Research object: Adult population (18 years and older) of 11 regions of Georgia

Sample size: 1000 respondents (in each survey wave)

Margin of error: for the whole sample (±3,1% 95% confidence level); The results of the survey are representative according to gender, age, urban / rural population.

Fieldwork:

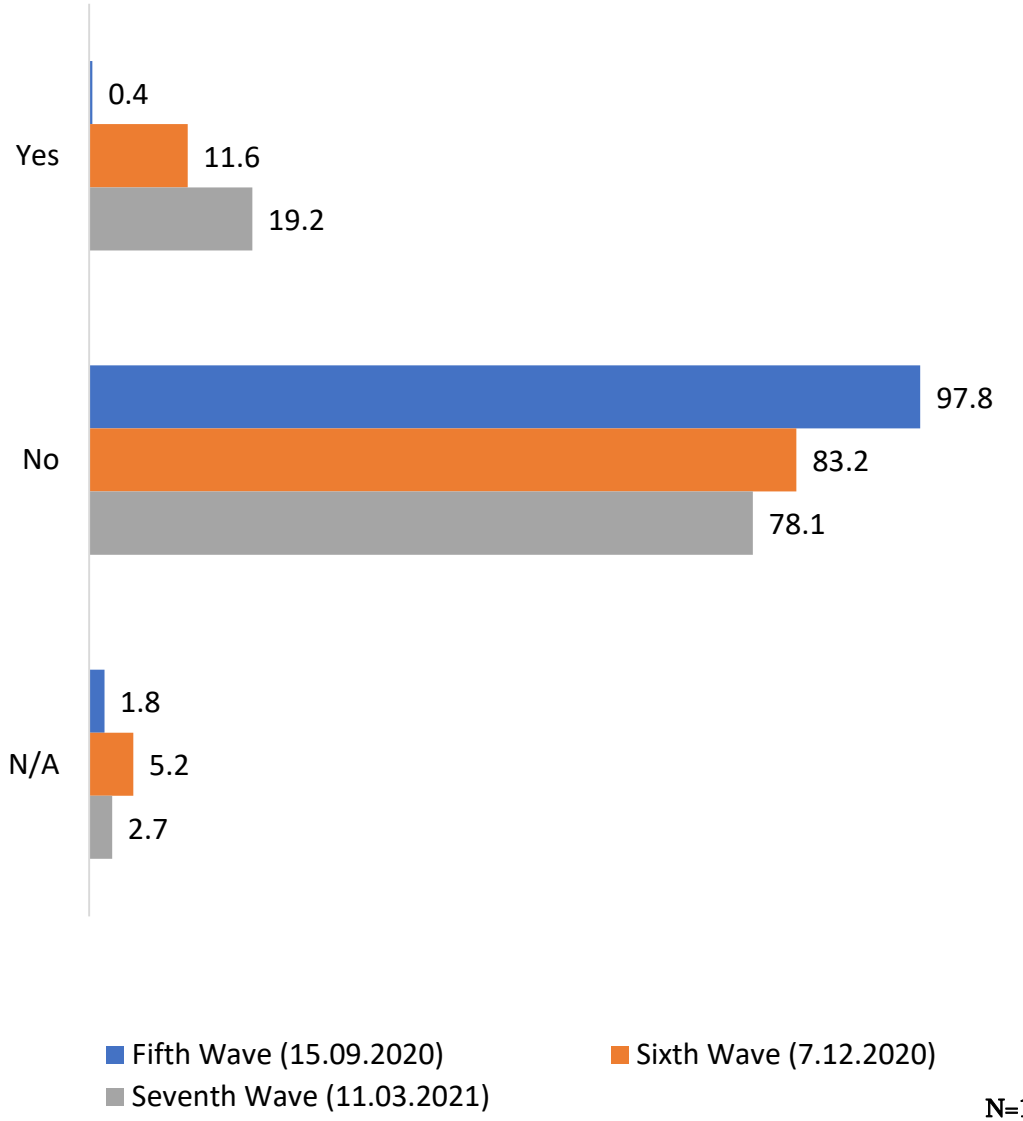
- Fifth wave: September 15-16, 2020
- Sixth wave: December 7-8, 2020
- Seventh wave: March 11-12, 2021

Data analysis methods: univariate, bivariate, multivariate

Getting infected with Coronavirus

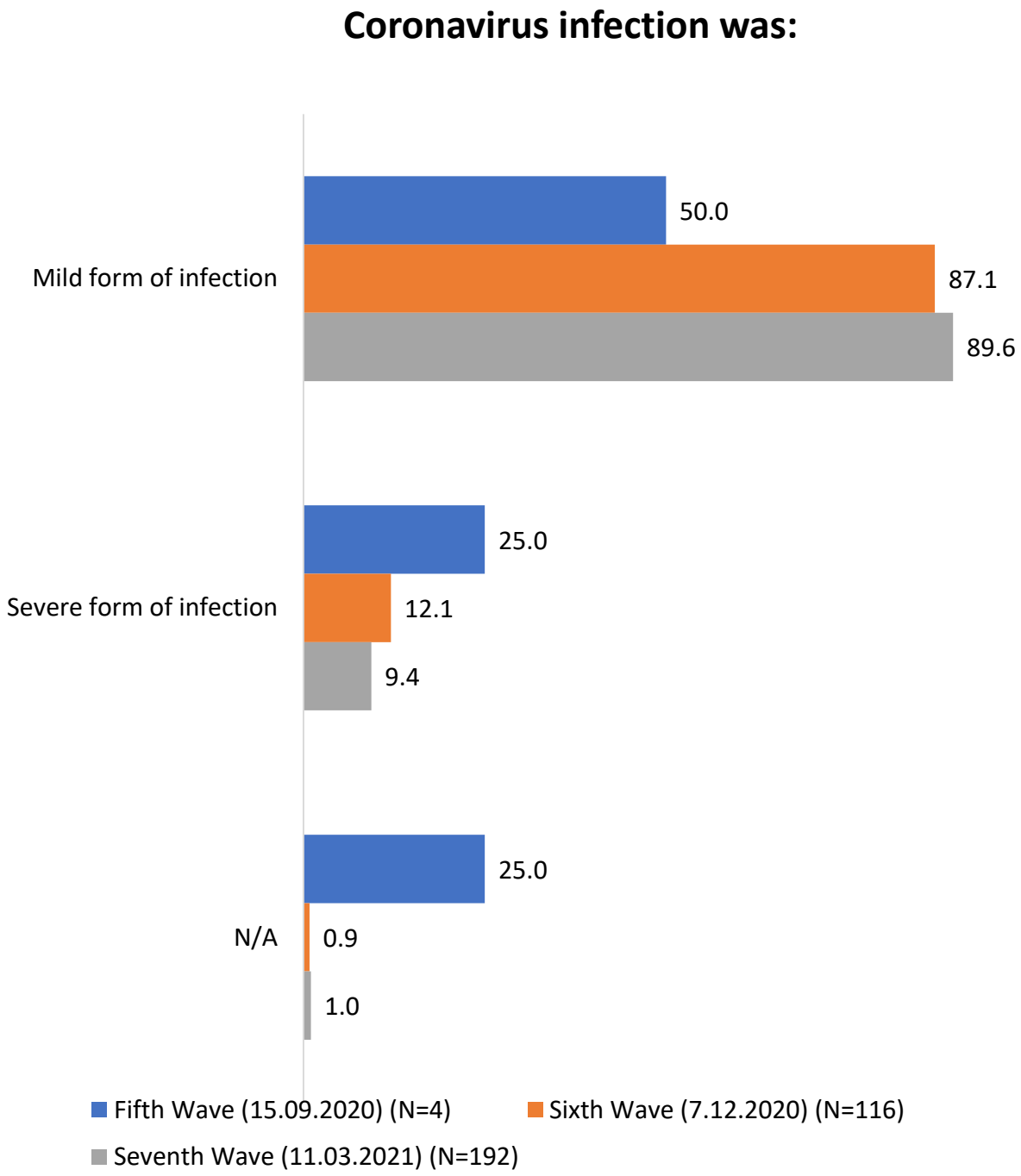
The number of people infected with the coronavirus increases from September to December - in the seventh wave of the survey, every fifth respondent confirms being infected.

How do you think, are you or have you been infected with the novel coronavirus?

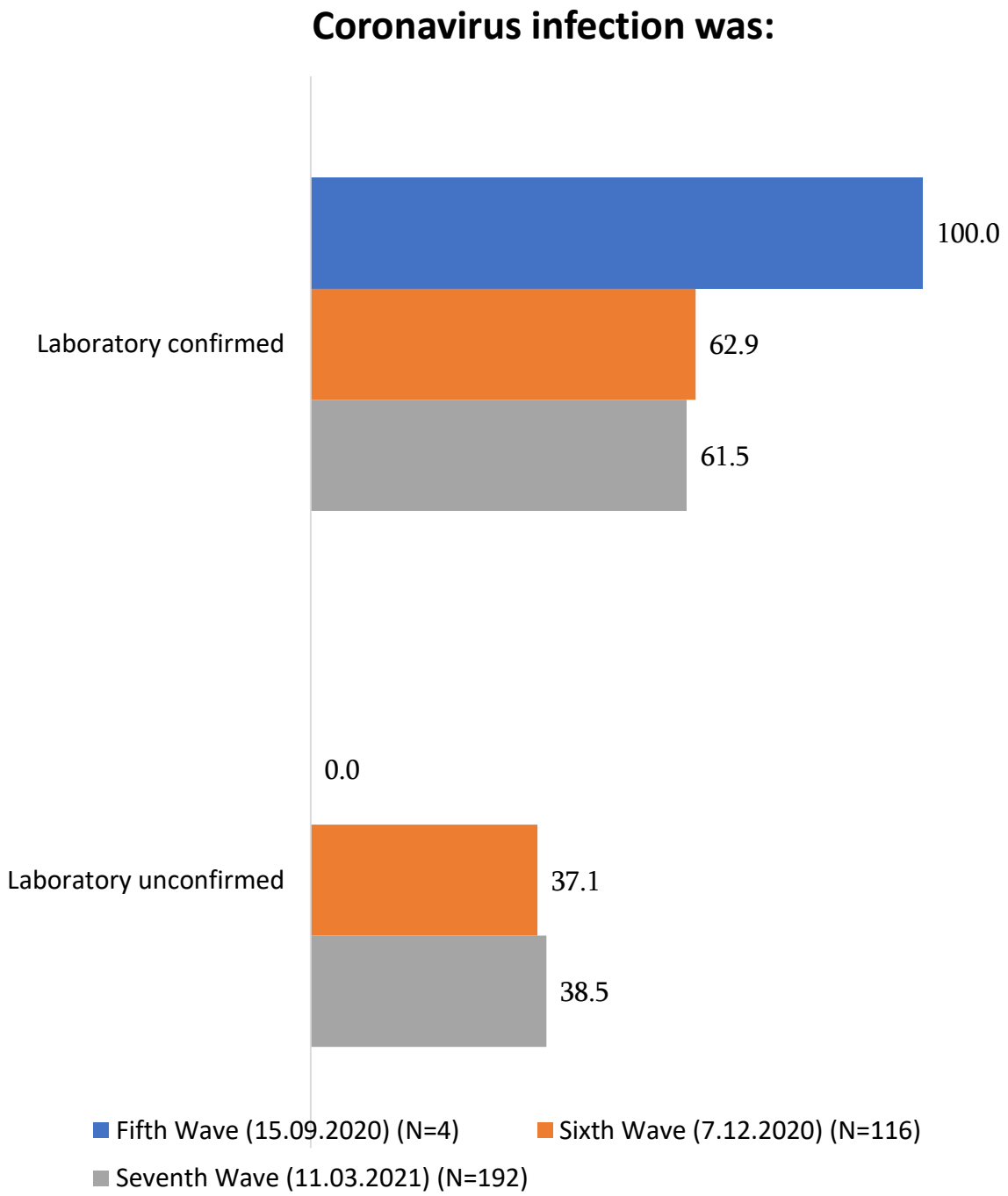


N=1000

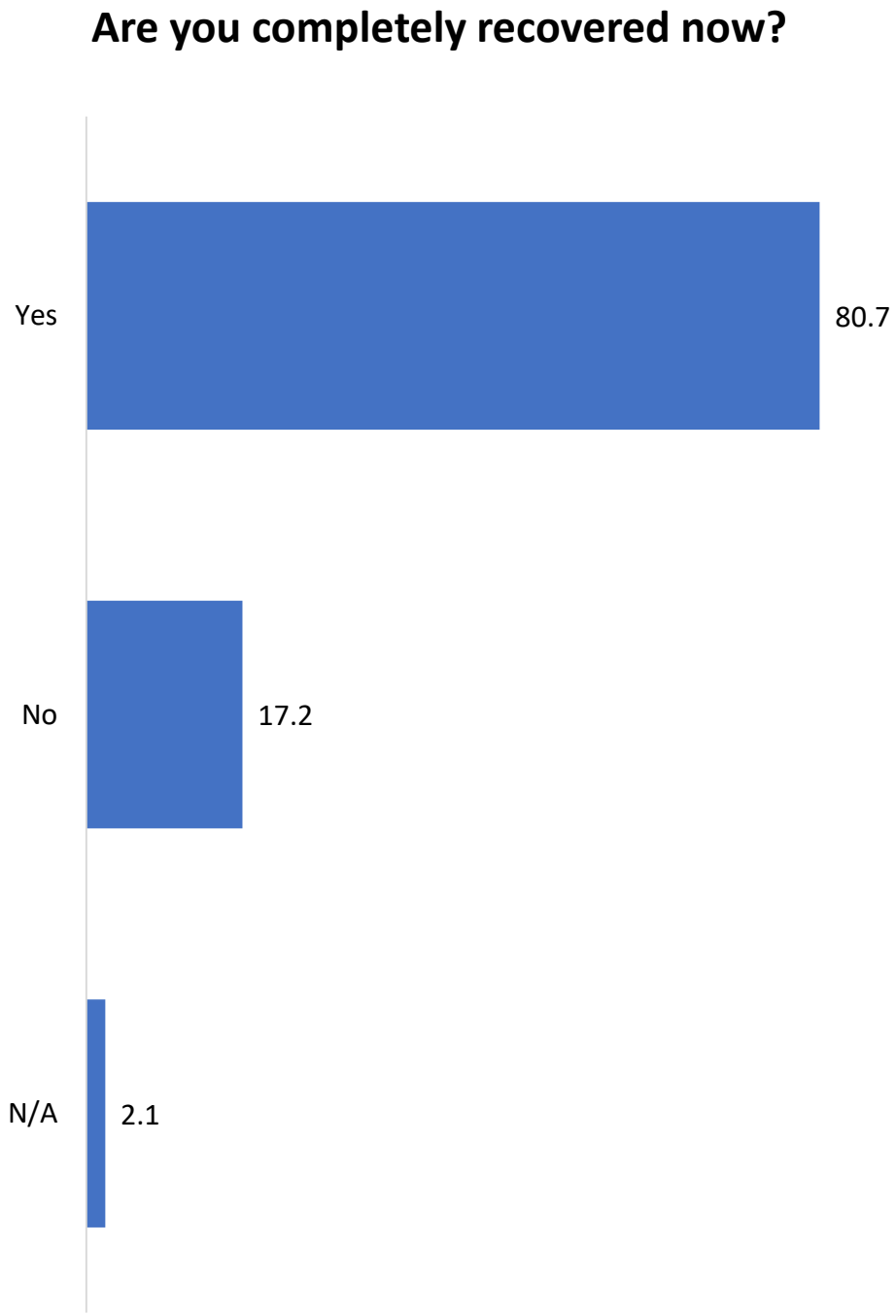
The vast majority of those infected had a mild form of infection.



Interestingly, in both the sixth (December 2020) and seventh (March 2021) waves of the survey, almost 40% of infected respondents indicated that the infection was laboratory-unconfirmed.

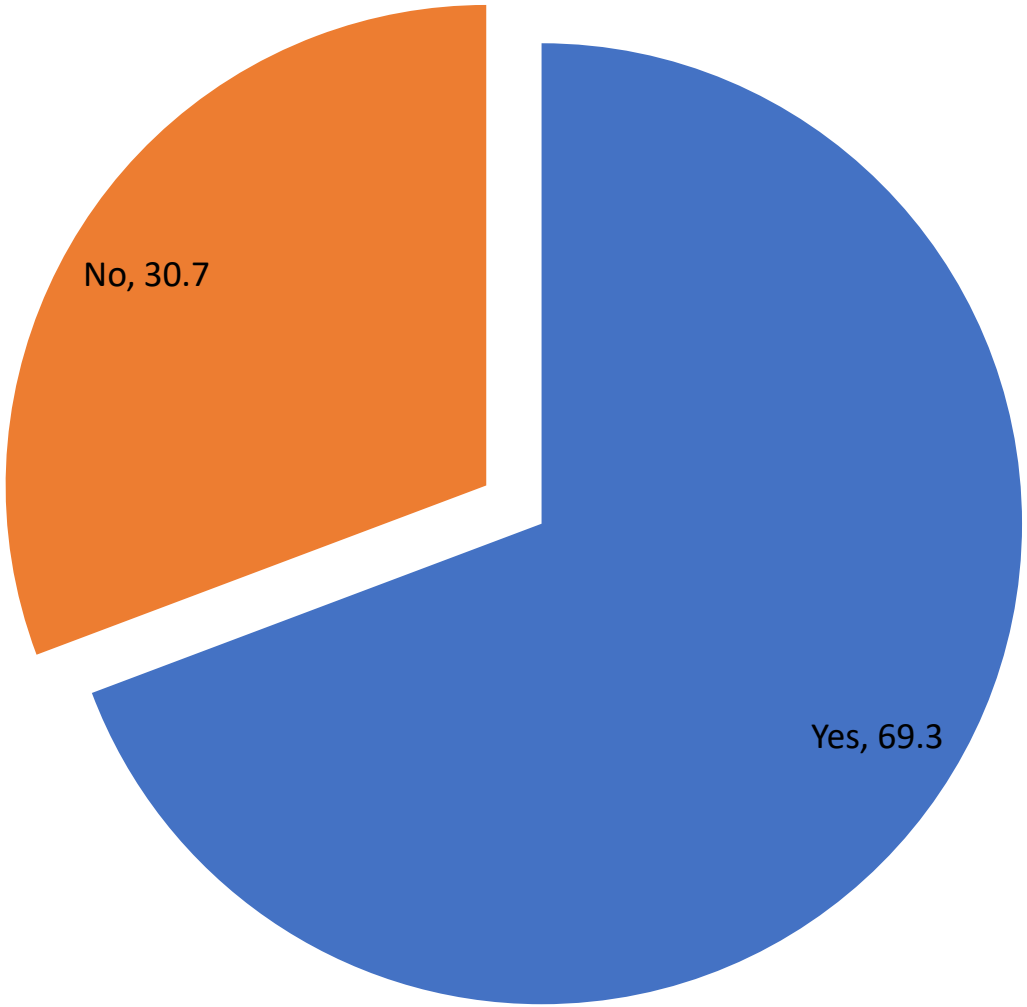


17% of infected respondents in the last wave of the survey (March 2021) indicate that they have not completely recovered.



The majority of those infected (70%) consulted with an officially recommended family doctor.

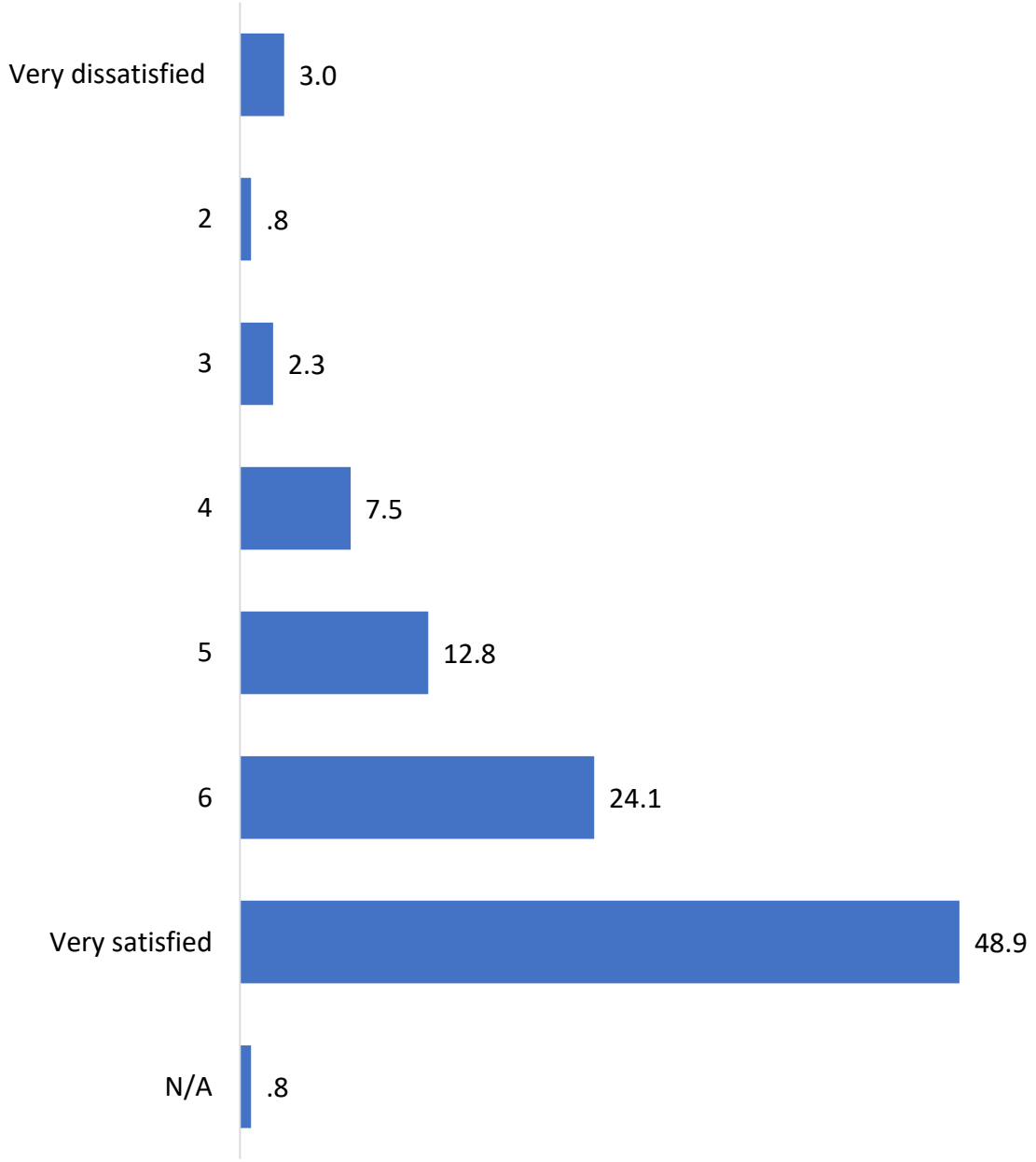
Have you been consulted through online clinic/officially recommended family doctor?



N=192

The vast majority are satisfied with the officially recommended family doctor qualification (almost every second respondent is "very satisfied").

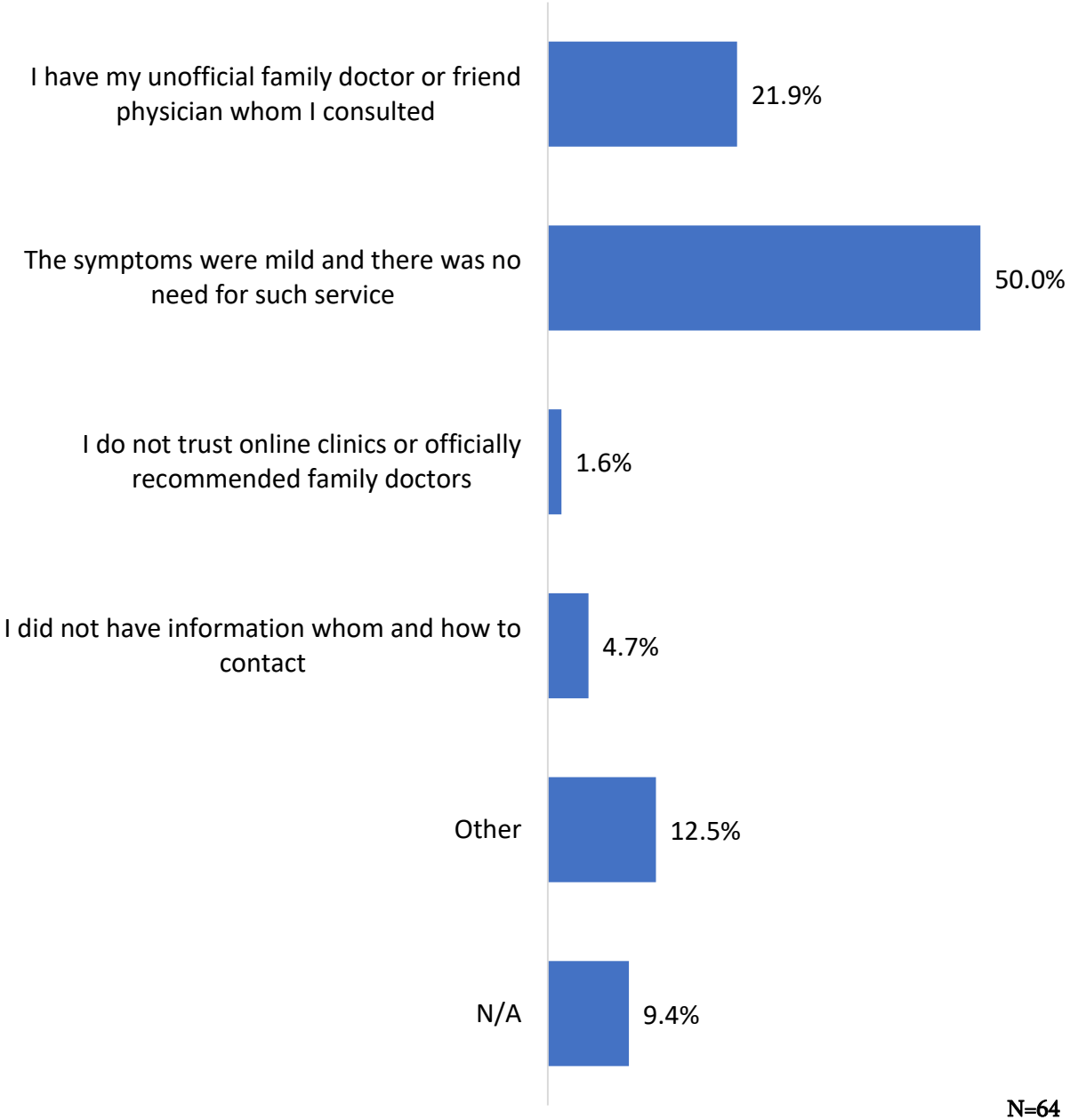
How satisfied are you with online clinic/officially recommended family doctor?



N=133

Those infected who did not use the service of officially recommended family doctor indicated that the symptoms were mild and there was no need for such service.

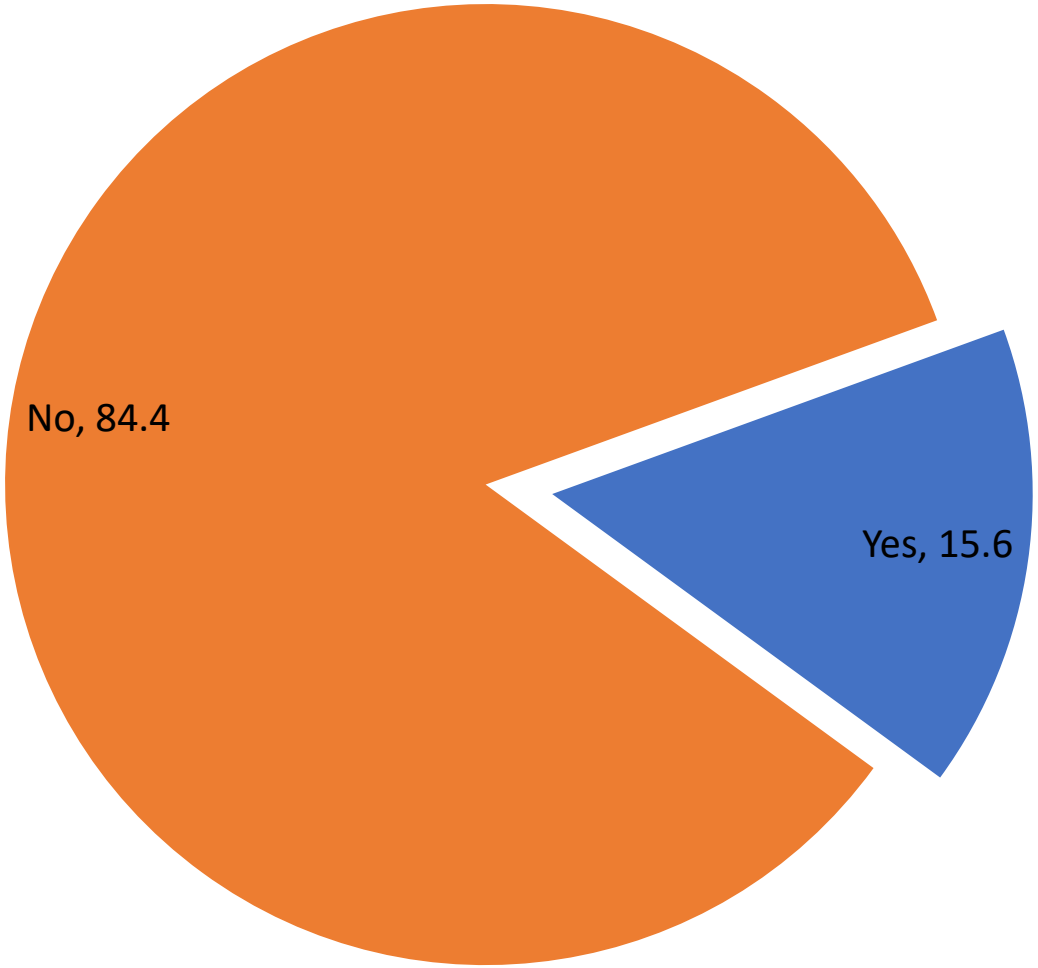
Why didn’t you use online clinic/officially recommended family doctor?



N=64

Only 16% of respondents infected with the coronavirus needed to be hospitalized.

Have you been hospitalized due to COVID19?

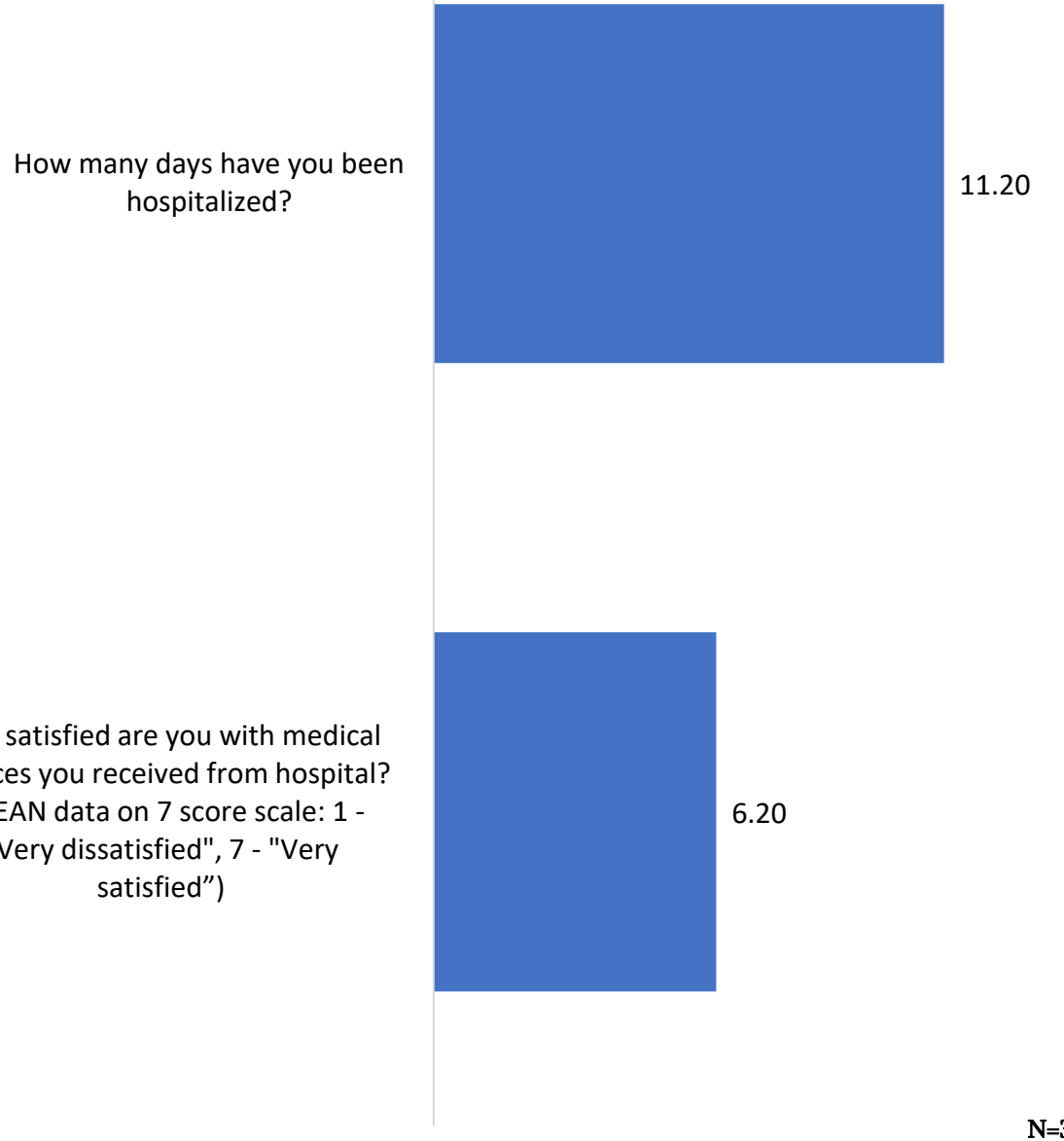


N=192

Respondents hospitalized due to coronavirus infection spent an average of 11 days in hospitals.

Most of them (86%) are satisfied with the medical services received from hospital.

Average rates of hospitalization days and satisfaction with medical services

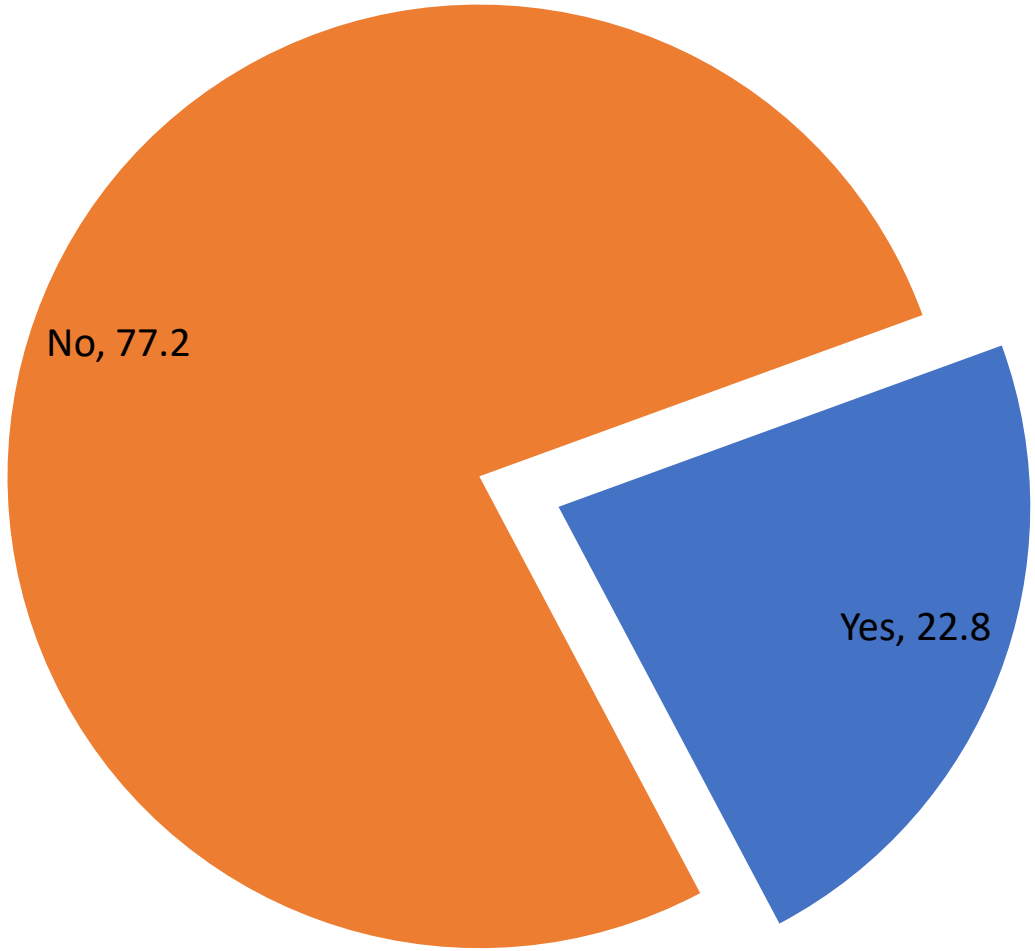


N=30

The vast majority of infected respondents (77%) reported that they had no complications after infection.

Complications after coronavirus infection are reported by about a quarter of infected respondents.

Have you got any complications after being infected with COVID-19?

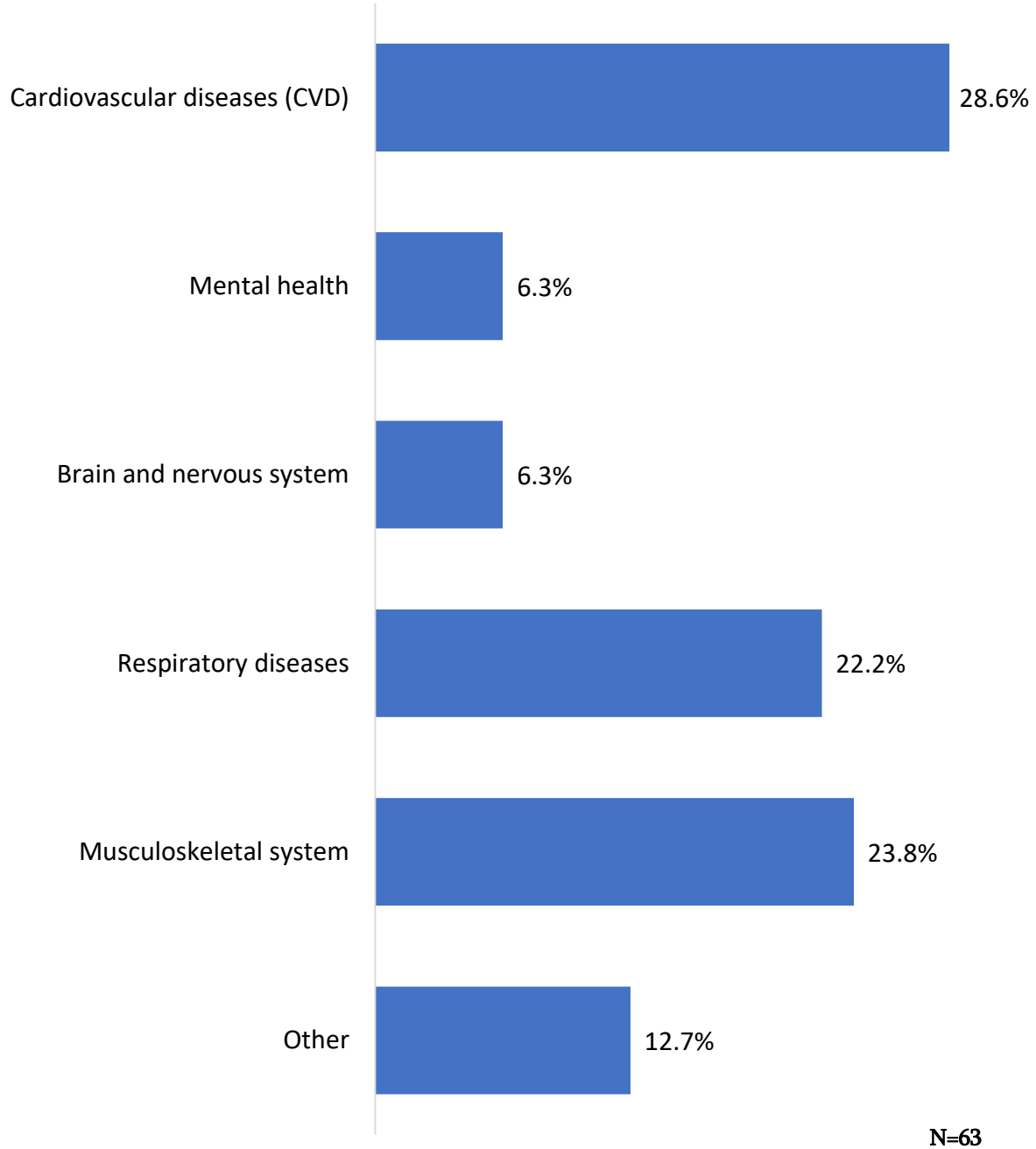


N=192

Complications after coronavirus infection are mainly connected to:

- **Cardiovascular diseases (CVD)**
- **Musculoskeletal system**
- **Respiratory diseases**

The complications were connected to…



N=63

Dealing with the coronavirus

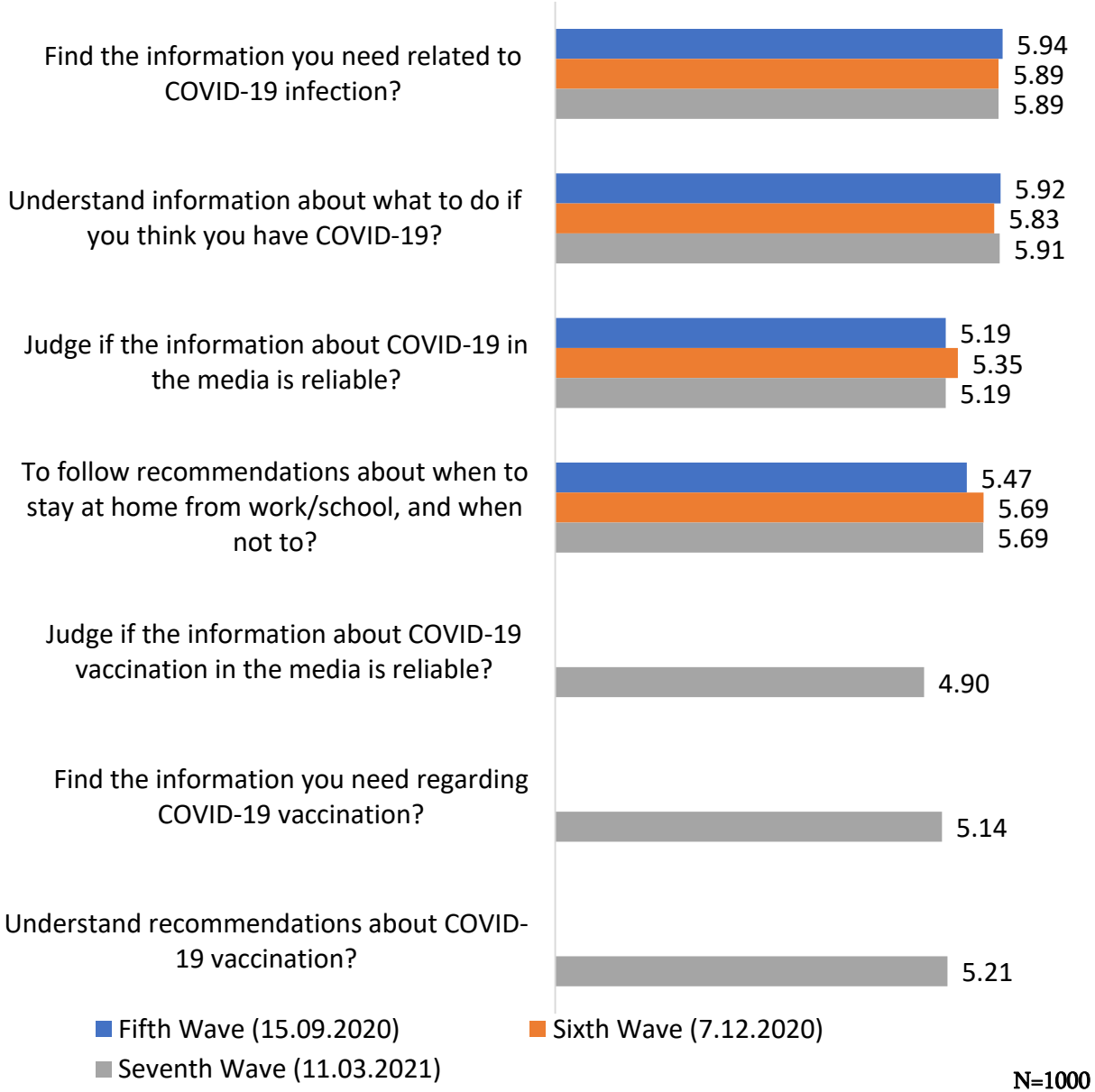
For the vast majority of respondents, it is easy:

- To find the information related to the COVID-19 infection
- To understand information about what to do if they suspect an infection
- To follow the recommendation about when to stay at home
- To find information about COVID-19 vaccination and etc.

The only thing that was difficult for a significant part of the respondents was to judge if the information about COVID-19 vaccination in the media is reliable.

How easy or difficult would you say it is to…:

(MEAN data on 7 score scale: 1 – "Very difficult", 7 – "Very easy")



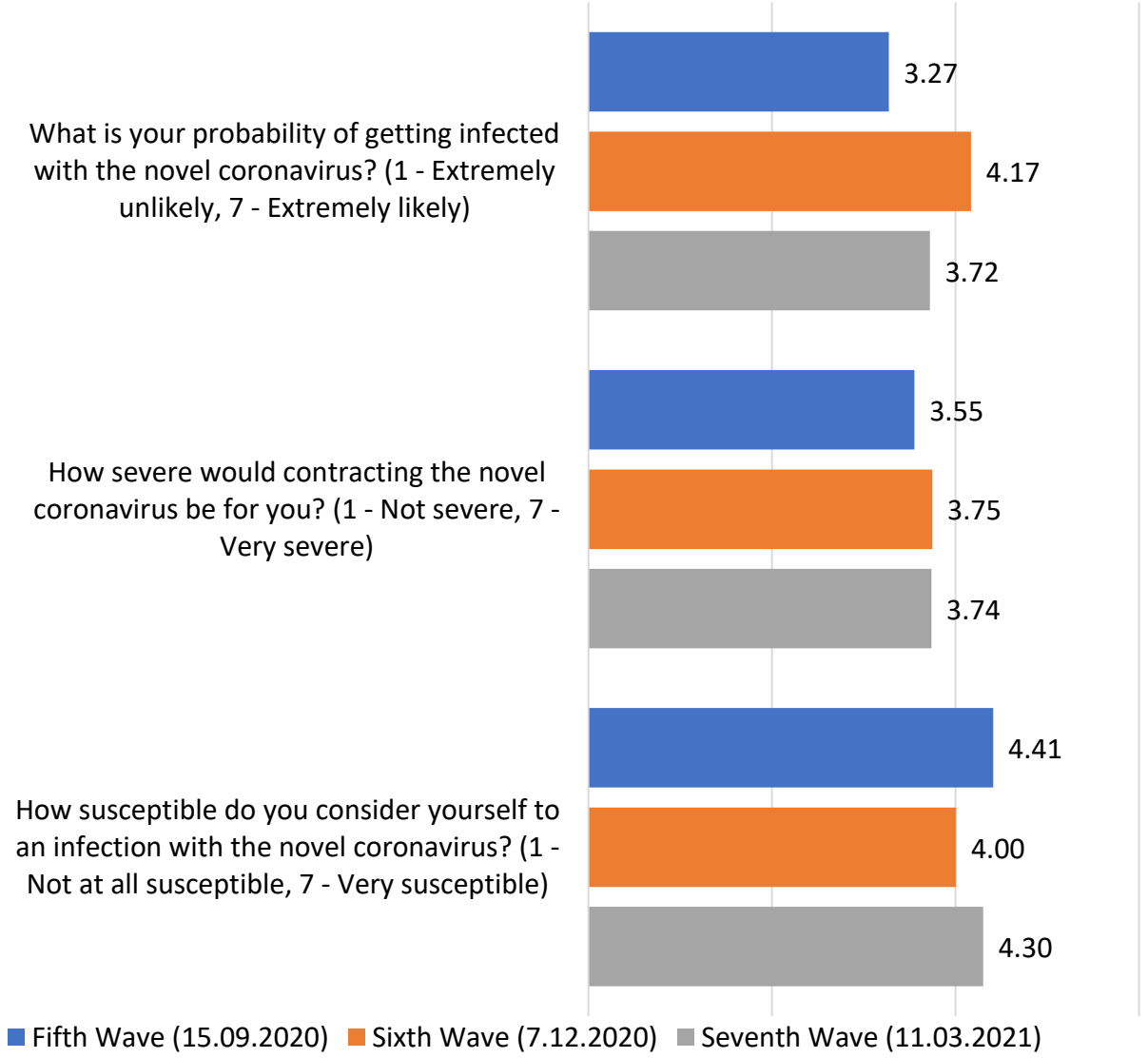
N=1000

Perception of probability of getting infected with the coronavirus is lowest in September 2020, rising significantly in December 2020 and declining again in March 2021 (although higher than in September 2020).

Interestingly, the perception of the severity of contracting the coronavirus is of the same intensity in March 2021 as it was in December 2020.

Moreover, in March 2021, respondents consider themselves more protected against coronavirus than in December 2020.

Perceptions of the probability of getting infected with virus, the severity of contracting the virus, and susceptibility to the virus
(MEAN data on 7 score scale)



N=1000

Variables correlated with perceptions of the probability of getting infected with the virus, the severity of contracting the virus, and the susceptibility to the virus

Representatives of the upper age group are more likely to think that their **probability of getting infected** is high. A similar position is shared by those who perceive the virus as close.

Particular attention is paid to the **severity of contracting** the virus by:

- ✓ Female respondents
- ✓ Representatives of the upper age groups
- ✓ Those who perceive the virus as close
- ✓ Those, who think the virus is spreading fast
- ✓ Those, who often search for the information about the virus
- ✓ Those, who belong to risk groups
- ✓ Those, who believe that the virus is not media-hyped
- ✓ Those, who have the low health literacy

Respondents with high health literacy and those who think that the media does not exaggerate the virus feel **less susceptible** to the virus. On the other hand, the feeling of **susceptibility** against the virus is expressed by the representatives of the risk group and those who perceive the virus as close.

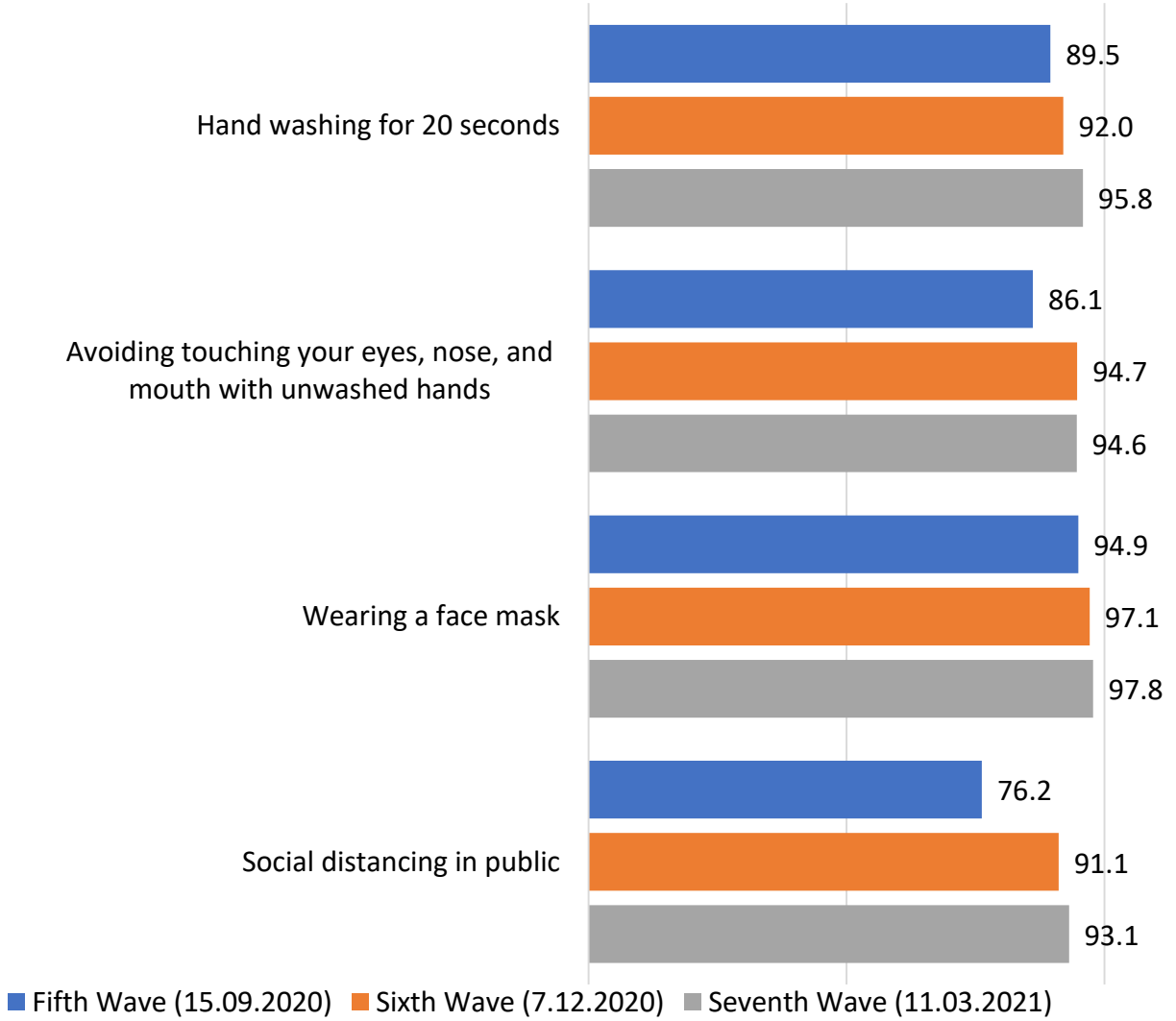
	Perceived probability of an infection			Perceived severity of an infection			Perceived susceptibility		
	Beta	Standardized CI	p	Beta	standardized CI	p	Beta	standardized CI	p
Age	0.12	0.04 – 0.21	**0.006**	0.21	0.11 – 0.31	**<0.001**			
Affective distance	0.19	0.10 – 0.27	**<0.001**	0.11	0.04 – 0.19	**0.003**	-0.22	-0.30 - -0.14	**<0.001**
Perceived spreading of the disease				0.09	0.02 – 0.17	**0.014**			
Frequency of searching for information				0.11	0.04 – 0.019	**0.003**			
Health literacy				-0.08	-0.16 - -0.01	**0.033**	0.14	0.05 – 0.22	**0.001**
Gender: female (vs. male)				0.13	0.04 – 0.19	**0.002**			
Belonging to risk group (chronic disease or 65+)				0.22	0.13 – 0.32	**<0.001**	-0.10	-0.19 - -0.02	**0.013**
Perception of media hype				-0.08	-0.16 - -0.01	**0.035**	0.09	0.00 – 0.17	**0.041**

The main preventive measures against the spread of coronavirus infection are inevitably implemented by the majority of respondents.

Some delays in March 2021 were related to the protection of social distance in public spaces.

During the last 7 days, which of the following measures have you taken to prevent infection from the novel coronavirus?

(Answer „Yes“)

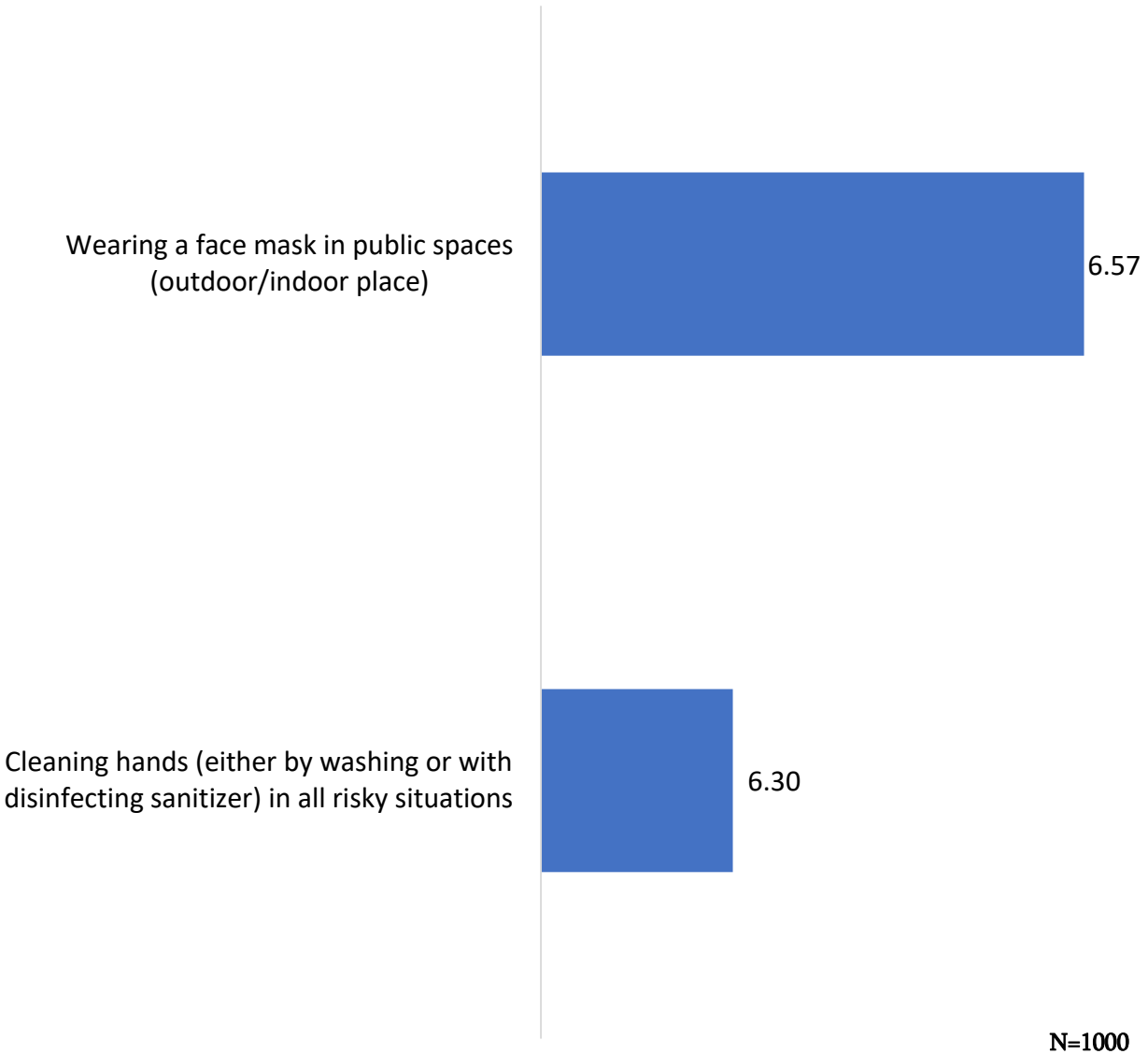


N=1000

Wearing a face mask in public spaces and cleaning hands (either by washing or with disinfecting sanitizer) are still widely supported measures in March 2021.

On the other hand, the share of respondents who use face mask irregularly (points other than 7 on a seven-point scale) is 24%.

How often do you take the following measures to prevent infection from the COVID19?
(MEAN data on 7 score scale: 1 – "Never", 7 – "Very often")



N=1000

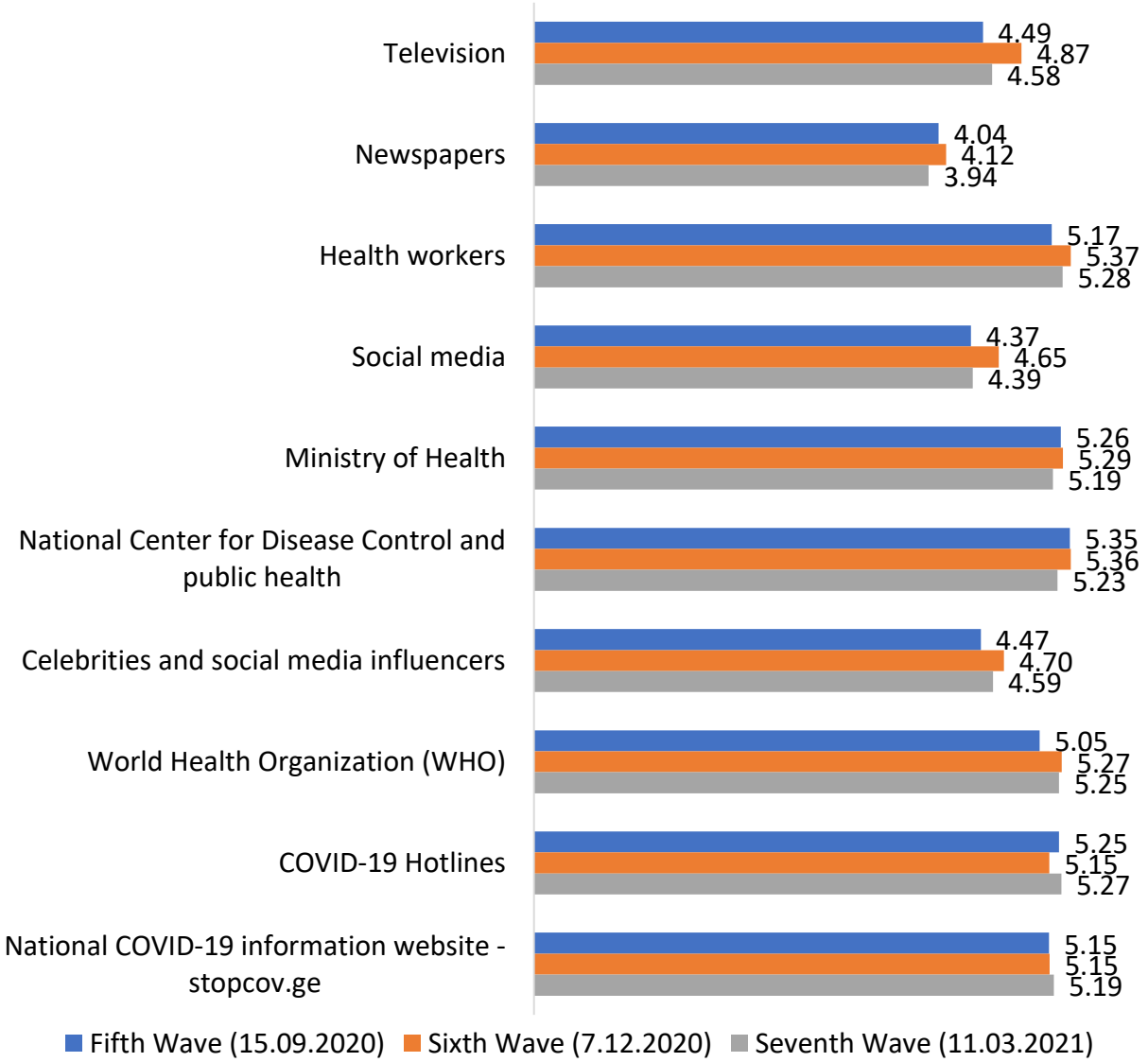
Trust towards the major stakeholders

Regarding the coronavirus, the most reliable sources of information were:

- World Health Organization (WHO)
- NCDC
- Covid-19 Hotlines
- National Covid-19 information website – stopcov.ge

How much do you trust information about COVID-19 from the following sources?

(MEAN data on 7 score scale: 1 – "Very little trust", 7 – "A great deal of")



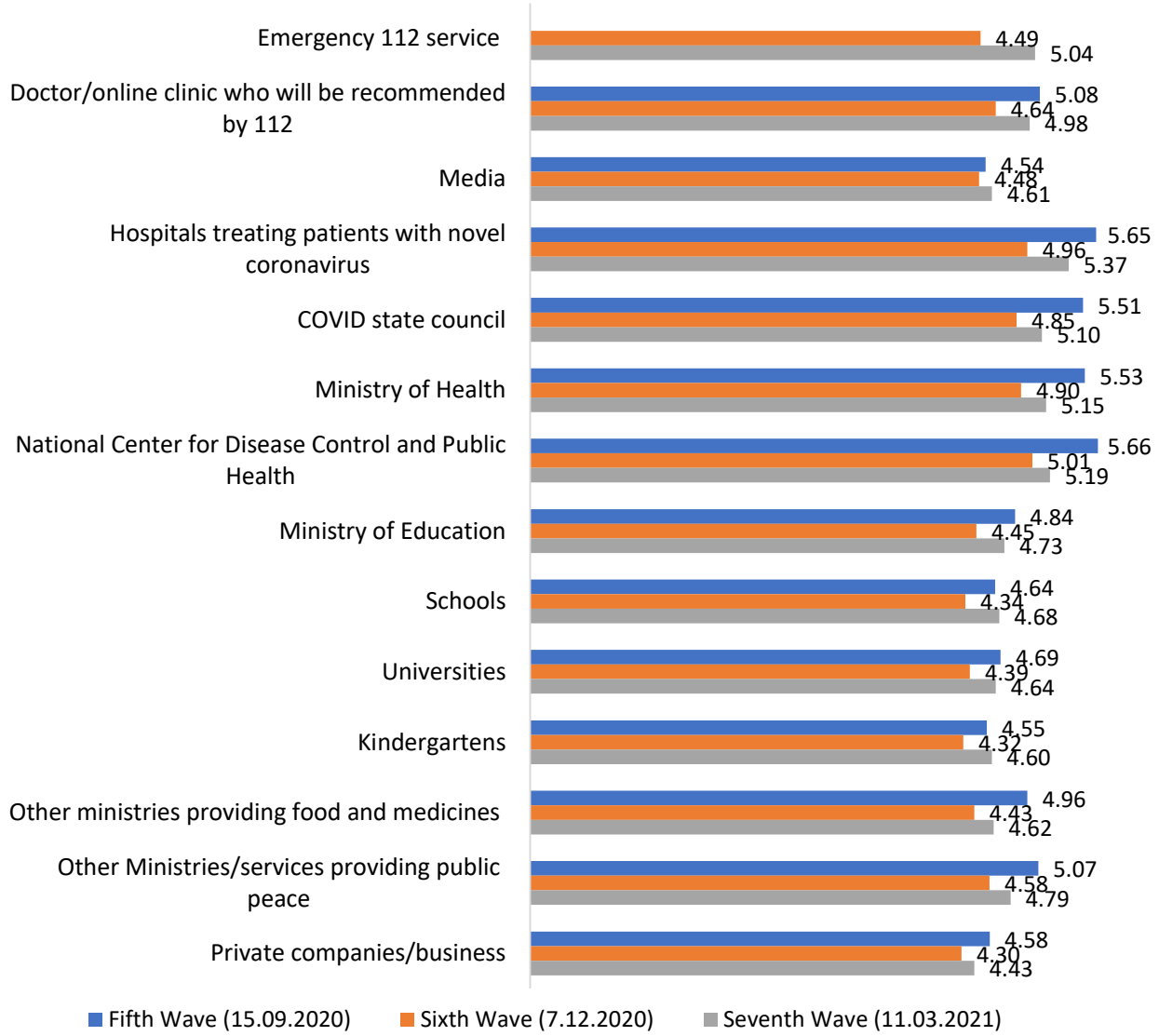
N=1000

Respondents named the organizations that they think can handle well the problems caused by the coronavirus:

- Hospitals treating patients with coronavirus
- NCDC
- Ministry of Health
- COVID state council

How much confidence do you have in the below individuals and organizations that they can handle the novel coronavirus well?

(MEAN data on 7 score scale: 1 – "Very low confidence", 7 – "Very high confidence")



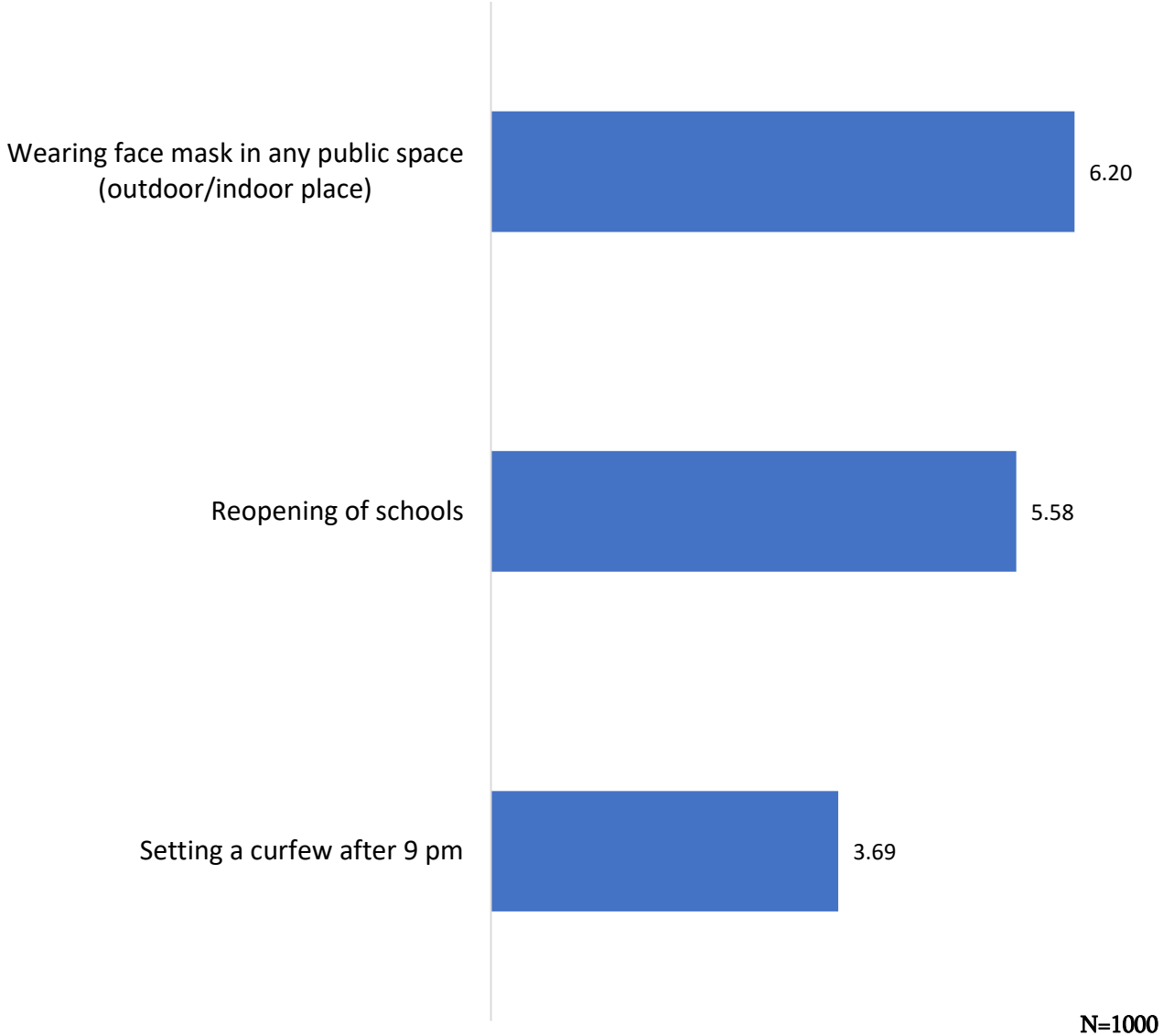
N=1000

Respondents support maintaining the obligation to wear a face mask in public places and the decision to reopen schools.

However, on the other hand, the majority of respondents (52%) disagree with setting a curfew after 9 p.m.

In general how much do you agree with the recent decisions made by the government?

(MEAN data on 7 score scale: 1 – "Strongly disagree", 7 – "Strongly agree")

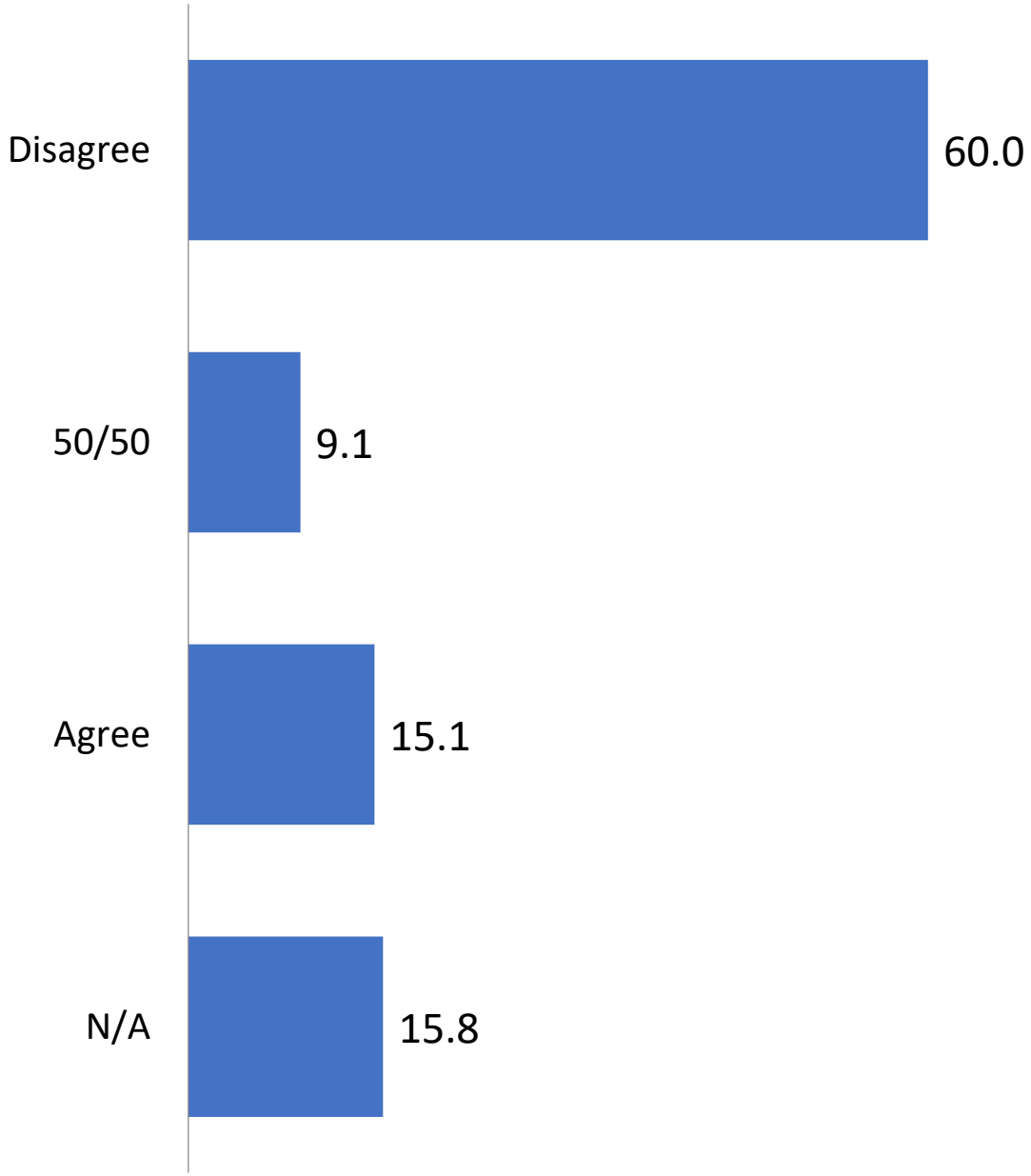


N=1000

Respondents' attitudes towards the COVID-19 vaccine

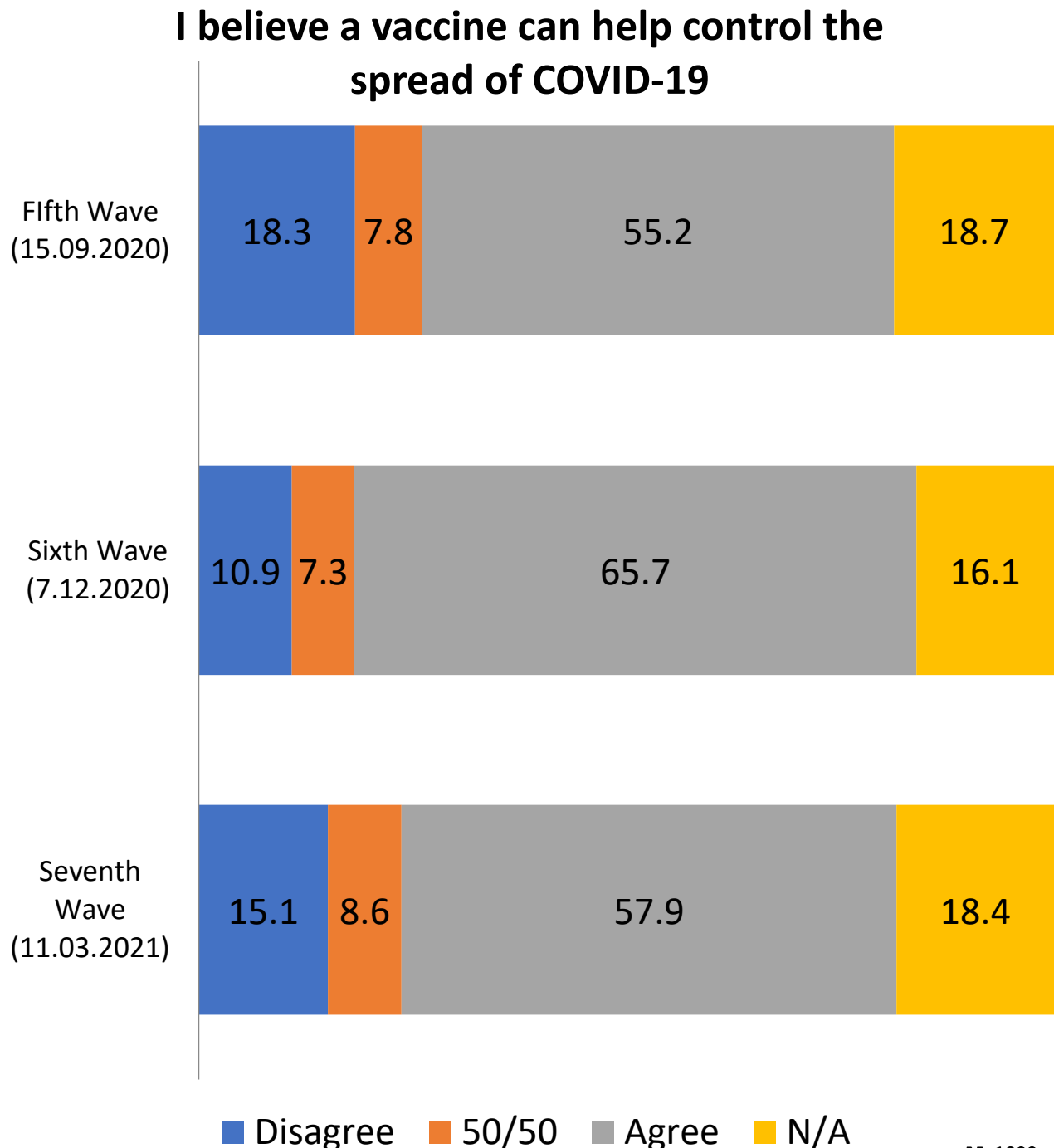
The majority of respondents - 60% - disagree with the provision that vaccination is unnecessary because COVID-19 is not common anymore.

Vaccination against COVID-19 is unnecessary because COVID-19 is not common anymore



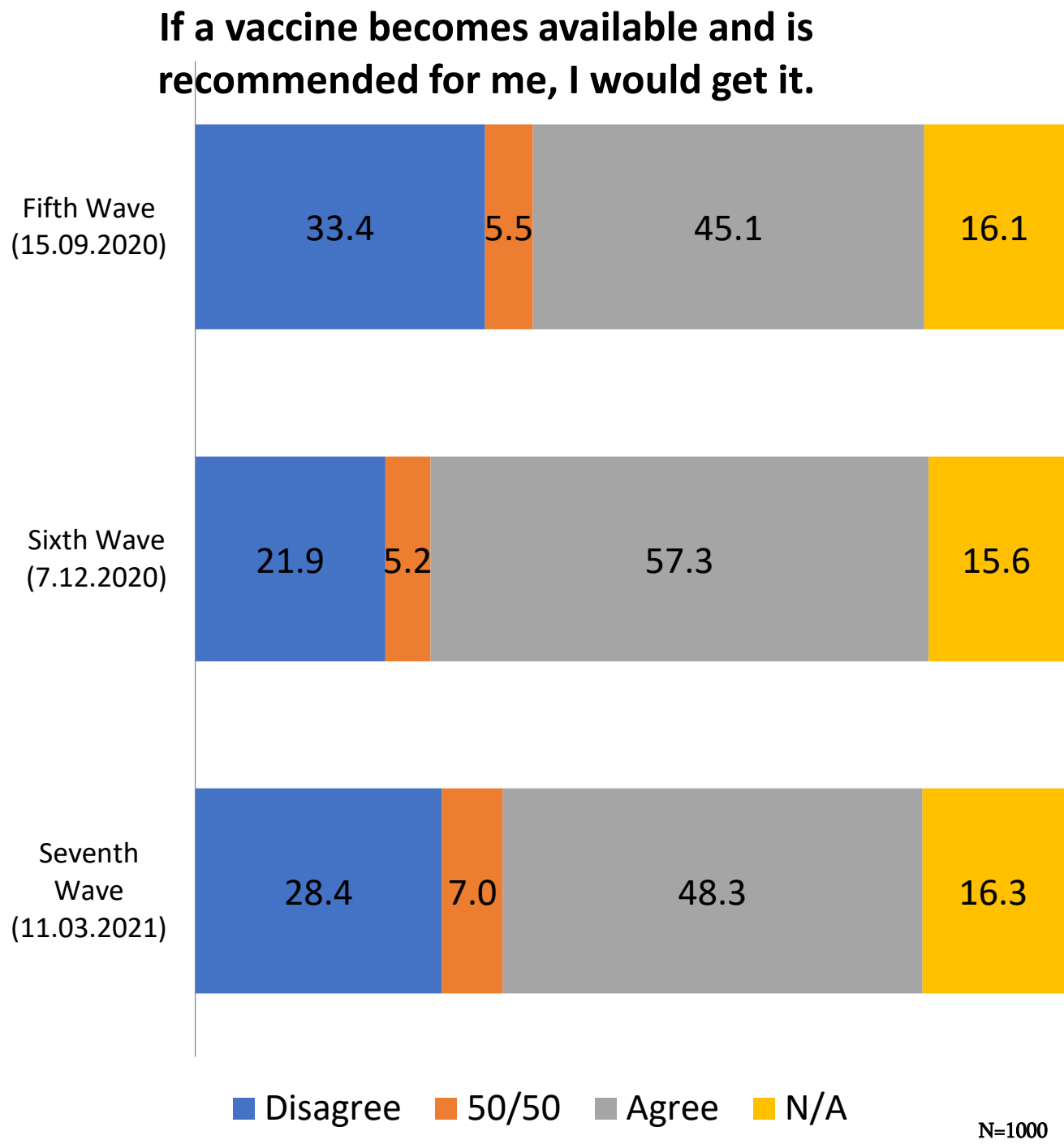
N=1000

The majority of respondents (average 60%) in all three waves of the survey agree that the vaccine will help control the spread of COVID-19.



By the first half of March 2021, about 30% of respondents were resistant to the vaccine (scores 1, 2, and 3 on a seven-point scale), and approximately every second was loyal.

The degree of resistance to the vaccine increased compared to December 2020 (22%) and decreased compared to September 2020.



Variables correlated with vaccination acceptance

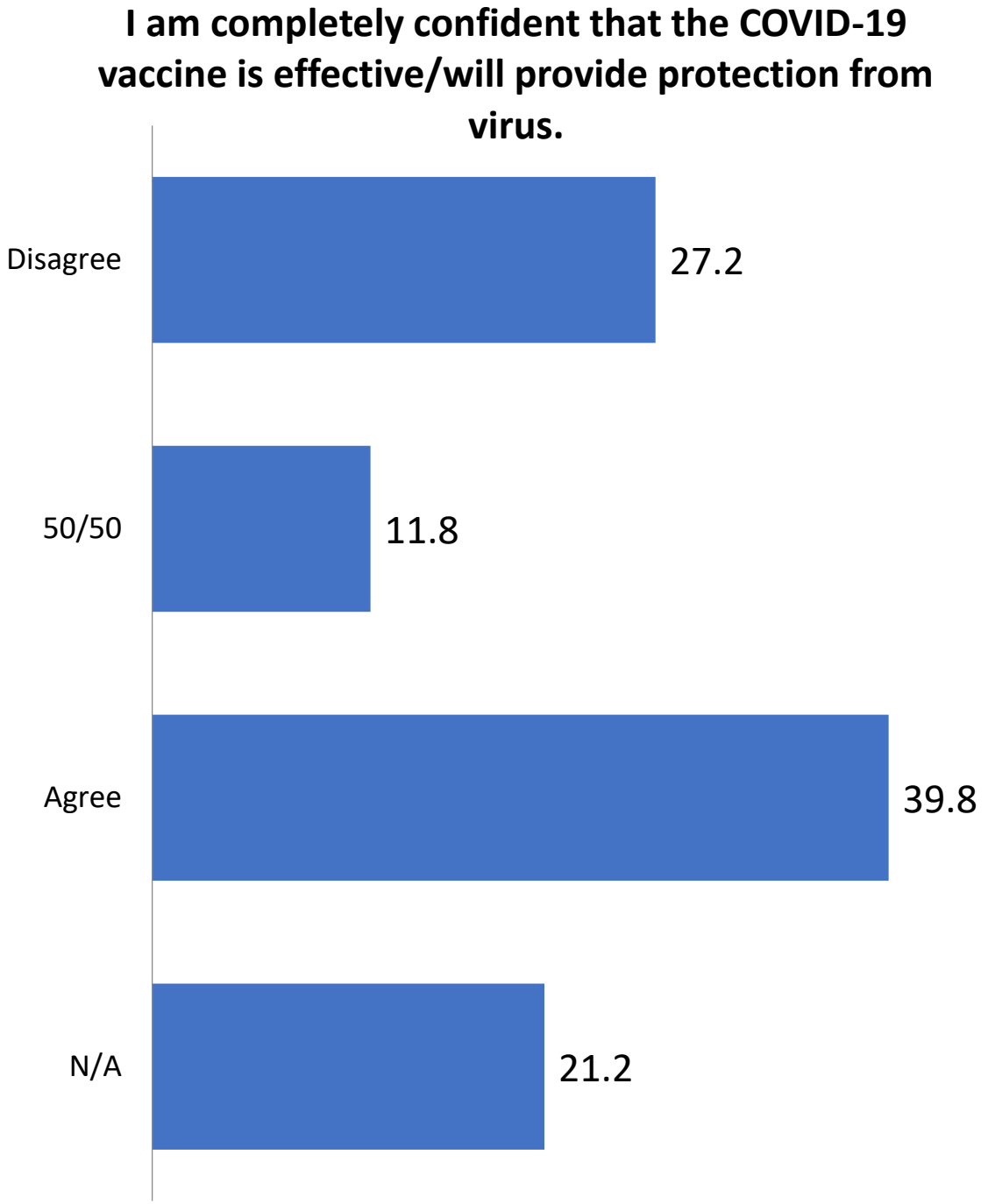
If recommended, the coronavirus vaccine is more supported by those respondents:

- Who belong to the risk group
- Who trust the government
- Who often search for information about the virus
- Who think the virus is not media-hyped
- Who have high health literacy

	If a COVID-19 vaccine becomes available and is recommended for me, I would get it		
	Beta	standardized CI	p
Belonging to risk group (chronic disease or 65+)	0.08	0.01 – 0.15	**0.034**
Trust in the government	0.14	0.06 – 0.22	**0.001**
Frequency of searching for information	0.09	0.02 – 0.17	**0.014**
Perception of media hype	-0.13	-0.21 - -0.06	**0.001**
Health literacy	0.12	0.04 – 0.20	**0.003**

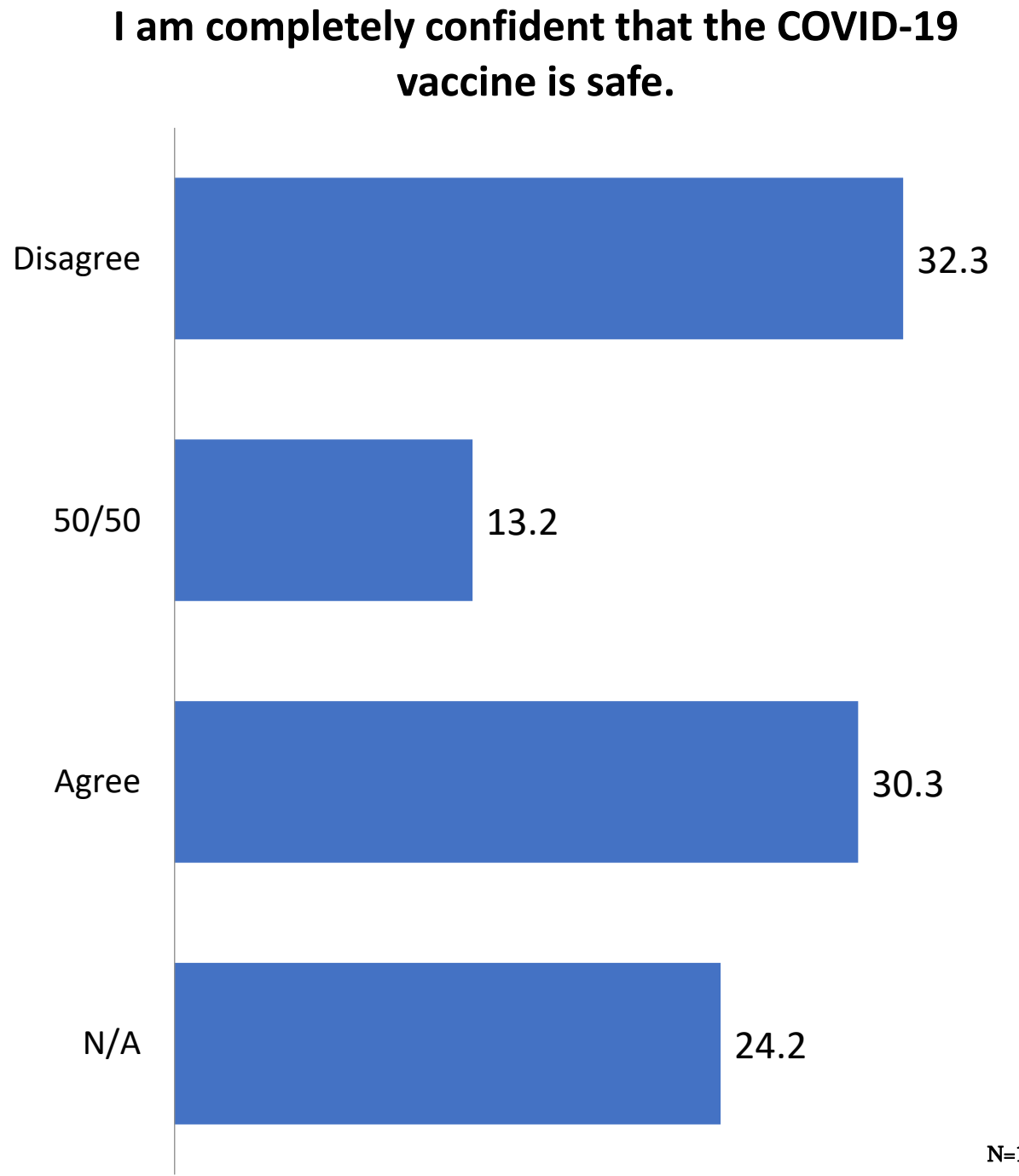
Only 40% of respondents are confident that the vaccine will protect them from infection.

27% disagree with this provision.



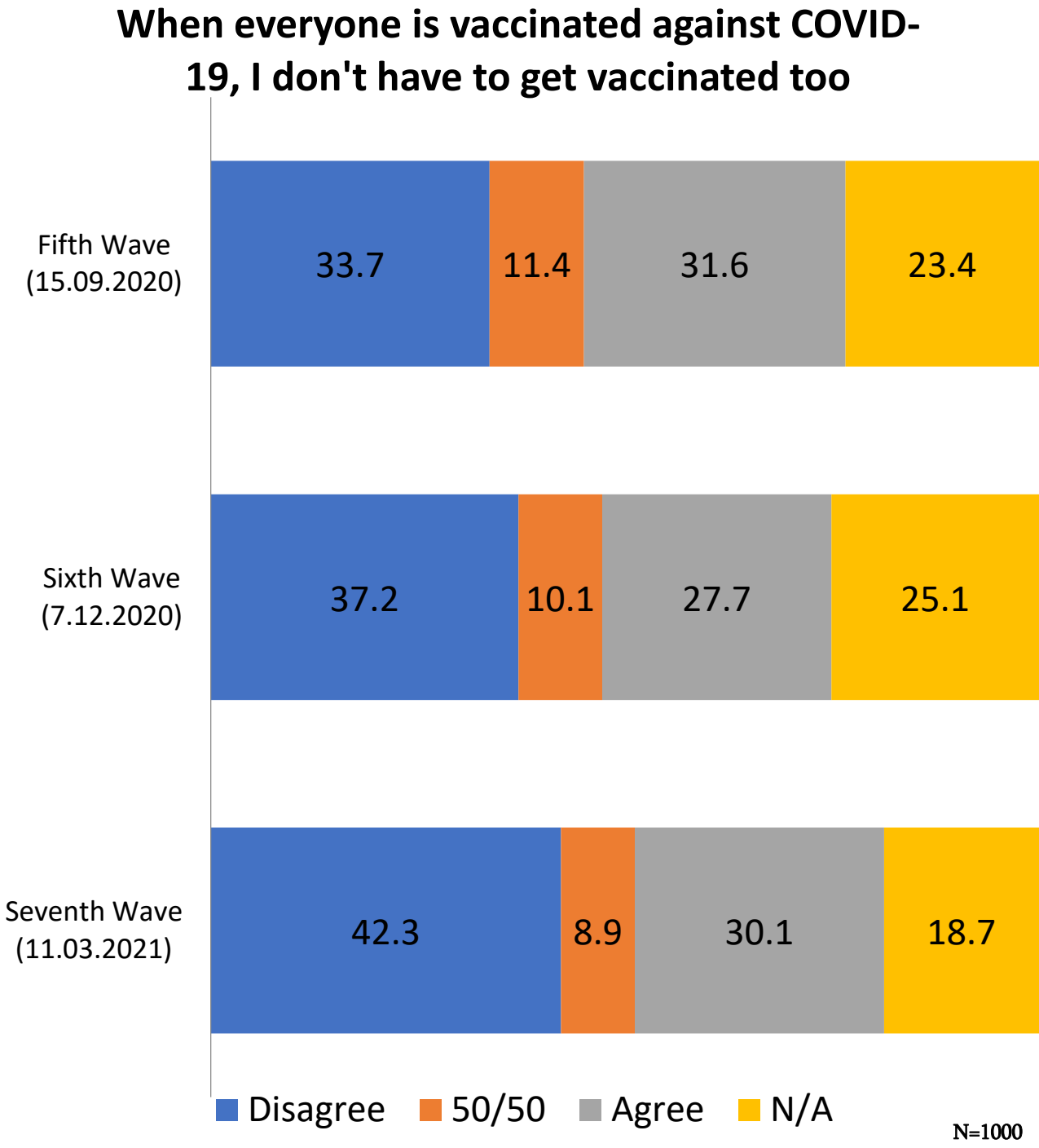
N=1000

Respondents' opinions on the safety of the COVID-19 vaccine are divided: one part (30%) believes that the vaccine is safe, and the other, slightly larger part (32%) thinks that the vaccine is not safe.



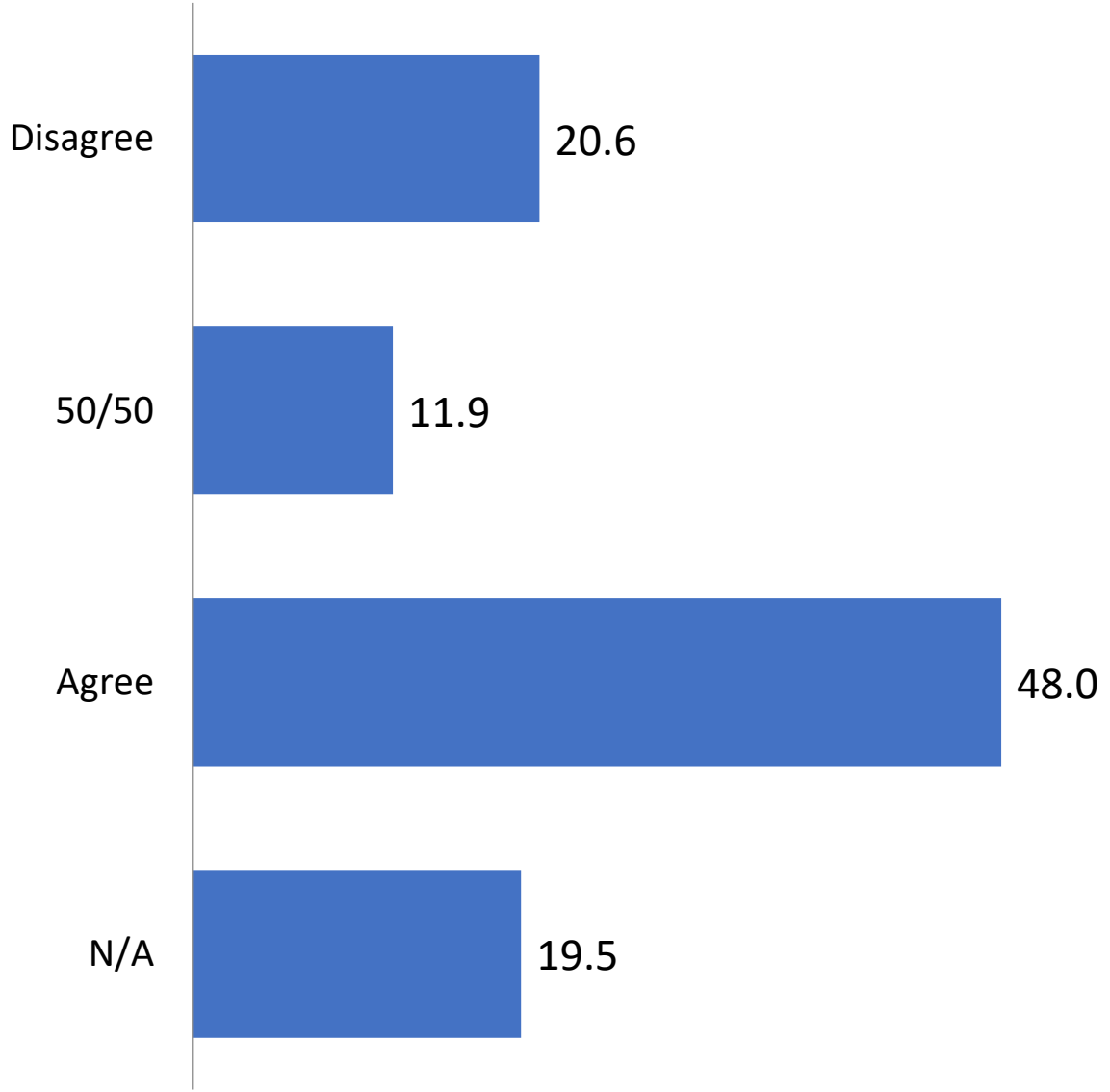
The majority of respondents disagree with the provision that when everyone has already been vaccinated against COVID-19, they will no longer need to get vaccinated too.

Highest share of respondents (42%) disagreed with the above position in March 2021.



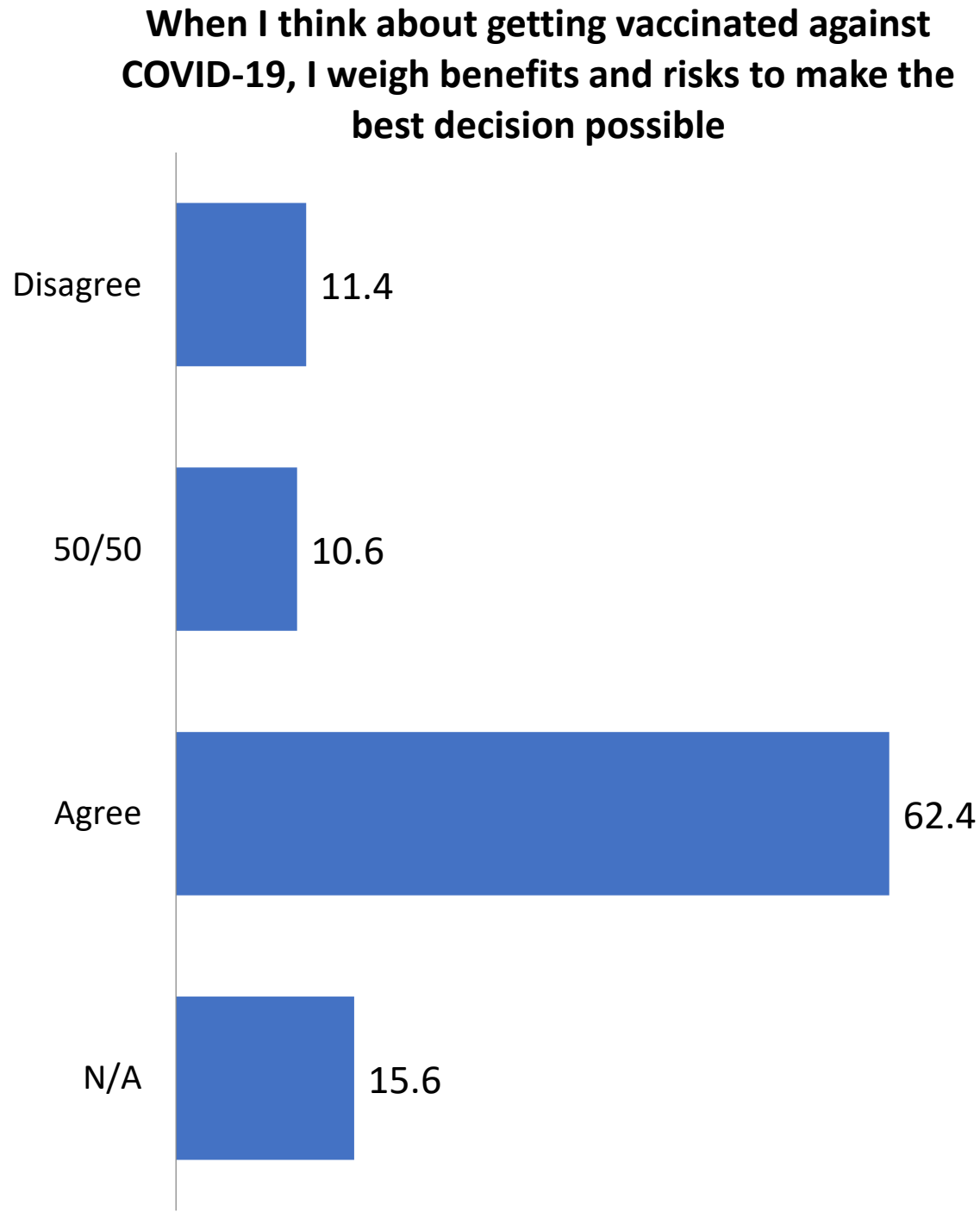
Almost every second respondent (48%) believes that various opinions about the long-term negative effects of the vaccine prevent them from making the decision to get vaccinated.

There are opinions about the long-term negative effects of the vaccines which prevent me from making decision about getting vaccinated against COVID-19



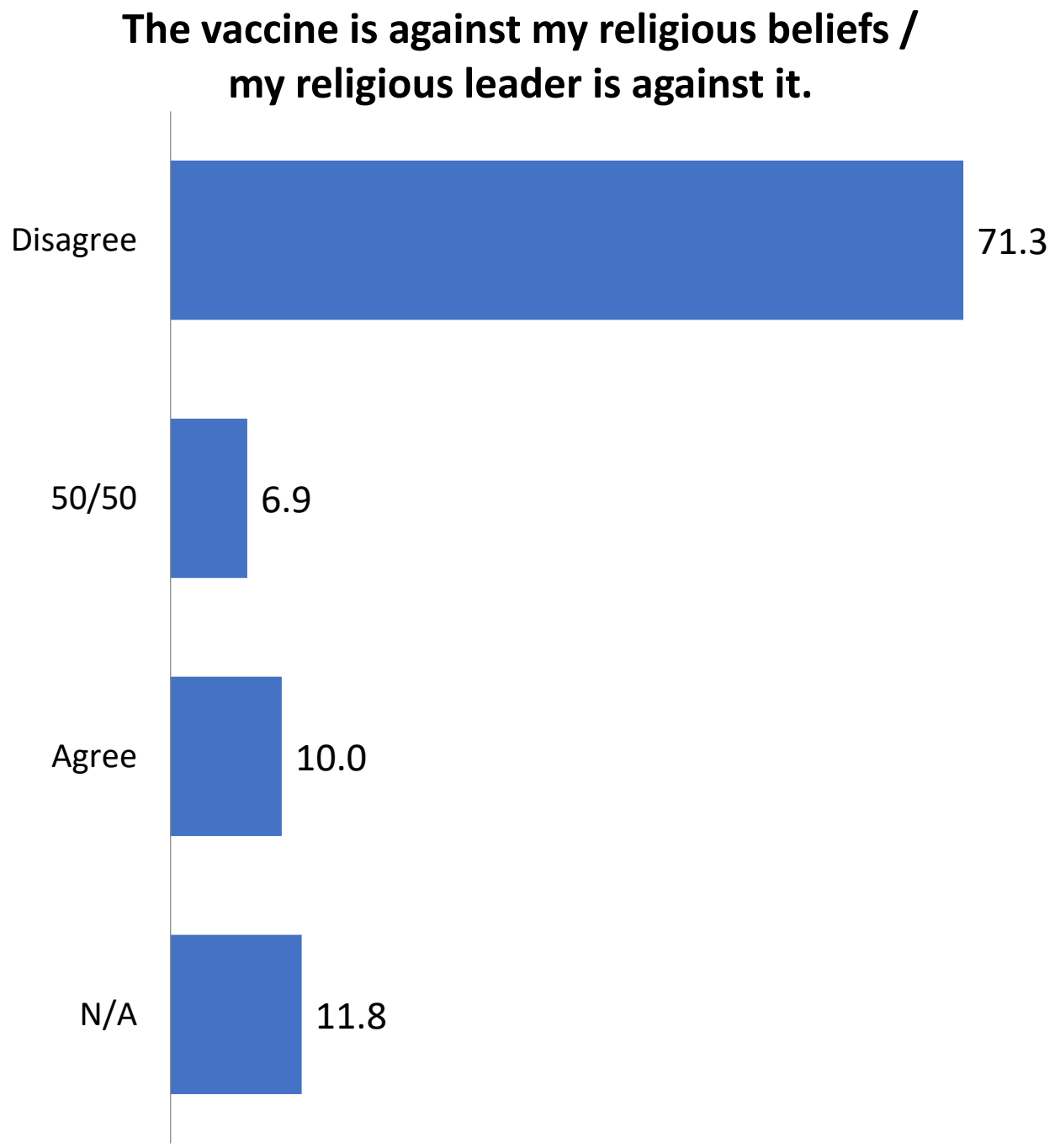
N=1000

The majority of respondents (62%) agree with the opinion that they weigh the benefits and risks to make the best decision regarding vaccination.



The majority of respondents disagree with the incompatibility of the vaccine with the religious belief / religious leader - 71%.

Only 10% of respondents acknowledge the incompatibility of religious beliefs and vaccination.

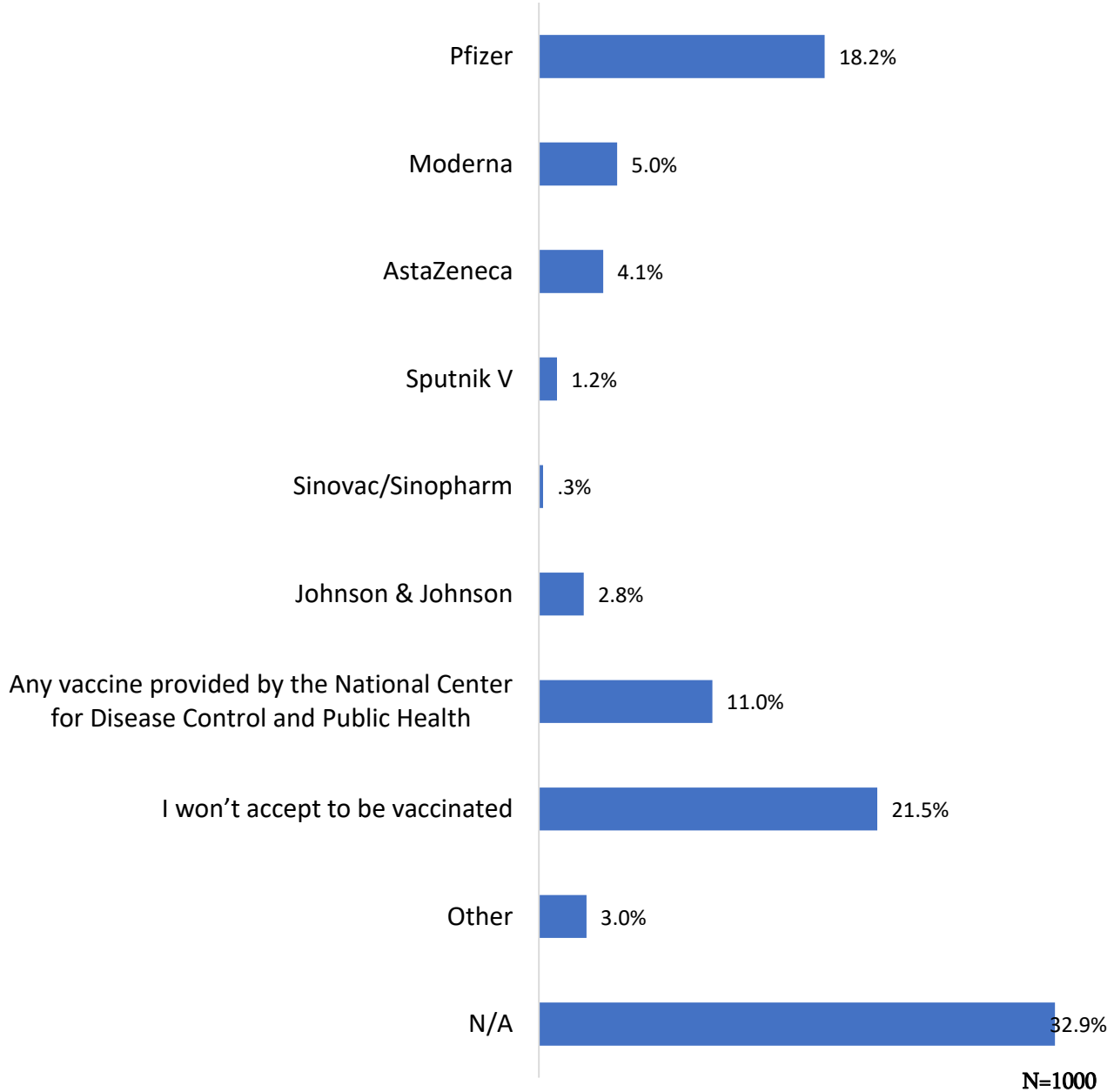


N=1000

Every third respondent finds it difficult to prove their acceptance of any particular vaccine.

Relatively more acceptance was showed towards Pfizer (18.2%).

If you accept to be vaccinated what vaccine would you take:



N=1000

The attitude of the respondents towards the vaccine is not unconditional or driven only by emotions, but depends on various, more or less rational, factors.

The most important factors / preconditions were:

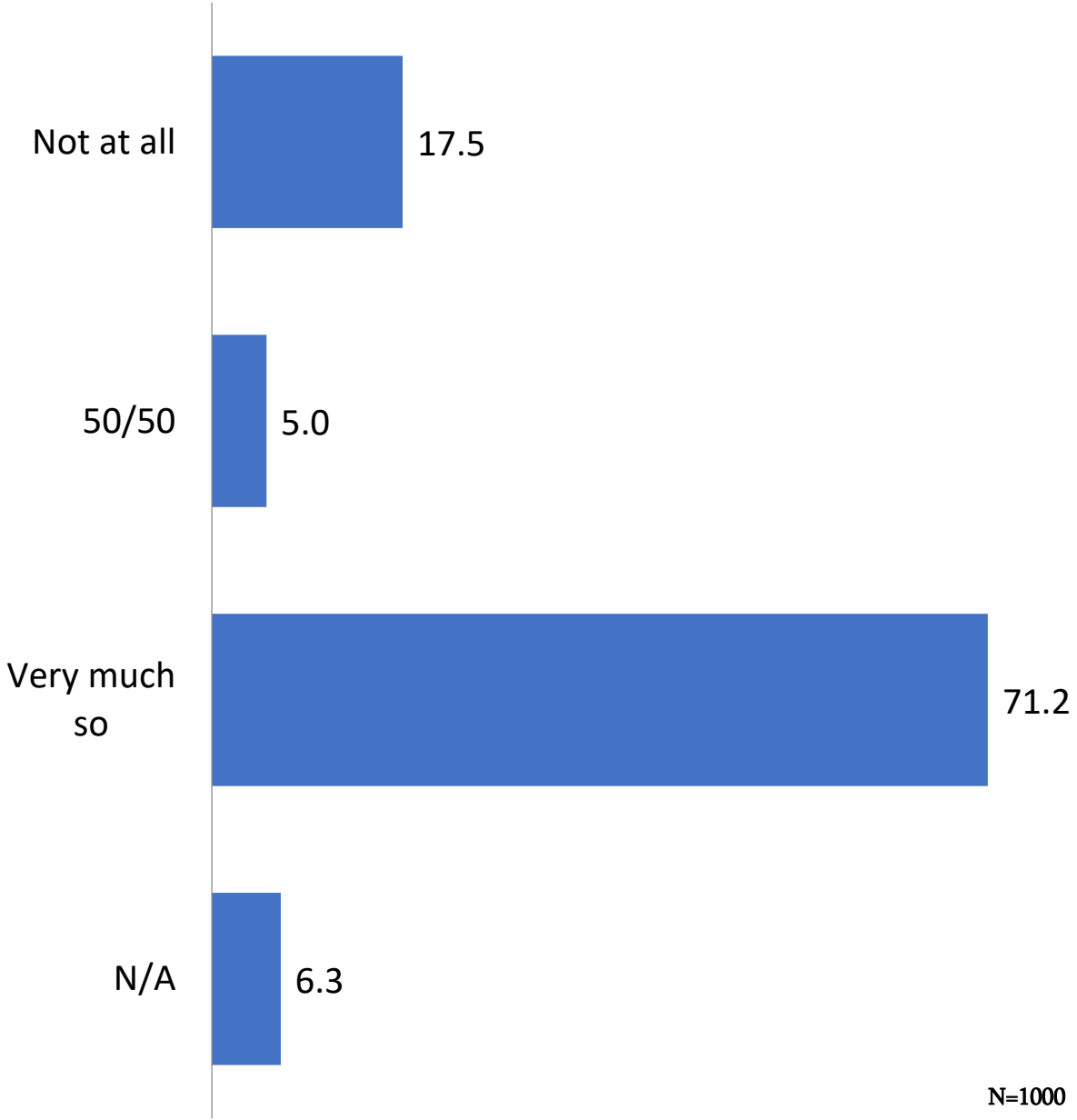
- **Whether the vaccine has been in use for a long time with no serious side-effects (72%)**
- **Country in which the vaccine is produced (71%)**
- **Whether the vaccine is used in other countries (71%)**

Highly influential factors also include:

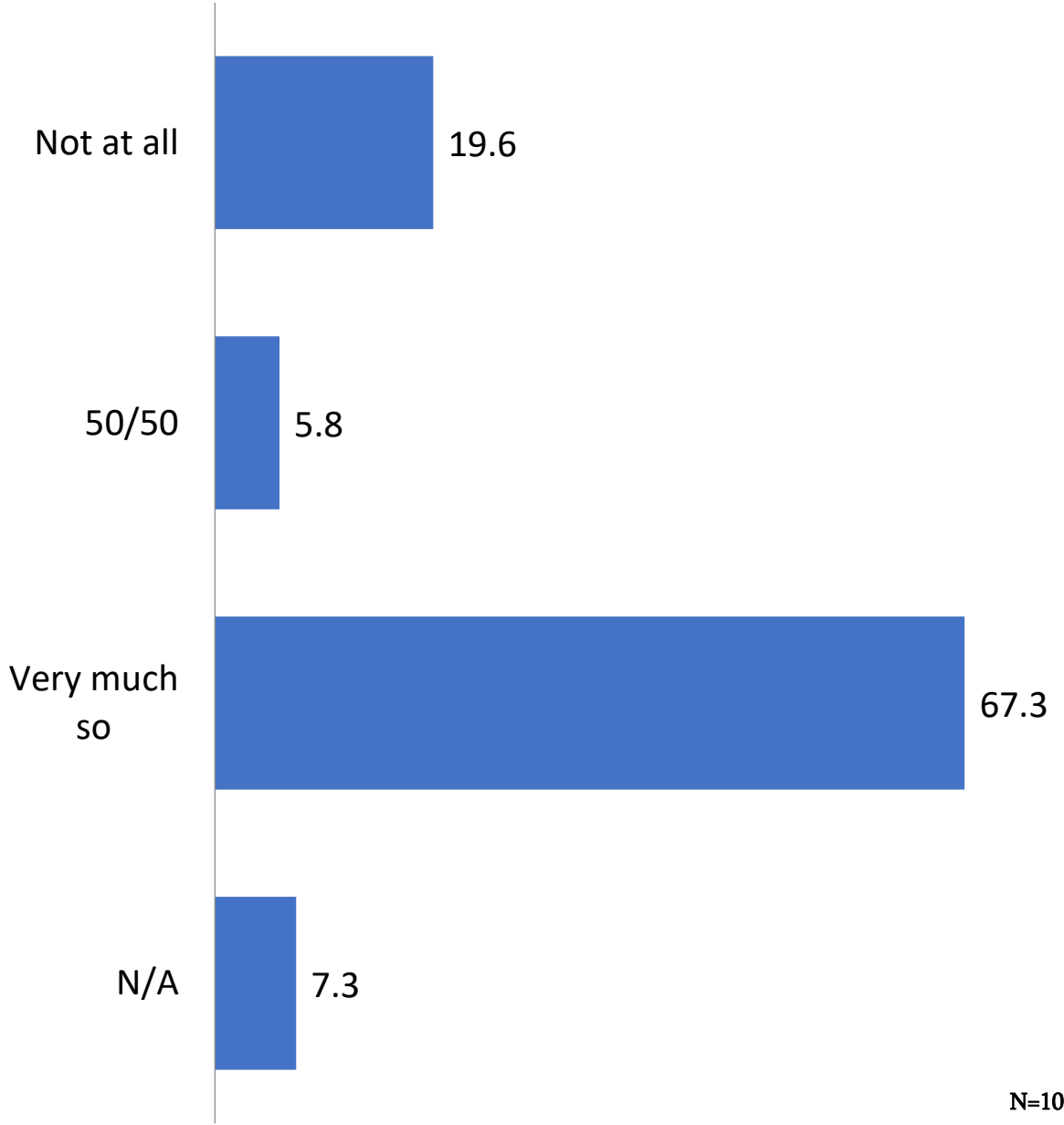
- **Company producing the vaccine (67%)**
- **Recommendation of the World Health Organization (WHO) (65%)**
- **The risk of getting infected with coronavirus (63%)**
- **Recommendation of the Ministry of Health (62%)**
- **Recommendation from the family doctor (62%)**
- **The experience of those acquaintances who have been vaccinated (61%)**

A relatively low impact factor was found to be the vaccination by officials and influencer people (48%).

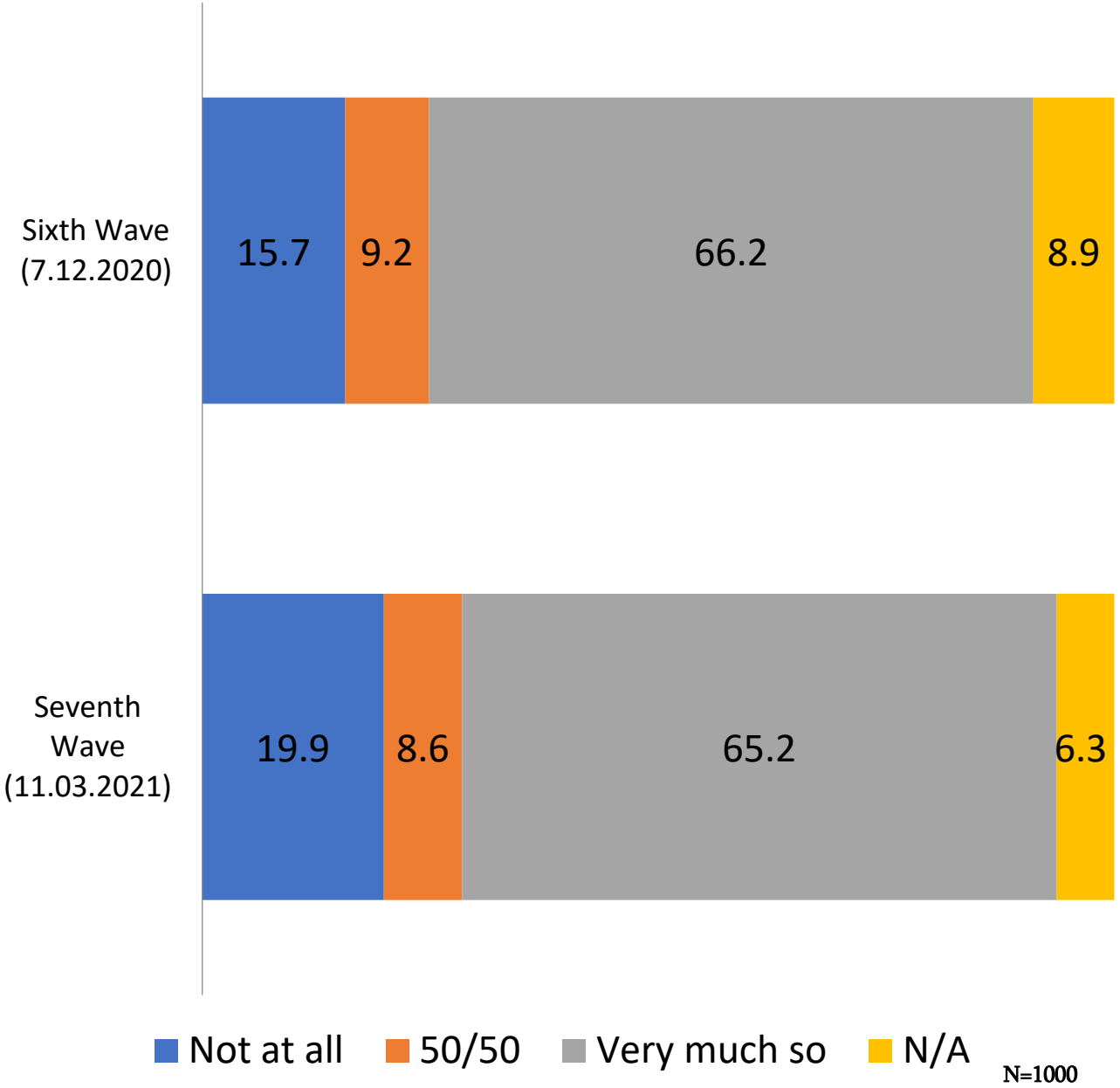
My decision of whether or not to get vaccinated would depend on country in which the vaccine is produced



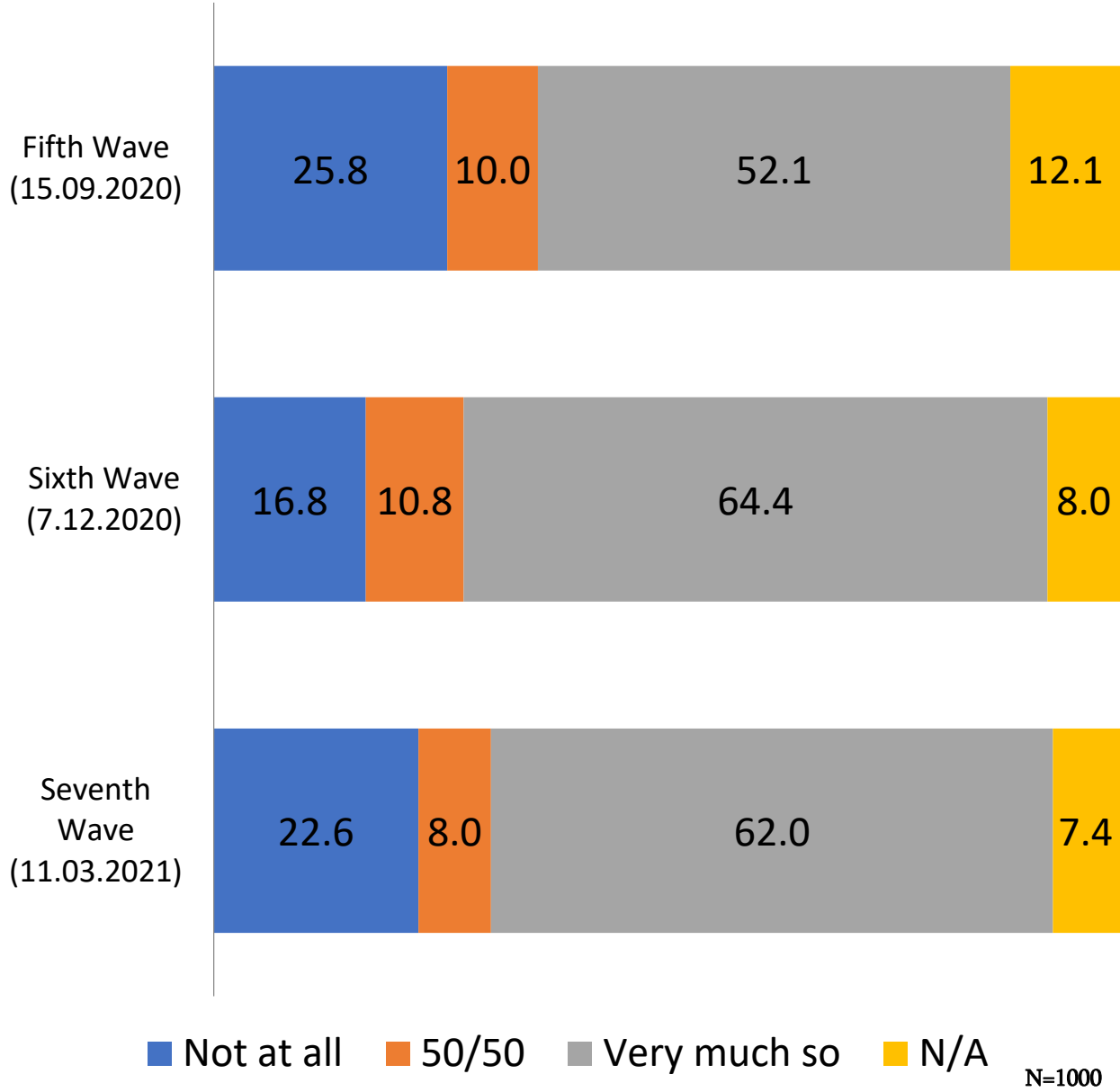
My decision of whether or not to get vaccinated would depend on company producing the vaccine

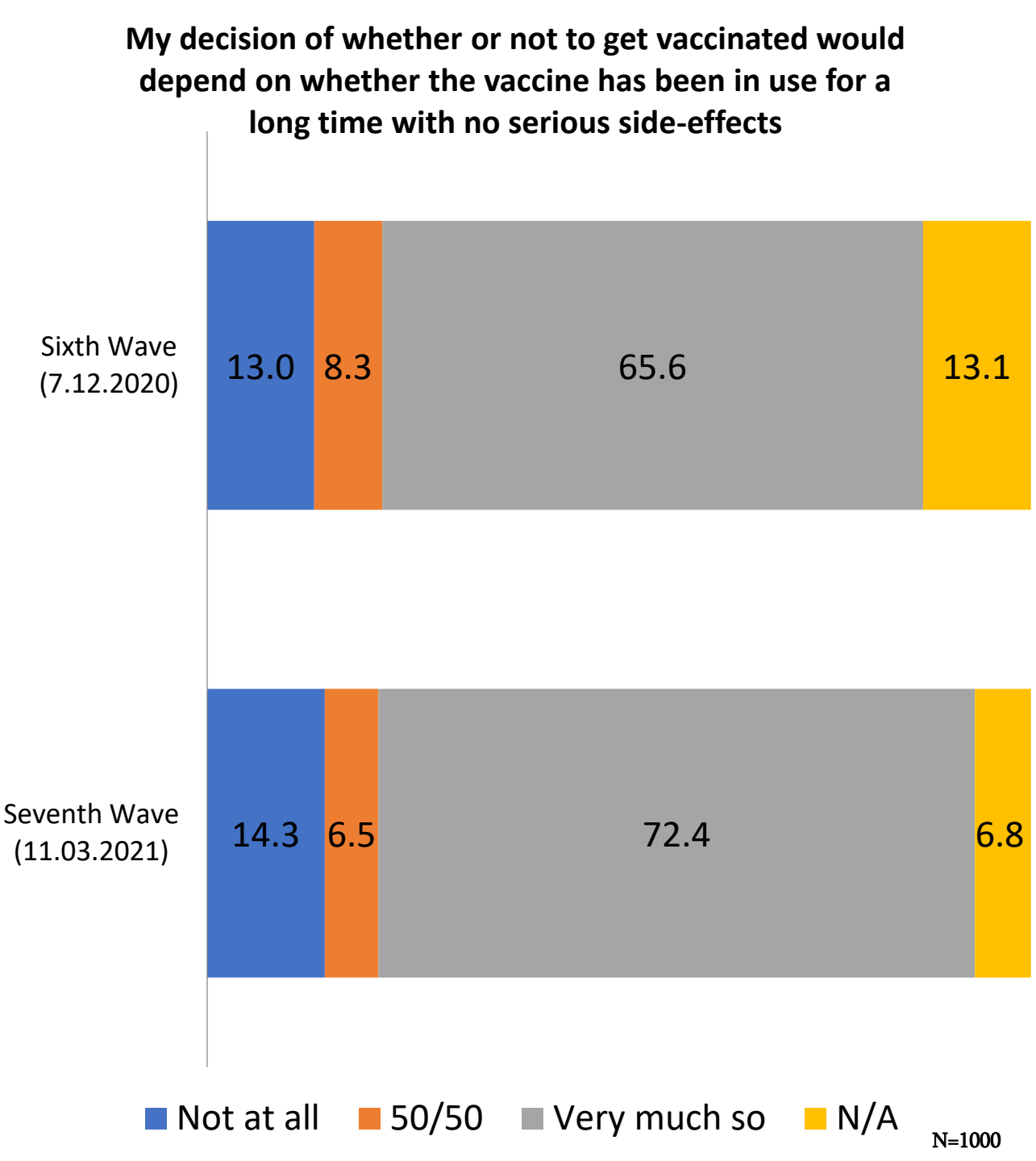


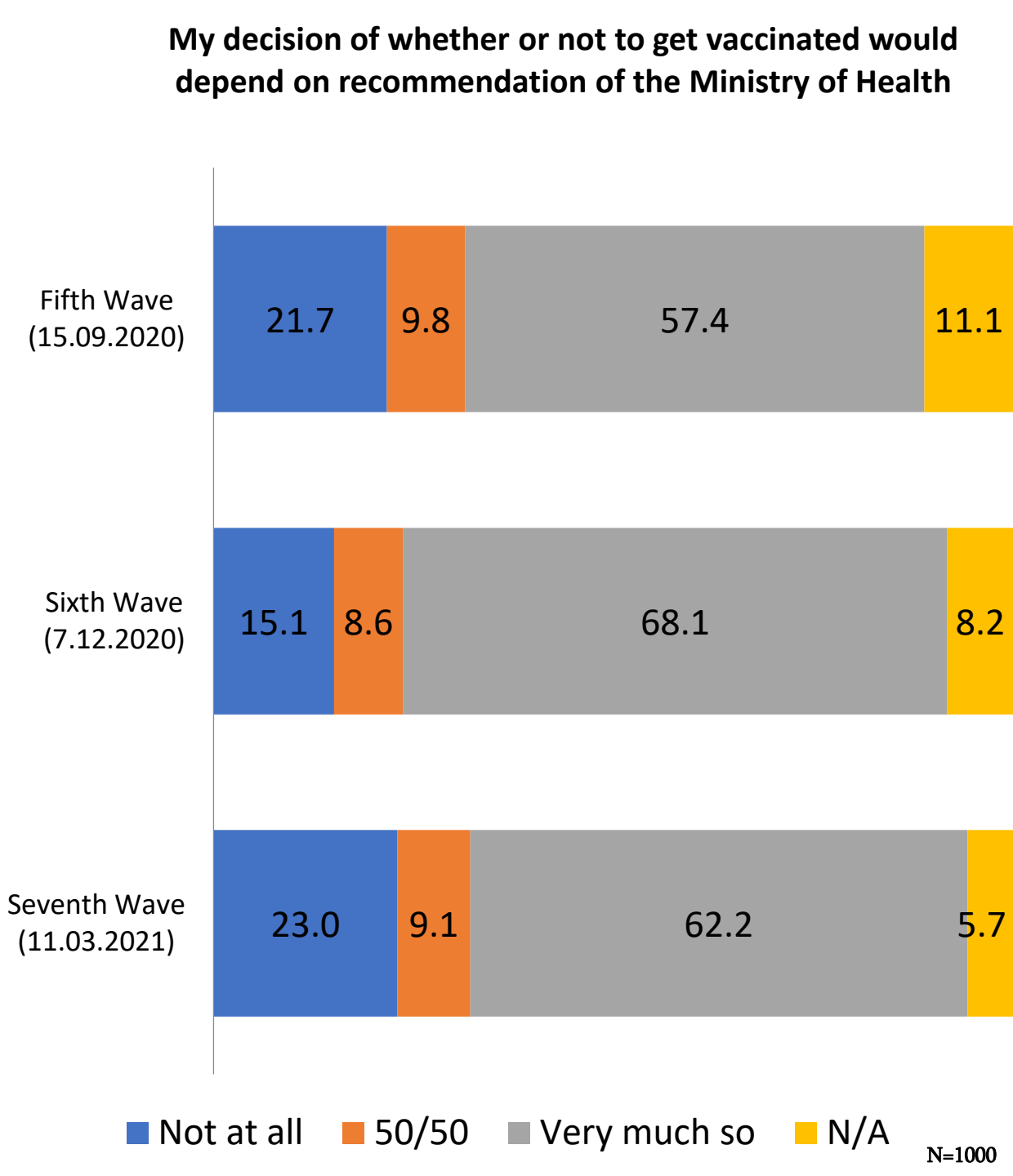
My decision of whether or not to get vaccinated would depend on recommendation of the World Health Organization (WHO)

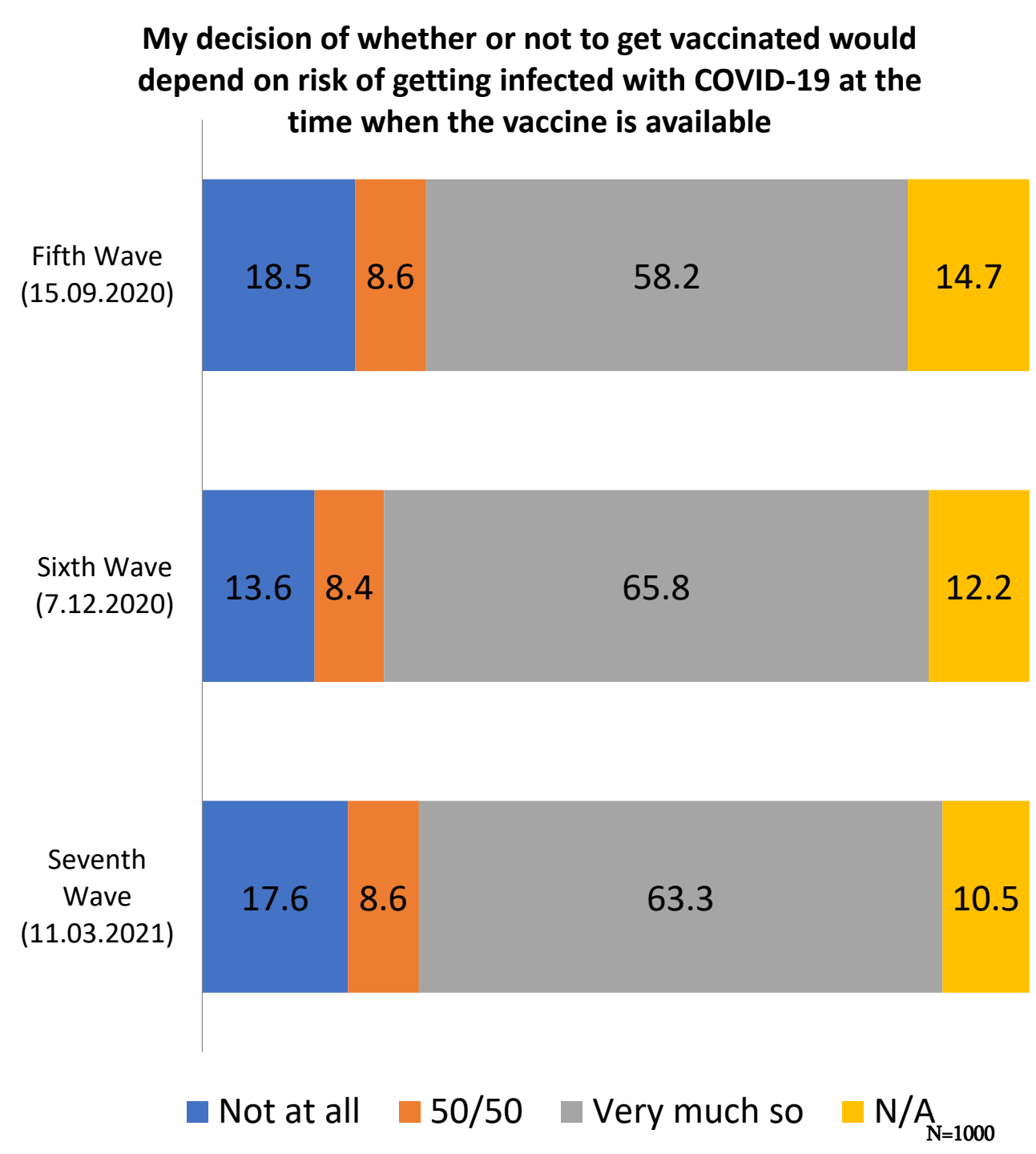


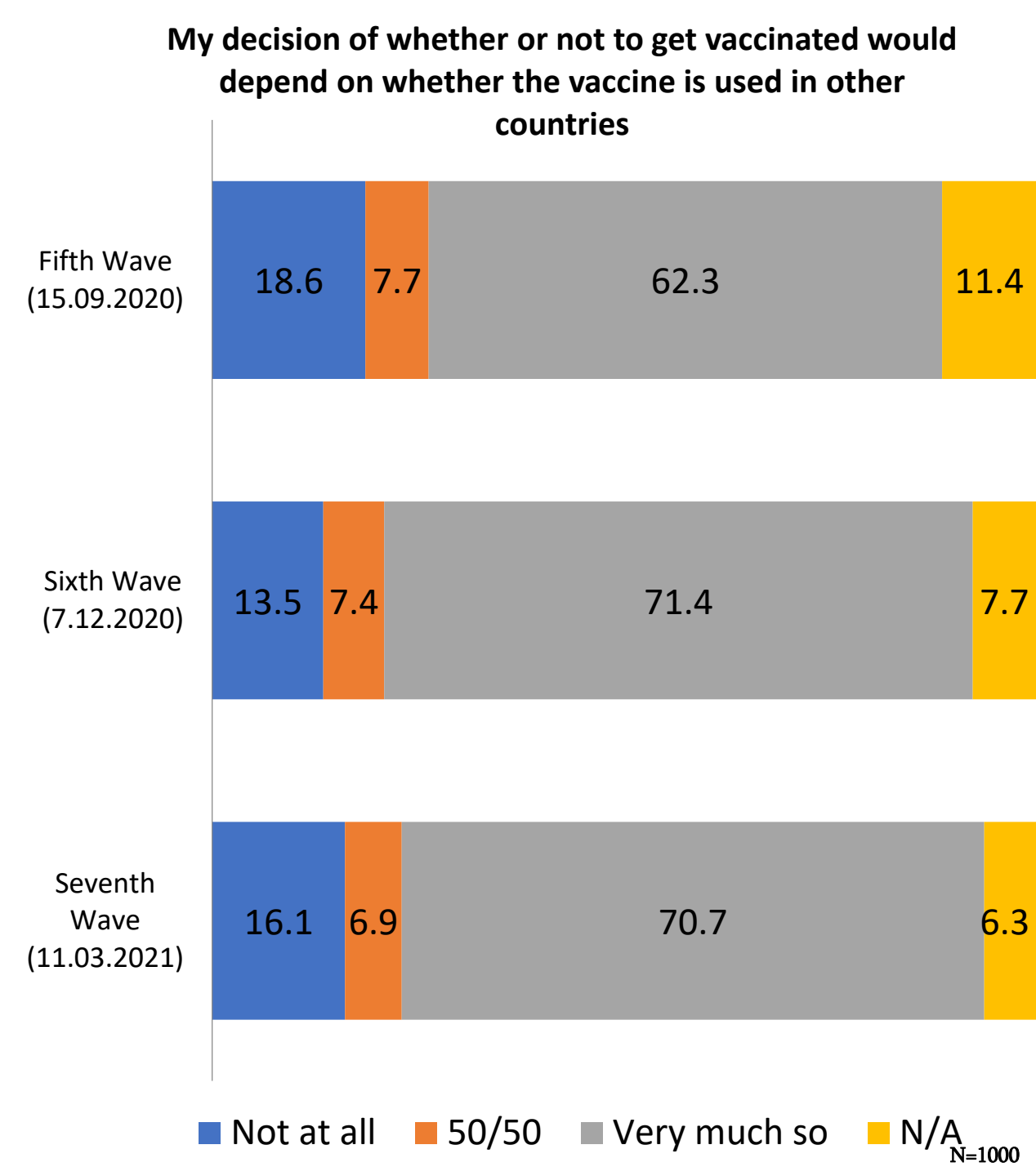
My decision of whether or not to get vaccinated would depend on recommendation from my family doctor



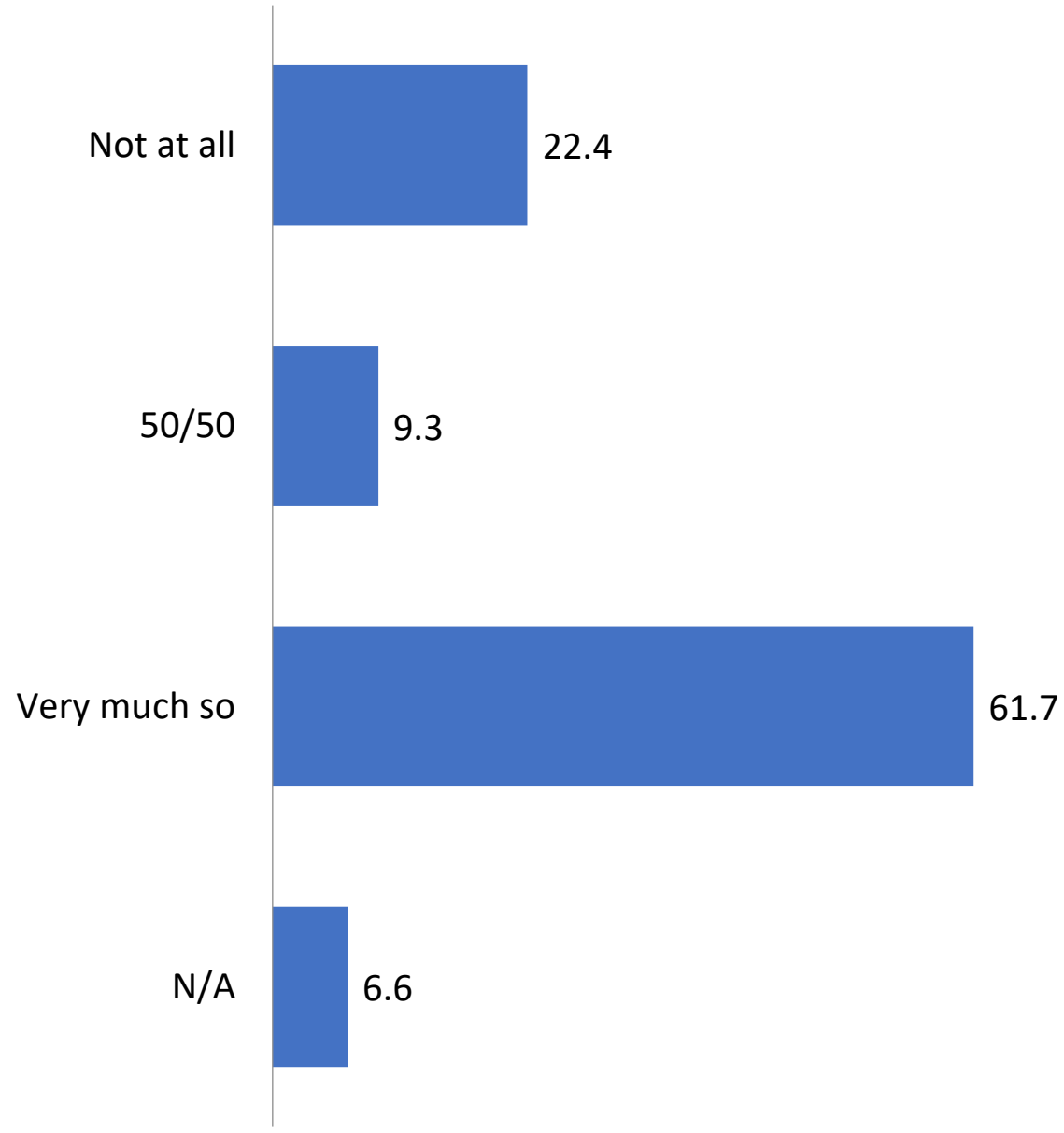

My decision of whether or not to get vaccinated would depend on whether the vaccine has been in use for a long time with no serious side-effects
Sixth Wave (7.12.2020)
13.0
8.3
65.6
13.1
Seventh Wave (11.03.2021)
14.3
6.5
72.4
6.8
Not at all
50/50
Very much so
N/A
N=1000


My decision of whether or not to get vaccinated would depend on recommendation of the Ministry of Health
Fifth Wave (15.09.2020)
21.7
9.8
57.4
11.1
Sixth Wave (7.12.2020)
15.1
8.6
68.1
8.2
Seventh Wave (11.03.2021)
23.0
9.1
62.2
5.7
Not at all
50/50
Very much so
N/A
N=1000


My decision of whether or not to get vaccinated would depend on risk of getting infected with COVID-19 at the time when the vaccine is available
Fifth Wave (15.09.2020)
18.5
8.6
58.2
14.7
Sixth Wave (7.12.2020)
13.6
8.4
65.8
12.2
Seventh Wave (11.03.2021)
17.6
8.6
63.3
10.5
Not at all
50/50
Very much so
N/A
N=1000

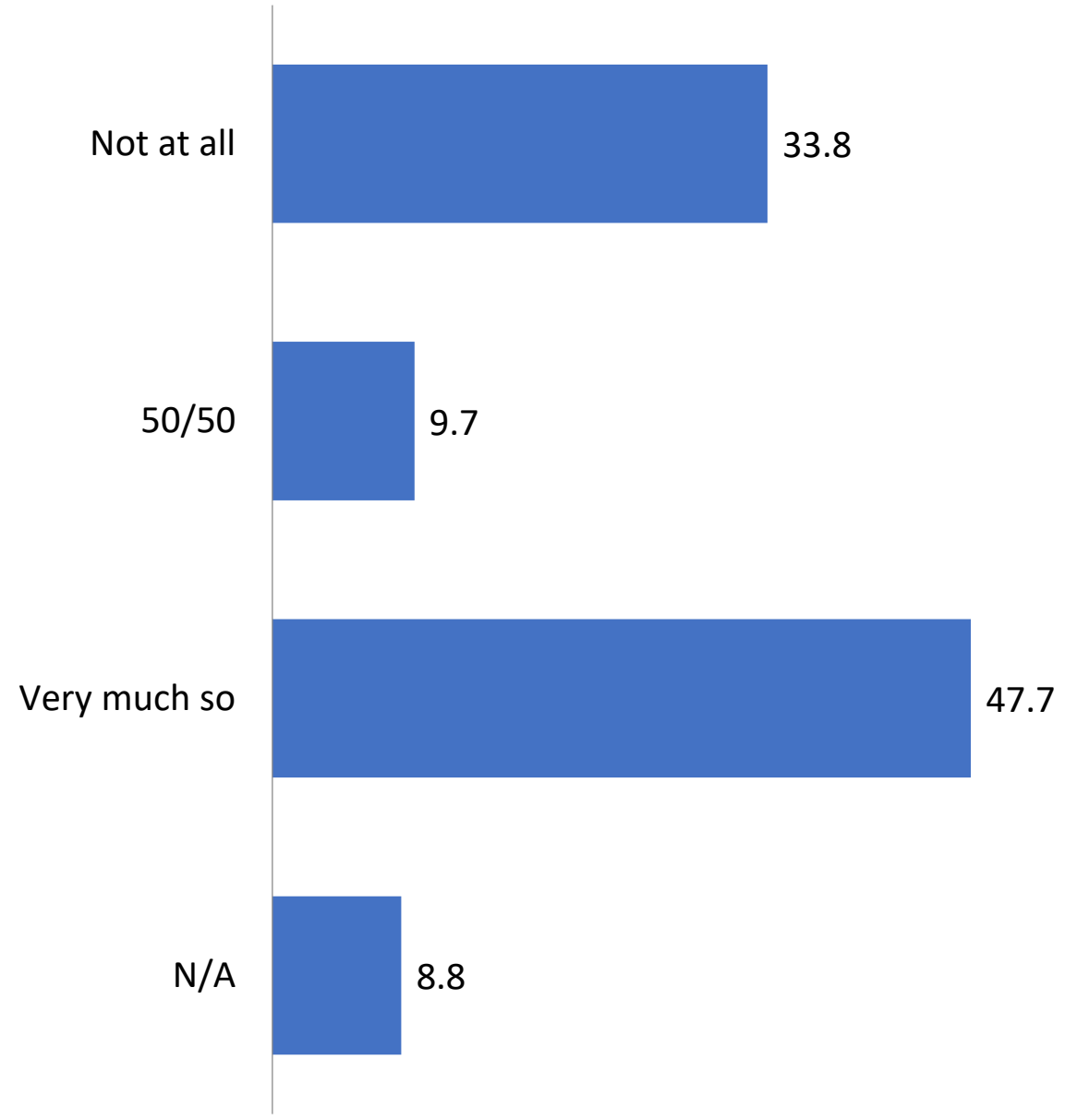

My decision of whether or not to get vaccinated would depend on whether the vaccine is used in other countries
Fifth Wave (15.09.2020)
18.6
7.7
62.3
11.4
Sixth Wave (7.12.2020)
13.5
7.4
71.4
7.7
Seventh Wave (11.03.2021)
16.1
6.9
70.7
6.3
Not at all
50/50
Very much so
N/A
N=1000

My decision of whether or not to get vaccinated would depend on the experience of those acquaintances who have been vaccinated



N=1000

My decision of whether or not to get vaccinated would depend on the experience of those officials and influencers who have been vaccinated



N=1000

Variables correlated with factors influencing the vaccination decision

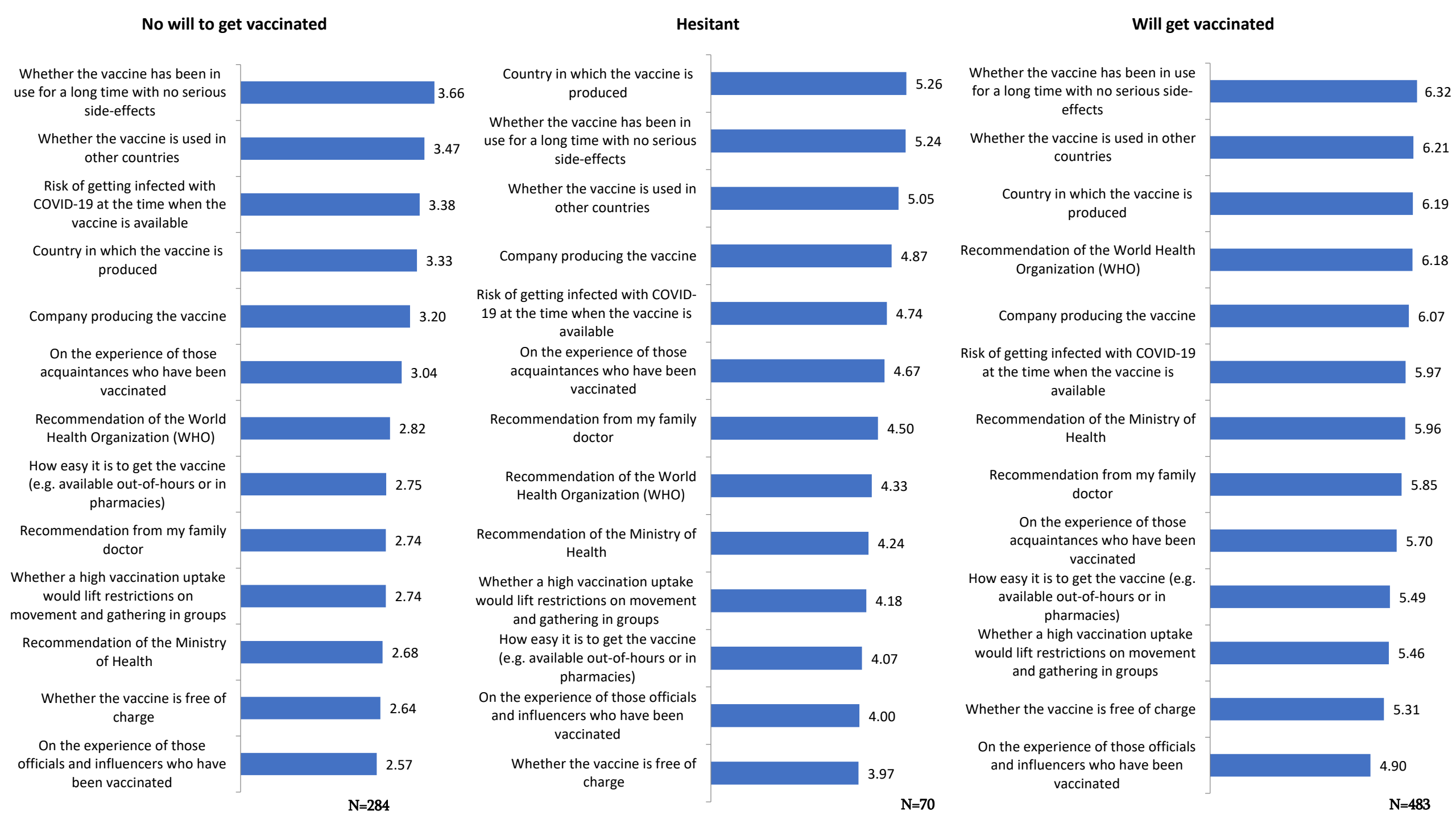
While making the decision to get vaccinated, the recommendation from **healthcare structures** is important for:

- ✓ Representatives of the upper age group
- ✓ Those who think they are more likely to be infected with the coronavirus
- ✓ Those who trust the medical sector
- ✓ Those who perceive the virus to be close
- ✓ Those who believe that the media does not exaggerate the virus

Special attention is paid to the recommendation of the **family doctor** by:

- ✓ Representatives of the risk groups
- ✓ Those to trust the government
- ✓ Those who believe that the virus is not media-hyped

	Recommendation from the Ministry of Health			Recommendation from the family doctor		
	Beta	Standardized CI	p	Beta	standardized CI	p
Age	0.11	0.03 – 0.18	**0.008**			
Perceived infection probability	0.09	0.01 – 0.16	**0.035**			
Trust in the government				0.28	0.19 – 0.36	**<0.001**
Trust in the medical sector	0.21	0.08 – 0.34	**0.001**			
Affective distance	0.10	0.02 – 0.18	**0.012**			
Perception of media hype	-0.17	-0.25 - -0.09	**<0.001**	-0.12	-0.2- - -0.03	**0.006**
Belonging to risk group (chronic disease or 65+)				0.13	0.05 – 0.22	**0.003**
Frequency of searching for information						


No will to get vaccinated
Whether the vaccine has been in use for a long time with no serious side-effects
3.66
Whether the vaccine is used in other countries
3.47
Risk of getting infected with COVID-19 at the time when the vaccine is available
3.38
Country in which the vaccine is produced
3.33
Company producing the vaccine
3.20
On the experience of those acquaintances who have been vaccinated
3.04
Recommendation of the World Health Organization (WHO)
2.82
How easy it is to get the vaccine (e.g. available out-of-hours or in pharmacies)
2.75
Recommendation from my family doctor
2.74
Whether a high vaccination uptake would lift restrictions on movement and gathering in groups
2.74
Recommendation of the Ministry of Health
2.68
Whether the vaccine is free of charge
2.64
On the experience of those officials and influencers who have been vaccinated
2.57
N=284
Hesitant
Country in which the vaccine is produced
5.26
Whether the vaccine has been in use for a long time with no serious side-effects
5.24
Whether the vaccine is used in other countries
5.05
Company producing the vaccine
4.87
Risk of getting infected with COVID-19 at the time when the vaccine is available
4.74
On the experience of those acquaintances who have been vaccinated
4.67
Recommendation from my family doctor
4.50
Recommendation of the World Health Organization (WHO)
4.33
Recommendation of the Ministry of Health
4.24
Whether a high vaccination uptake would lift restrictions on movement and gathering in groups
4.18
How easy it is to get the vaccine (e.g. available out-of-hours or in pharmacies)
4.07
On the experience of those officials and influencers who have been vaccinated
4.00
Whether the vaccine is free of charge
3.97
N=70
Will get vaccinated
Whether the vaccine has been in use for a long time with no serious side-effects
6.32
Whether the vaccine is used in other countries
6.21
Country in which the vaccine is produced
6.19
Recommendation of the World Health Organization (WHO)
6.18
Company producing the vaccine
6.07
Risk of getting infected with COVID-19 at the time when the vaccine is available
5.97
Recommendation of the Ministry of Health
5.96
Recommendation from my family doctor
5.85
On the experience of those acquaintances who have been vaccinated
5.70
How easy it is to get the vaccine (e.g. available out-of-hours or in pharmacies)
5.49
Whether a high vaccination uptake would lift restrictions on movement and gathering in groups
5.46
Whether the vaccine is free of charge
5.31
On the experience of those officials and influencers who have been vaccinated
4.90
N=483

Regression analysis shows that two factors were found to be the most influential in the decision to get the vaccine.

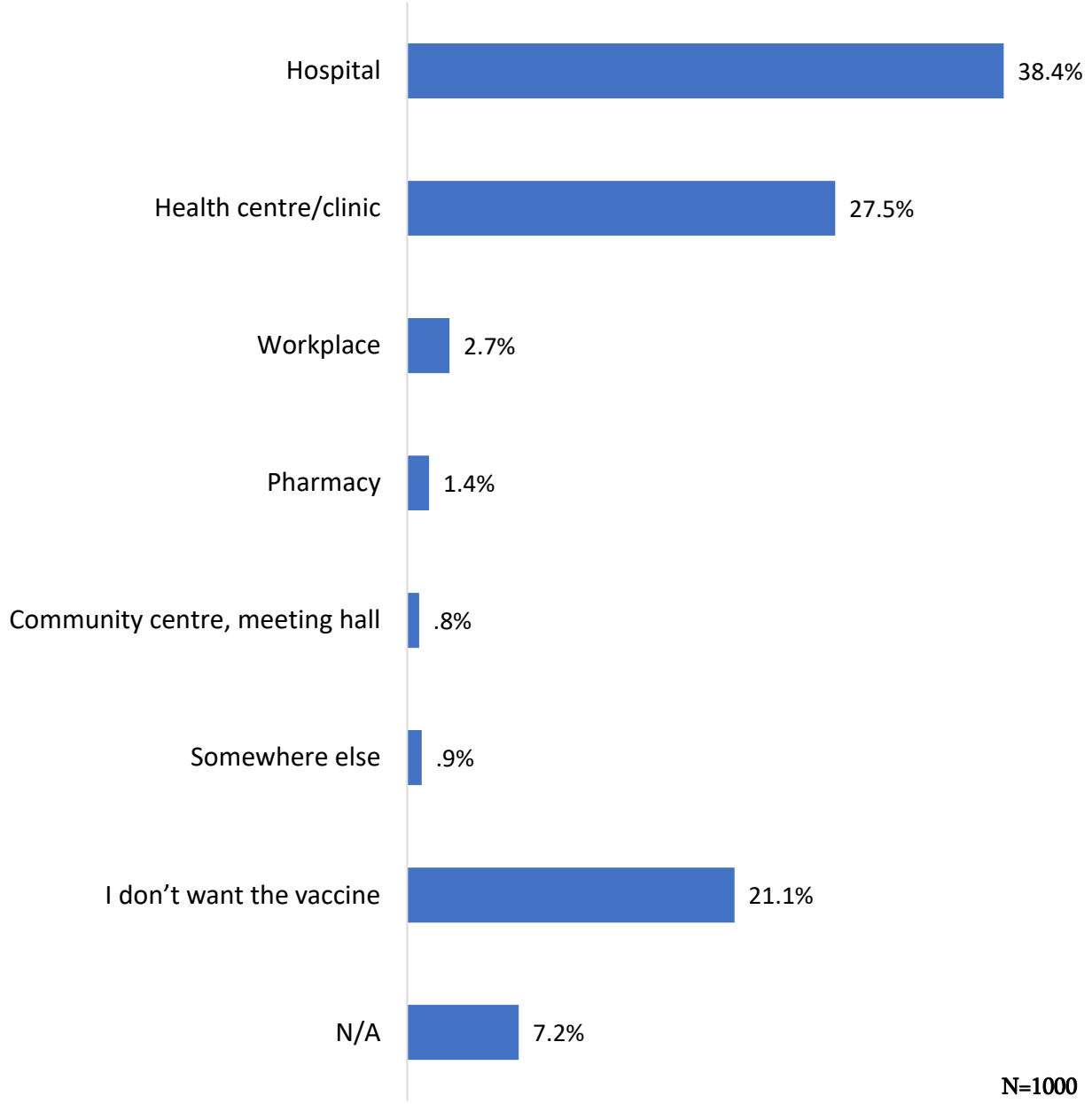
- Recommendation of the World Health Organization (WHO)
- Experience of those acquaintances who have been vaccinated

If a COVID-19 vaccine becomes available and is recommended for me, I would get it

	Beta	standardized CI	p
Recommendation of the World Health Organization (WHO)	0.584	0.19 – 0.25	0.000
Experience of those acquaintances who have been vaccinated	0.108	0.11 – 0.69	0.006

Respondents prefer to get Covid-19 vaccine in medical facilities (primarily hospitals, as well as health centre/clinics).

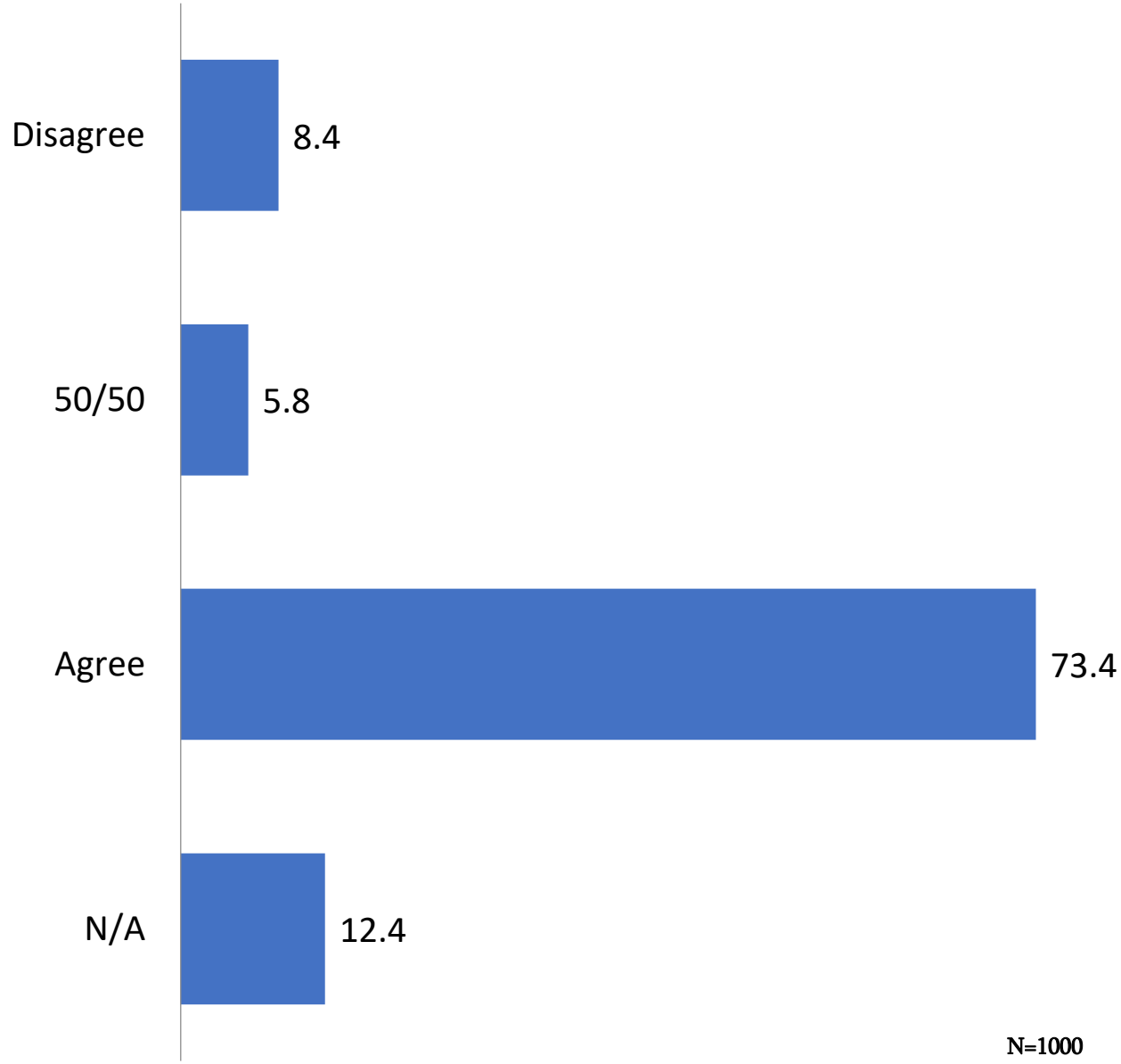
Where would you prefer to get a Covid-19 vaccine?



N=1000

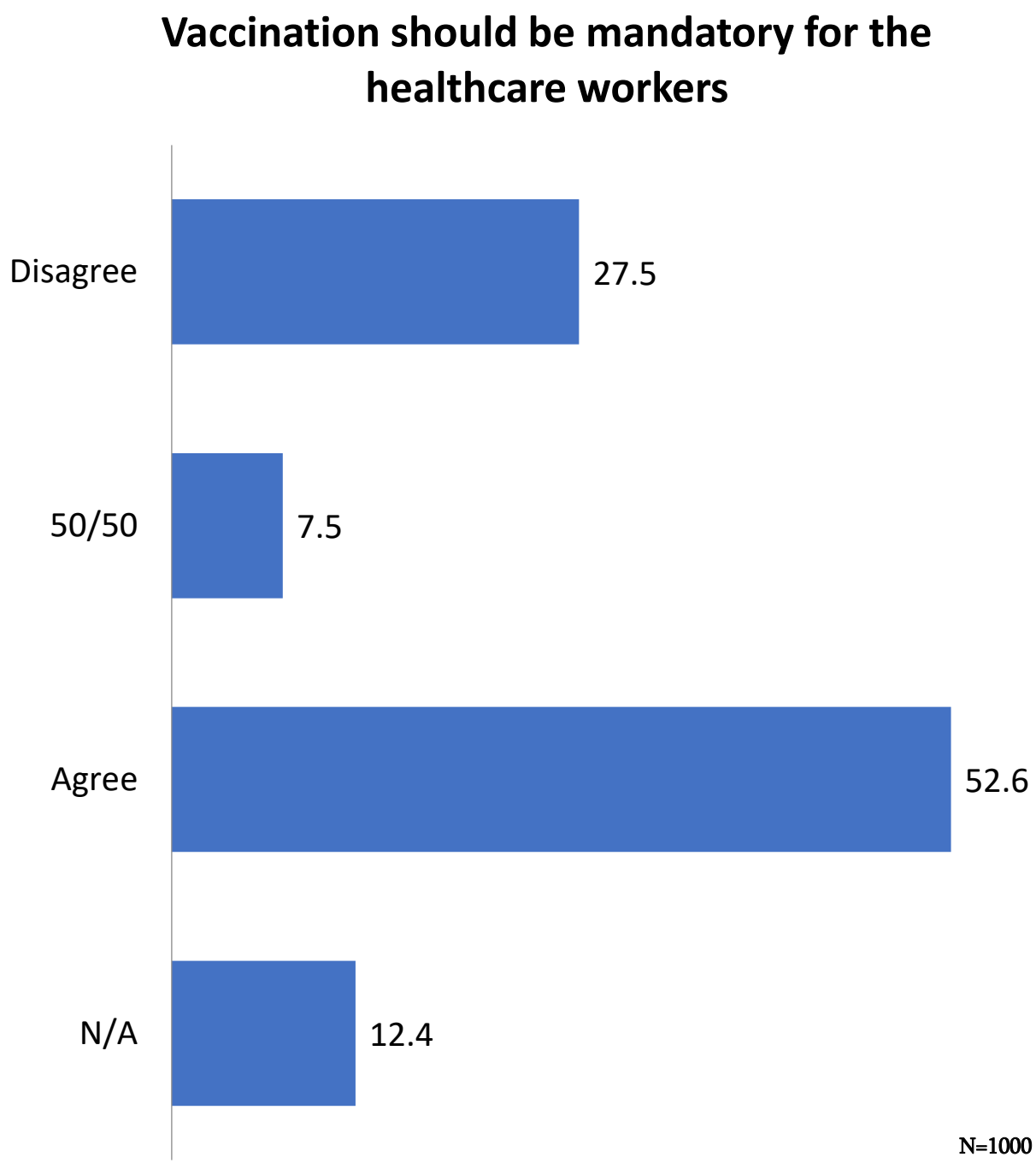
The majority (73%) agree that vaccination should start with medical personnel - prior to others.

Medical personnel should receive the vaccine prior to others in the general population



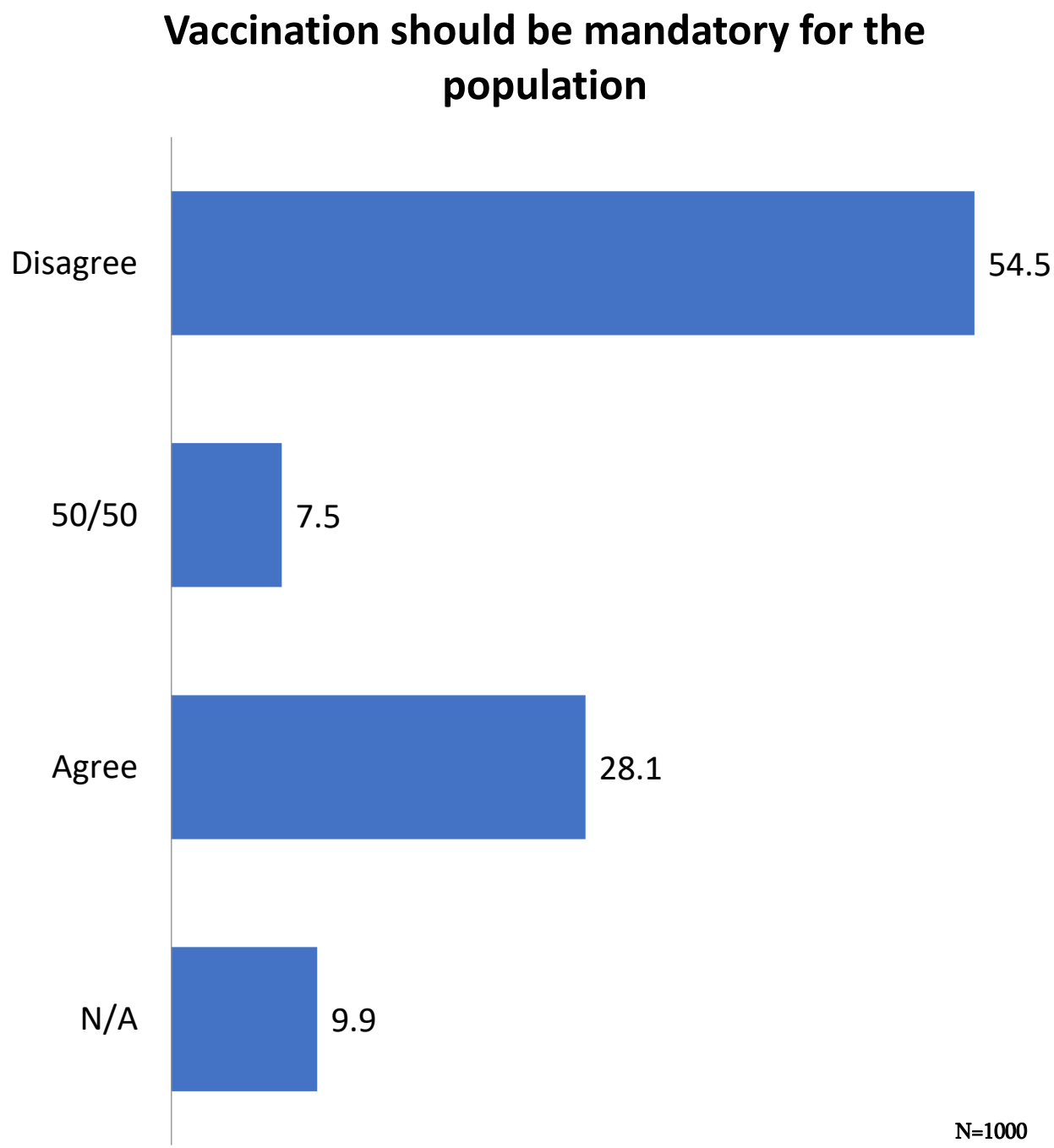
N=1000

At least every second respondent (53%) agree that vaccination should be mandatory for the healthcare workers.



At least every second respondent (55%) disagree that vaccination should be mandatory for the population.

28% agree that vaccination should be mandatory for the population.



Thank you for your attention!