

Study on perceptions of risk communication and community engagement for COVID-19

IN LEBANON

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Anthrologica



Purpose

The study explored community perceptions about the relevance and access to COVID-19 health communication across Lebanon. It focused on the risk communication and community engagement (RCCE) approaches by the Lebanese Red Cross

(LRC). The study is to be used by the International Red Cross and Red Crescent Movement to strengthen COVID-19 activities and approaches in crisis and conflict areas.

Key findings

Lebanese Red Cross interventions

Study participants found the COVID-19 related information provided through LRC to be relevant, applicable, and realistic. In addition, the study found that LRC's awareness interventions led to observed and self-reported changes in behaviour in applying COVID-19 prevention measures.

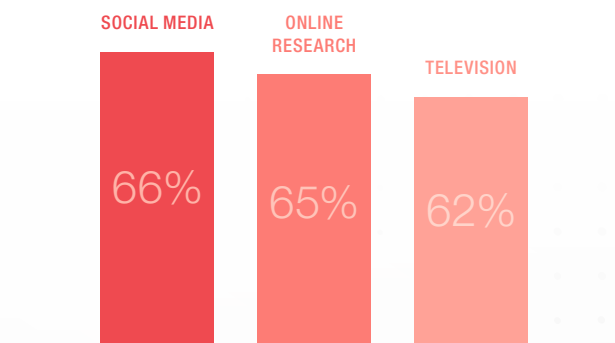
However, the study also found that content that was relevant at the time of the interventions would no longer be considered relevant today, as context and priorities have changed. The people sampled confirmed that at the time of the study, they had adequate information on COVID-19 and basic prevention measures and were seeking information on how to resume their everyday activities under changed circumstances. In addition, the economic crisis and Beirut port explosion in 2020 resulted in a shift in demand from information to in-kind practical support, such as food, face masks and hand sanitiser.

LRC's longstanding presence and access across Lebanon, their established networks, and the high level of trust in which they are held, were important factors to ensure wide reach to the community. This strengthened broader community engagement that built the capacity of municipal response teams and other actors. This approach improved the community's trust in the municipality, which improved people's coping mechanisms and adherence to prevention measures, as identified in the qualitative findings.

Several groups may not have been effectively reached through the awareness sessions, particularly refugees, Internally Displaced People (IDPs), migrant workers, elderly, youth, children, people with disabilities, pregnant women, and the LGBTQ community. It should be noted, however, that LRC has reached out to refugees, children, and youth through various RCCE interventions, and study participants may not have been aware of these activities or did not link them to LRC.

Communication environment

The study revealed that participants preferred social media (66%), online research (65%) and television (62%) **to access information about COVID-19.**



Younger participants reported having a preference for radio. However, a higher proportion of male respondents suggested their preference for receiving information through their municipalities and other community-based channels such as the scouts.

Given that the survey was conducted via mobile phone, it did not include people who have less access to these channels, such as refugees, the elderly or those with limited (technology) literacy.

Participants emphasised that LRC was a highly trusted source of information on COVID-19, if not the most trusted source. Health professionals, the WHO and other UN agencies were also highly trusted while there was a lower level of trust in municipalities in general. WHO and other UN agencies were most trusted by younger people and more educated people, while municipalities were more trusted by men than women. The community's level of trust in the municipalities appears to have increased somewhat due to their close work with LRC.



Community awareness of COVID-19

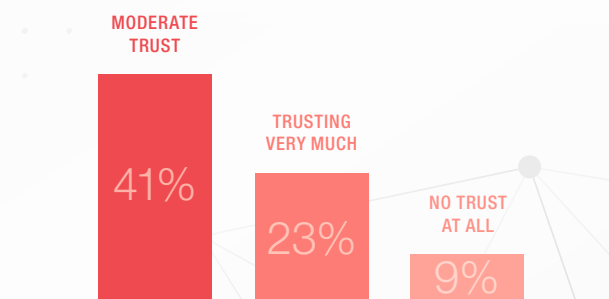
Study participants reported that, in general, people had an adequate level of basic awareness and knowledge about COVID-19, although they also suggested that COVID-19 awareness was lower among refugees and young people. People had mainly received basic information on transmission routes, symptoms, prevention measures and isolation measures. Slightly lower numbers reported having received information about how to report a COVID-19 infection, testing, and contact

information for health assistance. Fewer than half of survey participants reported receiving information on the COVID-19 vaccine, new variants of concern and the impact of the pandemic on mental health and wellbeing. Misinformation, disinformation, and conspiracy theories about COVID-19 continue to circulate. Despite that, awareness of and belief in the existence of the virus had increased due to personal experience, as friends and family members had become infected.



Community perceptions of the COVID-19 vaccine

The study reported a low **level of trust in the vaccine**, with only 23% of survey respondents trusting it very much, 41% reported a moderate level of trust, and 9% did not trust it at all.



Recent social media activity showed a trend toward increasingly negative sentiments regarding the vaccine. In particular, younger people, women, and less educated people were less likely to trust the vaccine.

Ninety percent of survey respondents knew how to register for the vaccine, while those with a lower level of education and those who were unemployed or retired were less likely to. This was a particular issue for the elderly who may need assistance to register online for the vaccine.

Fifty-seven percent of respondents had concerns about the vaccine, especially younger people, women, employees, and business owners. The qualitative findings highlighted that people lacked information about the side effects and safety of the vaccine and the different types of vaccine. There was also a continuing belief among a small number of people that COVID-19 did not exist, which hindered the acceptance of the need for a vaccine.



Dealing with multiple emergencies – the economic crisis, COVID-19, and the Beirut explosion

The study found that people struggled to purchase basic necessities and access basic health-care because of the multiple emergencies faced in Lebanon.

Eighty-six percent of respondents reported the Beirut blast had not affected their ability or willingness to comply with prevention measures. However, the qualitative component of the study and the findings of the literature review, suggested that people did not always have the resources to be able to comply with measures such as mask-wearing, handwashing and staying at home. Those who did not feel able or willing to apply prevention measures because of the blast

suggested that it had affected their mental health (61%), that they were not able to afford personal protective equipment (41%) or apply physical distancing measures (24%), and that COVID-19 prevention measures were no longer a priority (40%).

People's ability or willingness to attend awareness sessions was hindered by lack of time and associated costs (e.g., transport costs). It was suggested that some people who attended sessions were only doing so to receive incentives such as face masks, hand sanitiser and food. The qualitative research found that the psychological impact of the Beirut blast caused people to change their priorities and worry less about COVID-19.



Recommendations

Lebanese Red Cross interventions



- Constantly monitor, adapt and tailor content to take account of the changing context and priorities.
- Continue efforts to reach hard-to-reach groups, including refugees, IDPs, migrant workers, the elderly, youth, children, people with a disability, and LGBTQ people. Identify their specific needs and concerns, ideally through qualitative assessment or by triangulating with community feedback, so interventions do not depend on their reported needs by other groups.
- Foster collaboration between different stakeholders and continue to build partnerships to share research findings and work on complementary activities.

Communication environment



- Understand the communication ecosystem in Lebanon and how different groups prefer to receive and provide information. Track which groups are/are not accessing LRC information. Interventions can then be adapted and targeted accordingly.
- Understand the communication needs and access of hard-to-reach groups, including the elderly, refugees, migrant populations, and less educated people. Consider the levels of access to Internet available to these groups and adapt communication techniques accordingly.
- Use diverse channels sensitive to nationality, age, gender, educational level and governorate.
- Continue to build municipalities' and other local organisations' capacity to improve community-led responses, provide accurate information, and increase public trust. LRC can support the communication efforts of other well-placed organisations and should ensure alignment with official guidance and encourage acceptance of government measures.

Community awareness of COVID-19



- Provide information about COVID-19 testing in all governorates.
- Increase information provision about what people should do and who to contact if they or someone they know shows symptoms of COVID-19.
- Collaborate with research partners to invest in qualitative research to understand why some groups are more likely than others to apply their knowledge about COVID-19 and prevention measures.

Community perceptions of the COVID-19 vaccine



- Increase information about the COVID-19 vaccines relevant to their side effects, safety, effectiveness, and vaccine types, and how to register for and receive the vaccine.
- Amplify accurate information and proactively and quickly dispel conspiracy theories or myths about vaccines by engaging with trusted and mainstream media outlets to promote accurate information.
- Develop materials to encourage vaccine uptake for younger people that respond to their concerns.
- Intensify efforts to reach less educated and unemployed people, retirees and undocumented migrants to support them to know how to register for the vaccine. In addition, continue to provide support to the municipalities to assist the elderly and other low-technology groups in this regard.

Dealing with multiple emergencies – the economic crisis, COVID-19, and the Beirut explosion



- Ensure COVID-19 information is received as part of a broader information package, incorporating mental health and psychosocial support.
- Consider providing basic items such as face masks, hand sanitiser and food at awareness sessions, taking into account the high cost of these items. Collaborate and share information with other partners to emphasise this need.



Study Methodology

The study followed a combined qualitative and quantitative methodology.

The background literature review synthesised the existing data and literature relevant to COVID-19 behaviours and related RCCE in Lebanon. Quantitative and qualitative tools were developed and tailored to key stakeholders.

The quantitative data collection included 497 participants randomly selected by LRC in line with the selection criteria across Beirut, Mount Lebanon, Tyre and Saida governorates. LRC sur-

veyed participants using a Geographic Information System (GIS).

In addition, two focus group discussions (FGDs) were conducted, one with LRC Disaster Risk Reduction (DRR) Unit staff and one with LRC DRR volunteers. Finally, key informant interviews (KIIs) were conducted online with community-level stakeholders involved in LRC awareness and capacity building sessions. LRC identified participants.

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