

Background and Context

The COVID-19 pandemic was confirmed to have spread to Georgia when its first case was registered in Tbilisi on 26 February 2020. By the end of October 2021, 719,247 COVID-19 cases were registered in the country, with 10,045 confirmed deaths. On 14 January 2021, the Government of Georgia approved the National Plan for COVID-19 Vaccine Deployment, calling for the immunization of 60% of the country's adult population by the end of the year. Nevertheless, according to the National Center for Disease Control of Georgia, by the end of October 2021, 36.5% of the adult population had received at least one dose of COVID-19 vaccines and 32.9% had been fully vaccinated. The national statistics also indicate that the vaccines are not being distributed equally throughout the country, leaving the rural and remote areas largely underserved due to various factors such as social hesitancy and mistrust, poor ICT skills and limited access to internet for online registration, language barriers (in the case of ethnic minorities), and physical accessibility.

To better understand the public perceptions towards the COVID-19 vaccination and identify the key drivers of vaccine hesitancy, and to produce actionable recommendations for increasing the vaccine acceptance, the Georgia Red Cross Society carried out a quantitative survey examining the public attitudes towards the vaccines across the country.

Methodology

The research methodology envisioned the collection of quantitative data through administration of a structured questionnaire. The focus was placed on the regions of Georgia, as the vaccine uptake, as well as the access to information, is relatively higher in Tbilisi. The fieldwork was conducted by the Georgia Red Cross Volunteers in 49 municipalities of Georgia during 1 September 2021 - 27 October 2021. Data was collected using a simple random sampling method through in-person interviews. The sample consists of 7,926 individuals aged over 18, of whom 3,839 (48.4%) unvaccinated respondents were interviewed. The data was weighted for age, gender, region and municipality.

Charts and graphs presented in this report may not add up to 100 percent due to rounding.

Limitations

Due to the financial and time constraints of the analysis, the GRCS was not able to devise a comprehensive sampling plan, ensuring the selection of a fully representative sample from the study population.

Moreover, the survey was administered in Georgian language, including in the municipalities populated by ethnic and linguistic minorities, increasing the degree of sampling bias.

This survey is complementary to the Georgia Red Cross Society's continuous needs assessment efforts to examine the public perceptions towards COVID-19 vaccines and identify key drivers of vaccine hesitancy. The findings of the survey will be further triangulated through quantitative and qualitative methods, to ensure generalizability and validity of findings.

Key Findings

The findings of the survey further confirmed the Georgia Red Cross Society's observations about vaccine hesitancy and skepticism in the country. It is noteworthy, that among the respondents who had not been vaccinated by the time of the interview, only **36% were planning to get vaccinated**, while the remaining 64% were either not sure (32%) or not planning to vaccinate at all (32%).

Among the survey respondents, only 32% stated that they trust the available COVID-19 vaccines, while 50% trust the vaccines only partially, at 27% - do not trust them at all. The main reasons for vaccine hesitancy were the potential side effects of the vaccines (55%), short timeline of vaccine development (23%), mistrust towards the new technologies (11%) and other reasons (11%), including the religious beliefs, health conditions (such as allergies, coronary diseases), pregnancy, old age, fear of infertility, concerns regarding the effectiveness and safety of the vaccines, public attitudes, and the recent exposure to the virus.

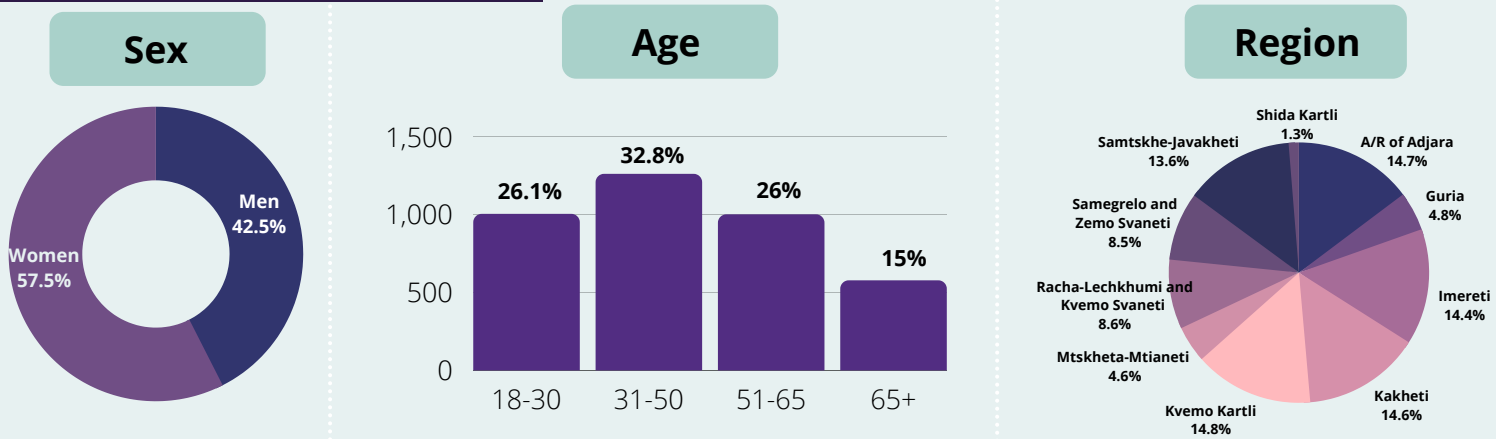
It is noteworthy, that the findings vary by respondent sex and age; e.g. 39% of interviewed, unvaccinated women said they planned to get vaccinated and 61% were either unsure or against; while 32% of the interviewed men stated that they planned to get vaccinated, with 68% either unsure or against.

The responses varied insignificantly among different age groups interviewed. The unvaccinated respondents aged 18-31 were the most likely to get a vaccine (40% stated that they plan to get vaccinated), while respondents aged over 65 were the most reluctant (35% against getting vaccinated).

Analysis of data based on the respondent's place of residence (by region/*mkhare*) demonstrated a negligible difference in the levels of vaccine acceptance among the regions covered by the survey, with the respondents from Samtskhe-Javakheti demonstrating the highest levels of vaccine hesitancy (41% against getting vaccinated) and respondents from Shida Kartli - highest levels of vaccine acceptance (49% planning to get vaccinated).

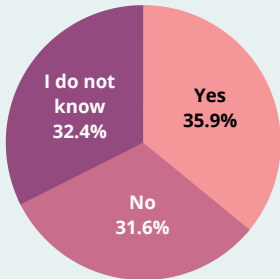
The findings of the survey suggest that there is a need for a deeper analysis of drivers of vaccine hesitancy and skepticism. The survey was able to identify the key concerns leading to refrainment from vaccination as well as the sources of anti-vaccine narratives, however, it is expedient to explore the sources of these fears and misperceptions, in order to devise key messages for addressing them.

Respondent parameters

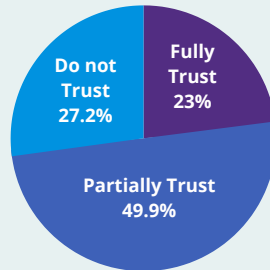


Analysis

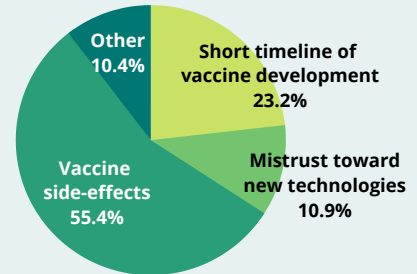
Do you plan to get vaccinated?



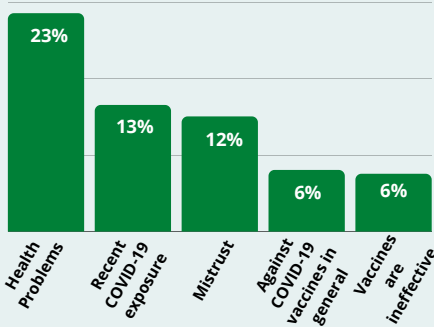
Do you trust the vaccines?



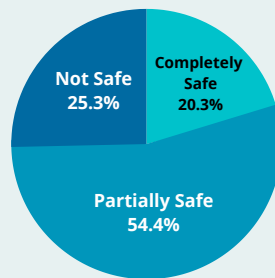
Why do you hesitate to vaccinate?



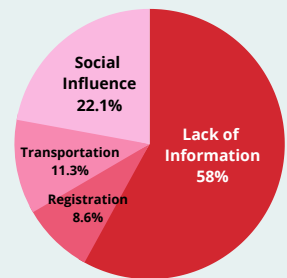
Why do you hesitate to vaccinate? (TOP 5 "Other" reasons)



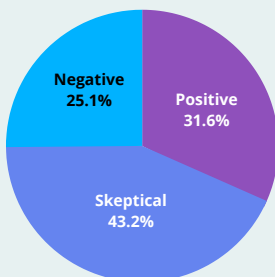
Do you consider the vaccines safe?



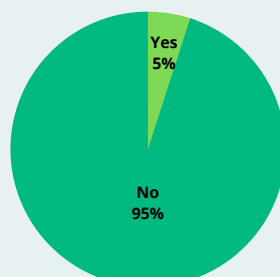
Which barriers do you face with vaccination?



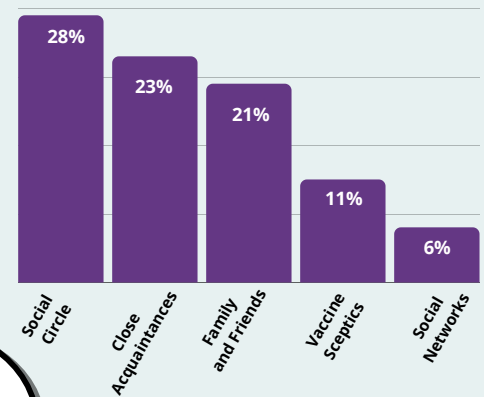
What are the attitudes toward vaccination in your environment?



Have you ever been discriminated because of your positive attitude toward vaccination?



Sources of discrimination against the supporters of vaccination (TOP 5)



How can I be confident the vaccines are safe, when even the medical professionals are not 100% sure.

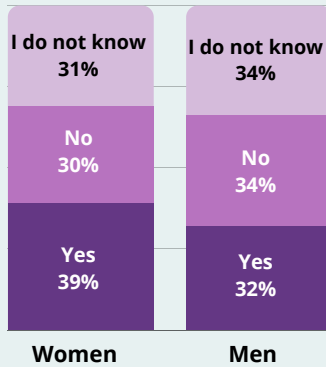
I do want to vaccinate, but my family members will not let me.

I do not want to risk it, a large part of society, including the doctors and professors are against it.

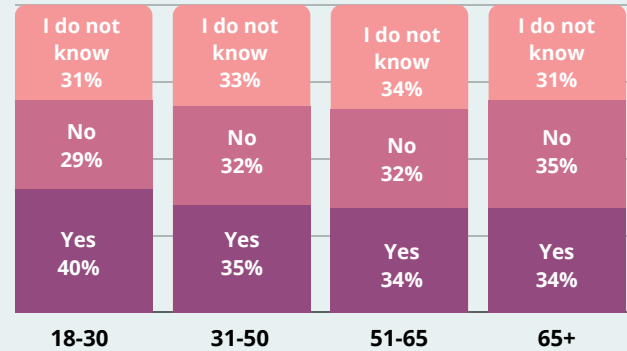


Gender, Age and Region

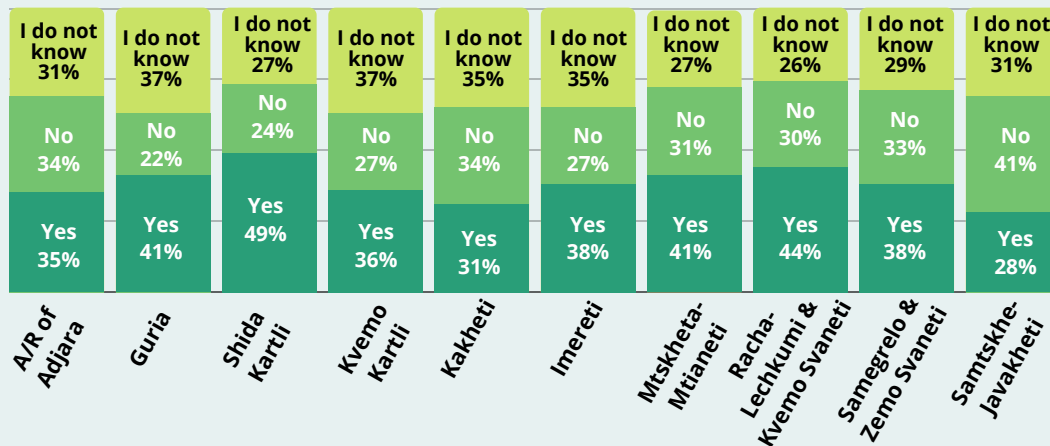
Do you plan to get vaccinated? (by sex)



Do you plan to get vaccinated? (by age)



Do you plan to get vaccinated? (by region)



Key Recommendations

- The survey identified key trends of public perceptions and attitudes towards the COVID-19 vaccines; it also revealed the need to undertake a deeper analysis of the sources, drivers and root causes of those perceptions. It is recommended to conduct a qualitative analysis to understand the complex social, cultural and political drivers of vaccine hesitancy in the country.
- The survey revealed that the proportion of undecided individuals is quite significant among the unvaccinated population. It is also noteworthy, that up to 50% of unvaccinated respondents partially trust the vaccines. Therefore, it is recommended to capitalize on the potential for vaccine acceptance among the undecided population, through proactive dissemination of key messages addressing the drivers of their hesitancy, including the lack of reliable information.
- The social groups that enjoy the highest levels of influence over the opinions of individuals and communities are friends and family members, close acquaintances, social circles, and social network users, hence it is important to utilize the potential of these influencer groups for awareness raising and dissemination of key messages, aimed at increasing the vaccine acceptance.
- 58% of the unvaccinated respondents named the lack of information as the main barrier to vaccination. To address this gap, it is recommended to identify the preferred communication channels for different population segments and enhance the awareness raising efforts, through dissemination of clear, reliable and user-friendly messages on vaccine effectiveness and benefits, possible side effects, as well as the available vaccines in the country and how/where to get them, through the communication channels prioritized.