



COVID-19 Perception Study Guyana 2022

Findings Analysis



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THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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Introduction

The evolution of the pandemic has brought about changes in the way some communities perceive COVID-19. Identifying the nuances of these new perceptions is particularly useful for understanding social behaviors across diverse contexts and strengthening programmatic design and humanitarian operations. However, identifying these nuances is more complex in those social groups in situations of vulnerability, marginalization or emergency.

In light of this scenario, the Guyana Red Cross Society (GRCS), with support from IFRC, developed between 27 and 31 July 2022 six focus groups in regions 1 - Barima-Waini and 7 - Cuyuni-Mazaruni, composed of: i) migrant population; ii) members of indigenous peoples in a situation of migration; and iii) members of local indigenous peoples. This exercise provided valuable qualitative inputs regarding the factors that influence the perceptions of these communities regarding COVID-19, and prepared the ground for the implementation of the COVID-19 - Guyana 2022 Perception Survey.

Between August 26 and September 9, 2022, GRCS implemented the COVID-19 Perception Survey. This had an online format, and its wide dissemination allowed the participation of diverse population groups, increasing the richness and diversity of the responses received. The results of this survey have not only been analyzed in this document but have also been schematized in a [digital dashboard](#) by the IFRC's Information Management area, in order to facilitate access to the data by both the National Society and those stakeholders interested in this exercise.

Consequently, this document not only summarizes the findings from the qualitative data collected through the Focus Groups and the quantitative data collected through the Survey, but also offers cross-cutting analysis between both types of data, with respect to aspects particularly relevant in the Guyanese context. It also presents recommendations to the GRCS on Community Engagement and Accountability (CEA).

The data collection and analysis process developed in Guyana has the potential to provide replicable lessons in contexts with similar complex humanitarian, social, cultural and institutional characteristics, strengthening decision-making and research processes based on evidence and digital inputs within the Red Cross and Red Crescent Movement.

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Main findings

More than 58% of respondents trust in the COVID-19 vaccine, while more than 92% indicated that accessing this vaccine is not difficult. This level of access would mean that environmental factors or individual beliefs would be influencing the individual's decision to receive it.

Individuals who have received only one dose of a vaccine that requires several doses have a false sense of confidence that prevents them from completing the vaccination schedule, which may affect the health of the social group.

Both campaigns to complete vaccination schedules and the promotion of vaccination in those individuals who have not received any doses are still important in the response to the pandemic.

COVID-19 and Monkeypox are perceived as major health risks to families, but concerns about malaria persist. Likewise, concerns associated with contaminated water, access to water, diarrhea, fever, and drought were highlighted by participants.

96.7% of respondents indicated that the information received was applicable, realistic, and relevant to the local context; and all respondents found the information received useful to some degree (67.74% Very useful and 32.26% Somewhat useful).

An eventual low supply of culturally sensitive and accessible information content in various languages or dialects could affect timely access to reliable COVID-19 information.

The economic effects of the pandemic as perceived by respondents include reduced individual purchasing power, increased local price levels, and reduced local employment opportunities. These effects would have particularly impacted vulnerable populations such as migrant populations or indigenous communities, among others.

It is recommended to include ethnic approaches and to carry out previous tasks of cultural equivalence involving the spiritual authorities of these communities in the design of data collection instruments.

1. Analysis of qualitative results - Focus groups

Between 27 and 31 July 2022, six focus groups were conducted in the Guyanese regions of 1 - Barima-Waini and 7 - Cuyuni-Mazaruni.

These focus groups were aimed at collecting qualitative data to provide an updated snapshot of the perceptions of migrant populations, members of indigenous peoples in a situation of migration, and members of local indigenous peoples, regarding COVID-19.



GRCS: Region 7. Jan 03, 2022. COVID-19 vaccination campaign with indigenous and migrant population.

This data could strengthen programmatic capacities and increase the accuracy of the Guyana Red Cross Society's Community Engagement and Accountability approach during this new phase of the COVID-19 pandemic or similar health scenarios. To this end, the following issues were addressed through the focus groups:

1. Community perceptions of COVID-19 and their vaccination process.
2. The level of access to, and relevance of, the information received on COVID-19.
3. The socio-economic impact perceived by these communities because of the pandemic.
4. Perceptions of mental health and individual well-being during the pandemic.

1.1. Perceptions of targeted communities on COVID-19 and their vaccination process

The first cross-cutting finding detected in the focus groups is the **high level of trust that these communities place in the COVID-19 vaccine**. According to the survey questions, this confidence would be based on the absence of side effects in those members of their communities who have received the vaccine. Factors such as the scientific support for vaccines or the fact that vaccines are important in reducing the impact of the disease were noted by communities as aspects that stimulate confidence in vaccination.

However, some rumours may be affecting confidence in vaccination, including the one detected in the focus group of local indigenous women in region 7 - Cuyuni-Mazaruni, which revolves around the alleged death of a member of their community after receiving the vaccine. However, no additional information was identified.

The health workers involved in the vaccination also enjoyed a high degree of trust from the participants, due not only to their training in health, but also to the fact that they had also received the vaccine, giving a relevant role to **learning based on observation and example**. However, the focus group of local indigenous women conducted in region 1, also stated that the relative youth of some of the health personnel generated mistrust in several women in this community.

Levels of confidence in the vaccine are reflected in the intention of the participants, and their communities, to be vaccinated or in the fact that they have already been vaccinated. According to the survey questions, reasons that would stimulate such intention include interest in individual care and local requirements to enter various facilities, as well as fear of lethality, as expressed in the focus group of local indigenous men from region 1 - Barima-Waini. Despite the above, according to the focus group of migrant men from region 7 - Cuyuni-Mazaruni, **there are still people in their communities who have only received one dose of the vaccine, which would give them a false sense of confidence that would prevent them from completing the vaccination schedule.** Coordination with national and local authorities is essential to access official data to provide statistical support for this scenario.

It is worth noting that, through the focus groups surveyed, **relatively wide access to the vaccine is perceived**, as participants stated that it is offered in health centres and distributed in their communities through medical missions. However, some participants in the focus group of indigenous migrant women in region 1 - Barima-Waini, and the migrant women and men in the focus groups in region 7 - Cuyuni-Mazaruni, indicated that some of them had not had access to vaccines during their adult lives.

Focus group participants of migrant women from region 7 - Cuyuni-Mazaruni indicated that language **would have made it difficult for them to access vaccination**, compared to the population that is fluent in the language and the main dialects. As part of its auxiliary role, the National Society could articulate efforts with national and local authorities to collect data that would facilitate not only the identification of the languages or dialects in which information content needs to be created, but also the size of the demand for this content.

1.2. Access to, and relevance of, health information on COVID-19

With the exception of the focus group of male migrants from region 7 - Cuyuni-Mazaruni who claimed to access health information through social networks, the other focus groups receive health information from health professionals; and beyond the exception mentioned above, the **tendency exhibited by the focus groups was to trust the health information received**. However, when participants were asked which person they would trust to receive health information, most of them referred to health personnel. This shows that **the trust of these populations would be related to the scientific and medical knowledge represented by health personnel**.

On the other hand, when participants were asked whether the health information received through various channels about COVID-19 had improved their understanding of the pandemic, most of the

focus groups answered in the affirmative. However, participants in the focus group of indigenous migrant women from region 1 - Barima-Waini, stated that **not all women in their community would have had access to this type of information, which would have impacted on their understanding of the pandemic. A low level of dissemination of up-to-date and accessible data on the pandemic, as well as the distribution of information content written mostly in English,** are part of the reasons for this scenario.

In fact, when we delved deeper into the way in which this information content was delivered, the focus groups agreed that the content had been disseminated through posters, loudspeakers, word-of-mouth and other similar types of publicity. However, only the local indigenous focus groups conducted in both regions highlighted that the language used was appropriate, as most of the content was in English. In contrast, **the other focus groups highlighted that, initially, some of these pieces were not in understandable languages or dialects, which affected timely access to reliable information.** The articulation and coordination with national and local authorities mentioned in the previous section may favour the solution of this scenario.

In congruence, while the local indigenous focus groups conducted in both regions perceived that no group had been left out of the reach of these pieces of information, the **other focus groups argued that both indigenous migrants and other types of migrants had not, at one point, enjoyed culturally sensitive and accessible information content in their language or dialect.** Despite this, none of the focus groups claimed that there was stigmatisation against any community.

To advance the understanding of health issues of interest to the communities addressed, participants were asked to list the priority health issues that should be included in the information content. Indeed, they indicated the need for information on high health impact issues such as malaria, typhoid fever, dengue fever, vector-borne diseases in general, and healthy lifestyles. **It was notable that when indigenous migrant women in region 1 - Barima-Waini were asked to indicate their main health risks, they pointed to the occurrence of fevers and rashes and communication barriers.**

1.3. Socio-economic impact perceived by targeted communities

The main trend identified in the focus groups is that, prior to the arrival of the pandemic, local economic conditions were already highly complex for these communities, and that the emergence of **COVID-19 increased certain individual and community socio-economic challenges.** According to the responses provided by participants, the **pandemic reduced the local supply of employment, which led to an increase in self-employed productive initiatives** such as entrepreneurship or independent mining activities. At the same time, these communities **perceived a contraction in their individual purchasing power and an increase in the local price level of goods and services.**

This contractionary economic scenario, which was exacerbated by the restrictions on mobility associated with the response to the pandemic, **may have affected differently those populations in a particularly vulnerable situation, such as the indigenous communities that have migrated** to both regions addressed in this study, which may constitute an emerging challenge for Climate Smart Livelihoods programmes. Based on the above, it is recommended to **include ethnic approaches that consider the uses, customs and traditions of indigenous peoples**, in order to collect updated data that strengthen community participation and accountability in this cultural scenario. It is also relevant to generate spaces for technical coordination with national authorities and other actors in the humanitarian response on the relevance and applicability of the ethnic approach.

1.4. Perceptions of well-being and mental health during the pandemic

1.4.1. Factors stimulating individual concerns in targeted communities

From the responses provided by participants, it was found that prior to the onset of the pandemic, their individual concerns were related to the local economic and livelihood scenario, with issues such as employability and income levels being the focus of their attention. However, the Focus group method showed that **COVID-19 introduced several concerns into the individual and community dynamics of the target groups that could affect the well-being and mental health of their members**. These included concerns such as the risk of losing one's life to the disease, and the challenges associated with a complex economic scenario characterised by low labour supply and difficult access to food.

Likewise, issues such as **the reduction of personal freedoms due to infection prevention measures, or the fact that members of their communities had not received the vaccine were of concern to the focus group of indigenous migrant women from region 1 - Barima-Waini**. Finally, another noteworthy point is the level of resilience exhibited by the group of people interviewed, as they not only stated that they had learned to develop their lives in the presence of the virus, but also indicated that the impact of COVID-19 in their communities might be diminishing.

1.4.2. Impact of the pandemic, and its vaccination, on the well-being of individual members of the targeted communities

Within the context of the pandemic, the focus groups interpreted the term **individual well-being as a set of conditions in which people have a favourable state of health that allows them to work and be respected within their communities**. Indeed, the primary elements that, from the perspective of the participants, promote a state of individual well-being include access to work or livelihoods that provide sufficient income for individuals to access health services and healthy food. Healthy living habits and personal development were also highlighted in this context.

For their part, the focus group of indigenous migrant women from region 1 - Barima-Waini, stated that access to food products on which they have traditionally based their diet (river fish, eddo or malanga, taro or pituca, and yucca or manioc), as well as to traditional artefacts used during the preparation of their food, is essential to their sense of well-being. However, the **humanitarian effects derived from their migratory scenario would have reduced their access to these food products and traditional artefacts during the pandemic, which represents a challenge for the cultural survival of this indigenous people.**

In conclusion, one of the most significant findings is that the **focus groups exhibited a tendency to associate the COVID-19 vaccine with a state of increased well-being.** This relationship is because, after receiving the vaccine, members of these communities resumed their productive and social activities, feeling more confident to not face serious effects if they contracted the disease.

1.4.3. Understanding the concept of mental health by the participating communities

The **interpretation of the concept of mental health was diverse across the focus groups.** While the groups composed of local indigenous communities associated it with the understanding and appropriateness of one's own actions with respect to the social context, the focus groups composed of migrant population connected it with factors such as stress derived from life responsibilities. This may reflect **the impact that humanitarian and socio-economic conditions have on the mental health of individuals.** It also provides a rationale for promoting field **research on the impact of humanitarian conditions on the mental health of diverse communities facing emergency situations or manifest vulnerability.**

On the other hand, the way in which participants indicated that they manage stressful situations was also diverse. While the focus group of local indigenous men from region 1 - Barima-Waini indicated that they would attend hospital facilities, the group of local indigenous women from the same region suggested that they would not share the stressful situation they would be facing. This pattern was also detected in the focus group of local indigenous women from region 7 - Cuyuni-Mazaruni who stated that they would keep the stressful situations to themselves. **This could indicate the validity of including an ethnic and gender perspective in both research and mental health interventions developed in local indigenous communities.** The focus groups of migrant men and women from region 7 - Cuyuni-Mazaruni showed a different behaviour, in which, when faced with a stressful situation, they would turn to their family members or relatives for support.

Finally, it should be noted that the focus group of indigenous migrant women from region 1 - Barima-Waini did not provide answers to the questions on mental health because, despite the support of a local translator, the western concept of mental health did not have a cultural or cosmological element that would allow for this type of dialogue. This is a valuable lesson regarding two aspects: i) **The need to carry out prior cultural equivalence tasks that involve the spiritual authorities of these communities in the design of data collection instruments that address these issues;** and ii). The relevance of coordinating these exercises with national or local government programmes, as well as with initiatives of other humanitarian organisations that address mental health, in order to share lessons learned from their operations.

2. Analysis of quantitative results.

Perception Survey

The Guyana Red Cross Society, with support from IFRC, implemented between August 26 and September 9, 2022, the *COVID-19 Perception Survey* in online format, which favored its rapid dissemination. However, this format has methodological restrictions that have been taken into account when processing, analyzing and interpreting the data collected. Among these biases, the following stand out: i) the lack of statistical representativeness; ii) that the responses are limited to people with a high degree of connectivity and digital knowledge, and iii) that the responses could come from participants with a particular interest in the topic analyzed. Therefore, the data provided in this section cannot be extrapolated or generalized and constitute an indicative input of high value.

Despite the aforementioned restrictions, this survey represents a valuable input in the study of social behaviors within the framework of a health emergency, since: i) it provides an updated indicative input that delineates patterns of community perception and; ii) it offers lessons learned in methodological and operational terms, which could strengthen decision-making processes in territories with humanitarian, social, cultural and institutional characteristics of similar complexity. The following are the topics addressed in this survey:

1. Demographic data
2. Community knowledge and perception of the COVID-19 vaccine.
3. Economic impact of COVID-19
4. Mental health and well-being during the pandemic
5. Access to and Relevance of Health Information Received

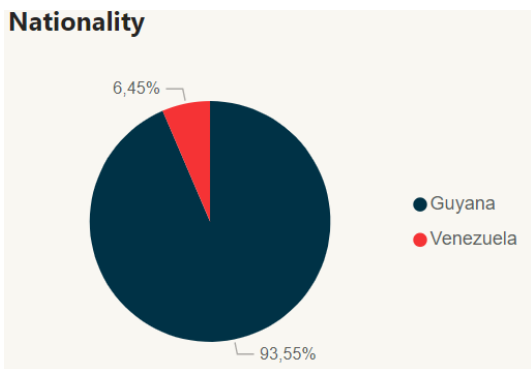
2.1. Demographic Data ([Click here to access the Digital Data Dashboard](#))

31

Total number of responses collected

Main findings

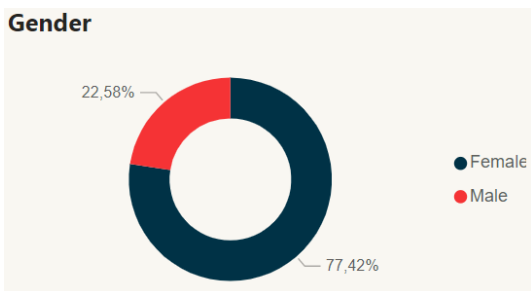
Despite declining community interest in the pandemic, the country's connectivity conditions, and the operational challenges faced by the CRG, sufficient data were collected to identify some patterns of interest to the NS.



Most participants are Guyanese nationals (93.55%) and 6.45% are from Venezuela.

Eight out of ten regions of the country registered participants.

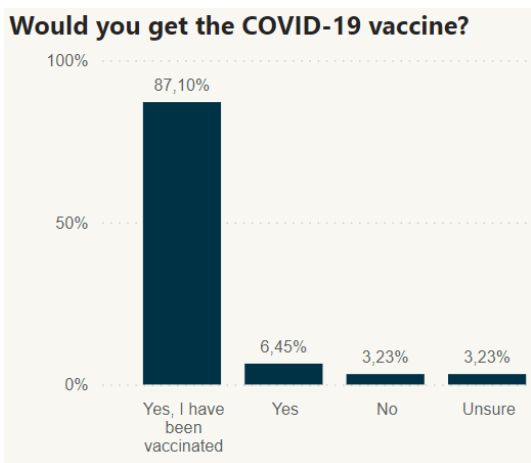
The educational level of participants ranged from high school to university level.



The number of people who reported not having a source of employment increased from 6.45% to 20% during the pandemic.

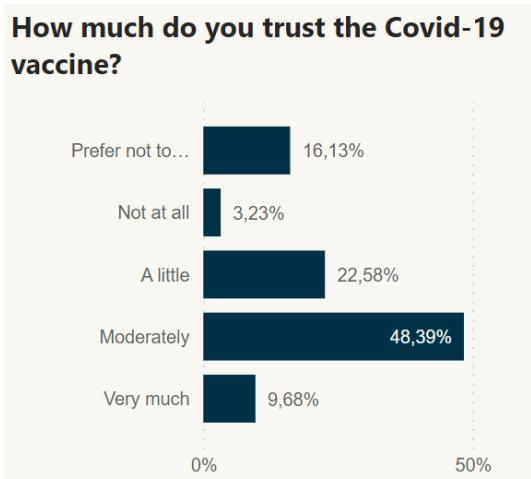
There was a higher participation of women (77.42%) and no non-binary responses were recorded, although they were available.

2.2. Community knowledge and perception of the COVID-19 vaccine



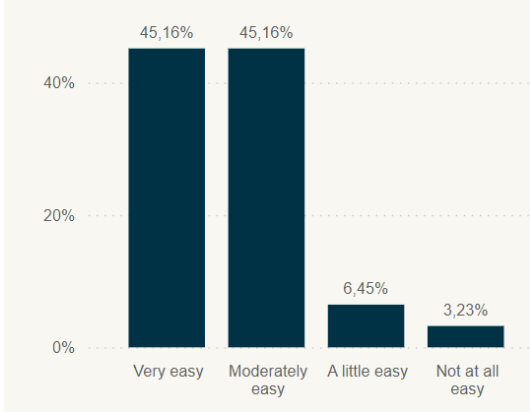
This survey reflected a high level of vaccination among respondents (87.1%). However, triangulating this finding against the [PAHO COVID-19 dashboard](#) (04-Nov-22) showed that while more than 58% of the Guyanese population had received at least one dose of COVID-19 vaccine, only 48 out of every 100 persons were fully vaccinated.

This difference raises two key issues: i) **both campaigns to complete vaccination schedules and the promotion of vaccination among those individuals who have not received any doses are still relevant in the pandemic response**; ii) local social science research needs to be developed, based on more robust data collection processes that are statistically representative.



Another trend corroborated by the results of the six focus groups conducted in the Guyanese regions of 1 and 7 presented in the first chapter of this paper was the high level of confidence in the vaccine.

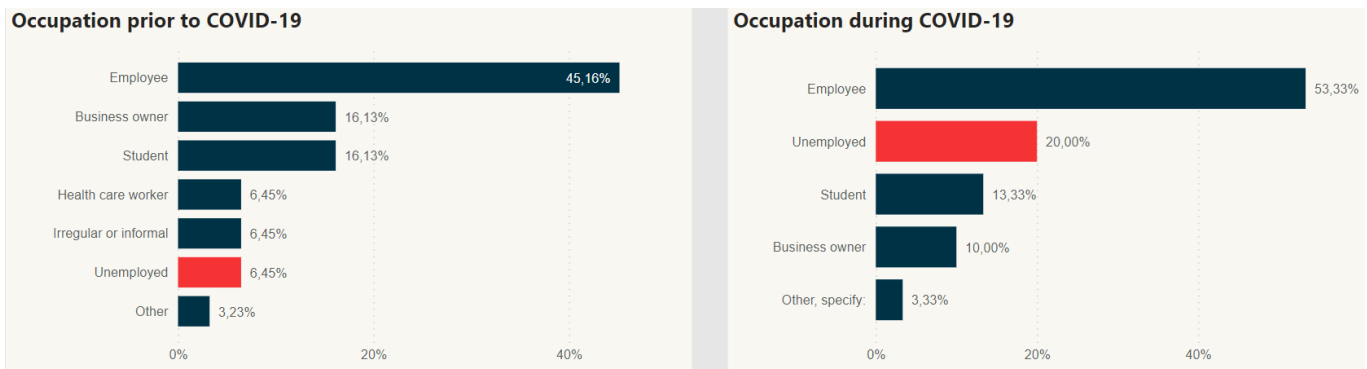
How easy is it to get vaccine?



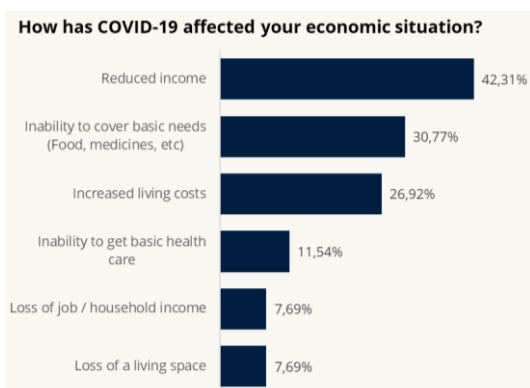
According to the results of this survey, more than 58% of respondents reported a level of trust in the COVID-19 vaccine. While more than 92% stated that obtaining the COVID-19 vaccine is not difficult.

This implies that the intention to receive the vaccine does **not derive from access alone and is influenced by social and individual processes that require targeted research to detect.**

2.3. Economic impact of COVID-19



According to 83.87% of respondents, their economic situation has changed because of the pandemic. This change is not only manifested in the increase of unemployed people (6.45% before the pandemic to 20% during the pandemic), but also in the reduction of business owners (from 16.13% to 10%) and of formal employees (from 45.16% to 53.33%).

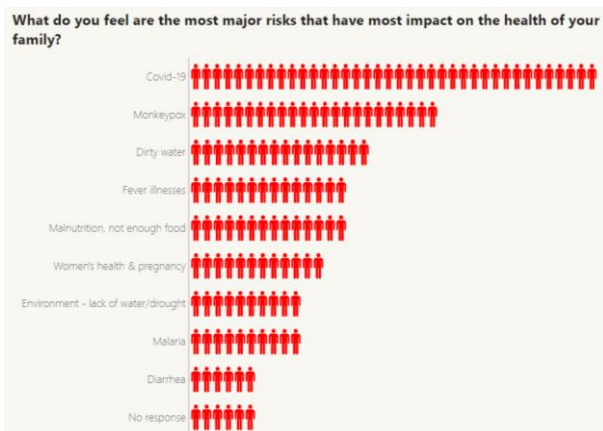


Indeed, **the reduction in income and, related to this, the inability to meet basic individual and family needs, were the main economic effects perceived by respondents.** Increased cost of living and concerns about not being able to receive medical care are particularly worrying given the evolving context of the pandemic and other local health challenges.

2.4. Mental health and well-being during the pandemic



60% of respondents reported feeling a concern related to the pandemic. Economic concerns such as job losses, business closures or the inability to afford basic food items were the most common group of concerns. In second place are concerns related to emotional ties such as losing a loved one or not being able to visit them as a result of the pandemic. Finally, concerns in terms of access to health services ranked third.

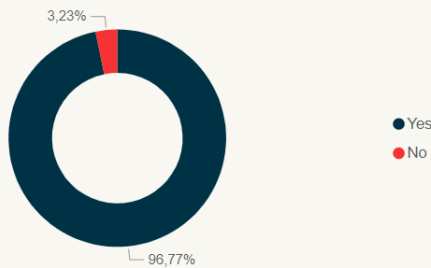


Given the health nature of the emergency, probing questions were asked about health concerns. The first finding is that **COVID-19 and Monkeypox are the greatest health risk to households**, which given the global scenario at the time of data collection is predictable. However, **concerns about malaria persist** despite the concentration of health capacities and public attention on the former two diseases.

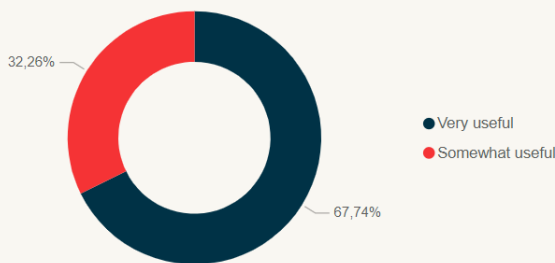
On the other hand, it is relevant that **WASH concerns such as contaminated water, diarrhoea, fever and lack of access to water and drought are perceived as major risks to households.** Issues associated with access to food and malnutrition, and women's and pregnant women's health were also frequent, but exhibited lower concentrations.

2.5. Accessibility and relevance of health information received

Is the information that you receive applicable and realistic in your context?



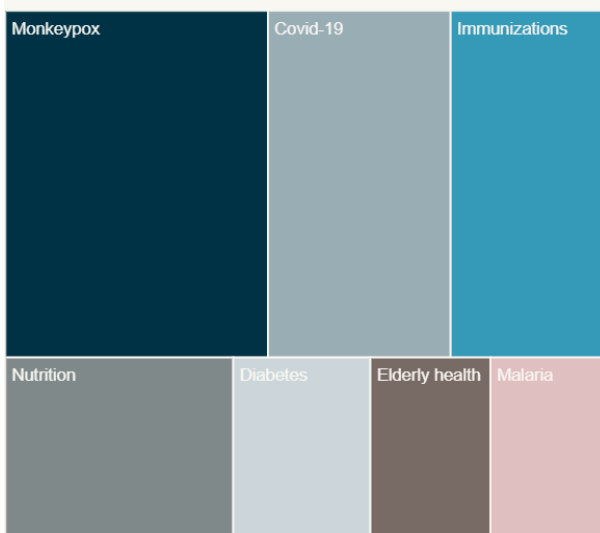
How useful is the information you received about COVID-19?



How do you usually access information about COVID-19?



What would you most like to receive more health information about?



It is remarkable that 96.7% of respondents indicated that the information received was applicable and realistic, and relevant to the local context. However, 3.23% indicated that this information was not harmonious and applicable to the context. It is necessary to track the factors underlying the opinion of this 3.23% in order to design communication elements that include this population.

Consistent with this point, **all respondents found the information useful to some degree (67.74% Very useful and 32.26% Somewhat useful)**. This indicates that the messages around the pandemic are effectively targeted and have achieved their intended purpose.

Moreover, respondents indicated that they access COVID-19 information through social networks such as Facebook, Instagram or Twitter. Scientific research was also mentioned as a frequent source of consultation, while television was a close third. Other sources such as direct contacts, healthcare professionals, online and face-to-face trainings, and YouTube were more homogeneous.

Finally, when respondents were asked about their information interests in terms of health, Monkeypox outperformed interest in COVID-19, and malaria also ranked among the top interests.

Immunisation processes attracted high interest from participants, which is an opportunity to encourage vaccination not only against COVID-19, but also against other diseases that remain active in the country. Finally, nutrition, diabetes and the health of older people remained the main informative interests.

3. CEA Recommendations

Assess the National Society's operational capacity to i) regularly survey key informants in some targeted communities; and ii) streamline feedback channels to detect early on high-incidence rumours affecting COVID-19 vaccination efforts. This would allow for rapid alignment of messages delivered to communities, or even the timely raising of health alerts when relevant.

Collect quantitative data in various target populations to determine the concentration of people who have a complete or incomplete vaccination schedule, as well as the factors (qualitative data) that may stimulate individual willingness to complete or discontinue the vaccination schedule. Coordination with national and local authorities, as well as with other humanitarian actors, is relevant to access reliable data to provide statistical support to these exercises.

Identify the local demand for information content written in different languages or dialects, to provide an offer aligned to the needs of communities, particularly those who face vulnerability scenarios and who do not have English as their native language. To this end, it is recommended not only to collect quantitative and qualitative data with a geographical, ethnic, gender and population focus, but also to coordinate efforts with national and local authorities.

Develop studies with a high ethnic sensitivity and respectful of the beliefs, uses, customs and traditions of Indigenous peoples, to collect updated data that align the Community Participation and Accountability approach to this particular cultural scenario.

Include in the data collection processes previous tasks of intercultural equivalence, as well as involve ancestral authorities of these Indigenous peoples in the design of data collection instruments. Authorities dealing with aspects of their spirituality and beliefs are particularly relevant during processes related to mental health.



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