



COVID-19 Regional Perception Survey

March 2023

BHA-CEA Building Trust Project - Findings Report

Oct 22 - Nov 22



Presentation: This survey was implemented online by the International Federation of the Red Cross (IFRC), and provides regional quantitative data on participants' perceptions, fears and interests towards COVID-19 and its vaccination, 3 years into the pandemic.

The findings presented in this document, as well as the **Community Engagement and Accountability (CEA)** recommendations, aim to facilitate regional decision-making to strengthen trust in COVID-19 vaccination processes..

Methodology: This survey is based on the Collective Service's publicly available Question Bank, and is not statistically representative, as its online format restricted participation to people with connectivity, digital literacy, and interest in the topic under analysis. Therefore, the data presented cannot be extrapolated or generalised. However, they constitute an indicative input of high value for strengthening decision-making processes at the regional level, with respect to strengthening trust in vaccination processes.

MAIN FINDINGS

- ✔ Despite the **detected high levels of vaccination (96%) and trust in the vaccine (87.47%)**, the **rumour of its alleged unsafety is the principal reason cited by respondents who remain unvaccinated (4%)**.
- ✔ **53.42%** indicated that the **pandemic changed their economy**, these changes include: i) an **increase in the occupation Unemployed (5.25 percentage points PP)**; ii) and a **decrease in the occupations Student (5 PP) and Unemployed (0.75 PP)**.
- ✔ While the **increase in the Unemployed occupation** was perceived more by men (6.62 PP vs. 4.81 PP perceived by women), **women exhibited higher starting and ending levels** (W: from 3.19% to 8%; vs. M: from 1.42% to 7.04%). This **reflects potential gender-differentiated scenarios that would have preceded the pandemic and, upon its arrival, would have become more evident**.
- ✔ **Despite the emotional and mental impact** associated with COVID-19, and the participants indicating that current economic conditions are affecting their mental health (44.6%) and emotional wellbeing (49.49%), **43.28% lacked mental health care or promotion services during the pandemic**.
- ✔ **Digital media is the primary channel for disseminating key messages**, with **radio persisting as an effective option in low-connectivity areas**.



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401

Surveys collected

Between Oct/21/2022 and Nov/30/2022



25

Participating countries

%

62,75% participation of women

(Men: 35,5%; Other: 1%; and Prefer not to answer: 0,75%)



47% Range 18-29 years

Age concentration

(W: 29%; M: 18%)



High educational level

University: 45,14%;

High School: 38,15%

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ACCESS AND TRUST IN COVID-19 VACCINATION

Respondents' access to COVID-19 vaccination services



Vaccination level detected was high (96%), explaining the **low level of perceived infection susceptibility** among respondents (17.35%, distributed as follows: Susceptible: 15.56%; Highly susceptible: 1.79%).

Perceived susceptibility to COVID-19 infection was **higher among female respondents** (18.78%, where 2.45% felt very susceptible to infection) compared to male respondents (15%, where 0.71% felt very susceptible to infection).



A **perceived insecurity of the vaccine** was the main reason why 4% of participants indicate **not having been vaccinated**.

18% of respondents indicated that they faced **difficulties in accessing vaccination services** (Somewhat easy: 14.75%; Not at all easy: 3.25%).



According to these respondents, the main difficulties included **long waiting times and inconvenient opening hours**.



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Respondents' trust in COVID-19 vaccination



87.47% of participants **trust the COVID-19 vaccines** (Very much: 43.86%; Moderately: 43.61%) while **5.26%** do not trust them. **Women exhibit a lower level of trust** than men (Very much trust: W: 40%; M: 52.48%).

85.07% trust the health personnel administering the vaccine (Very much: 38.44%; Moderately: 46.73%), while **2.51%** do not trust these personnel. **Women (37.1%) exhibit lower trust than men (42.96%).**

Respondents' trust in humanitarian staff and decision-makers



While respondents indicated that **prior to the pandemic their trust in decision-makers was moderate** (62.12%), 45.82% indicated that the arrival of the pandemic did not affect these levels, but **31.9%** indicated that this trust had decreased.

89.34% indicated that **before the pandemic they had trust in humanitarian staff**, (Moderate: 50.14%; Very high: 30.20%). **With the onset of the pandemic, trust increased for 42.28%** or remained **unchanged for 40.51%**.



When asked about the level of **trust towards other actors**, the **highest levels** were recorded by the **scientific community** (Very high: 44.7%; Moderate: 37.47%) and **humanitarian staff** (Moderate: 43.15%; Very high: 38.50%).

LIVELIHOODS THROUGH THE PANDEMIC

Pandemic-induced changes in respondents' occupations



When participants were asked about changes in their occupation compared to pre-pandemic, the main findings in **percentage points (PP)** were as follows:

- i) **Reduction of 5 PP** in occupation **Students**.
- ii) **Decrease of 0.75 PP** in the occupation **Employee**
- iii) **Increase of 5.25 PP** in the **Unemployed** occupation.

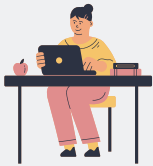


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The **decrease** in the **Student occupation** was **larger for female participants** (from 55.38% to 48.8%; decrease of -6.58 **percentage points (PP)**) than for male participants (from 54.61% to 52.82%; decrease of **-1.79 PP**).

Before and during the pandemic, **female respondents perceived higher levels of unemployment compared to male participants** (Pre-pandemic level: W: 3.19%; M: 1.42% - Pandemic level: W: 8%; M: 7.04%).

The above figures **reflect potential gender-differentiated settings that would precede the pandemic and that, upon its arrival, would emerge more strongly.**



Research is therefore required not only to determine the validity and scope of these scenarios, but also to strengthen coordination between Red Cross **National Societies NSs**, local authorities, and actors involved in **protection, gender and inclusion, education, and livelihoods, among others.**

Economic effects perceived by respondents during the pandemic.



While **52.41%** perceived that the **pandemic transformed their economic situation. Women participants exhibited higher levels** of this perception (55.24%) compared to those reported by men (47.86%). The economic effects perceived by the **52.41%**, can be classified into:

- i) Income-related effects:** these include reduced income, loss of employment, and difficulties in meeting basic needs.
- ii) Context-related effects:** Increased cost of living and inability to receive health care.



There is a continuous **ciclycal dynamic** between these effects, which would explain part of the **complexity** of the scenario derived from COVID-19.



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MENTAL HEALTH THROUGH THE PANDEMIC

The perceived relationship between economics and mental health among respondents



In asking respondents whether their **current economic conditions are affecting their mental health or emotional wellbeing**, 44.6% and 49.49% respectively answered in the affirmative.



21.07% of female respondents perceived that the pandemic had a high influence on their economic conditions, while for men this perception reached 16.06%. This is **in line with the fact that women perceived a greater impact of the economy on their mental health (47.76%)** compared to male respondents (39.01%).

This behaviour supports the findings of the regional study [Readjusting the path towards equity](#) published by IFRC in April 2022 and [updated in December 2022](#).

Mental health care and services for respondents during the pandemic

42.28% of participants indicated a lack of access to mental health and/or emotional well-being services. These represent:



- i) **31.9%** of those who **lack an emotional support network** to turn to in difficult times.
- ii) **22.84%** and **25.38%**, respectively, of those who feel that **their economic conditions affect their mental health or emotional wellbeing**.



While 48.97% of the female participants indicated that the pandemic influenced their mental health, this perception is higher among men and amounted to 51.47%.

31.65% of women reported a high influence of the arrival of the vaccine against COVID-19 on their mental health, while this perception reached 22.90% in men.



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INFORMATION DURING THE PANDEMIC

Usefulness and approach of information received by respondents.



97.8% considered useful the information they received about the pandemic and COVID-19 (Very useful: 68.54%; Somewhat useful: 28.9%) and it was related to two dimensions:



i) Promotion of healthy habits: Early detection of symptoms, health risks and complications, access to vaccination, screening, access to health services and mental health.

ii) Preventing infection: Preventive and hygienic measures, routes of transmission, new variants

Information channels regarding COVID-19



Digital media (social networks, WhatsApp and YouTube, among others) constitute the **main channel of information consulted by respondents**. However, the dissemination of key messages through radio persists as an effective option in territories with low connectivity.

It is convenient to **consider** at the regional level and within the NS: i) to **implement and scale up** communication and **CEA** strategies **through digital media**; ii) to **articulate these digital strategies with Red Cross operations**, especially those that involve contact with staff and volunteers.



Accessing information through face-to-face training or **sensitization sessions**, as well as through contact with family or friends, **concentrated fewer responses**.

The social distancing associated with the pandemic, and the **rapid access to information provided by digital media** could explain this **social behaviour**.



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CEA RECOMMENDATIONS FOR BUILDING TRUST IN VACCINATION PROCESSES

- ✔ **Strengthen regional Community Engagement and Accountability (CEA)** strategies on prevention, transmission, and medical treatment of COVID-19 to boost confidence in vaccination.
- ✔ Implement strategies to **track perceptions and rumours in digital media** that may affect trust in vaccination processes.
- ✔ **Consolidate permanent community feedback mechanisms** to design data-driven strategies to facilitate the treatment of potentially harmful information for trust in vaccination.
- ✔ **Identify good practices in NSs** in terms of building trust in vaccination, and disseminate them in coordination spaces, **with the aim of replicating** those that are applicable to local contexts.
- ✔ **Promote culturally and gender sensitive research in NSs** on the **socio-economic impacts of the pandemic** and its incidence on the mental health of local populations.
- ✔ **Articulate CEA messages and strategies** with operational areas of the Federation, including Mental Health and Psychosocial Support, Livelihoods, and Protection, Gender, and Inclusion.
- ✔ **Strengthen and scale up CEA strategies through digital media**, ensuring **articulation with the operations of the Red Cross** movement, its staff and volunteer force, **to increase trust** in vaccination processes and cohesion within the movement.
- ✔ **Strengthen non-digital CEA strategies** to ensure access to safe information for those who prefer not to use digital media or who have low connectivity in their territories.

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