Cholera Perception Survey

BHA Builidng Trust – Haiti
Interim report - (Jan 2023)

December 2022

Haiti

Presentation: During December 2022, Cholera Perception Survey was implemented by Haitian Red Cross volunteers. **190** surveys were collected in the Haitian departments of Grand Anse **(102)** and Sud **(88)**.

During January 2023, the same survey will be conducted in the Haitian departments of Nippes, Artibonite and Centre.

Methodology: The Haiti Cholera Perception Survey 2023 was designed based on existing quantitative surveys conducted by humanitarian actors in a variety of cholera-affected settings around the globe. Sources include publicly available question banks from: Collective Service, IFRC, USAID, WHO and UNICEF.

The sample design was adjusted to the repertoire of local contextual risks (health, physical, operational and logistical). A non-probability convenience sampling design was applied to communities previously targeted by the Haitian Red Cross Society.

Indicative figures

190 **Collected surveys**

2 **Visited Departments**

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Restrictions: These data are not statistically representative, cannot be extrapolated, and do not allow for prospective exercises. Their use is indicative on general topics and contextual matters.

Disclaimer: This report does not imply the opinion, concept, data or position of IFRC, or the Haitian Red Cross (HRC) regarding the data collected or the opinions expressed on it. Please consider this report as an internal document, and an indicative instrument of the opinion of a small portion of the population which may change rapidly. Please, do not share it externally.

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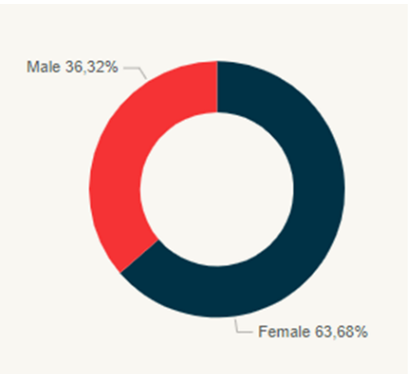
Main quantitative findings

Demographics



A higher participation of women compared to men was observed. The options "Other" and "I prefer not to say" were also available but did not record responses.

Factors such as sample design operationalization or a higher level of access to women due to local societal dynamics may have influenced this concentration.

In terms of age, the behaviour between the reported genders was relatively homogeneous, with the highest concentrations in the 30-39 age range, followed by the 18-29 bracket.

WASH (Drinking, Cooking, and Handwashing water)

Drinking water: Springs are reported as the main source, followed by rivers, streams, lakes, irrigation canals and rainwater. Piped or bottled water comes next.

Water for cooking and hand washing: Contrary to drinking water, rivers, streams, lakes, irrigation canals and finally rainwater were reported as the main source. This is followed by spring water.

61.8% of respondents indicated that they **take actions to make water safer**. Applying Aquatabs is the main action, followed by adding bleach or chlorine solution, and boiling the water.

37.08% do not take actions to improve water safety, and 1.12% indicated that they did not know if they did. This finding requires further research for aligning communication strategies to address this behavior.

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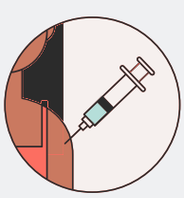
Vaccination against Cholera (Information and Trusting)

Satisfaction level with the information received: **91.49%** of the participants displayed a **high level of satisfaction with the information received regarding Cholera** (Satisfied: 46.48%; Very satisfied: 45.21%). In contrast, 2.66% were dissatisfied (Dissatisfied: 1.06%; Very dissatisfied: 1.66%).



This could indicate that **lack of trust in the cholera vaccine may not derive from the Risk Communication and Community Engagement (RCCE) strategy, but from diverse contextual factors** that may be shaping the social behaviors and perceptions of local communities. Qualitative research is required in this area to determine the behavioral systems and to design culturally sensitive RCCE strategies that strengthens community trust-building in cholera vaccine.

Vaccination trust: Although **74.74%** of the respondents indicated that they **had heard of the cholera vaccine**, **only 19% claimed to have received it** at some point in their lives. **80.28% have not received any dose** of this vaccine.

In terms of **trust**, while **19.01% have a certain level of trust** in the cholera vaccine, (Moderately: 4.93%, Very confident: 14.08%), **45.77% have little trust** in it. The main finding that emerges from this question is that **35.21% do not trust the cholera vaccine.**

Vaccination hesitancy: When respondents were asked whether **they would be vaccinated against cholera if they had access to the vaccine**, the responses were particularly homogeneous.

- **44.21%** responded in the affirmative,
- **42.11%** said they would not get the vaccine.
- **13.16%** did not know how to answer this question.

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The **42.11% of respondents that would not get the vaccine** indicated that they would not vaccinate because:

- **They do not trust** the cholera vaccine, which requires further qualitative research to align RCCE messages to promote changes in the set of community perceptions.
- The second reason highlighted by this group is that **they attribute harmful health effects to the vaccine,** which also requires a specific CEA approach.
- Thirdly, there are **general uncertainties, doubts and fears about vaccines**, such as possible side effects, fear of needles and various rumours that are circulating among local communities.

Rumours affecting vaccination against Cholera

1. The most frequent rumour is that **cholera contagion leads directly to death.** This, combined with the alleged harmful effects attributed to the vaccine, is likely to negatively affect the acceptance of the vaccine, as reflected in the low levels of trust expressed by respondents.

2. The second most frequently detected rumour was the **association of cholera with specific groups based on racial biases**. This notion not only generates stigma and marginalization, but also diverts attention away from the main modes of cholera transmission leading to increased risk of contagion.

3. **Belief systems of local communities,** as well as some of their spiritual or religious rituals and practices, have also been mentioned in rumours. This could generate stigma or discrimination against particular groups.

4. The fourth most frequently detected rumour is **the alleged non-existence of cholera.** This rumour may affect health and disease prevention habits, which, coupled with additional contextual factors, may increase local levels of infection.

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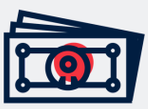

Socioeconomic effects of cholera cases detected

75.53% of respondents indicated that the recent detection of cholera cases has affected their economic situation, with the main effects including:

- A reduction in their income
- A level of difficulty to meet their basic needs.

Research on the relationship between cholera, local economic dynamics, and livelihoods is recommended at the local level. This will enable the linkage of RCCE strategies with local livelihood actions and evidence based trust-building.

When participants were asked whether the recent detection of cholera cases had affected their ability to meet their basic needs, **67.55%** did not know (**47.87%**) or did not answer this question (**19.68%**). On the other hand, **14.89% of respondents reported a reduction in their ability to meet their basic needs**.

This scenario further supports the development of local research articulating CEA and livelihoods interventions.

Mental health and cholera cases detected

Despite **76.88%** of respondents reporting their **mental health and emotional well-being being affected by the recent detection of cholera** cases, **60.85%** of participants **do not have access to mental health** care and emotional well-being services.

Only **35.98%** reported having access to mental health care and emotional well-being services.

The **main concern of respondents in relation to cholera is the risk of losing a loved one, even outweighing the concern about contracting the disease**. Such concerns may be relevant when designing RCCE strategies aimed at building trust in the cholera vaccine.

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Community Engagement and Accountability

58.2% of respondents **feel they have influence (in cholera-related decisions) inside their communities**. However, **78.84%** said they **were not involve in community activities** in the last month (November to December 2022).

Research into how communities have influenced these decisions, as well as the reasons and conditions that determine the level of participation of these people, would be relevant.

A major outcome in terms of community engagement is that **84.57%** of participants **feel susceptible to cholera** (Very susceptible: 38.30%; Susceptible: 23.40%; Slightly susceptible: 22.87%). This behavior may represent a potential targeting of RCCE strategies aimed at building trust.

In addition to this level of susceptibility, **66.14%** report **not seeking essential health services**. The main reasons behind this behavior include:

- The high cost of this service
- No longer available
- Fear of contracting cholera

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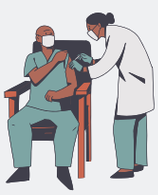
RCCE recomendations to build trust on vaccination against Cholera



Risk Communication and Community Engagement (RCCE)'s strategies on prevention, transmission, and timely medical treatment are critical to **address rumours** and boost confidence in the cholera vaccine.

Messages to clarify the means of transmission of cholera are essential not only to reduce stigma about certain social groups, but also to combat the spread of the disease.

RCCE requires a high degree of **cultural sensitivity**, and respect for the cosmogonies and belief systems of local communities. This encourages timely medical treatment of infected persons without transgressing local cultural, social, religious and community systems.

Research on the relationship between cholera, local economic dynamics, and livelihoods is recommended at the local level. This will enable the linkage of RCCE strategies with local livelihood actions.

Qualitative research is required to determine the behavioral systems before designing culturally sensitive strategies and to enhance community trust-building.

After the qualitative analysis, **behavior change communication** strategies should be implemented to improve knowledge about safe water and other topics.

In addition, **information strategies** can be developed together with Communication in order to disseminate messages and information through various channels.

It is suggested to **continue with the monitoring of perceptions** and also **create feedback mechanisms** to receive questions, rumors, complaints, appreciation and information from the communities on an ongoing basis, as well as to provide answers and implement actions in our work plan based on this data.

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