FINDINGS REPORT
COVID-19 Perception Survey
Guatemala - July 2023
BHA - Building Trust

May 2023

Introduction: In May 2023, Guatemalan Red Cross (GRC) collected **1.244** COVID-19 perception surveys in the departments of **Chiquimula** (municipality: Jocotán) and **Quetzaltenango** (municipalities: Olintepeque, San Miguel de Sigüilá and Zunil).

These results reflect the perceptions of the participants **after the end of the pandemic**, while providing insights to promote vaccination programs, especially among minors.

Methodology: This survey is based on the Collective Service's COVID-19 question bank. It has been culturally refined by GRC's staff. The **probabilistic sampling design (age-stratified)** applied was **based on**: i) data from the **XII National Census and VII Housing Census**; and ii) **2023 population forecasts from Guatemala's National Statistics Institute**. GRC volunteers conducted the survey in the field, ensuring a **randomised distribution of respondents.**

Key findings

- **Of the 35.53%** who have **not yet received the COVID-19 vaccine**, **11.76% would receive it** given its current availability.
- **62.17%** of respondents feel that **their views are taken into account when decisions are made** about the support they receive.
- **82.13%** of respondents reported **receiving useful information**.
- **77.17%** of respondents (very high: 33.76%; moderate: 43.41%) **trust the humanitarian actors** leading the COVID-19 response.
- **57.41%** of participants are **unfamiliar with the work of the GRC**, with **women (61.66%) show a higher level** of unfamiliarity compared to men (49.21%).
- There is a **need to adapt key messages to local interests, culture and belief systems**, and to produce them **in the Chorti, Quiché and Mam languages**.
- The data collected suggest that **economic challenges and impacts** before and as a result of the pandemic **would have a gender-specific implication**.
- Despite **93.63%** of respondents **not having access to mental health services**, **only 64.29% expressed an interest in accessing** them.

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1,244 **Surveys collected**
16/05/2023 to 27/05/2023

Key demographic figures

70,26% Participation from the **Mayan people**

Ladino: 23.23%; Others: 6.35%

69,29% **of women's participation**

Men: 30,63%; Not specified: 0,08%

35,45% **Age group 18-29 years**

30-39 (24.60%); 40-49 (17.12%); 50-59 (10.85%); 60 or more (11.74%). Similar concentrations between genders

Education level
71,30% have received primary education from 1 to 5 years

89,95% walk to the closest health centre
(61.98% taking less than 15 minutes; and 22.67% requiring between 16 and 30 minutes)

COVID-19 ADULT VACCINATION

64.47% of respondents has received at least one dose of the COVID-19 vaccine (The percentage of women who have been vaccinated (65.89%) is higher than men (61.42%)). **The remaining 35.53%, who have not received the vaccine**, have stated that their primary reasons for that behaviour are:

i) I don't think the vaccine is safe (61.54%).
ii) I do not believe that COVID-19 is real (11.54%).
iii) I am not at any risk of contracting COVID-19 (6.79%).

Of the 35.53% who have not received the vaccine, 66.52% would not receive it, while 21.72% are undecided. The remaining **11.76% believe they would receive the vaccine, representing a potential for project activities**.

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COVID-19 ADULT VACCINATION

74.04% of participants **find it easy**, to some extent, **to access vaccination services**, a behaviour that is homogeneous between genders. **The remaining 25.96% face constraints, including:**

i) Vaccination points are too far away.
ii) The vaccination centres operate at inconvenient times.
iii) The vaccines are not effective.

55.47% of the participants reported having **heard rumours that increased their mistrust** of the vaccination process. **75.70% of the rumours described include:**

A) **Suspected deaths due to vaccination** (34.31%).
B) **Vaccine side effects** (27.37%).
C) **That the vaccine is not reliable, effective or safe** (14.02%).

key messages and activities aimed at building community trust in vaccination should include A, B, and C rumours topics.

COVID-19 VACCINATION IN MINORS

44.45% of participants **have children under the age of 18**.

Of these, 34.72% stated that their children were vaccinated against COVID-19, 10.49% indicated that not all of their children were vaccinated against this disease and 1.08% did not answer. **53.71% are not vaccinated against COVID-19.**

The main reasons for not vaccinating children under 18 are

i) Mistrust of the vaccine.
ii) Fear of side effects.

To build trust in vaccinating minors, it is important to engage with local leaders to clearly inform communities, in their own languages, about how vaccines are made, what is their function in the body, and what are the risks of not receiving them.

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TRUST ON KEY ACTORS

62.22% of participants **trust the COVID-19 vaccine**, a figure similar to the concentration of vaccinated COVID-19 participants (64.47%). The level of mistrust in this vaccine reached 37.78%,

76.53% expressed a degree of **trust in the health personnel administering the vaccine** (very much: 41.40%; moderately: 35.13%). The 23.47% who do not trust these personnel state that their main reasons include:

i) **Inadequate customer support** at the vaccination points.
ii) This staff does **not inspire trust among the community**.
iii) Staff is perceived to be linked with the vaccine and the mistrust it **causes.**
iv) Staff providing **inadequate or unclear information**.

Trust in decision-makers has increased by 5.39% since the start of the pandemic. (from: 64.79% to 70.18%). TMistrust level decreased by -9.16% (from 23.63% to 14.47%), and the main reasons for these reduction include:

i) That these actors do **not inspire trust from community.**
ii) That the **information** provided by these actors is **insufficient** or unclear.
iii) That they do **not visit communities**; and, in efect,
iv) That **the community does not identify or recognize them.**

Trust in humanitarian personnel increased 2.97% compared to pre-pandemic levels (74.20%), and currently **stands at 77.17%**. Mistrust decreased by -6.75%, (from 14.87% to **8.12%)**. The distrust remaining is related to:

i) That these actors **do not inspire community trust**.
ii) That the community **does not identify or recognize them**.
iii) That these personnel are **not present in the communities**.

To build trust in humanitarian actors, it's important to start by examining the social, economic, and cultural dynamics of communities. This helps develop strategies that include ethnic and a do no-harm approaches, enabling low-risk engagement with local systems.

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ECONOMIC CONDITIONS AND PANDEMIC

Following global patterns, a deterioration in economic conditions associated with the pandemic was observed.

Compared to pre-pandemic levels, the **number of people who perceived their economic situation as good or excellent before the pandemic decreased** by -32.32%, while the number of people who perceived their economic situation as bad or very bad increased by 29.02%. Compared to men (25.46%), women perceived a greater increase in bad or very bad economic conditions (30.63%).

Compared to pre-pandemic levels, there are currently higher levels of unemployment (increase of 4.90%), fewer employees (decrease of -4.02%) and students (decrease of -2.33%).

Comparing pre- and post-pandemic levels, men show greater differences in the above occupations, while women show worse rates in both cases, to illustrate:

Legend: **F**: Women - **M**: Men / **Pre**: prepandemic. - **Post**: post pandemic

i) Unemployed: **Pre: F**: 21.23% - **M**: 4.46%; **Post: F**: 25.41% - **M**: 11.02%.
ii) Business owners: **Pre: F**: 9.86% - **M**: 16.01%; **Post: F**: 9.98% - **M**: 17.32%.
iii) Employees: **Pre: F**: 15.20% - **M**: 27.03%; **Post: F**: 11.83% - **M**: 21.52%.
iv) Student: **Pre: F**: 9.51% - **M**: 12.60%; **Post: F**: 6.96% - **M**: 10.76%.

This not only suggests the existence of a **gender differentiated impact** of the pandemic, but may also indicate that the **pre-pandemic socio-economic scenario would already pose greater challenges for female participants**.

This motivates the **development of future research activities** between GRC areas such as CEA, protection, gender and inclusion, health, mental health and livelihoods.

It is recommended that the CRG analyses the strategic and technical feasibility of targeting key messages by gender and age group, taking these findings into account when designing confidence-building strategies.

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MENTAL HEALTH AND EMOTIONAL WELL-BEING

50.54% of respondents reported that **the pandemic had affected their mental health or emotional well-being**. This was **more common among women** (52.79%) than men (45.38%).

The **impact of the vaccine was less significant than that of the pandemic**, with only 44.50% of respondents acknowledging its effects. **Women (45.96%) perceived a more significant influence than men** (41.10%).

67.03% of respondents stated that the **pandemic had impacted their economic situation**, while to a lesser extent **50.76% stated that the vaccine had impacted** it. **Once again, women reported a more significant impact of both** the pandemic and vaccine compared to men.

This observation could s**upport the hypothesis of a pattern where various contextual factors have differing effects by gender**. Considering the aforementioned, it is recommended to

i) **Conduct geographically focused research** to explore the potential existence of gender impacts and how they might have an i**mpact on CRG humanitarian activities**. To achieve this, it may be appropriate to **engage key GRC areas** (e.g. PGI, Health, Livelihoods, MHPSS) as well as relevant local actors.

ii) **Promote the use of this findings, as well as differential and ethnic approaches,** in GRC programmes, projects, activities and key messages in target areas., as well as differential and ethnic approaches, in GRC programmes, projects, activities and key messages in target areas.

Throughout the pandemic, **94.50% of participants did not receive mental health or emotional wellbeing services**, and this remains the case today, with **93.63% still not receiving these services**. However, **only 64.29% of participants have expressed an interest in accessing these services**.

GRC is advised to conduct an internal analysis of the viability of implementing activities to promote mental health and emotional well-being in these territories, in coordination with its areas of livelihoods, PGI, health, and MHPSS.

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COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)

With 57.41% of participants reporting that they are unfamiliar with the work of the GRC, the level of unfamiliarity is higher among women (61.66%) compared to men (49.21%). Out of the 41.62% who are aware of GRC's work, 72.57% reported that they do not know how to provide suggestions, complaints, or comments, while only 25.1% said they do.

62.17% of respondents **feel that their opinions are considered when decisions are made** about the support they receive.

82.13% found the **COVID-19 information useful and applicable**. 6.39% felt that this information was not useful, stating that

i) It is not fact-based.
ii) It does not contribute to the understanding of disease control measures.
iii) It is not disseminated in local languages.

The primary platforms for disseminating key messages are: i) **Radio; ii) Television; and iii) Social media** (Facebook/Instagram/Twitter).

The **community** is currently **interested** in information on: i) **diabetes** (hyperglycaemia or hypoglycaemia), ii) **nutrition**, and iii) **arterial hypertension**.

SUGGESTED STEPS TO IMPROVE THE COMMUNICATION OF KEY INFORMATION TO COMMUNITIES

- **Tailor key messages to the needs, interests, culture and belief systems of local communities.**
- **Promote the dissemination of key messages in local languages, vocabulary and expressions, particularly in the Chorti, Quiché and Mam languages.**
- **Promote peer-to-peer community training and horizontal communication in local languages.**
- **Increase institutional presence and support the improvement of services and information provided in health centres.**
- **Increase field presence with a "do no harm" approach to build trust with local communities.**

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CEA operational recommendations

Engage GRC with target communities by linking identified key actors.

Involve communities in the design of key messages based on their needs, interests, culture and belief systems, and disseminate these messages in local languages (Chorti, Quiché and Mam) through radio, television and social media.

Encourage community training, horizontal messaging, and outreach campaigns in local languages to explain the purpose and benefits of vaccination, especially for minors.

Develop feedback systems tailored to local geographic and cultural conditions, encourage their active use, and inform communities about how their opinions are used in CRG work and services.

In collaboration with the CRG areas of Health, MHPSS, Livelihoods, CRG, analyse the feasibility of conducting: i) MHPSS service needs assessments; and ii) mental health promotion activities.

Conduct research, in collaboration with key CRG areas, on the gendered impact of emergencies to strengthen CRG programme design and operations.

Provide useful information in local languages and idioms to encourage vaccination, focusing for adults on rumours about suspected deaths and side effects, and for children on vaccine safety and side effects. Targeting children and their families through community fairs and/or school-based interventions is recommended.

Design indicators to monitor the implementation of these recommendations.

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