



MINISTRY OF INTERNALLY DISPLACED PERSONS
FROM THE OCCUPIED TERRITORIES, LABOUR,
HEALTH AND SOCIAL AFFAIRS OF GEORGIA



Monitoring knowledge, risk perceptions, preventive behaviours, and public trust in the current coronavirus outbreak in Georgia

Analytical Report of the First, Second and Third Wave Studies

May, 2020



ევროკავშირი
საქართველოსთვის
The European Union for Georgia





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The study tool and methodology were developed by the WHO Regional Office for Europe and offered to member states to inform their COVID-19 pandemic response activities.

Disclaimer

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Methodology

1. **Study Type:** Quantitative Cohort Study
2. **Study Method:** Telephone Survey (average duration – 30 minutes)
3. **Study Instrument:** Structured Survey
4. **Study Object:** Adult population (18 years old and older) in 11 Regions of Georgia
5. **Sample Size:** 1000 respondents (in each wave)
6. **Sampling Error:** For the whole sampling (with $\pm 3,1\%$ 95% reliability); the study results are representative by gender, age of respondents and by urban/rural population.
7. **Field works:**
 - ✓ First Wave: 21-22 April, 2020
 - ✓ Second Wave: 29-30 April, 2020
 - ✓ Third Wave: 14-15, 2020
8. **The methods of data analysis:** Univariate, bivariate and multivariate.

Executive Summary

1. The data of the first Two Waves showed that the reality created by the Coronavirus has led to decreased incomes and impoverishment of a significant number of households: compared with the pre-Coronavirus period, household income decreased for approximately fourth of households (23%), 65% of households kept the same income level, while it increased for 3% of households.

Household income decreased mainly for low income families (income from 0 to 300 GEL and 301-500 GEL), which indicates that the social and economic crisis affected the poor population most severely (the poor households became poorer).

Some increase in income of the population is observed in the Third Wave; the increase mainly applied to low-income households (income from 0 to 300 GEL); compared with the Second Wave, the portion of such households decreased by around 6% and approached the level of the First Wave.

2. A distinct majority of the respondents in all the Three Waves said that by the time of interviews they had not had paid jobs (79% of the respondents at the First Wave; 24% of the respondents in the Second Wave; 29% of the respondents at the Third Wave). Consequently, the upward trajectory in the unemployment rate is as follows: it increased by 21% at the First Wave, by 29% in the Second Wave, and by 20% at the Third Wave.

3. The respondents for all the Three Waves have high self-evaluation in rating their knowledge of the novel Coronavirus and its spread (more than 85% of the respondents positively evaluate their knowledge about it). On the other hand, the high self-evaluation has its objective foundation: More than 90% of the respondents correctly identified the symptoms of infection, risk groups, the ways how the virus spreads, risk behaviors and the ways to prevent it.

The regressive analysis of the first Two Waves showed, that:

- ✓ The more often the respondents use information sources, the more knowledge they have about the virus-related issues.
- ✓ Along with increase of the age of the respondents it is more difficult for them to define correct behaviors.
- ✓ Living in the rural areas, compared with the urban areas, negatively affects the awareness level about the preventive measures.

An important additional factor was identified in the Third Wave: the level of awareness of the respondents, who feel that the virus is close to them, is particularly high.

4. More than 90% of respondents in all the Three Waves mentioned that they and their family members observe the Coronavirus prevention measures: they wash their hands for 20 seconds, do not touch their faces with unwashed hands, stay at home when sick, avoid large gatherings, wear masks, and observe social distancing, etc.

The majority of the respondents in all the Three Waves expressed solidarity towards others: they agreed that washing hands and avoiding gathering places help them to protect others.

In the Second Wave more than 90% of the respondents expressed their readiness to continue observing the preventive measures even after they are gradually lifted/eased. In the Third Wave, compared with the previous Wave, readiness of the respondents to observe the preventive measures has somehow decreased; namely, readiness of the respondents decreased by 10% (though, a distinct majority of the respondents are still loyal to the protective measures). As it seems ensuring safety voluntarily is not a tantamount alternative to restrictions set by official regulations.

The following respondents express more readiness to observe social distancing:

- ✓ Women
- ✓ City residents
- ✓ Those respondents who have high trust in the medical sector
- ✓ Those respondents who think that the Coronavirus spreads fast
- ✓ Those respondents who use the media outlets more often to get information about the virus
- ✓ Those respondents who do not blame the media in hyping[exaggerating] the virus.

The following respondents express more readiness to avoid gathering places:

- ✓ The respondents who think that they may get infected
- ✓ The respondents who think that the Coronavirus spreads fast
- ✓ Those respondents who have high trust in the medical sector
- ✓ Those respondents who do not blame the media in hyping the virus.
- ✓ The youth
- ✓ Representatives of the risk groups.

5. The emotional perception of coping with the COVID-19 is moderately optimistic in the respondents for all the Three Waves. Though, this optimism is significantly reinforced in the Third Wave:

- A significant part (47% on average) in the first two Waves and the majority (55%) in the Third Wave consider that the likelihood of getting infected with the Coronavirus is low;

- Approximately the similar dynamics is found in the attitudes of the respondents when they evaluate as to how they are protected from the Coronavirus;
- In regard of proximity/remoteness of the virus, there is a positive dynamic among the Waves: the significantly increased number of the respondents (56%) in the Third Wave think that the Coronavirus is far from them.
- According to the majority of the respondents for all the three Waves (65% on average in both Waves, and 73% in the Third Wave), under the current circumstances, it is easy for them to avoid getting infected with the novel Coronavirus.

All the Three Waves revealed the social and demographic factors contributing to the emotional perception of coping with the COVID-19:

- ✓ Compared with the men, on average, the women perceive the Coronavirus and the issues caused by it more emotionally.
- ✓ The older the respondents are, more of them think that there is higher likelihood of getting infected with the virus. Also, more of them think that in case of getting infected with the virus, it will be more difficult for them to recover from it.
- ✓ The perception of the residents in the urban areas is that there is a higher risk of getting infected compared with those living in the rural areas.

6. The attitudes of the respondents towards the Coronavirus have changed in light of the Three Waves and the significant statistical difference has been observed:

- Among the Third Wave respondents, the fewest of them are convinced that the virus spreads fast (in the First Wave 77% of the respondents were convinced in it; in the Second Wave 60% of the respondents and in the Third Wave 49% of the respondents were convinced)
- Among the Third Wave respondents (compared with the Second Wave and especially with the respondents in the Third Wave) fewer respondents think that the virus gives a reason to be nervous (among the First Wave respondents it was 73%, 67% among the Second Wave and 65% among the Third Wave respondents)

These differences can be explained by the events that have developed in Georgia: The speed of the virus spread has decreased in Georgia and there have not been a high number of fatalities.

7. The majority of the respondents for all the three Waves support conducting some strict measures to prevent the spread of the Coronavirus. However, the support for the strict measures has significantly decreased in the Third Wave:

- Leaving homes should be allowed only for the professional, health related or emergency purposes (81% of the respondents in the First Wave, 74% of the respondents in the Second Wave; 55% of the respondents in the Third Wave)

- While the virus is spreading it is desirable to suspend the contacts with some people by their countries of origin (73% of the respondents in the First Wave; 73% of the respondents in the Second Wave; and 55% in the Third Wave)

Notwithstanding supporting the above measures, the respondents, particularly in the Third Wave, do not support imposing excessively strict/authoritarian measures. For instance, 42% of the respondents of the First Wave, 53% of the respondents of the Second Wave, and 59% of the respondents in the Third Wave) oppose banning access to the Internet and the social media in order to fight the spread of misinformation about the novel Coronavirus.

As a rule, those respondents have more acceptance of the strict measures in all the Three Waves, who:

- ✓ Have high trust in the medical institutions
- ✓ Have high trust in the Governmental structures
- ✓ Have a feeling that it will be difficult for them to recover from the virus
- ✓ Have a feeling that the virus spreads fast
- ✓ Do not believe that the media hyped the events surrounding the virus

8. Compared with the First and the Second Waves, the number of those respondents, who have already implemented or planned to carry out the following protective measures, has decreased, such as:

- Purchase of those drugs which they do not take regularly
- Purchase of additional drugs which they take regularly
- Not participating in social activities
- Not visiting family members
- Not entertaining guests (including the family members and friends)
- Not allowing underage members of the family to meet their friends

In the population, taboo was removed from such social activities as: a) Not entertaining guests (44% of the respondents of the First Wave did not receive guests, 41% in the Second Wave and 30% in the Third Wave) and b) Not allowing underage members of the family to meet their friends (61% of the First Wave respondents did not allow it, 54% in the Second Wave and 48% in the Third Wave). This further shows that the vigilance of the population to the preventative social activities has weakened.

The regressive analysis shows the trends characteristic of all the three waves:

- ✓ Women, compared with men, observe the preventive measures more.
- ✓ Increasing trust in the Government authorities is positively reflected on observing the preventive measures
- ✓ The more closely the respondents perceive the virus to be, the more they observe the protection rules

- ✓ The more often the respondents receive information about the virus via the media, the more they observe the preventive measures.

Besides, that segment of the population, who do not follow the recommended measures, behave in more panic ways, such as buying excessive food or medications.

9. More than 90% of the respondents polled in all the Three Waves mention that they often receive information about the novel Coronavirus. Though, compared with the Two Waves, the number of the respondents who receive information very often (systematically) has decreased (Score 7 was selected by 67% of the respondents in the First Wave, by 60% of the respondents in the Second Wave, and by 54% of the respondents in the Third Wave).

At the same time, around 90% of the respondents in all the Three Waves expressed satisfaction regarding the information they receive about the Covid-19.

However, in all the Three Waves, the majority of the respondents recognized the need to receive updated/additional information about the research and progress of vaccine development for the novel Coronavirus and therapeutic medicines.

The regressive analysis identified the common correlations for all the Three Waves:

- ✓ The more trust the respondents have in the medical sector, they are more satisfied with the information received.
- ✓ The more often the respondents use the media, the more satisfied they are with the information received (the frequency of using the media has the greatest impact on the satisfaction with the information received).

10. More than 70% of the respondents in all the Three Waves said that a way out in the emergency situation, if they, or their family members develop such symptoms, as fever, cough, breathing problems, etc. would be to call the hotline at 112.

11. More than 85% of the respondents in all the Three Waves identified those stakeholders, who, as they believed, were handling well the problems caused by the novel Coronavirus, and consequently, those stakeholders enjoyed high trust: these are the hospitals treating the people infected with the Coronavirus; National Center for Disease Control and Public Health, the Ministry of Health and the Coordination Council on Coronavirus.

One structure, specifically private companies/businesses, was identified to have the least trust in both of the Waves.

The frequency of using the media has the greatest impact on the trust in various entities: the more frequently various information sources are used; the trust increases more in the Governmental and the medical institutions.

12. The majority of the respondents in all the Three Waves agree to the notion that the measures introduced against the Covid-19 taken by the Government of Georgia are adequate. However, in the Second and Third Waves the positive evaluation of the measures implemented by the Government decreased to some extent (84% of the respondents in the First Wave share the positive evaluation, 76% of the respondents in the Second Wave and almost the same number, 77% of the respondents, in the Third Wave). We should assume that increased resistance of the population against the existing restrictions has both economic and psychological motivation: people need to be employed to earn money, which is impossible in frequent cases due to the strict restrictions. Besides, people need to restore physical and social relations, especially with the members of the primary groups (such as, family members, and friends), to have emotional stability.

The regressive analysis showed the common pattern for all the Three Waves:

- ✓ The more the trust in the Government agencies increases, the more adequate the measures taken by the Government are considered.
- ✓ The respondents, who consider that the events surrounding the Coronavirus are hyped by the media, consider the measures taken by the Government as less adequate.

The number of the respondents, who agree to the notion that the plan of gradually lifting the restrictions is adequate considering the existing circumstances (59% of the respondents in the Second Wave, and 62% of the respondents in the Third Wave). In the Third Wave the number of those respondents, who support that the restrictions be lifted more quickly and more broadly, increased (14% in the Second Wave, and 20% in the Third Wave).

13. In the Third Wave, compared with the previous two Waves, the respondents have less concerns (sometimes significantly less) about the social and economic losses due to the Coronavirus. The respondents are less concerned with such threats, such as:

- Overburdened medical facilities with patients (concerns about this issue have decreased significantly)
- Limited access to the medications (concerns about this issue have decreased significantly)
- Limited access to food (concerns about this issue have decreased significantly)
- Loss of a beloved person
- Become unemployed
- Increase of the social egoism

One concern that have been more or less equally expressed in all the Three Waves is that the respondents do not know as to when this problematic situation will end.

14. There is no distinct stigma expressed by the majority of the population, though there is alienation in some respondents towards such people. Namely, around 10% of the respondents who chose the response “Completely Agree” in regard of the stigma related notions (E.g. *“If a person is infected by the virus he/she (and his/her family members) should not disclose about it to anyone excluding medical personnel (doctors)”*, *“It is shameful if you get infected with the Coronavirus”*, *“I will avoid contacting a patient recovered (from the Coronavirus)”*, etc.)

Higher education qualifications negatively impact admitting the stigma.

15. The majority of the respondents (72%), who have school students (such families make 76%) are satisfied with the remote learning offered by the schools for their school kids; 12% of the respondents expressed dissatisfaction with the remote learning (four percent of the respondents said that their children who are of school age are not enrolled in any school.

The level of satisfaction decreases to some extent (though, the majority, 63% of the respondents are satisfied), when the respondents (who have pre-school kids, making 44% of the respondents polled) evaluate the remote relations offered by the educational/cultural institutions to the kids aged 3-6.

The respondents mainly positively evaluate the following components of the distance educational activities:

- The time spent by the family to help the child during the online learning
- Independently doing homework by the child
- The academic progress of the child/children
- The efforts made by the schools/pre-school institutions during the pandemics

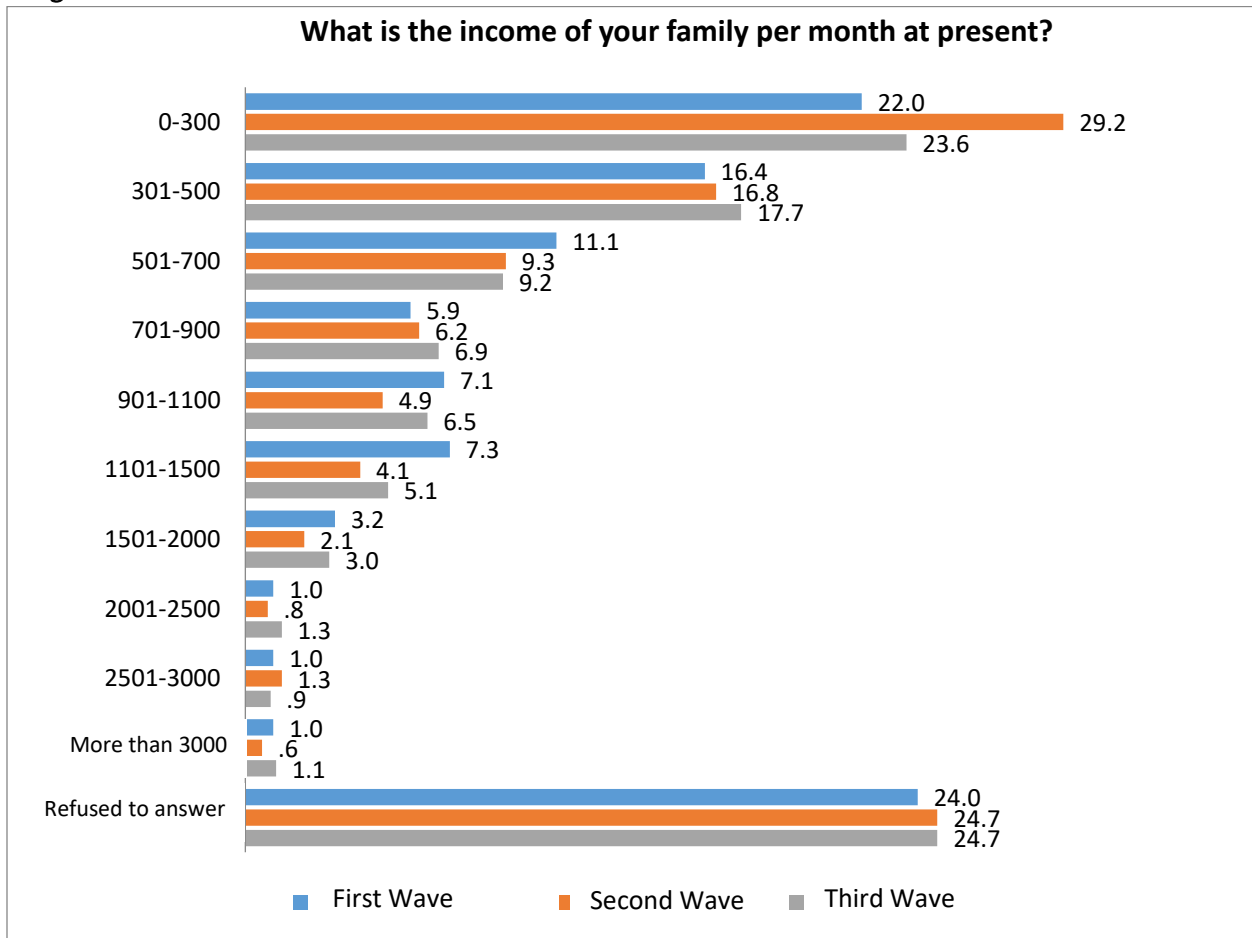
Similarly, compared with those families who have pre-school children at home, those respondents who have school children in the family agree more with the statements of positive evaluations.

Main Findings of the Study

1. The income of the Respondents

During the Third Wave, gradual lifting of the restrictions made it possible, mainly for the self-employed individuals, to have sources of income (for instance, produce markets allowed the self-employed individuals to work). This led to **some increase of income in the population**; though, the increase mainly applied to the low-income families with the income from 0-300 GEL; compared with the Second Wave, the proportion of such households with increased income decreased by about 6% in the Third Wave and approached the level of the First Wave.

Diagram #1



2. The Employment Status of the Respondents

Though similar to the previous two Waves, the distinct majority of the respondents (71.1%) in the Third Wave stated that they did not have a paid job at the moment of the survey, **the employment level of the respondents increased to some extent** (21% in the First Wave; 24% in the Second Wave; and 29% in the Third Wave). This is obviously related to lifting the Coronavirus restrictions. Though, on the other hand, if we take into account that before the outbreak of the COVID-19, almost half of the respondents (48%) had paid jobs, it means, that 41,3% of the respondents, who were employed before the Coronavirus, lost their jobs. This figure, on the other hand, indicates that the unemployment of the population increased up to 20% (in the First Wave the unemployment increased and amounted to 21,1%, in the Second Wave it amounted to 26,9%, and in the Third Wave it was at 19.7%).

Diagram #2

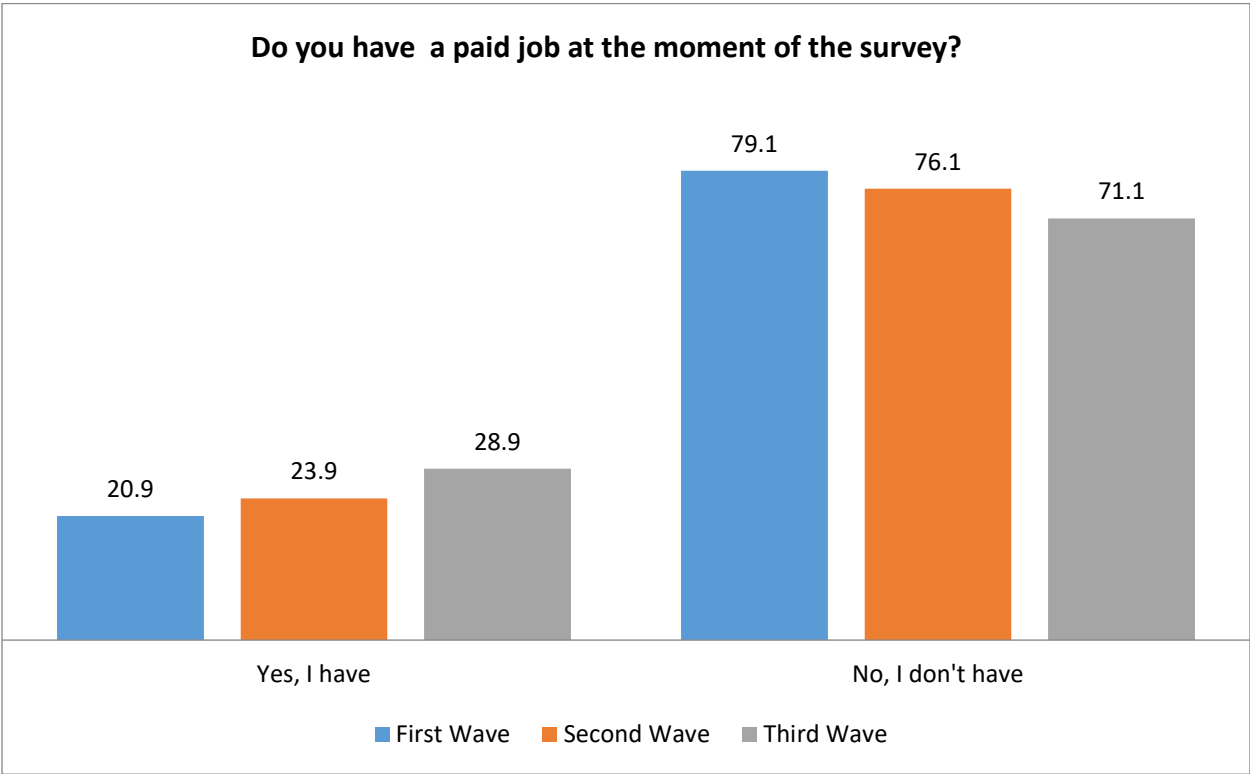
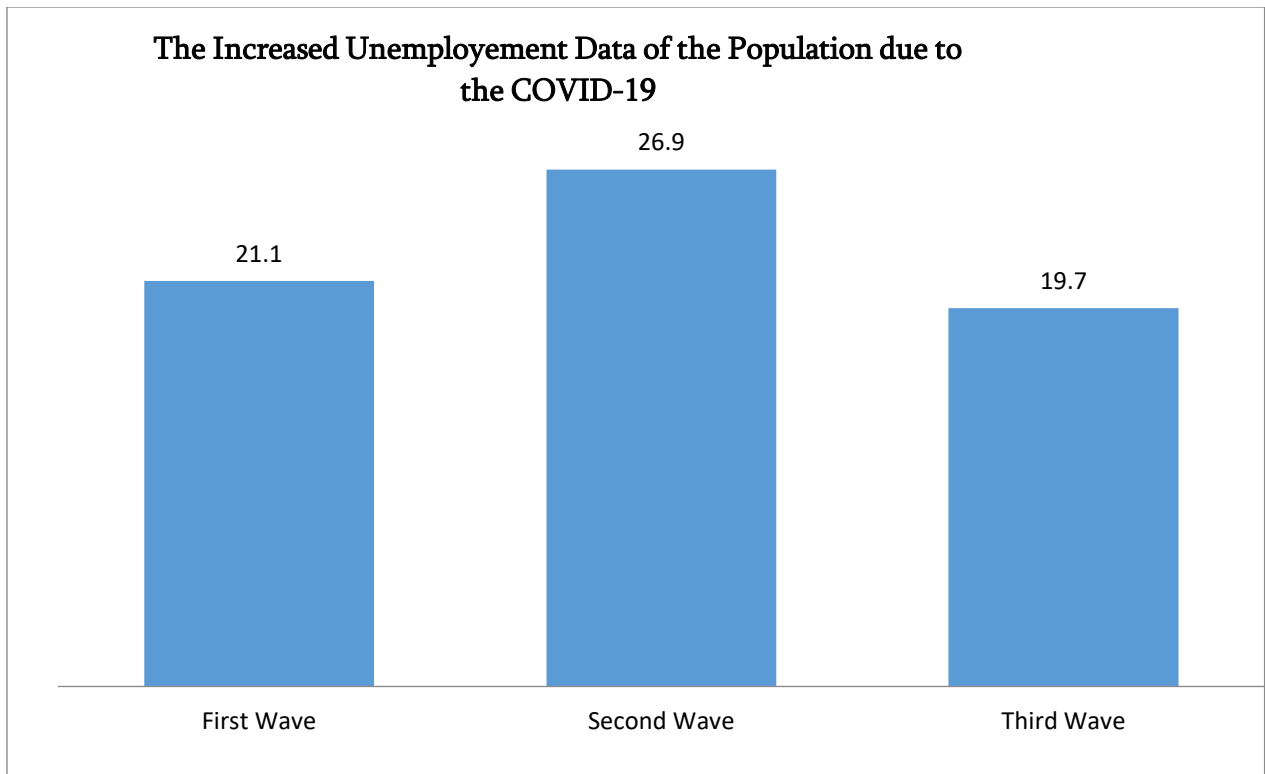


Diagram #3



The respondents who lost their jobs, similarly to the previous two Waves, indicated **two main reasons** for it: a) Remote work was impossible (63%) and b) I was doing such a job/such business which was suspended during the pandemic (26%).

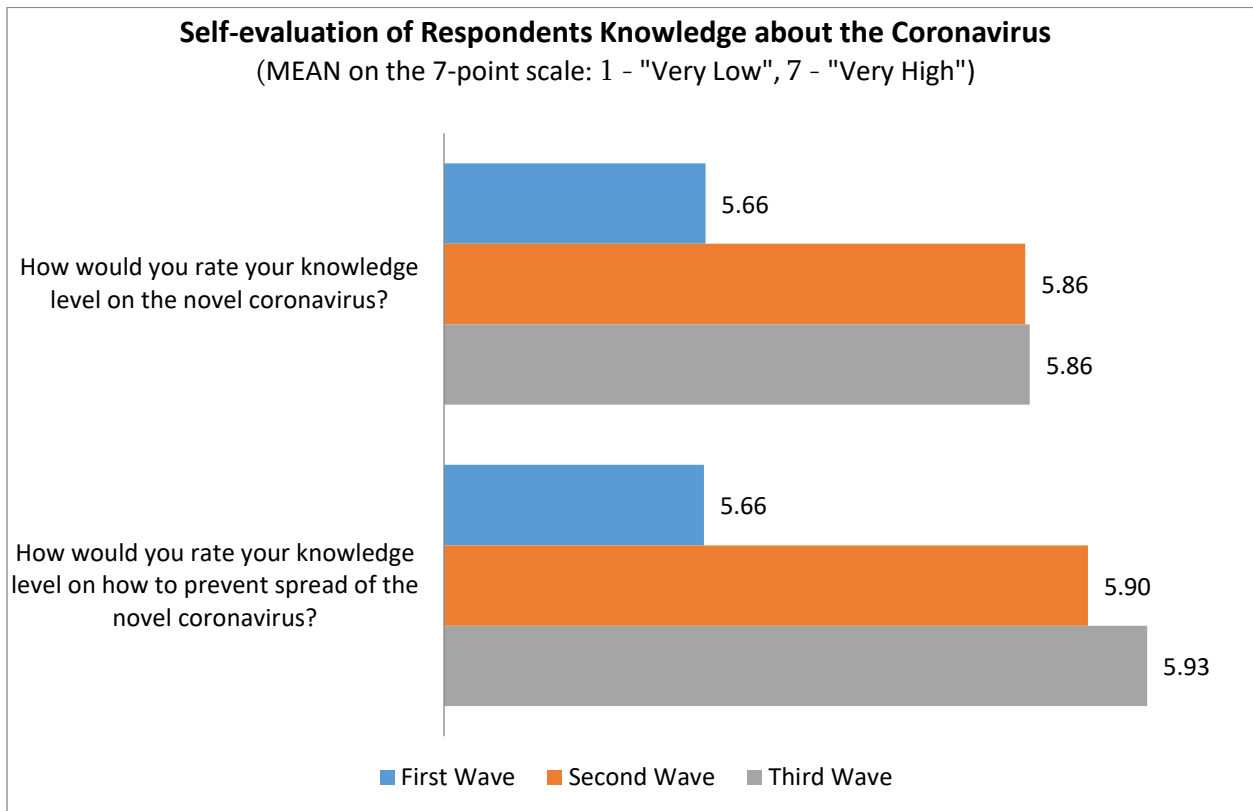
It is interesting that like in the First and Second Waves, the jobs of the majority of the respondents in the Third Wave (62%) require their presence at their work places, 29% are teleworking and only 9% are working in both modes.

3. Subjective Evaluation of One's Knowledge and the Objective/Actual Knowledge

Similar to the respondents in the First and Second Waves, the respondents in the Third Wave are distinguished with their high self-evaluation, when it comes to evaluating their knowledge about: a) the novel Coronavirus and b) preventing its spread. Further, the data for the Second and Third Waves are practically identical. More specifically, in the Third Wave:

- 86.8% of the respondents placed their knowledge about the Coronavirus in the positive range (Scores 5, 6, 7 on the 7-point scale; the central tendency measures confirm the above: Mean – 5.86, Median – 6.0).
- 87.9% of the respondents places their knowledge about the Coronavirus in the positive range (Scores 5, 6, 7 on the 7-point scale; the central tendency measures confirm the above: Mean – 5.86, Median – 6.0).

Diagram #4



Similar to the first two Waves, the respondents highly evaluate their knowledge, which has **objective basis**: the test answers showed that the majority of the respondents (usually, more than 90%) correctly define: a) groups who are at the risk of infection; b) the major/most common symptoms of the infection disease; c) Infection risk behaviors; d) Ways to transmit the infection; e) Ways to prevent the infection; f) recognize that it transmits from human to human.

Besides, the majority of the respondents in the Third Wave (72%), similar to the First and Second Waves, correctly answered that there are no therapeutic medicines or a vaccine against the novel Coronavirus available.

Diagram #5

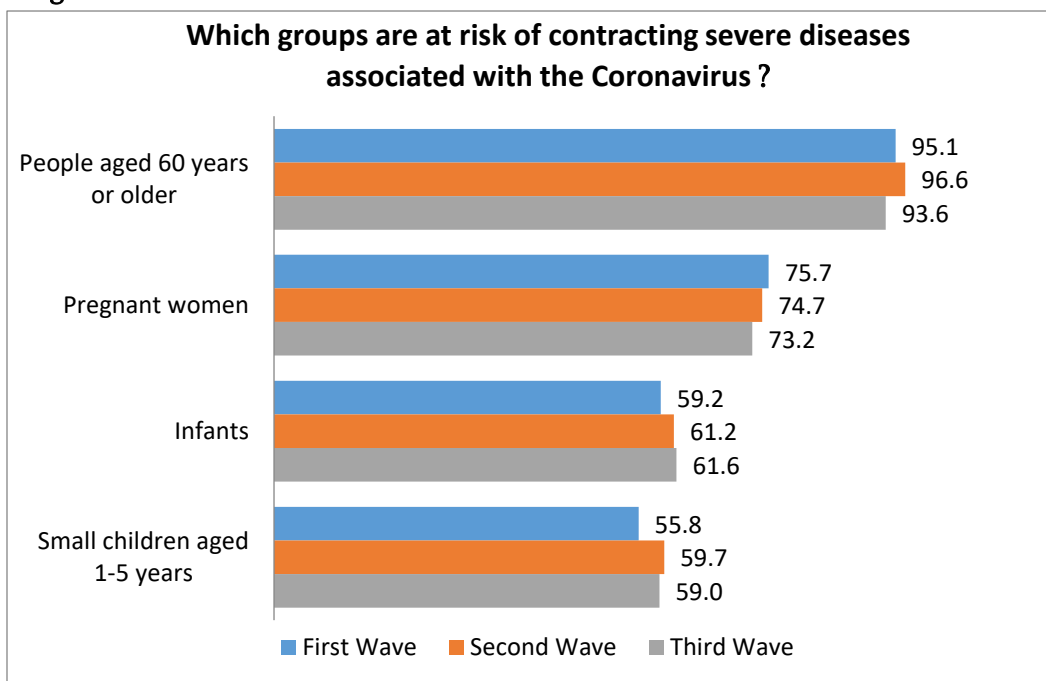


Diagram #6

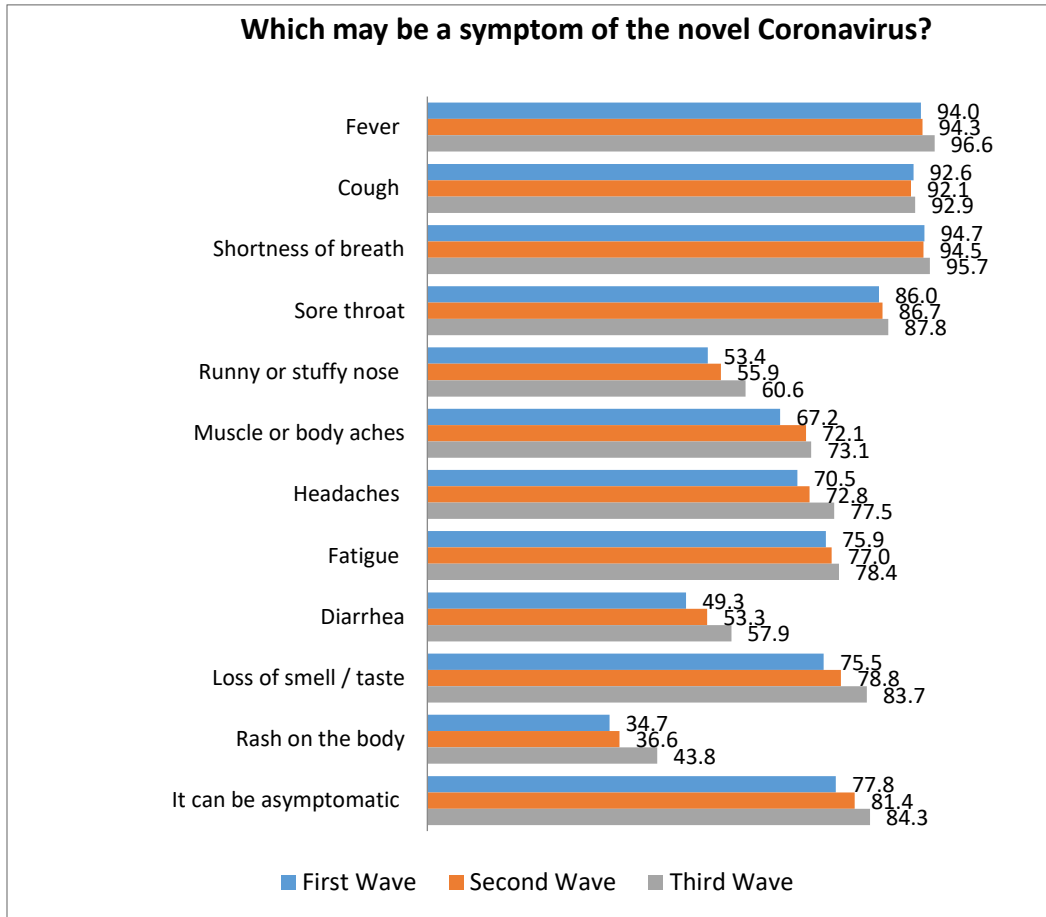


Diagram #7

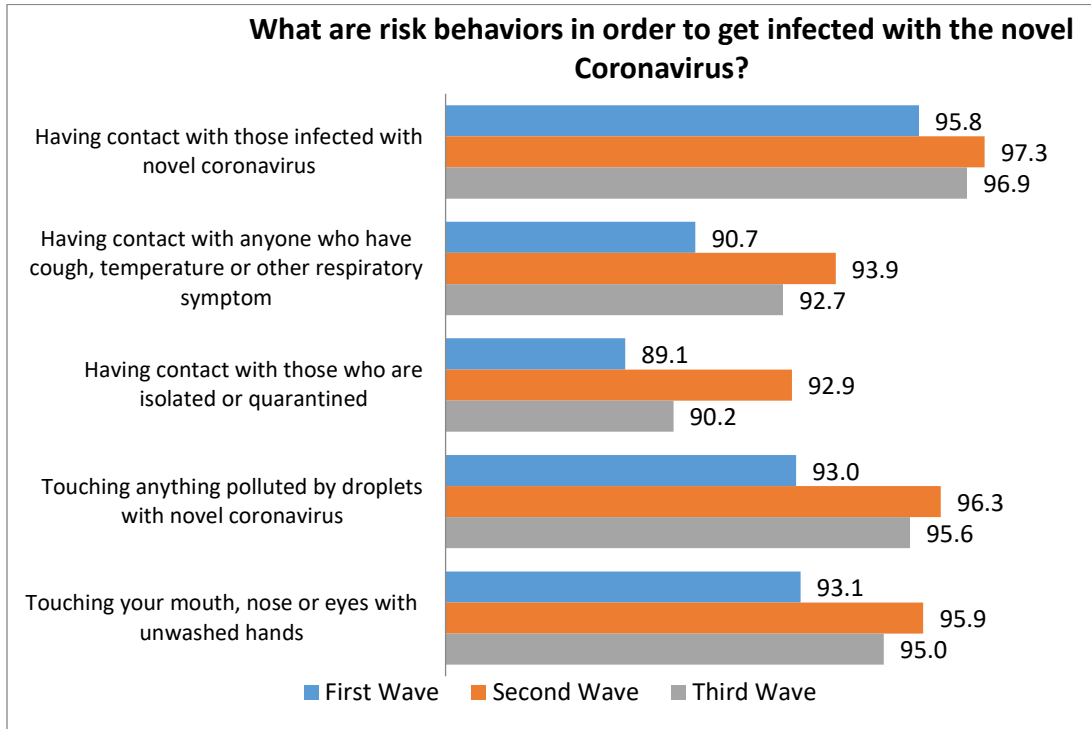


Diagram #8

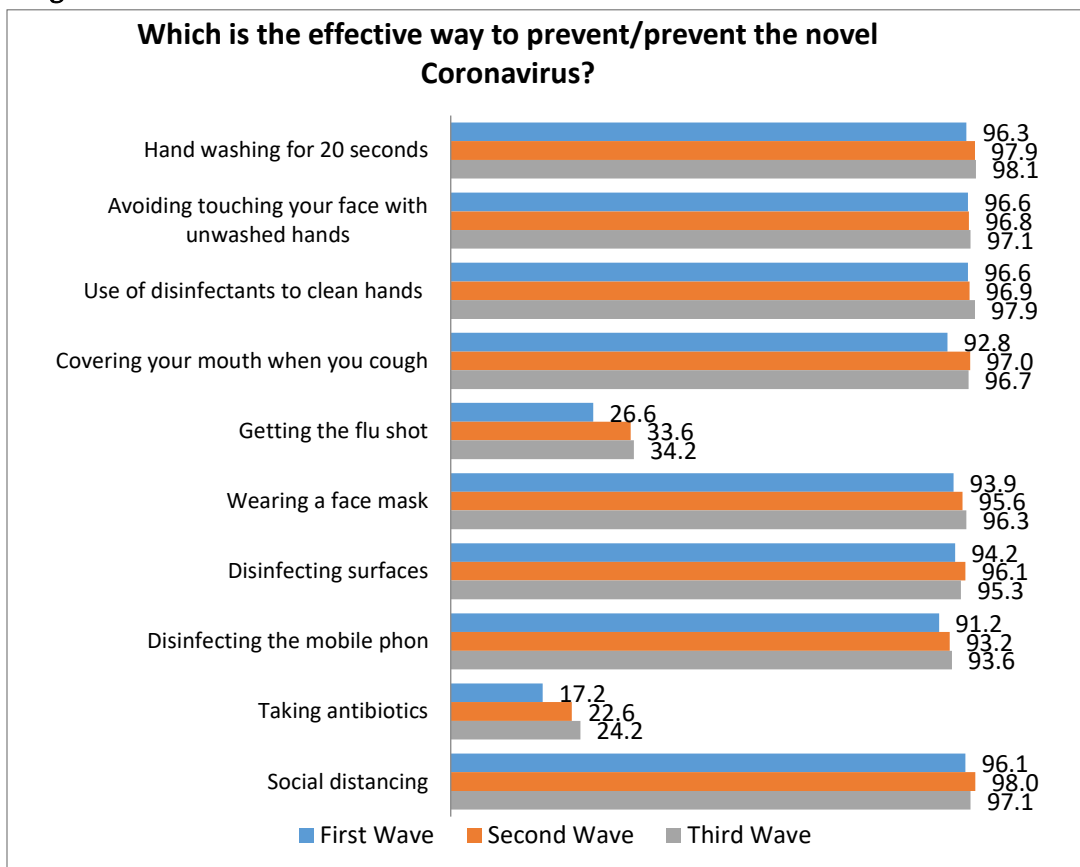


Diagram #9

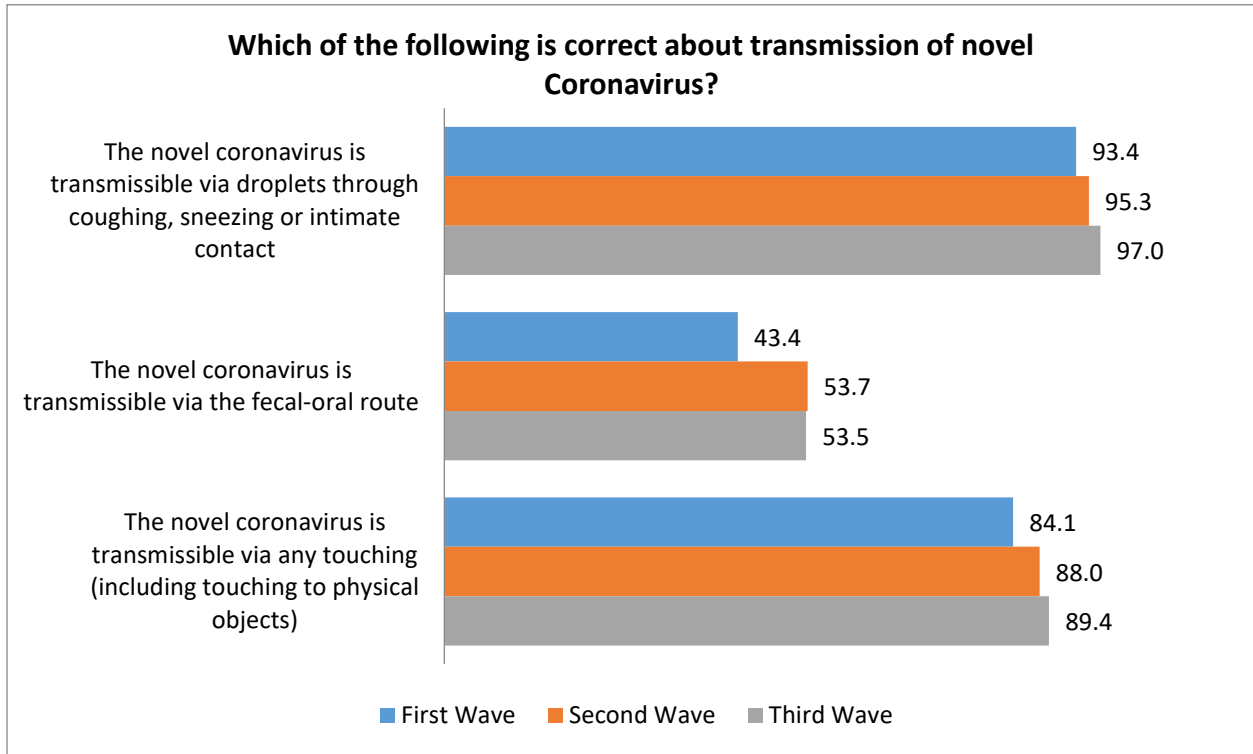


Diagram #10

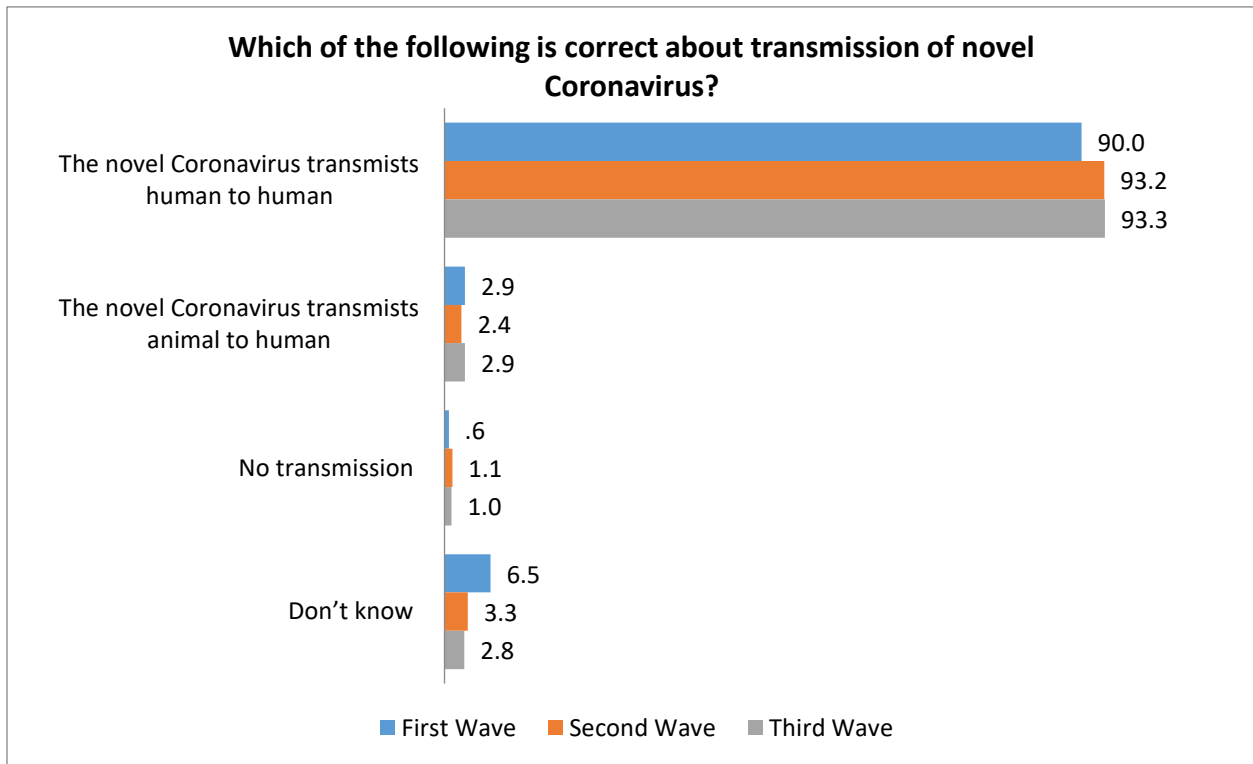
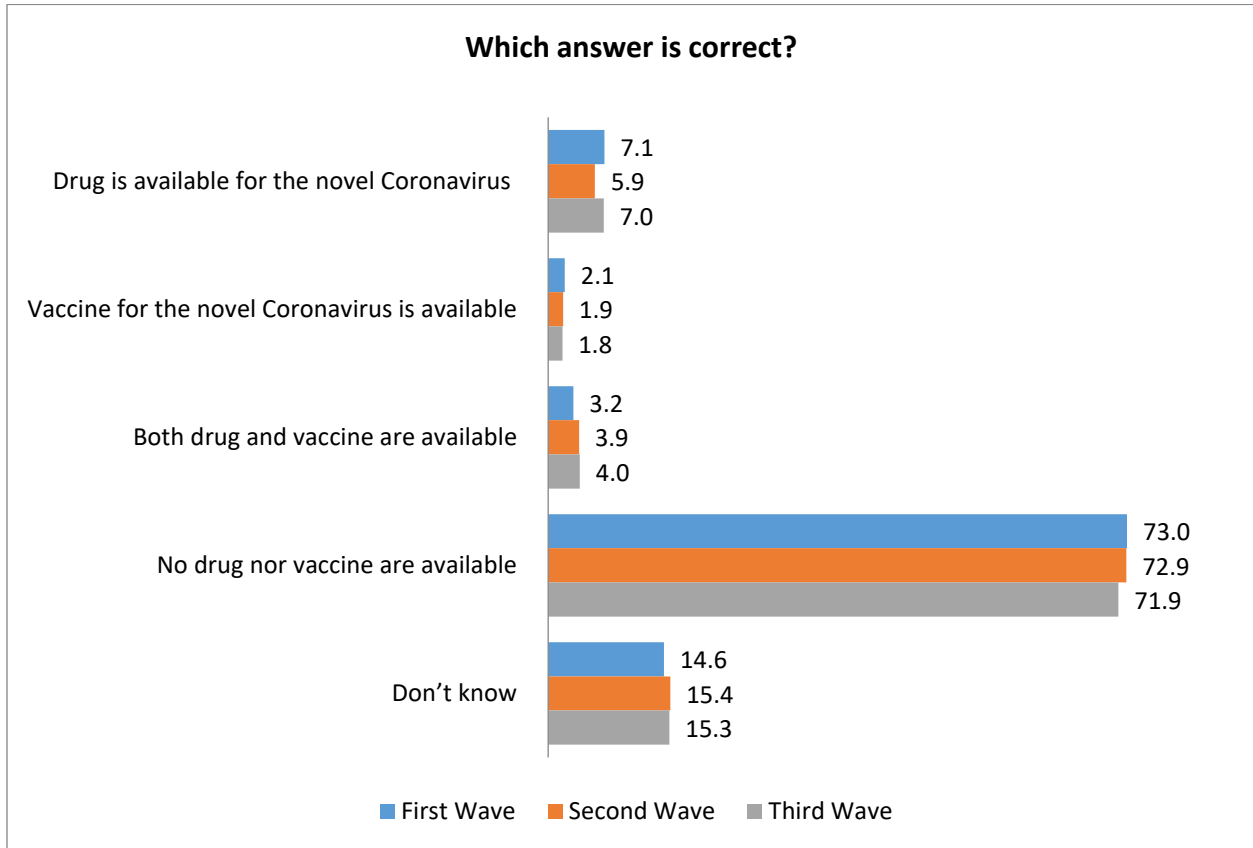


Diagram #11



4. Knowledge Gaps of the Respondents

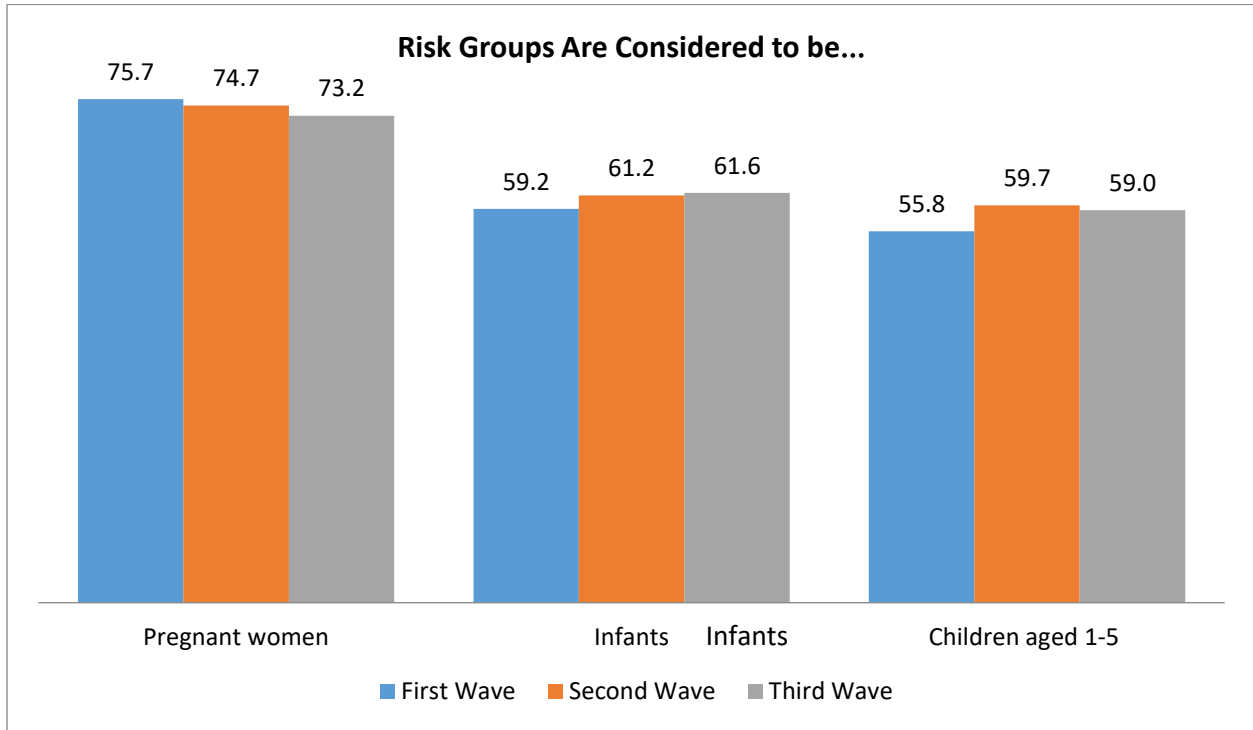
4.1. Similar to the First and Second Waves, some of the respondents in the Third Wave (12.8% in the Third Wave, 11.7% in the Second Wave, and 12.4% in the First Wave) think that the Coronavirus drug or vaccine, or both of them are available, and additional 15.3% of the respondents (14.6% in the First Wave, 15.4% in the Second Wave) say that they are unaware about it (thus, in total, 28.1% of the respondents (27.1% in the Second Wave, 27% in the First Wave) do not have correct information about this matter (See Diagram #11).

4.2. Approximately third of the respondents in the Third Wave (30.9%) say that they do not know if the infection is transmissible via the fecal-oral route and 15.6% believe that it is not transmissible via the fecal-oral route (these data practically replicates the results of the Second Wave: the awareness level about the issue was worse in the First Wave: 41.1% said that it was not transmissible). See Diagram #10.

4.3. Similar to the first two Waves, the majority of the respondents believe that infants (61.6% in the Third Wave; 61.2% in the Second Wave; 59.2% in the First Wave), and children aged 1-5 (59% in the

Third Wave; 59.7% in the Second Wave; 55.8% in the First Wave) and pregnant women (73.2% in the Third Wave; 74.7% in the Second Wave 75.7% in the First Wave) are risk groups.

Diagram #12



The regressive analysis shows that the perception that Coronavirus is closer, impacts the awareness level of the respondents: those respondents who believe that the virus is closer to them, are better informed compared with those who consider that the virus is far from them. Besides, the trust of the respondents in the Governmental authorities is negatively correlated to the awareness of the respondents about the Coronavirus: with the increased trust, the level of awareness decreases.

Both of the above factors (the trust in the Governmental authorities and the feeling that the virus is closer) have positive impact on identifying preventive measures by the respondents.

The trust in the medical sector impacts has positive impact on identifying correct preventive measures.

	Awareness about the COVID-19			Correctly Identifying the Protective Measures			Considering wrong measures to be correct ones		
	Beta	standardized CI	p	Beta	standardized CI	p	Beta	standardized CI	p

The trust in the Government authorities	-0.08	-0.15 – -0.00	0.039	0.09	0.02 – 0.17	0.016			
The feeling that the virus is closer	0.12	0.04 – 0.19	0.002	0.09	0.02 – 0.16	0.015			
The trust in the medical sector							0.10	-0.17 – -0.03	0.008

5. Relation of the Knowledge with the Behavior

The survey confirms that similar to the First and Second Waves, the respondents in the Third Wave not only know which are effective ways to avoid/prevent the spread of the novel Coronavirus, but their **behaviors also correspond to these measures**: they wash their hands for 20 seconds, do not touch their face with unwashed hands, stay at home if sick and avoid massive gatherings, wear masks, and observe social distancing, etc.

Diagram #13

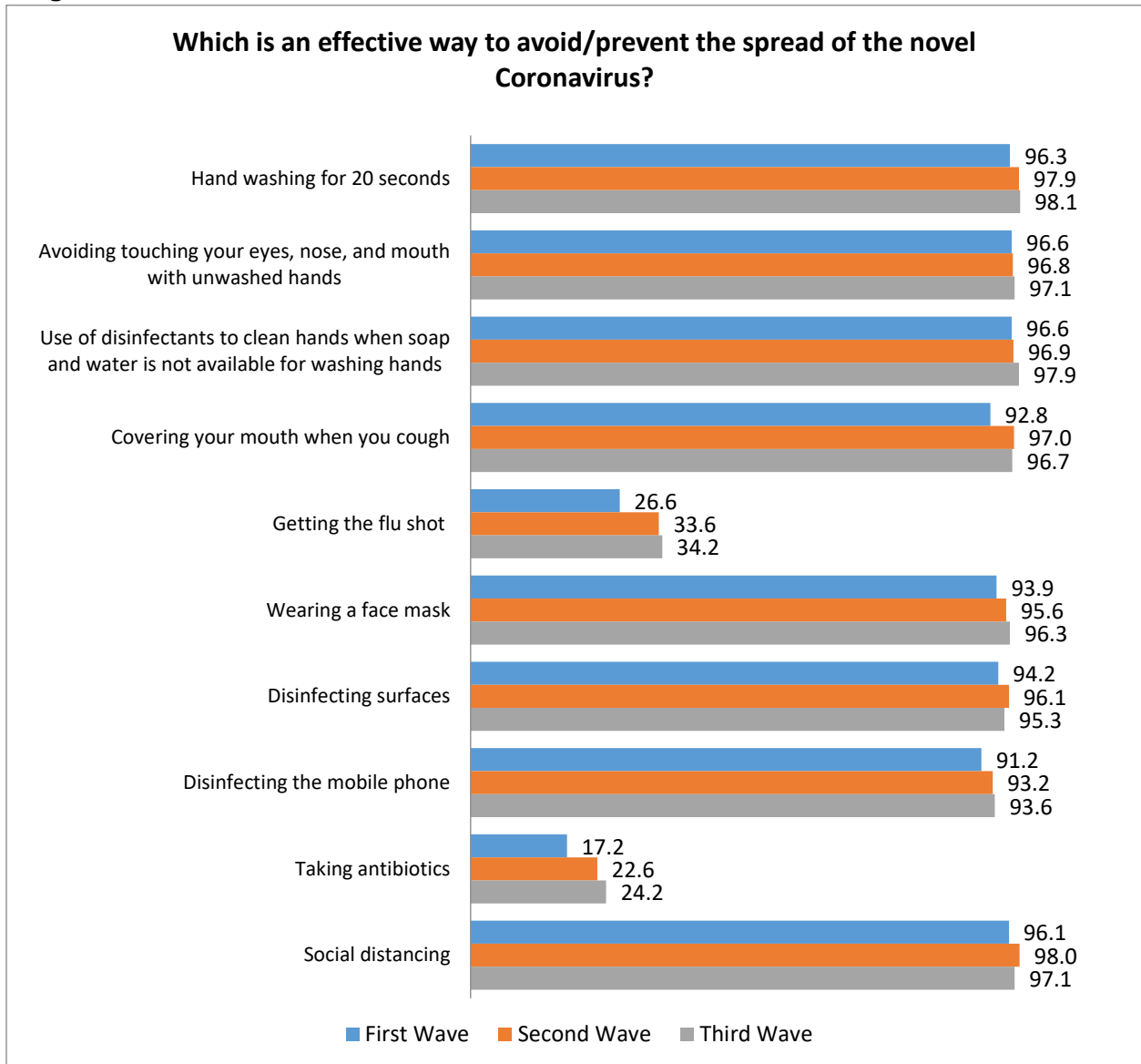
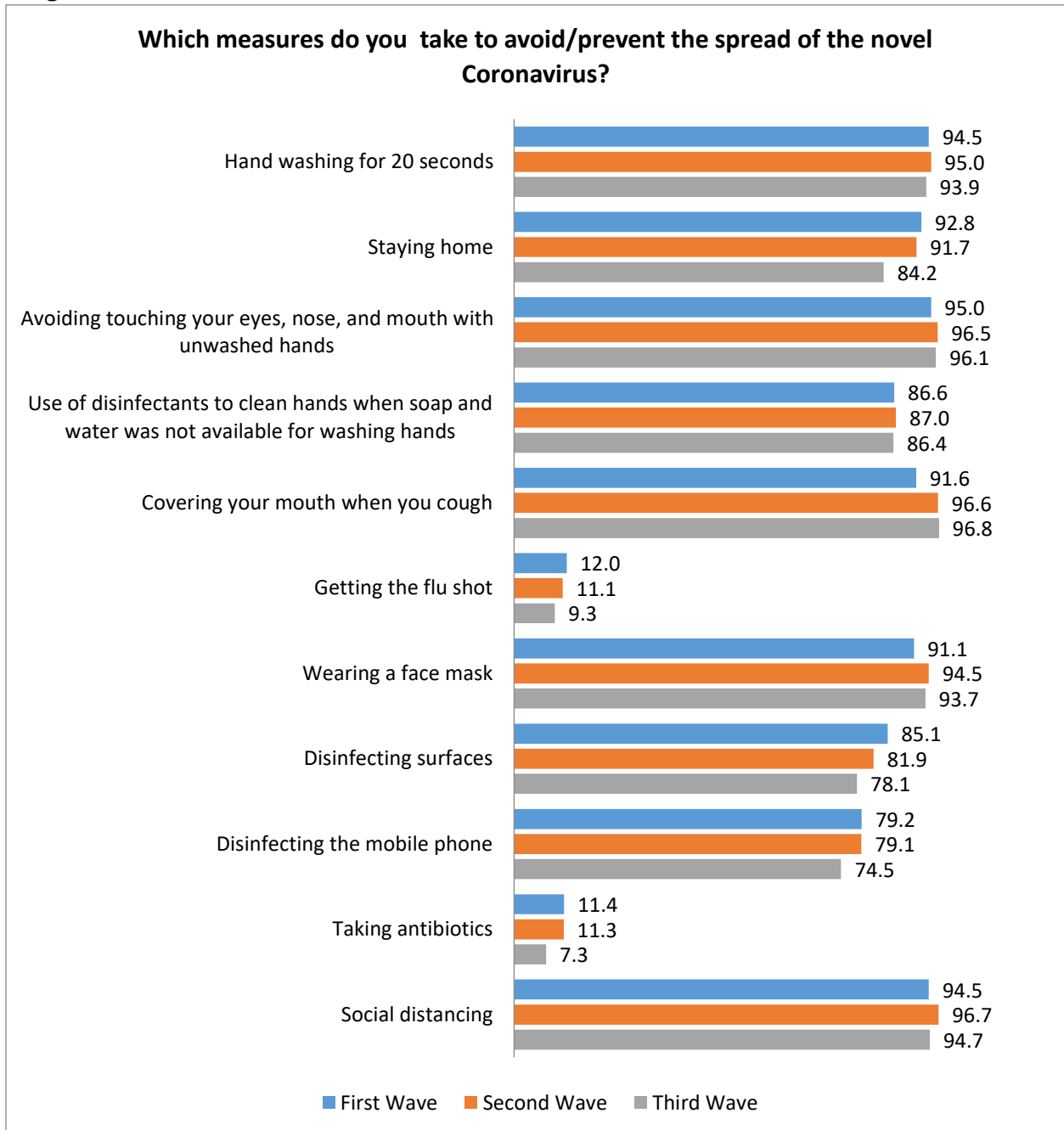
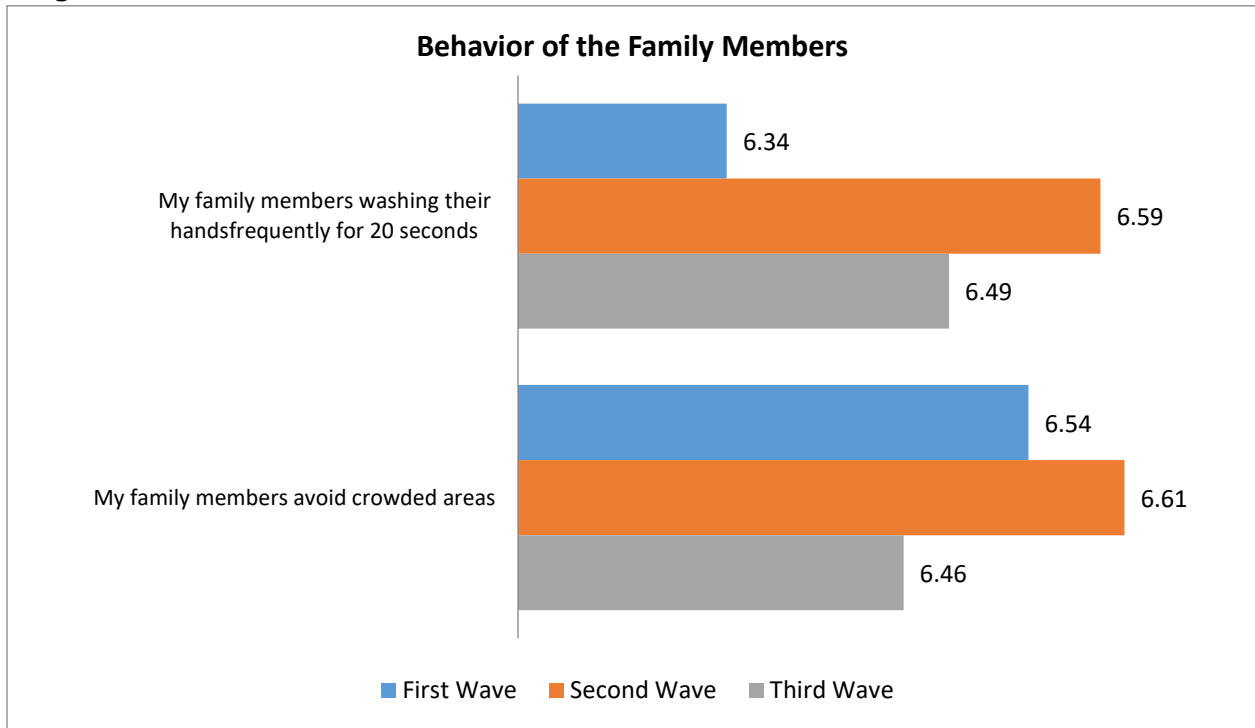


Diagram #14



Additionally, the respondents mention that not only they take correct measures, but also their family members.

Diagram #15



The results of all three surveys show a still another interesting result: the majority of the respondents express **solidarity** towards others: they agree that washing their hands, and avoiding gathering places help them to protect others.

Table #1

	To what extent do you agree with the following statements?	Mean (1 – Completely disagree; 7 – Completely agree)			Median			Std. Deviation		
		1st	2nd	3 rd	1st	2nd	3 rd	1st	2nd	3 rd
1	Washing hands helps me to protect others	6.28	6.49	6.41	7.00	7.00	7.00	1.256	.975	1.013
2	I want to protect others by avoiding gathering places	6.52	6.58	6.42	7.00	7.00	7.00	.982	.835	.965

6. Emotional Perception of Coping with the COVID-19

6.1. A larger part of the respondents (in all the three Waves) believe that **the likelihood to get infected with the Coronavirus** is low (Points 1,2 and 3 on the 7-point scale, with Point 1 denoting “Very Low”, and Point 7 denoting “Very High”. It is notable that this perception of the respondents is further reinforced (44.9% of the respondents in the First Wave, and 50% in the Second Wave) in the Third Wave with 55.1%. The likelihood is high (Points 5,6 and 7) for 27% of the First Wave respondents, for 21.9% of the Second Wave respondents and for 18.2% of the Third Wave the respondents) (See the Diagram #16).

6.2. The opinions of the respondents are divergent **as to how severe contracting the novel coronavirus will be for them**. The positive stance increased in the Third Wave: 29.5% of the respondents in the First Wave believed that they would cope with the Coronavirus easily (Points 1, 2 and 3 on the 7-point scale with Point 1 denoting “Very minor”, and Point 7 denoting “Very severe”), and around the same percentage of respondents (30.1%) thought that it would be difficult for them to recover from the infection. In the Second Wave this ratio changes for recovering from it easily (32.9% chose the response “Very minor”, and 25.9% chose the response “Very severe”), while in the Third Wave the perception of coping with the infection easily, increases further (37.5% chose the response “Very minor”, and 23.3% chose the response “Very severe” (See Diagram #16).

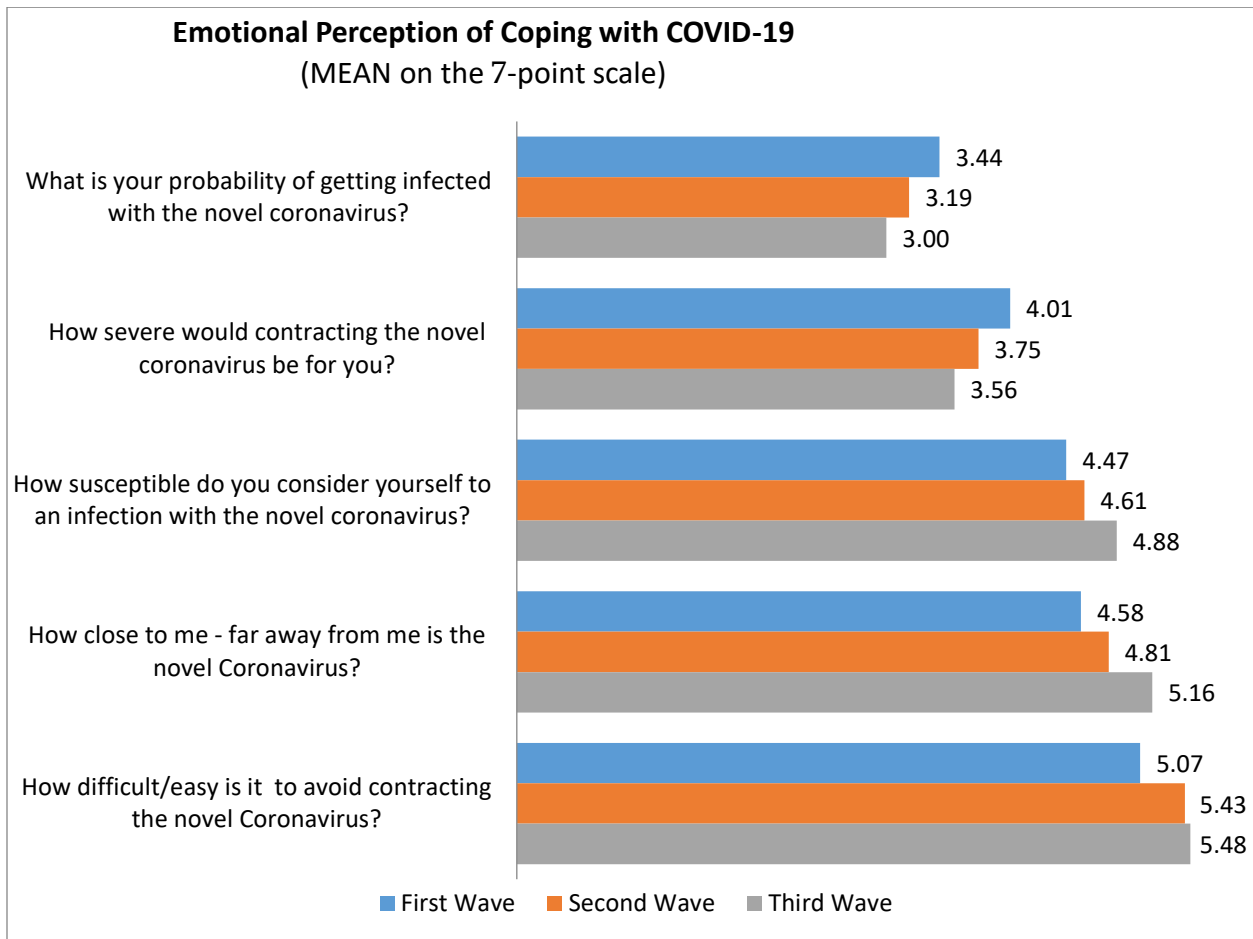
6.3. In all the Three Waves more respondents consider that **they are not susceptible** to the Coronavirus: this belief is shared by 43.6% (Points 5, 6 and 7 on the 7-point scale where Point 1 denotes “Very susceptible”, and Point 7 denotes “Very un-susceptible”) versus 22.2% (Points 1,2 and 3). The feeling of protection increases in the Second Wave and especially in the Third Wave (46.1% of the respondents consider themselves un-susceptible and 17.9% felt they are susceptible in the Second Wave, in the Third Wave 53% of the respondents consider themselves to be in-susceptible and 12.8% consider themselves susceptible) (See Diagram #16).

6.4. The majority of the respondents in all the Three Waves consider that given the circumstances **it is easy for them to avoid being infected** by the novel Coronavirus (Points 5, 6, and 7 on 7-point scale with Point 1 denoting “Very Difficult” and Point 7 denoting “Very Easy”). In this regard, the optimism of the respondents is even further distinct in the Second and Third Waves (The answer “It is easy” was chosen by 60.9% of the respondents in the First Wave, by 71% of the respondents in the Second Wave, and by 73% of the respondents in the Third Wave) (See Diagram #16).

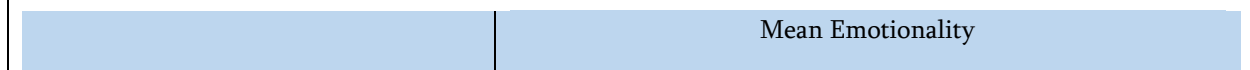
6.5. There are statistically significant differences among the First, Second and Third Waves when the respondents describe their perception **as to how close or far away is the virus from them**. 44.3% of the respondents in the First Wave believed that the virus was far away from them (Points 5,6 and 7 on the 7-point scale with Point 1 denoting “Very Close” and Point 7 denoting “Very Far Away”). The same

feeling is expressed by half of the respondents polled in the Second Wave (50.2%) and by the majority of the respondents in the Third Wave (56%). This difference should be explained by the circumstance that there has been no large-scale spread of the virus in Georgia and the number of new cases significantly lagging the number of recovered patients who were infected (See Diagram #16).

Diagram #16



The regressive analysis shows that the women, compared with the men, perceive more emotionally the Coronavirus and the related issues. Besides, the older the respondents are, they are more emotional about the Coronavirus. The respondents with the primary education were less emotional towards the Coronavirus compared with the respondents with the basic or vocational education. It is noteworthy, that in case of high trust in the medical sector, the respondents perceive the virus more emotionally.



	Beta	standartized CI	p
Age	0.16	0.10 – 0.23	<0.001
Gender: Female vs Man	0.12	0.06 – 0.18	<0.001
Basic Education vs Primary Education	0.22	0.02 – 0.41	0.032
Vocational Education vs Primary Education	0.65	0.03 – 1.28	0.040
Trust towards the medical sector	0.14	0.04 – 0.23	0.006

Independent demographic variables, such as age, type of housing, and gender have impact on the emotional perception of coping with the COVID-19:

- The older the respondents are, the more of them think that there is higher likelihood of getting infected with the virus. Also, in case of getting infected with the virus, it will be more difficult for them to recover from it.
- The perception of the residents in the urban areas is that there is a higher risk of getting infected compared with those living in the rural areas.
- The women, compared with the men, consider that it will be more difficult for them to recover from the virus.

A significant independent factor is the feeling of proximity of the virus and its rapid spread: the more closer the respondents believe the virus is, and have the feeling that it spreads fast, they more respondents consider that the likelihood of getting the infection is high and it will be difficult for them to recover from it.

Besides, the difficulty to recover from the virus is indicated by the respondents, who have lost their jobs due to the pandemic.

It is also to be noted that those respondents who have the trust in the Government authorities, they are more sensitive to their susceptibility to the virus, while those respondents who trust the medical sector, believe that they are more un-susceptible to the virus.

	Likelihood of Getting Infected			Easiness/Difficulty to recover from the virus			Susceptible/Un-susceptible against the virus		
	Beta	standardized CI	p	Beta	standardized CI	p	Beta	standardized CI	p
Age	0.12	0.02 – 0.22	0.023	0.17	0.08 – 0.27	<0.001			

Urban vs rural areas	0.08	0.01 – 0.16	0.030						
Gender: Women				.10	0.03 – 0.17	0.004			
Trust in the Government authorities	-0.15	-0.24 – -0.05	0.002						
Trust in the medical sector							0.13	0.06 – 0.21	0.001
Feeling proximity of virus	0.20	0.12 – 0.28	<0.001	0.17	0.10 – 0.24	<0.001			
Losing a job during the pandemic vs keeping it				0.07	0.00 – 0.14	0.050			

7. Attitudes towards COVID-19

Respondents attitudes towards the Coronavirus infection are different for the Three Waves, namely:

- 76.8% in the first wave, 60.4% in the second wave and 48.8% of the respondents in the third wave noted that the virus is spreading rapidly 5, 6 and 7 Points on the Seven Point Scale, where 1 means “Spreads slowly” and 7 – “Spreads rapidly”;
- 73% in the first wave, 70.4% in the second wave and 68.9% of the respondents in the third wave noted that corona is a dangerous virus (1, 2 and 3 Points on the Seven-Point Scale, where 1 means “It is dangerous” and 7 – “It is not dangerous”);
- According to 73.1% of the first wave respondents, 67.4% of the Second Wave respondents and 65.1% of the Third Wave respondents, the spread of corona virus gives a reason to be nervous (1, 2 and 3 Points on the Seven-Point scale, where 1 means “provides a reason to be nervous” and 7 – “not to worry”);
- 55.7% of the first wave respondents, almost the same portion of the Second Wave respondents (56.3%) and 51.5% of the third wave respondents do not think that information on the Corona virus is exaggerated by media (5, 6 and 7 Points on the Seven Point Scale, where 1 means “exaggerated by media” and 7 – “not exaggerated by media”).

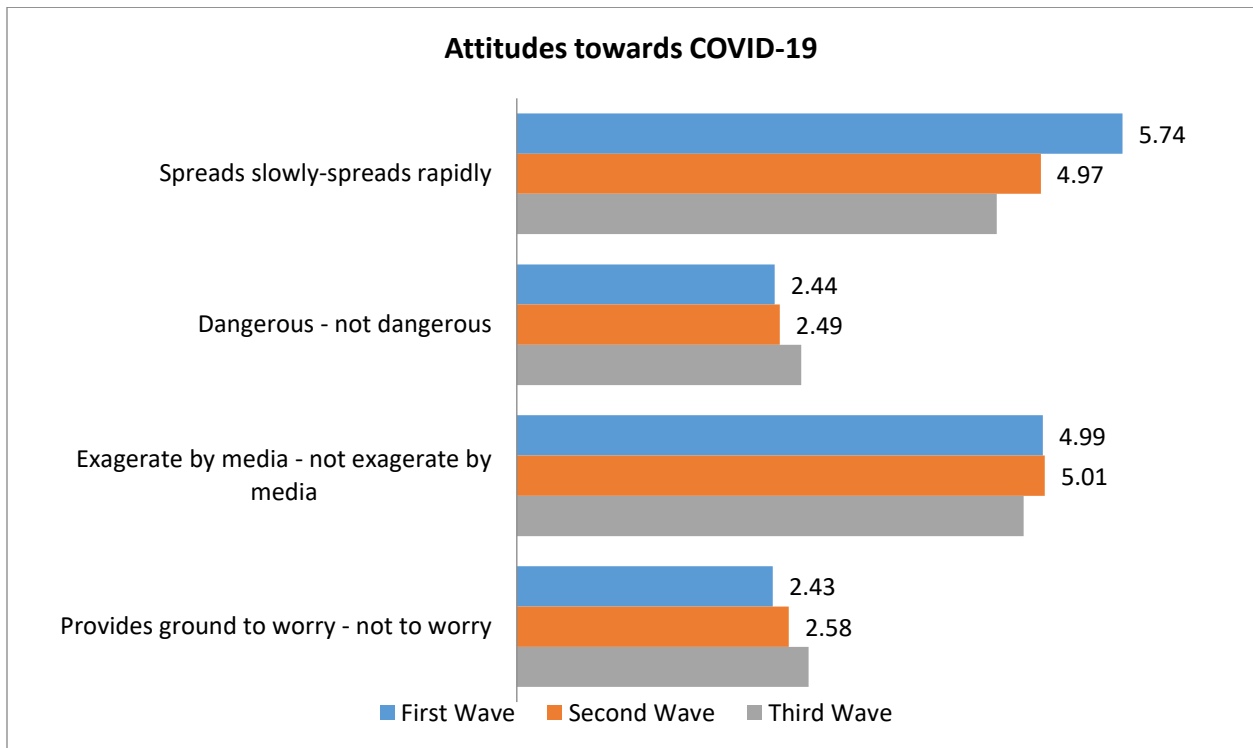
As the data shows there is **statistically significant discrepancy** among the First Wave, Second wave and Third Wave data in certain cases:

- The least number of respondents in the Third Wave respondents believe that the virus is spreading rapidly;

- Less number of respondents in the Second and Third Wave, compared to the First Wave respondents, think that the virus gives a reason to be nervous.

These discrepancies must be explained **in the context of developments in Georgia**: the rate of spread of virus in Georgia was decreased and it did not have large scale lethal consequences.

Diagram #17



8. Readiness to carry out protective measures in case of the restrictions are removed ¹

Based on the Decision of the Government of Georgia (GOG) gradual lifting/easing the restrictions started on April 27, 2020. In this situation it is even more important to carry out protective measures voluntarily, which requires high level of civic self-consciousness. The respondents were asked to what extend would they carry out protective measures when the restrictions are removed. We are talking about such measures as:

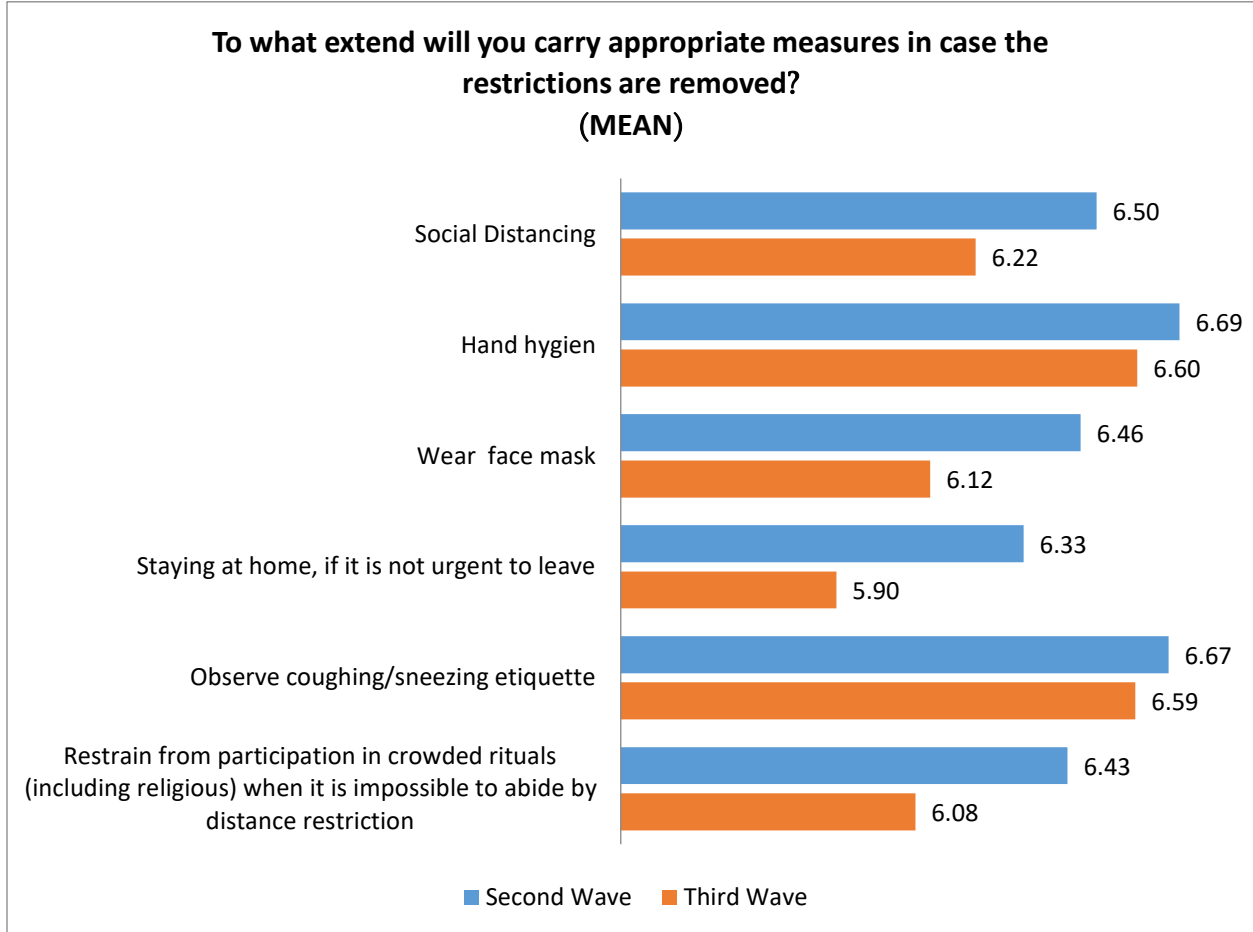
- social distancing

¹ These variables were for the second and the third waves.

- hand hygiene
- wearing face masks
- staying at home, if it is not urgent to leave
- observe coughing/sneezing etiquette
- restrain from participating in crowded rituals (including religious) when it is impossible to observe the required distancing

The survey shows an interesting situation: **readiness of the respondents to carry out protective measures was somewhat decreased compared to that of the Second Wave**; specifically, more than 90% of the Second Wave respondents expressed readiness (5, 6 and 7 points on the Seven-Point Scale, where 1 means “will not carry any protective measures” and 7 – “will definitely carry protective measures”) to carry out the above protective measures while readiness of the respondents decreased by about 10% in the Third Wave (although the majority of the respondents are still loyal to carrying out protective measures). This trend is also well shown by the mean indicators of the survey. It seems that **ensuring safety voluntarily (based on self-consciousness) is not a tantamount alternative to restrictions set by official regulations** (see Diagram #).

Diagram #18



The following independent variables have impact on readiness of respondents to observe social distancing and avoid crowded areas: sex, trust in the medical sector as well as in the Government agencies, perception of the speed of spread of the virus, sense of susceptibility, frequency of using the media outlets and perception of exaggeration by media:

The following respondents express more readiness to observe social distancing:

- ✓ Women
- ✓ Those respondents who have trust in the medical sector
- ✓ Those respondents who think that the Coronavirus spreads fast
- ✓ Those respondents who often use the media outlets to get information about the virus
- ✓ Those respondents who do not blame the media in exaggerating the virus

The following respondents express more readiness to avoid crowded areas:

- ✓ Women
- ✓ Those respondents who think that the Coronavirus spreads fast
- ✓ Those respondents who trust the medical sector
- ✓ Those respondents who often use the media outlets to get information about the virus
- ✓ Those respondents who do not blame the media in exaggerating the virus

	Readiness for social distancing			Readiness to avoid crowded areas		
	Beta	standartized CI	p	Beta	standartized CI	p
Sex: female	0.11	0.04 – 0.18	0.003	0.14	0.07 – 0.22	<0.001
Trust in the medical sector	0.19	0.11 – 0.27	<0.001			
Trust in the Government agencies				0.14	0.06 – 0.21	0.001
Perception of the speed of spread of the virus	0.14	.06 – 0.21	<0.001	0.12	0.05 – 0.20	0.001
Sense of susceptibility	0.09	0.01 – 0.16	0.021			
Frequency of using the media outlets	0.17	0.09 – 0.25	<0.001	0.17	0.10 – 0.25	<0.001
Perception of exaggeration by the media	-0.13	-0.20 – -0.05	0.001	-0.12	-0.20 – -0.04	0.002

9. Acceptance of the Strict Preventive Measures

As in the cases of the First and Second Waves, the Third Wave respondents support carrying out certain strict measures to prevent the spread of the Coronavirus (5, 6 and 7 points on the Seven-Point Scale, where 1 means “do not agree at all” and 7- “absolutely agree”); although, **support to carrying out strict measures is significantly reduced in the Third Wave**, specifically:

- Leaving homes should be allowed only for the professional, health related or emergency purposes (supported by: 80.6% - First Wave; 74% - second wave; 55.1% - Third Wave)
- **While the virus is spreading it is desirable to suspend the contacts with some people by their countries of origin** (supported by: 73.3% - First Wave; 72.7% - Second Wave; 54.8% - Third Wave respondents)

Notwithstanding the support to the above measures the respondents of all three waves did not support carrying out too strict / authoritarian measures. **It is noteworthy that the Third Wave respondents were even less supportive of carrying out such very strict measures**, as banning the access to the Internet and the social media by the Government to fight against the spread of disinformation (supported by: 39.4% - First Wave; 30.7% - Second Wave; 23% - Third Wave. Did not support: 42.4% - First Wave; 53.2% - Second Wave; 59% - Third Wave)

Table #2

	First Wave (MEAN on 7 point scale)	Second Wave (MEAN on 7 point scale)	Third Wave (MEAN on 7 point scale)
While the virus is spreading it is desirable to suspend the contacts with some people by their countries of origin	5.80	5.74	4.73
Banning access to the Internet and the social media by the Government in order to fight the misinformation spread about the novel Coronavirus	3.82	3.27	2.83
Leaving homes should be allowed only for the professional, health related or emergency purposes	6.03	5.61	4.64
I think the measures taken currently are significantly exaggerated / hyped	3.46	3.28	3.01

The regression analysis shows that the support to carrying out strict measures by respondents is defined by such independent variables as: trust in the medical sector, trust in the Government agencies, frequency of using the media outlets, perception of exaggerated presentation of the virus by the media, perception of the speed of spread of the virus, etc.

Generally, strict measures are supported by the respondents who:

- have high trust in the medical sector
- have high trust in the Government agencies
- think that it will be difficult to recover, if infected
- feel that the virus is spreading rapidly
- frequently uses media to receive information about coronavirus
- does not believe the information about corona virus is exaggerated by media

	Example: Leaving homes should be allowed only for the professional, health related or emergency purposes		
	Beta	standartized CI	p
Trust in the Government agencies	0.17	0.10 – 0.24	<0.001
Perception that the virus is exaggerated by media	-0.20	-0.27 – -0.13	<0.001
Frequency of using the media outlets	0.09	0.02 – 0.16	0.013
Perception of the speed of spread of virus	0.11	0.05 – 0.18	0.001

10. Planning and Carrying out the Protective Measures

The respondents of all three waves stated what actions they took or are going to take in order to feel safer against COVID-19 infection. These actions are related to various social activities.

The analysis and comparison of the results for all three waves show that the **number of respondents who already took the following actions or is planning to take them decreased in the Third Wave in comparison to the First and Second Waves:**

- Purchase of additional medications that they do not use regularly
- Purchase of additional medications that they use regularly
- Non-participation in social events
- Not visiting family members
- Not entertaining guests (family members and friends)
- Prohibit under-aged family members to meet with friends

In the population the taboo was removed on such social activities, as: a) not entertaining guests (44% did not welcome guests 44%, 41% in the second wave and 30% in the third wave) and b) Not allowing underaged members of the family to meet their friends (61% prohibited in the first wave, 54% in the second wave and 48% in the third wave). This once again shows that **vigilance of the population with regard to social activities is weakened.**

The Third Wave respondents were asked additional questions regarding carrying out **other activities**, such as:

- postpone a visit with the doctor
- postpone vaccination
- postpone vaccination of family members
- less exercise (physical activity)
- consumption more than usual amount of alcohol
- consumption of more than usual amount of unhealthy food

The survey shows that **the respondents mostly had to postpone a visit with the doctor:** visits were postponed (or plans to postpone) by about quarter of respondents (23.6%); and 17.6% of the respondents mentioned that they had to (or will have to) consume **unhealthier food** than usual. 15.4% of the respondents indicated that they had less than usual **physical activity (or will have)**. The survey results show that postponement of vaccination and increase of alcohol consumption were less urgent social outcomes.

Diagram #19

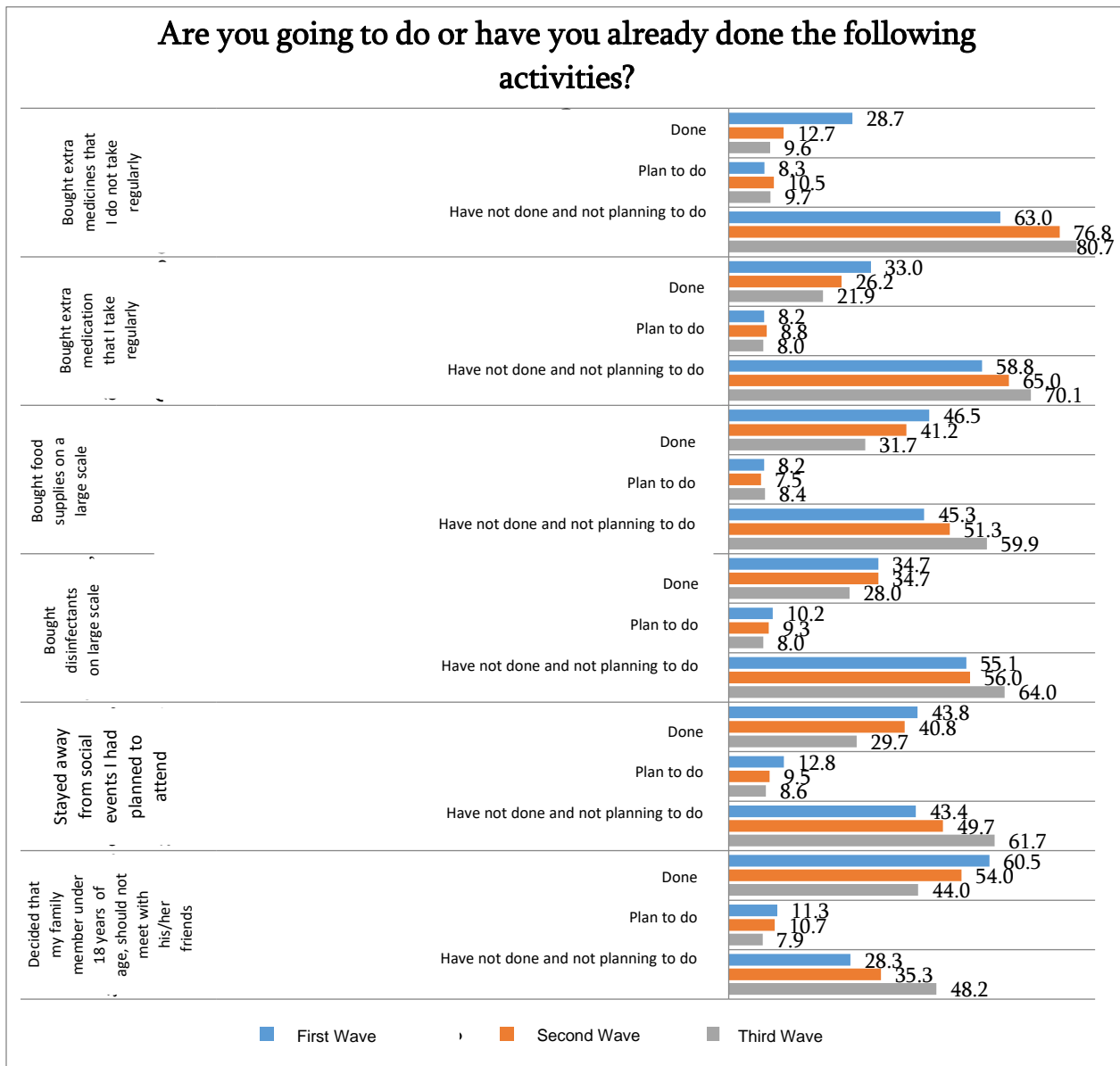
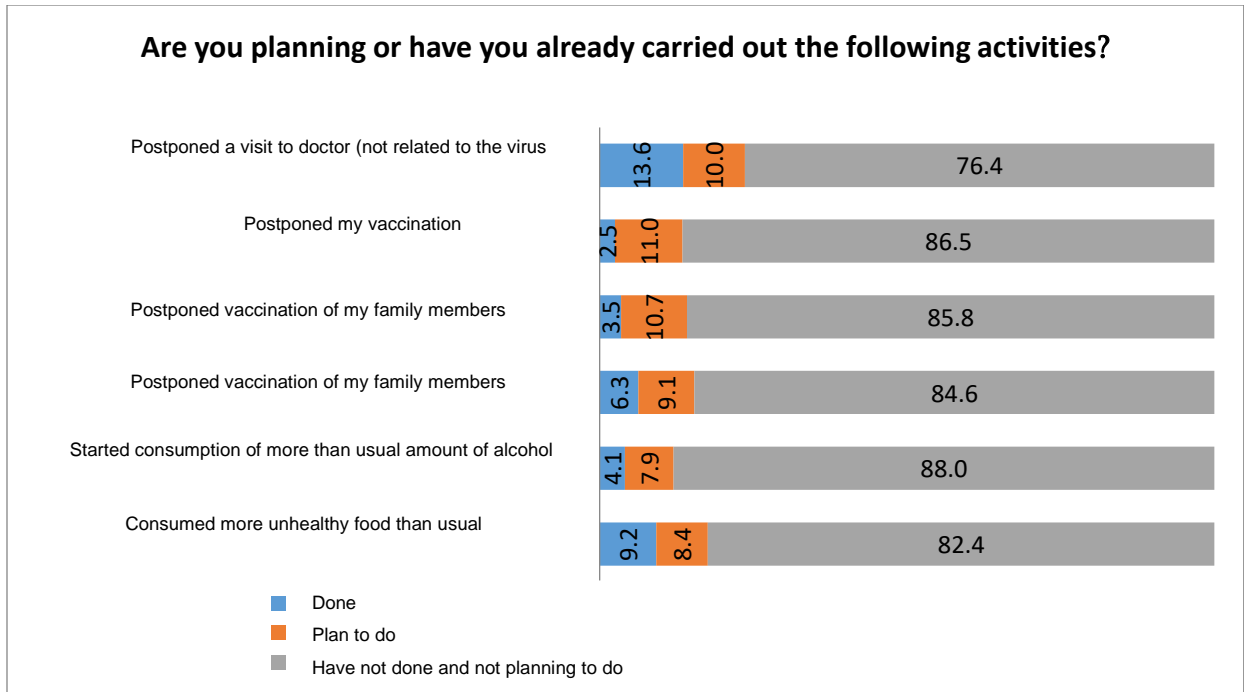


Diagram #20



The regression analysis shows that the following factors have impact on implementation of defensive/preventive measures: sex, age, trust in the Government agencies, frequency of using the media outlets and feeling proximity of virus:

- Women, compared with men, observe the preventive measures more.
- As age increases protective measures are taken less intensely
- Trust in the Government authorities is positively reflected on observing the preventive measures
- The more closely the respondents perceive the virus to be, the more they observe the protection rules
- The more often the respondents receive information about the virus via the media, the more they observe the preventive measures

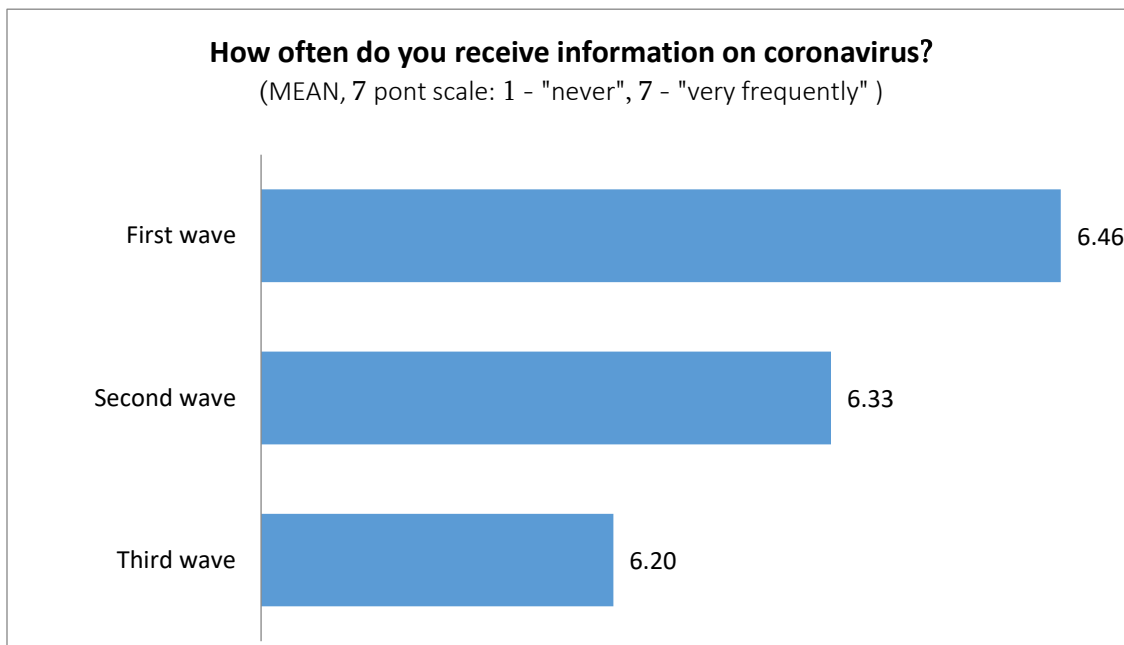
	Implementation of preventive measures		
	Beta	standartized CI	p
Sex: Female	0.19	0.12 – 0.26	<0.001

Age	-0.10	-0.17 – -0.03	0.004
Trust in the Government authorities	0.21	0.10 – 0.32	<0.001
Frequency of use of media	0.09	0.02 – 0.16	0.015
feeling proximity of virus	0.09	0.02 – 0.16	0.015

11. Frequency of Receiving Information on COVID-19, Sufficiency of Information and the Need of Information

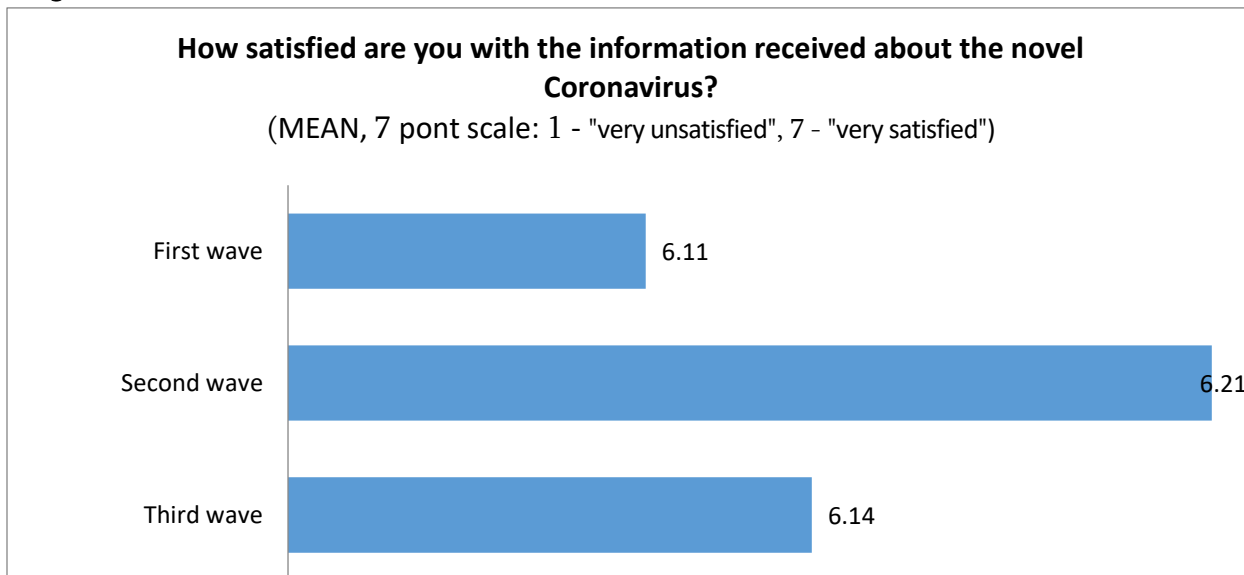
1. For all three waves more than 90% of respondents note that they frequently receive information on the Coronavirus (Points 5, 6 and 7 on the 7-Point Scale with Point 1 denoting “never” and 7 – “very frequently (regularly)”). Although, **the number of respondents who received information very frequently (regularly) (Point 7 was selected by 67% in the first wave, 59.7% in the second wave and 54.2% in the third wave) decreased in the Third Wave compared to the first two waves.** Such a trend can be explained by the fact that the community is saturated with the information on the Coronavirus and expectation of daily news is reduced.

Diagram #21



2. At the same time for all three waves, about 90% of the respondents express satisfaction regarding information that they receive on COVID-19 (Points 5, 6 and 7 on the 7-Point Scale with Point 1 denoting “very unsatisfied” and 7 – “very satisfied”).

Diagram #22



The regression analysis shows that satisfaction with the information received through information sources depends on trust in the medical sector, frequency of using the media outlets and trust in the media, as well as on losing a job during the pandemic:

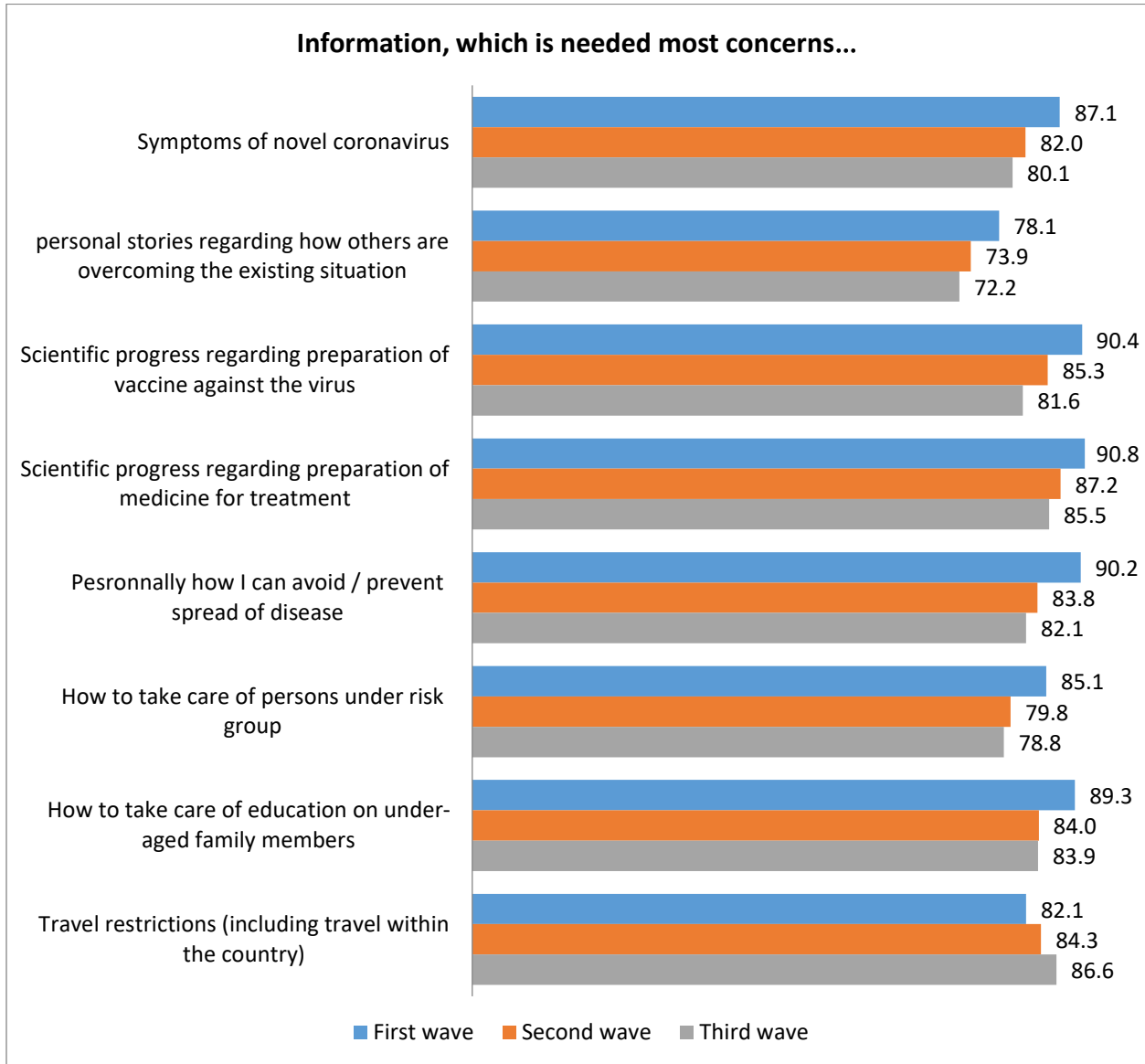
- The higher the trust in the medical sector, the more satisfied are respondents with the information received.
- The higher the frequency of using the media, the more satisfied are the respondents with the information received (the frequency of using media has the biggest impact on satisfaction with information).
- The higher the trust in the media, the more satisfied are respondents with information received.
- Those who lost jobs during the pandemic are more dissatisfied by the information received.

	Satisfaction with the information received		
	Beta	standartized CI	p

Trust in the medical sector	0.18	0.10 – 0.27	<0.001
Frequency of using the media	0.27	0.20 – 0.34	<0.001
Trust in the media	0.09	0.01 – 0.17	0.031
Losing a job during pandemic vs keeping a job	0.07	0.01 – 0.14	0.034

3. Notwithstanding the satisfaction with information on the Coronavirus, most of the respondents in all three waves state the need to receive updated / additional information on such issues as: a) symptoms of the Coronavirus; b) scientific progress of preparation of a vaccine against the novel Coronavirus and a medication; c) how to avoid / prevent spread of possible disease; d) how to take care of the persons falling under the risk group; e) how to take care of education of under-aged family members; f) details on travel restrictions; g) personal stories regarding how others are overcoming the existing situation.

Diagram #23

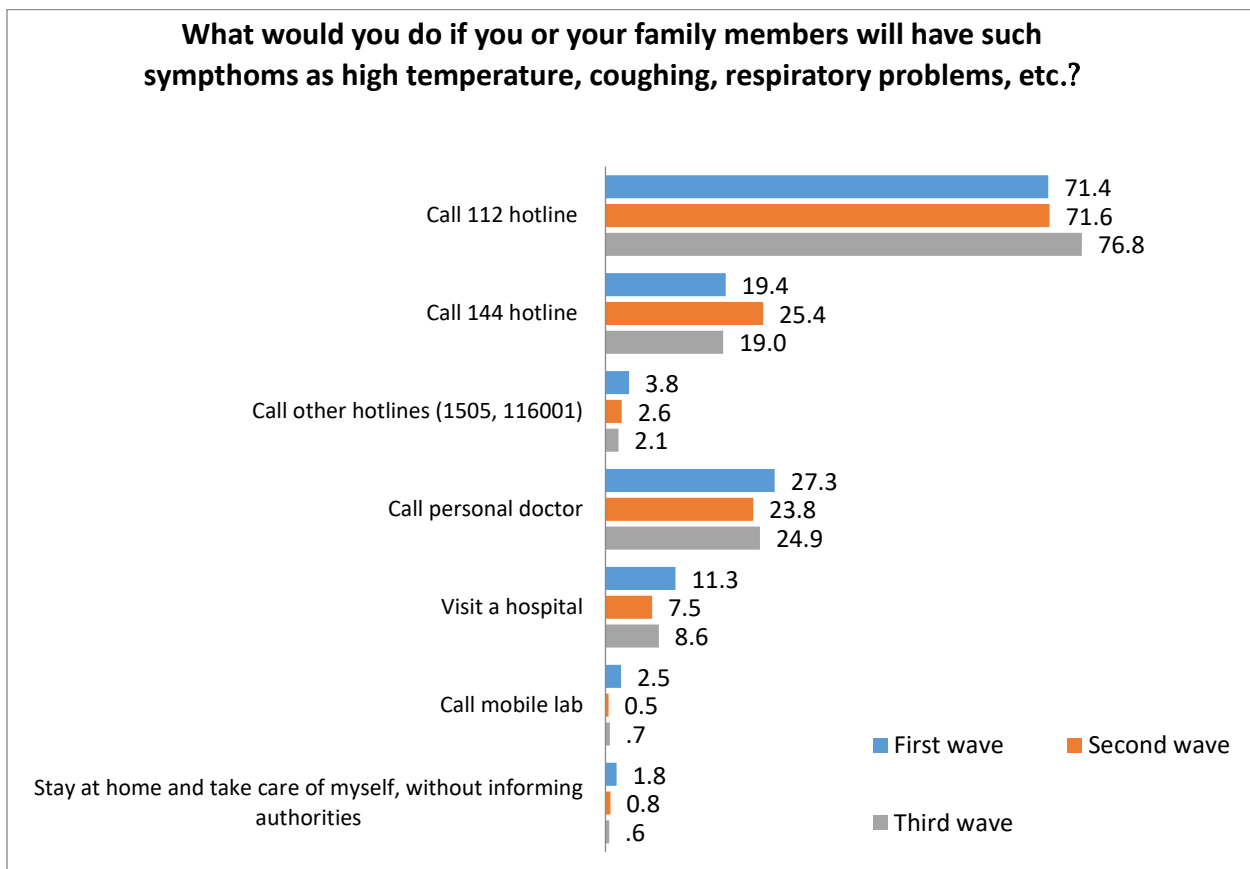


12. A Way Out of the Emergency Situation

12.1. Respondents of all three waves have come up with a similar way out of the emergency situation in case they or their family members develop such symptoms, as: high temperature, coughing, breathing problems, etc. Namely:

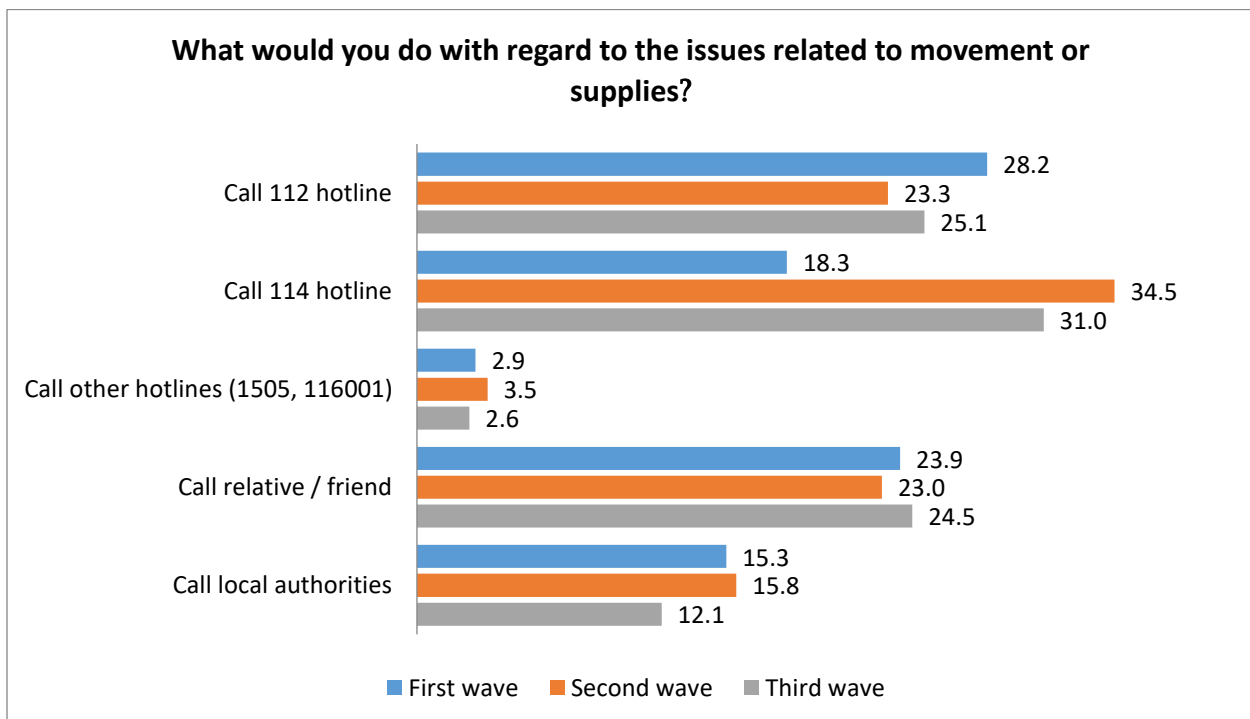
- Calling 112 hotline is of utmost priority: the majority of the respondents stated that they would call 112 hotline (First Wave - 71.4%; Second Wave - 71.6%; Third Wave - 76.8%).
- 27.3% of the First Wave respondents, 23.8% of the Second Wave respondents and 24.9% of the Third Wave respondents will call personal doctor.
- 144 hotline will be used by the fifth (19.4%) of the First Wave respondents, fourth (25.4%) of the Second Wave respondents and 19% of the Third Wave respondents.
- 11.3% of the First Wave respondents, 7.5% of the Second Wave Respondents and 8.6% of the Third Wave respondents are planning a visit to a hospital.

Diagram #24



12.2. One significant discrepancy was identified with regard to transportation and supplies between the First Wave and the subsequent waves: the most appropriate for the respondents of the Second and Third Waves was calling 144 (which is a correct number) hotline with 34.5% in the Second Wave, and 31% 9 in the Third Wave while the First Wave respondents (28.1%) prefer calling 112 hotline. Almost identical share of all three wave respondents (quarter) prefer to call friends / relatives.

Diagram #25



13. Trust in Various Stakeholders

13.1. Survey of the Third Wave practically provided results of the Second Wave (and extensively those of the First Wave): the majority of the respondents named those persons or organizations, which, in their opinion are coping well with the issues caused by the Coronavirus and earned **high trust** (Points 5, 6 and 7 on the 7-Point Scale with Point 1 denoting “do not trust at all” and Point 7 – “completely trust”):

- Hospitals, which treat persons infected with the Coronavirus (First Wave - 86.7%; Second Wave - 90.7%; third wave - 90.7%)

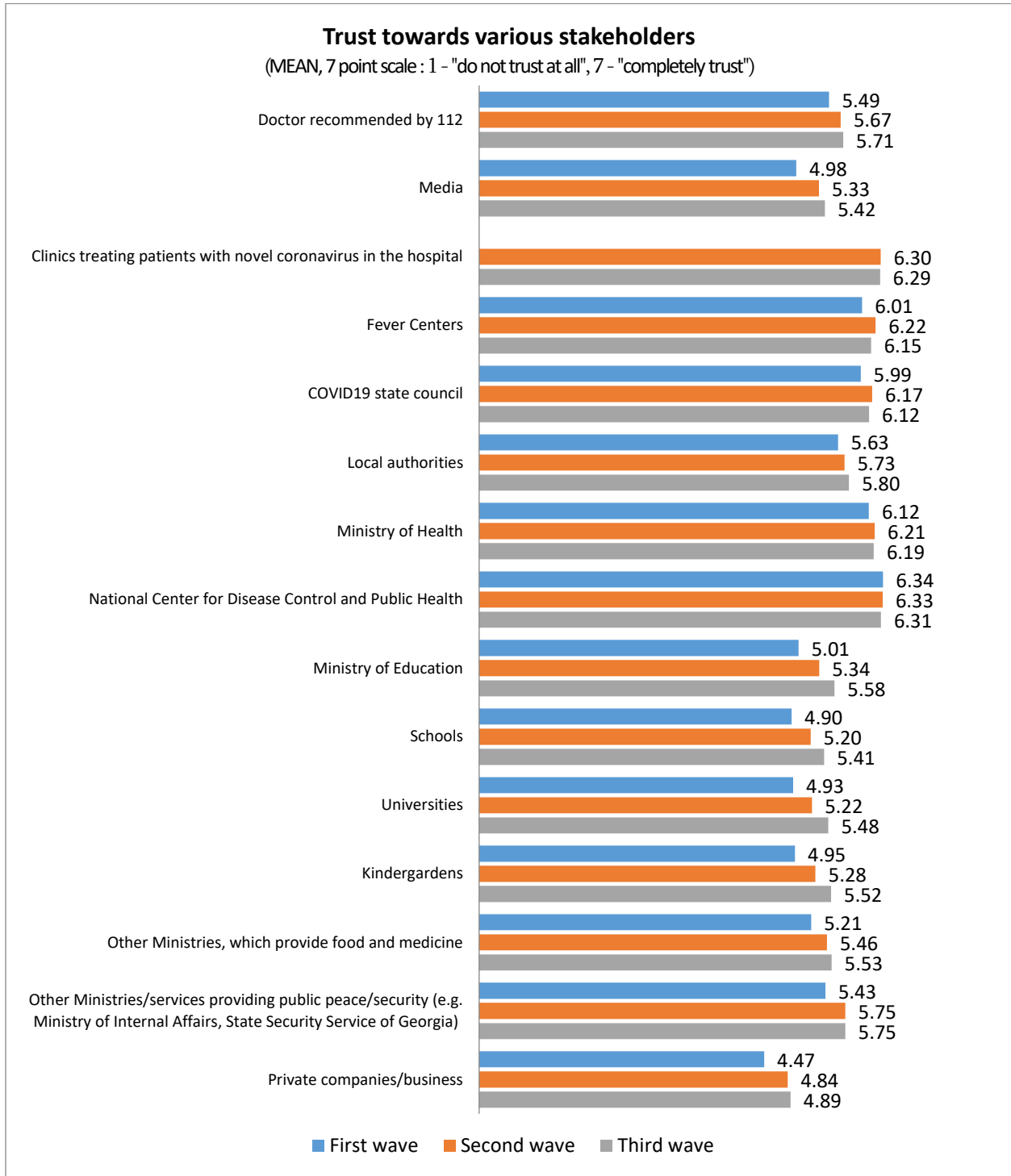
- National Center for Disease Control & Public Health (first wave- 89.2%; Second Wave - 89.2%; Third Wave - 89.8%)
- Ministry of Health (First Wave - 86.2%; Second Wave - 88.8%; Third Wave - 88.9%)
- Fever control centers (First Wave - 75.2%; Second Wave - 85.1%; Third Wave - 85.4%)
- COVID-19 Coordination Council (First Wave - 77.3%; Second Wave - 82%; Third Wave - 83.7%)
- Local authorities (First Wave - 71.1%; Second Wave - 73.7%; Third Wave - 77.1%)
- The doctor recommended by 112 (First Wave - 71%; Second Wave - 73.1%; Third Wave - 75.3%)
- Ministries/services, which ensure public peace/security (eg. Ministry of Internal Affairs of Georgia, State Security Service of Georgia (First Wave - 64.7%; Second Wave - 74.7%; Third Wave - 73.3%)
- The Media (First Wave - 58.1%; Second Wave - 64.2%; Third Wave - 70.1%)
- Ministries, which provide for food and medications (eg. Ministry of Economy and Sustainable Development of Georgia, Ministry of Finance of Georgia (First Wave - 57.8%; Second Wave - 66.9%; Third Wave - 68.2%)
- Ministry of Education (First Wave - 56.3%; Second Wave - 61.1%; Third Wave - 66.7%)

13.2. There is a second group of stakeholders, towards which the majority of respondents have trust, although this trust is lower compared with the trust in other entities (although the trust is on the rise in this case as well):

- Schools (First Wave - 52.6%; Second Wave - 58.3%; Third Wave - 63.7%)
- Universities (First Wave - 52%; Second Wave - 56.8%; Third Wave - 60.2%)
- Kindergartens (First Wave - 50.6%; Second Wave - 53.4%; Third Wave - 57.4%)

13.3. The survey identified one stakeholder – private companies / business - towards which the indicators of trust is very low in all Three Waves (First Wave - 37.1%, Second Wave - 44%; Third Wave - 44.3%).

Diagram #26



Frequency of using the media has the greatest impact on the trust in the entities, which are working against the virus, as to how well they will cope with the issues caused by the virus. It was found out, that the higher the frequency of using various media outlets, the higher the trust is in the following entities: National Center for Disease Control & Public Health, Ministry of Health, COVID-19 Coordination Council, and the Local Authorities.

Besides, certain correlations are interesting:

- The more intense is the feeling of proximity of the virus among the respondents, and the more they share the perception that media exaggerates the virus, the lower is the trust of the respondents in the Ministry of Health.
- If the individuals consider that the virus spreads faster, the higher is the trust in the National Center for Disease Control & Public Health, Ministry of Health and Local Authorities.
- The concerns of the respondents in regard of the coronavirus leads to the trust in the National Center for Disease Control & Public Health, Ministry of Health, Local Authorities, etc.

	Trust towards National Center for Disease Control & Public Health			Trust towards Ministry of Health			COVID-19 Coordination Council			Trust towards local authorities		
	Beta	St. CI	p	Beta	St. CI	p	Beta	St. CI	p	Beta	St. CI	p
Frequency of using the media	0.19	0.11 – 0.27	<0.001	0.13	0.05 – 0.22	0.002	0.22	0.14 – 0.30	<0.001	0.10	0.02 – 0.19	0.018
Perception that media exaggerates the virus				-0.09	-0.17 – -0.01	0.032	-0.08	-0.16 – 0.00	0.063	-0.14	-0.22 – -0.05	0.001

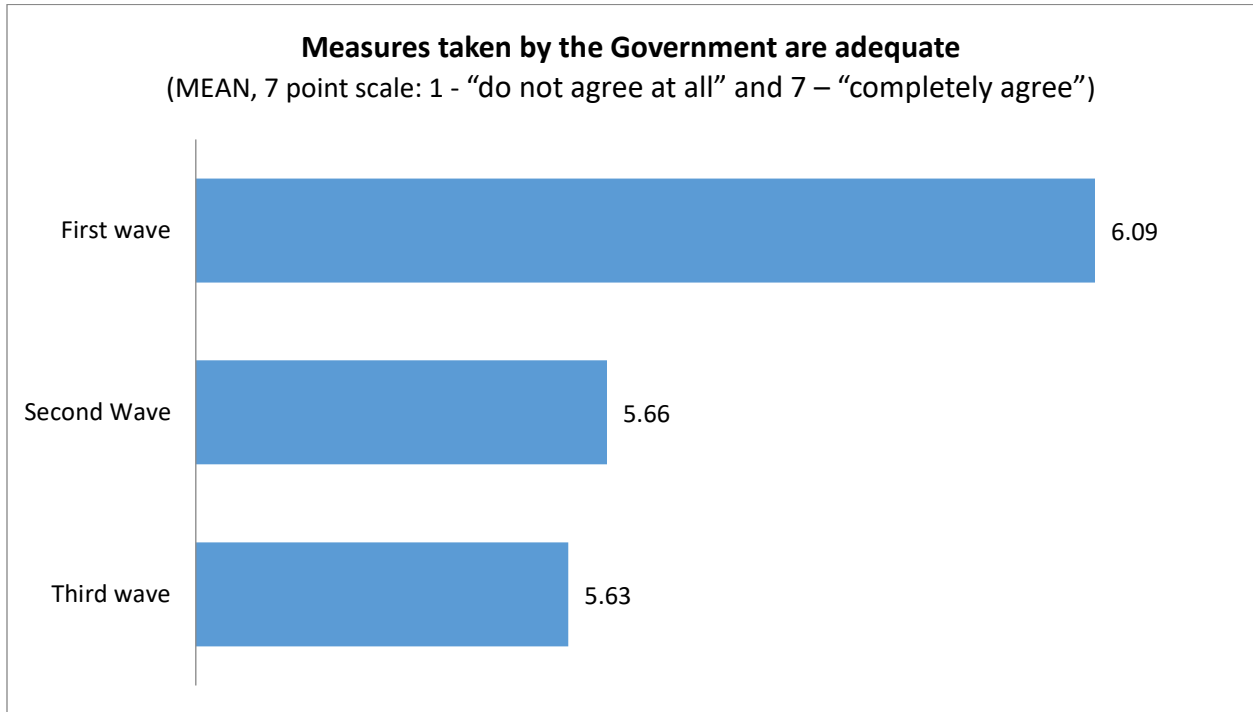
Feeling that the virus is close				-0.09	-0.17 -- 0.01	0.033					
Perception that the virus is spreading rapidly	0.08	0.01 – 0.16	0.034								
Concerns due to the virus	0.17	0.06 – 0.28	0.002	0.15	0.04 – 0.26	0.007			0.19	0.11 – 0.27	<0.001
Perception that the virus is dangerous							0.18	0.10 – 0.26	<0.001		
Perception that it is easy to avoid infection									0.12	0.04 – 0.20	0.003

14. Evaluation of Activities of the Government

14.1. General Evaluation

The majority of the respondents in all three waves agreed to the opinion that the measures taken by the Government of Georgia (GOG) are adequate (Points 5, 6 and 7 on the 7-Point Scale with Point 1 denoting “do not agree at all” and 7 – “completely agree”). Although, the differences among the waves is interesting as well: **the positive assessment of the measures taken by the Government somewhat decreased in the Second and Third Waves** (the positive evaluation by 83.9% in the First Wave, 76.3% in the Second Wave and almost the same in the Third Wave - 76.5%). Respectively, the number of respondents who were not satisfied with the measures taken by the Government decreased insignificantly (3.4% in the First Wave, 6.5% in the Second Wave, 7.6% in the Third Wave).

Diagram #27



The regression analysis shows that perception of adequacy of the measures taken by the Government depends on the type of residence of respondents, trust in the Government authorities; also, perception of the role of media and frequency of using the media play an important role:

- Respondents residing in urban areas consider the measures taken by the Government more adequate compared to the residents of rural areas.
- The higher the trust in the Government authorities, the better the evaluation of the adequacy of measures taken by the government is.
- The respondents who perceived that the events surrounding the Coronavirus are exaggerated by the media, consider that the measures taken by the Government are less adequate.
- On the other hand, respondents, who frequently use the media outlets to receive information about the COVID-19, are confident in adequacy of the measures taken by the Government.

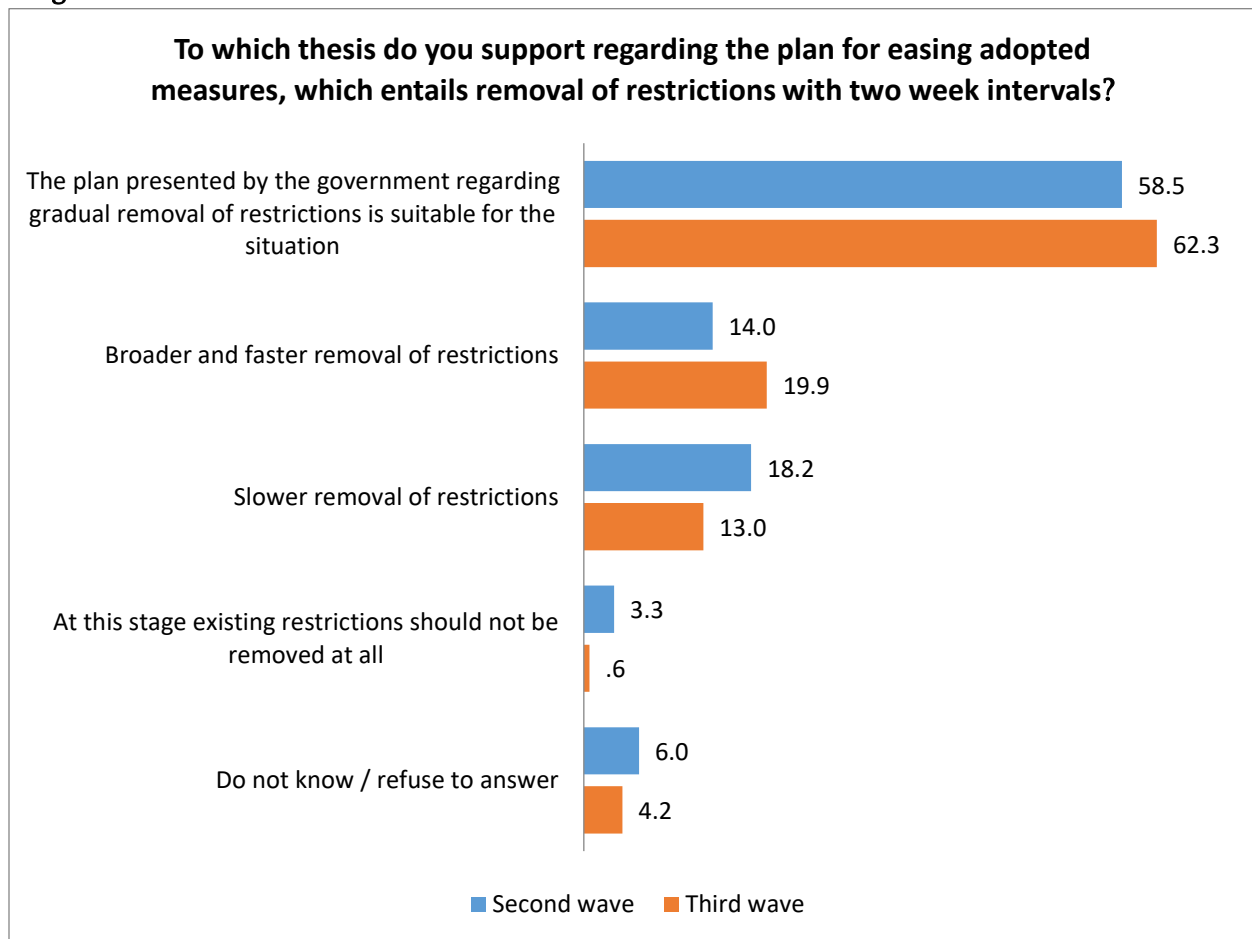
	Measures taken by the Government are adequate		
	Beta	standartized CI	p
Type of residence (Urban/Rural)	0.10	0.03 – 0.16	0.003
Trust in the Government authorities	0.31	0.21 – 0.41	<0.001
Frequency of using the media	0.10	0.03 – 0.17	0.003
Perception that media exaggerates the virus	-0.16	-0.22 – -0.09	<0.001

14.2. Support to Gradual Lifting of the Restrictions ²

14.2.1. The share of respondents, who agree to the opinion that the plan for gradual lifting of the restrictions (with 2-week intervals) is adequate to the existing circumstances, is further increased in the Third Wave (Second Wave 58.5%; Third Wave - 62.3%). The number of those respondents, who support broader and fast lifting of the restrictions, also increased in the Third Wave (Second Wave- 14%. Third Wave - 19.9%); respectively, the number of those respondents, who think that the restrictions should be lifted slowly, decreased (Second Wave- 18.2%.; Third Wave- 13%). In the Third Wave only 0.6% (Second Wave - 3.3%) agree to the notion that existing restrictions should not be lifted at all. **We should assume that increased resistance of the population against the existing restrictions has economic motivation:** people need jobs to receive income, which is frequently impossible under the strict restrictions. Besides, the following **psychological** factor shall be considered: people need to restore physical and social relations, especially with the members of the primary groups (such as, family members, and friends) to have emotional stability.

² These issues were included only in the survey of Second and Third waves.

Diagram #28



The regression analysis shows that such variables/factors, as emotional perception of coping with COVID-19, attitudes and concerns related to the Coronavirus, as well as frequency of using the media outlets, have impact on the evaluation of the Government's plan for easing restrictions:

- The respondents who think that COVID-19 is a dangerous virus, support to slow removal of the restrictions.
- Also, the more susceptible the respondent feels to the virus, the more he/she supports slow removal of the restrictions.
- Those respondents, who think that they will recover from the virus easily, support a rapid removal of the restrictions.
- Sharing of social-economic concerns related to the virus prompts respondents towards rapid removal of the restrictions.
- It is interesting that the more intense the feeling of the respondents is that the virus is close to them, the more they share the idea of fast removal of the restrictions (it should be noted that this trend is characteristic to the Third Wave, it was just opposite in the Second Wave).

- The respondents who frequently use the media to receive information about the virus, support fast removal of the restrictions.

	Slow removal of the restrictions			Rapid removal of the restrictions		
	OR	standartized CI	p	OR	CI	p
The virus is considered to be dangerous	0.82	0.72 – 0.94	0.004			
Feeling proximity of virus				0.85	0.74 – 0.98	0.028
Perception that it will be easy to recover from the virus				0.81	0.70 – 0.93	0.003
Perception of susceptibility to the virus	0.85	0.74 – 0.98	0.023			
Concerns related to the virus				0.81	0.70 – 0.93	0.003
Frequency of using the media				0.87	0.76 – 0.99	0.039

15. Respondents Feelings / Concerns

Considering that knowledge and awareness of respondents about the Coronavirus has increased, they are less concerned about the threat of losing loved ones. If in the First Wave 75.6% of the respondents were concerned with this issue, this indicator has decreased to 69.9% in the Third Wave (Second Wave- 72.1% (5, 6 and 7 points on 7-Point Scale with 1 denoting “not concerned at all” and 7 – “very concerned“).

With the removal of some restrictions and some jobs reopened, the respondents of the Third Wave are less concerned that they will become unemployed (45.4%) while the indicator for the Second Wave was 39.8%-b (1, 2 and 3 points on 7-Point scale). So, the issue of insufficient savings is not perceived so strongly: First Wave - 76.8%, Second Wave - 74.2%, Third Wave - 70.5% (5, 6 and 7-Points on 7-Point Scale).

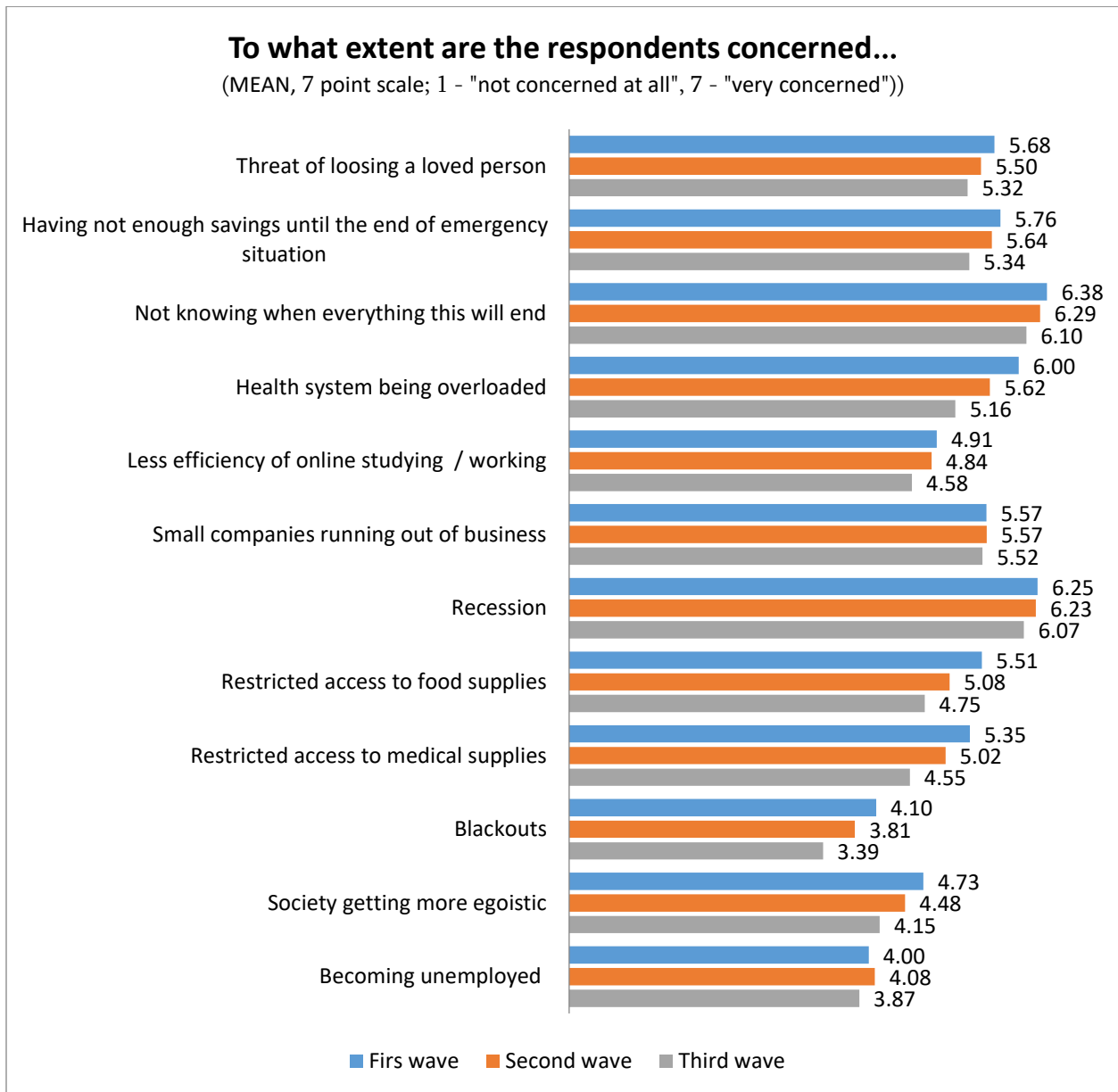
There is a drastic difference between the waves (9%-9%) regarding overburdening of the health care system. If in the First Wave 82.7% of the respondents were concerned about the issue, the indicator decreased to 73.7% in the Second Wave and to 64,6% in the Third Wave. Such a difference can be explained by the fact that at this stage prevalence of the virus in Georgia is not overwhelming and the health care systems receives patients without any complications. Considering the above, it can be

regarded that the emotional distress has been mainly overcome since at present fewer respondents are concerned with the scarcity of medical facilities (First Wave - 69.6%; Second Wave - 62.8%; Third Wave - 54.6%) and food (First Wave - 72.2%, Second Wave - 64.5%, Third Wave - 58.6%).

In spite of the active discussion about existing with the virus, there are still many restrictions in place in the country. At this stage the respondents are concerned that **they do not know when the existing problematic situation will be over**. Although, compared to the previous waves (First Wave - 65.9%; Second Wave - 62.6%), the Third Wave respondents use drastic 7 points (“very concerned”) to lesser extent - 58%. Some general background related to perception of the issue is also reduced in the Third Wave and equals to 86.7%, while this indicator exceeded 90% in the First and Second Waves (5, 6 and 7 points on 7-Point Scale).

Finally, it seems that the respondents in the Third Wave are less concerned with **the threat of increasing egoism in the community** (5, 6 and 7 points on 7-Point Scale). If the majority of the First Wave respondents (52.1%) were concerned about the issue, at the next stages the emotional distress of the respondents subdued (Second Wave- 49.3%; Third Wave - 45%). Such a change can be explained by the fact that the massive spread of the virus in the country was achieved by the unity of the community – most of the people precisely implemented the recommendations issued by medical sector representatives. As the survey showed the respondents maximally avoided crowded areas and carried out preventive measures (see Diagram #29)

Diagram #29



16. Stigmatization of the People Infected with COVID-19 ³

The survey of the Third Wave envisaged finding out whether the stigma is attached to the Coronavirus infection, i.e. whether the people infected are stigmatized because of the virus infection. Specifically, whether infection is linked to such **negative connotations as shame for being infected, hiding, out-casting an infected person, fear towards an infected person / alienation, etc.**

The survey results show that the **stigma towards infected persons is not clear cut, though there is alienation among 10 % of the population with regard to a person infected.**

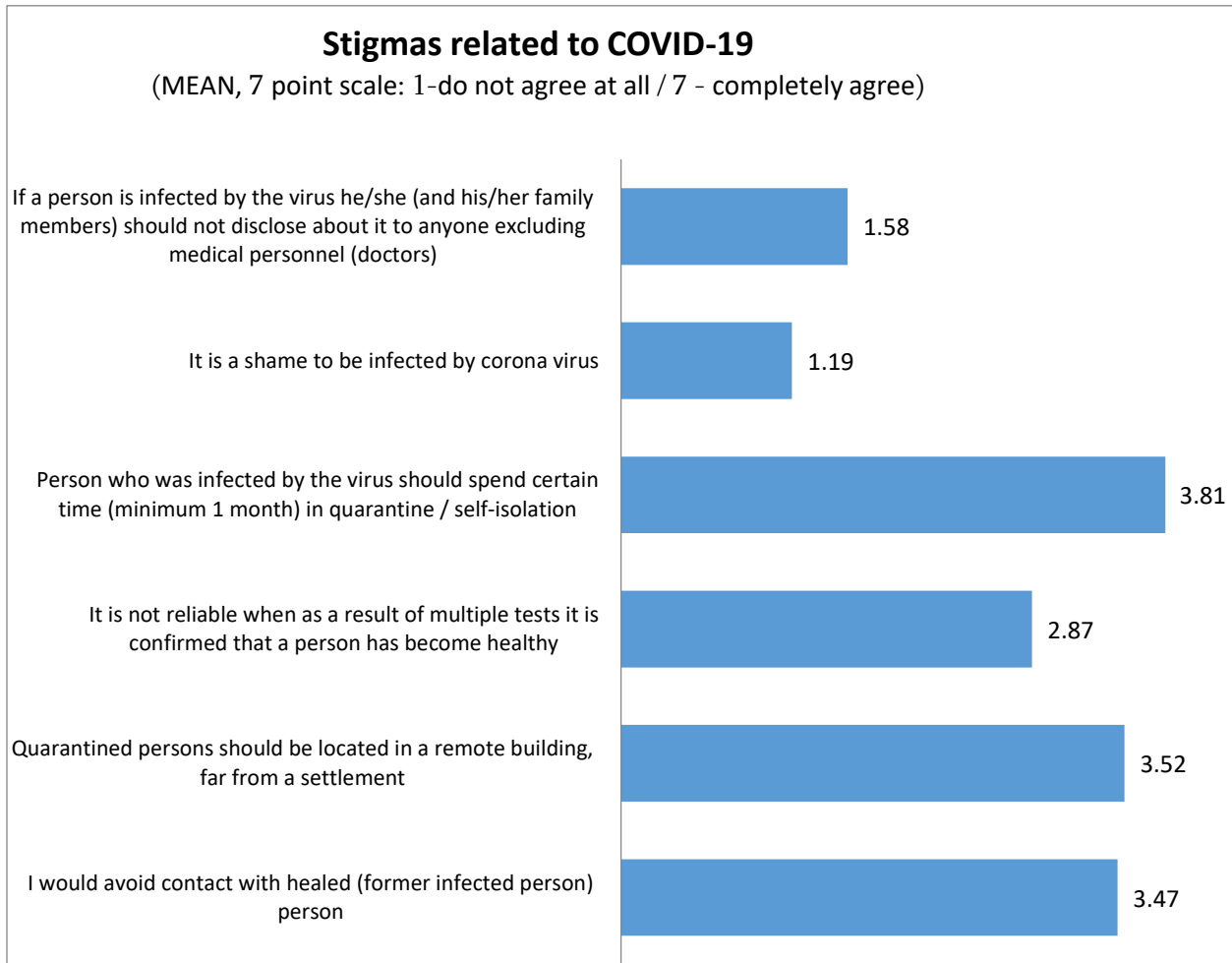
Namely, the survey results are the following:

1. Notion: *If a person is infected by the virus he/she (and his/her family members) should not disclose about it to anyone excluding medical personnel (doctors) – 5.4% of the respondents agree to this (Points 5, 6 and 7 on the 7-Point Scale with Point 1 denoting „do not agree at all“ and 7 – “completely agree”); 86,2% of the respondents do not agree to this notion (points 1, 2 and 3);*
2. Notion: *It is shameful if you get infected with the Corona virus – only 2% agree to this, 96.9% do not agree;*
3. Notion: *It is not reliable when as a result of multiple tests it is confirmed that a person has recovered - 14.8% agree to this, 46.9% do not agree;*
4. Notion: *Quarantined persons should be located in a remote building, far from a settlement - 31.6% agree to this, 46.7% do not agree;*
5. Notion: *I would avoid contact with a recovered (former infected person) person - 31.5% agree to this, 47.1% do not agree.*

The analysis shows that, on average 10% of the respondents chose the response “**completely agree**” with regard to the above 5 notions. It should be noted that relatively more positive responses to the fourth and fifth notions are conditioned more by the safety of oneself (and surrounding persons) rather than by a stigma.

³ This issue was included only in the Third Wave of the survey.

Diagram #30



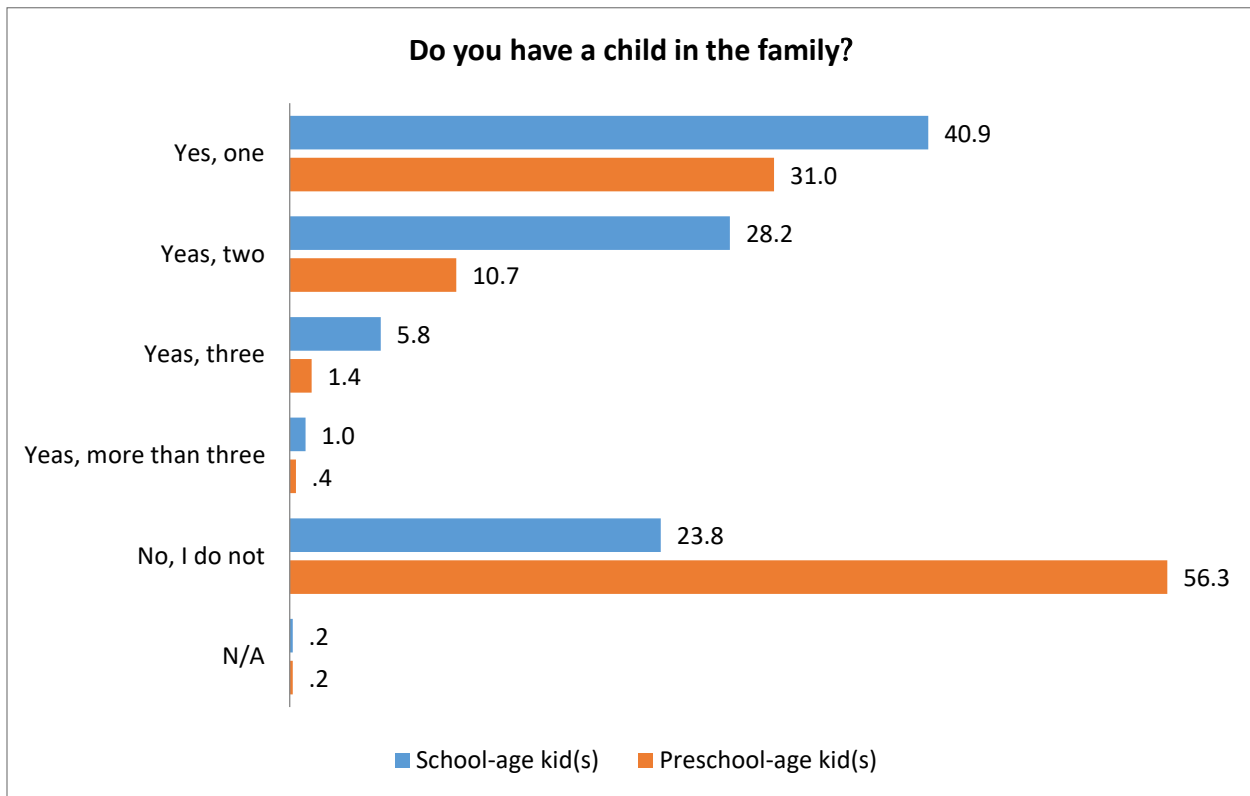
The regression analysis shows that level of education has impact on recognizing a stigma. Namely, the respondents with higher education were found to resist most to the stigmatization.

	Recognition of the stigma		
	OR	standartized CI	p
Higher education	-.090	-1.057 - -0.064	.027

17. Evaluation of the Educational Activities During the Pandemic ⁴

The survey shows that 76.2% of the respondents have school age children (mainly one child) in the family and 43.7% of the respondents have pre-school age (3-6 years old) children (mainly one child).

Diagram #31



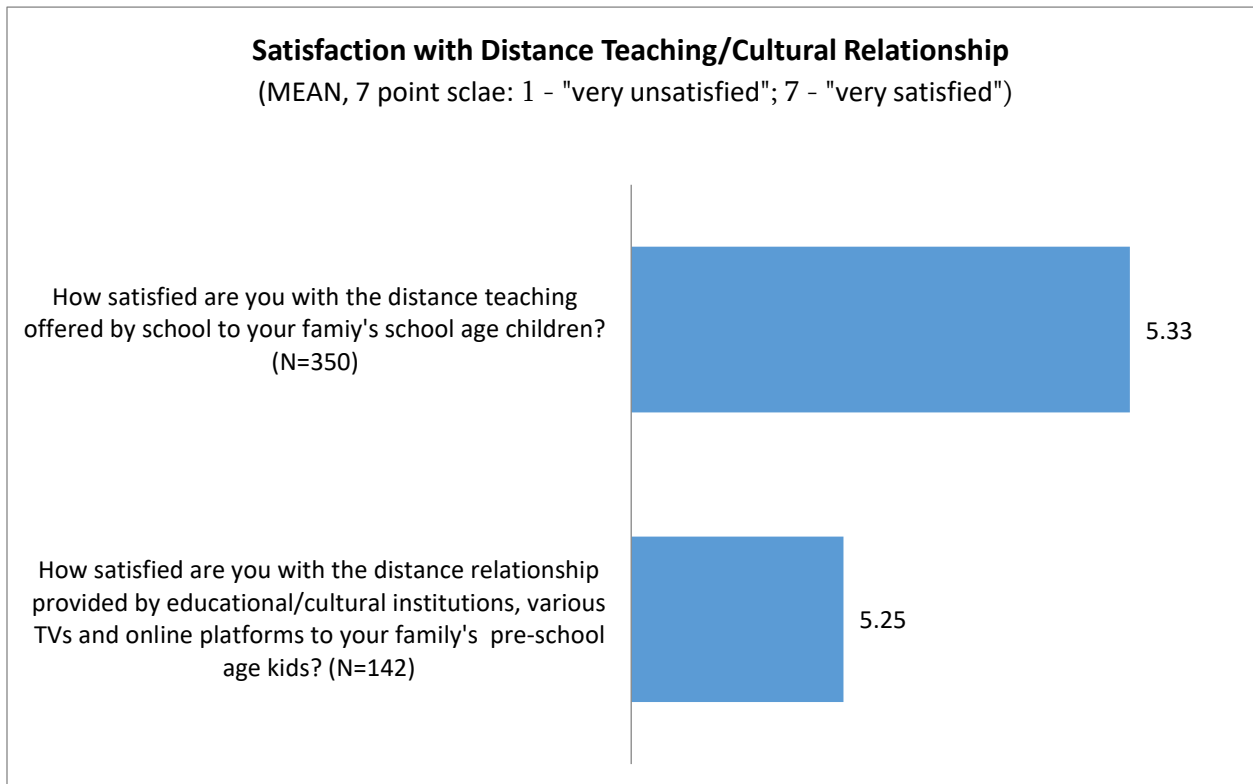
Respondents, which have school or pre-school age children in the family were asked various questions regarding satisfaction with distance teaching / relationship of the children as well as various aspects of online learning and evaluation of the results by the respondents.

The survey results show that the majority of respondents (72.2%), which have a child in their family, **are satisfied with distance teaching**, offered to school-age children by schools (Points 5, 6 and 7 on the 7-Point Scale with Point 1 denoting “very unsatisfied” and point 7 – “very satisfied”). 12.1% were not satisfied with distance teaching. It should also be noted that only two respondents noted that their schools do not offer distance teaching and four respondents responded that school-aged children of their families are not enrolled in a school.

⁴ This issue was included only in the Third Wave survey.

The level of satisfaction somewhat decreases (although majority is satisfied) when the respondents (with pre-school age children in the family) evaluate the distance relationship provided by educational/cultural institutions, various TVs and online platforms to pre-school age kids: 62.9% are satisfied and 15,6% are not satisfied. Also, it should be noted that according to 8.8% of respondents distance events are not provided for their children and 13.9% noted that their pre-school aged children are not enrolled with a pre-school institution.

Diagram #32

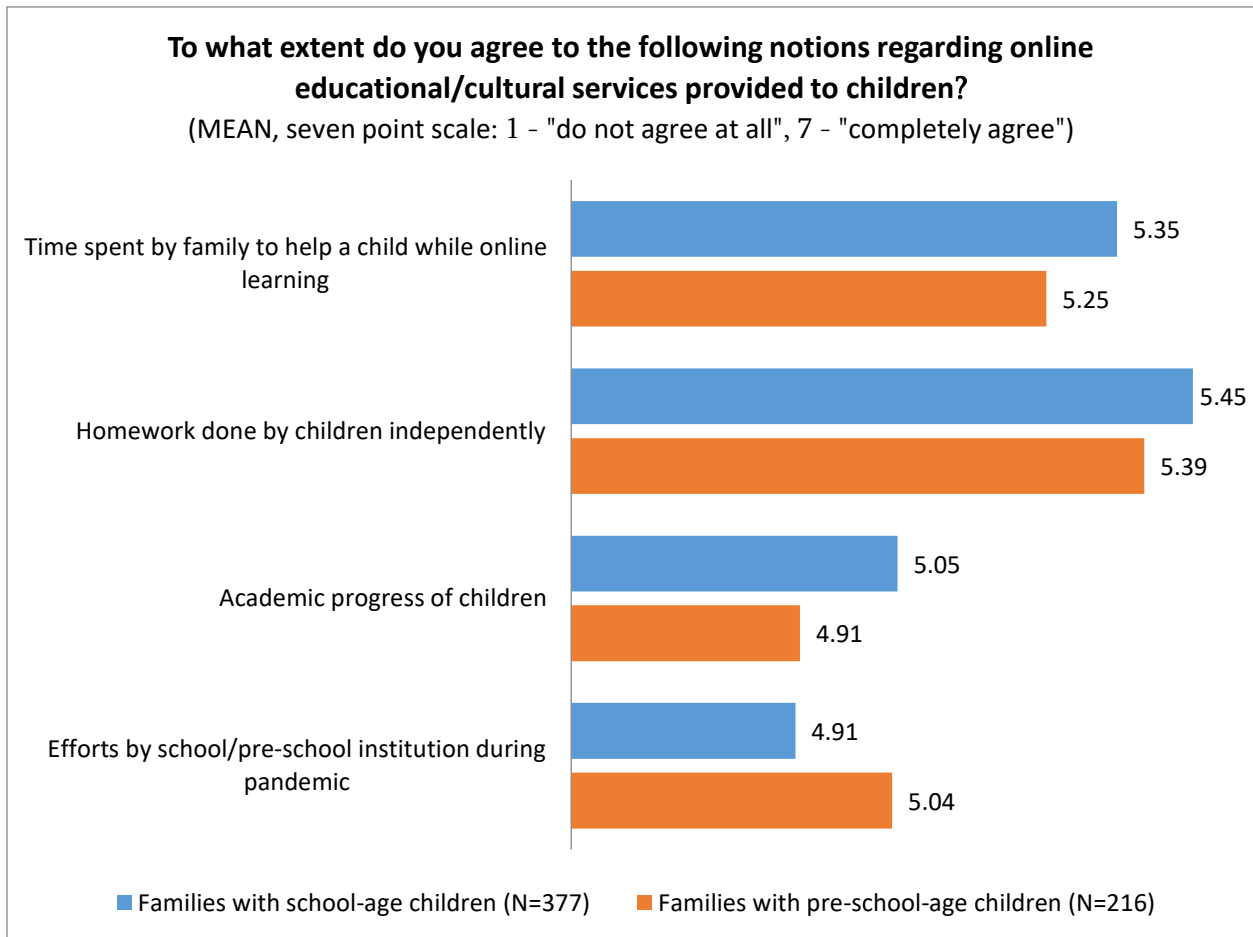


The survey shows that the respondents mainly positively evaluate the following components of the remote educational activities:

- The time spent by the family to help the child during the online learning
- Independently doing homework by the child
- The academic progress of the child/children
- The efforts made by the schools/pre-school institutions during the pandemics

Although, on one hand it should be noted that the respondents with **school-age children** in their families are more inclined to agree to the positive notions than the respondents with **pre-school age children**.

Diagram #33



18. Unreliable/Unverified Information

Unverified and unreliable information named by the respondents in all three waves included mainly the **issues related to origin of the virus, preventive measures, means of spread and symptoms**.

The respondents indicated that they have come across unreliable information about “patient 0” and about the origin of the virus in general. In this regard, in all Three Waves, they mentioned that **there is a conspiracy theory according to which the virus either does not exist or it is created intentionally by this or that country**. The respondents in all three waves actively mentioned that **one of the ways of spreading the virus is the 5G Internet**. Also, the individuals polled indicated that frequently unreliable and unverified information is spread regarding [virus] **tests**. In the First Wave they were talking also about incorrect statistics, which was not repeated in the next waves. Although, some of the Third Wave respondents indicated that information regarding the virus is exaggerated by media.

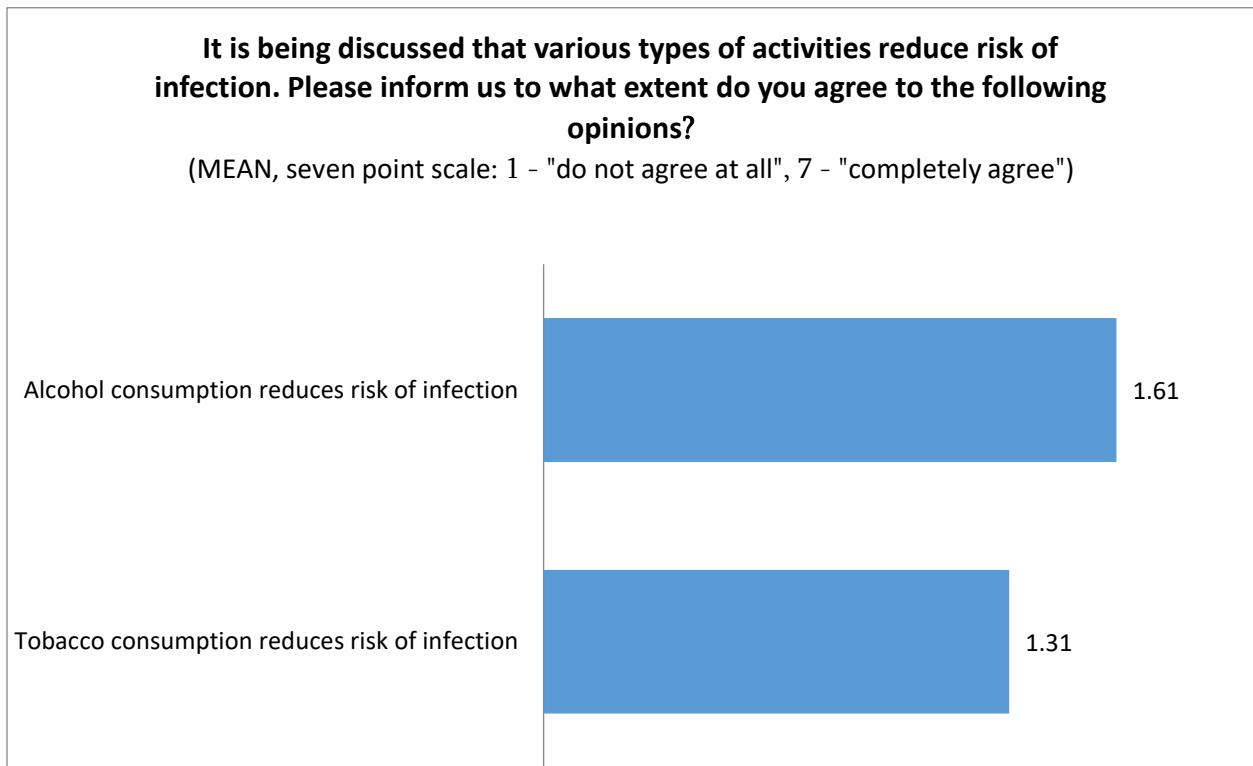
It seems that the respondents have read/listened to unverified information regarding **viability of the virus**. This issue was repeated in all three waves. This is accompanied by **quarantine time-period** as well. Although quarantine and isolation periods are 14 days long, the Third Wave respondents mentioned a different period as well.

Unreliable information regarding the Coronavirus symptoms is revealed in case of all three waves, specifically, the First Wave respondents indicated about a **severe pain in chest area and rashes on the body**.

The respondents have come across also unverified information on **the ways the virus spreads**. The following were mentioned in all three waves: drinking hot water, drinking alcohol, folk medicine / self-healing (eg. eating garlic). Also, the practice of rinsing mouth with hydrogen dioxide was named in the First Wave and in the Third Wave the emphasis was made on **alcohol and tobacco users**. **Some of the respondents are aware of the information according to which it is less likely that representatives of this group will be infected**.

The evaluations by the respondents of the **role of alcohol and tobacco** was statistically measured during the survey. The results show that a) a vast majority of the respondents (82.8%) categorically do not agree (Point 1 on 7-Point Scale) with the statement that tobacco consumption reduces the risk of being infected and b) also, 75.1% of the respondents categorically do not agree that alcohol consumption reduces the risk of infection. 4.3% of respondents expressed a positive attitude towards the preventive role of tobacco (Points 5, 6 and 7 on the 7-Point Scale), and 7.2% agreed to the preventive role of alcohol.

Diagram #34



As for prevention and treatment methods related to **medical sphere**, the respondents of all three waves considered BSG (TB) vaccination as one of the effective means against the infection. Also, they indicated that they have come across the information regarding existence of a vaccine against the virus or a therapeutic drug. The practice of using HIV/AIDS therapeutic drugs was named most frequently. Also, respondents of all three waves mentioned that read about the Plaquenil as an effectiveness of medicine to treat the Coronavirus.

Besides, the respondents of the First and Third Waves mentioned immunity related issues. They indicated that they have read/heard of information that the recovered individuals become immune to the Coronavirus, although they were not sure whether it is true or not.