QUANTITATIVE STUDY ON THE PERCEPTIONS AND KNOWLEDGE OF COVID-19 AMONG SOCIALLY VULNERABLE PEOPLE

Based on a quantitative study carried out through 1000 telephone interviews with socially vulnerable people.

Interview period: May-June 2020

This study was carried out by Date Inteligente SRL within the 'Aging and Health' project, implemented by „CASMED" NGO from Balti municipality with the financial support of the Swiss Red Cross.

Chișinău, 2020

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I. Summary

The Study on the assessment of knowledge and perceptions of COVID-19 was conducted on a sample of 1000 people, and highlighted the following aspects:

Almost all respondents know that the virus exists, and only one person confirmed that she had never heard of COVID-19.

The respondents' level of knowledge on the COVID-19 pandemic is quite different: most people answered that they know about COVID-19 prevention measures (96.5%), others 20.5% said that COVID-19 is a disease with complications, and 74.4% said they should stay at home.

At the same time, being asked what other information they heard about COVID-19, the vast majority mentioned the protection measures (96.5%), COVID-19 symptoms (88.3%), and 70.7% know the ways of COVID-19 transmission. On the other hand, the fewest respondents (approx. 20%0, are aware about the complications that COVID-19 can cause.

The top sources of information on the COVID-19 pandemic are: television – 91.5%, medical institutions/doctors – 31.2%, and radio – 19.7%. The age of respondents comes to explains the fact that the least used sources of information are newspapers and social networks. In the same context, the source of information that enjoys the greatest trust among the respondents is still television (91.5%). A large number of respondents consider that the COVID-19 virus is a very high danger (75.9%), while only 4.6% of the respondents consider that it is not dangerous.

According to the interviewees, people aged 60 and over, as well as people suffering from chronic diseases, are the most exposed to COVID-19 infection, while pregnant women and young people aged between 16-39 have fewer chances of getting infected.

The main symptoms of COVID-19, in the opinion of most respondents, are fever, cough and difficulty breathing.

Regarding the ways of preventing COVID-19 infection, the following 6 ways were highlighted as the most important: regular hand washing with soap and water (94.1), home isolation (74.9%), wearing a mask (65.7%), wearing gloves (56.3%), keeping social distance (52.4%) and disinfecting hands using alcohol based hand sanitizer (50.8%).

The fact that 96.1% of the respondents consider it important to take measures to prevent COVID-19 spread speaks about the awareness of the people on the danger of the virus, and that everyone in the community is responsible to prevent its spread.

If a family member has COVID-19 symptoms, the respondents will take the following steps: 71.5% will call 112, and about 39.0% will call the family doctor.

Although the respondents are well informed about COVID-19 virus, they would still like to know more about treatment methods, measures to prevent COVID-19 infection, and whether there is or not available a vaccine against the virus.

Despite the information and prevention measures taken by the authorities, however, in the communities the COVID-19 pandemic caused the phenomenon of stigmatization of certain categories of people, and namely: people infected with COVID-19 mentioned by 73% of the respondents, relatives of people infected with COVID-19 (44.8%), people returning from abroad (31.7%), as well as people suffering from associated diseases (26.9%).

When asked about the measures taken in case of infection with the flu virus or cold, the respondents spoke about a series of natural methods they use most often, including: tea, eating onions and garlic, self-treatment at home.

II. Methodology

2.1. Period of the Study

The quantitative study was carried out between May, 19 and June, 9, 2020. The data were collected using the CATI method, which implies telephone interviewing. 11 localities were selected, out of which 1000 people, representing socially vulnerable groups were surveyed, based on the contact lists provided by the „CASMED" NGO.

Each interview operator was assigned to a single locality and worked with part of the contacts list or with the whole. 1,353 of contacts were offered by CASMED to the operators. To ensure a sufficient response rate, people that did not answer the first phone call were called several times (minimum 5). The survey was applied to people aged 18+.

Table 1. Distribution of the sample by localities, including number of calls

#	Locality	Total contacts	Total calls made
1	Corpaci village, Edinet district	105	86
2	Edinet district	232	201
3	Falesti district	163	123
4	Falestii Noi village, Falesti district	78	56
5	Gordinesti village, Edinet district	88	63
6	Horesti village, Falesti district	93	47
7	Marandeni village, Falesti district	65	43
8	Risipeni village, Falesti district	110	92
9	Sarata Veche village, Falesti district	120	92
10	Tirnova village, Edinet district	134	88
11	Viisoara village, Edinet district	165	109
	Total	**1353**	**1000**

2.2. Data Collection Details

The testing of the questionnaire took place between 15-16 May 2020 on 10 respondents from various localities included in the sample. The purpose of the pre-test was to:

- check the way the questions were formulated;
- check the answer options;
- verify the structure and fluency of the questionnaire;
- check the average time needed to complete a questionnaire.

The average duration of a questionnaire was 14 minutes.

To conduct the study, 11 experienced operators from the company's network were trained. They were chosen according to a series of criteria, such as: diction, fluency in Romanian and Russian, work experience in filling questionnaires by phone, etc. They were thoroughly explained the content of the questionnaire (topic, terminology, how to ask questions), as well as various ways that the operators have to use to identify the contacts of the respondents that cannot be found.

2.3. Encountered Difficulties

According to the operators' reports, a number of challenges which hindered the filling of maximum number of questionnaires related to:

- identifying the contacts
- the context of pandemic period
- the social status
- the health condition of some respondents
- difficulties in understanding the content of some questions.

The refusal rate is quite insignificant - 21 people out of the total respondents did not know to take part in the questioning. The reasons for refusals included: the lack of interest for the topic – 12 people, depression – 6 people, lack of time due to agricultural works – 3 people.

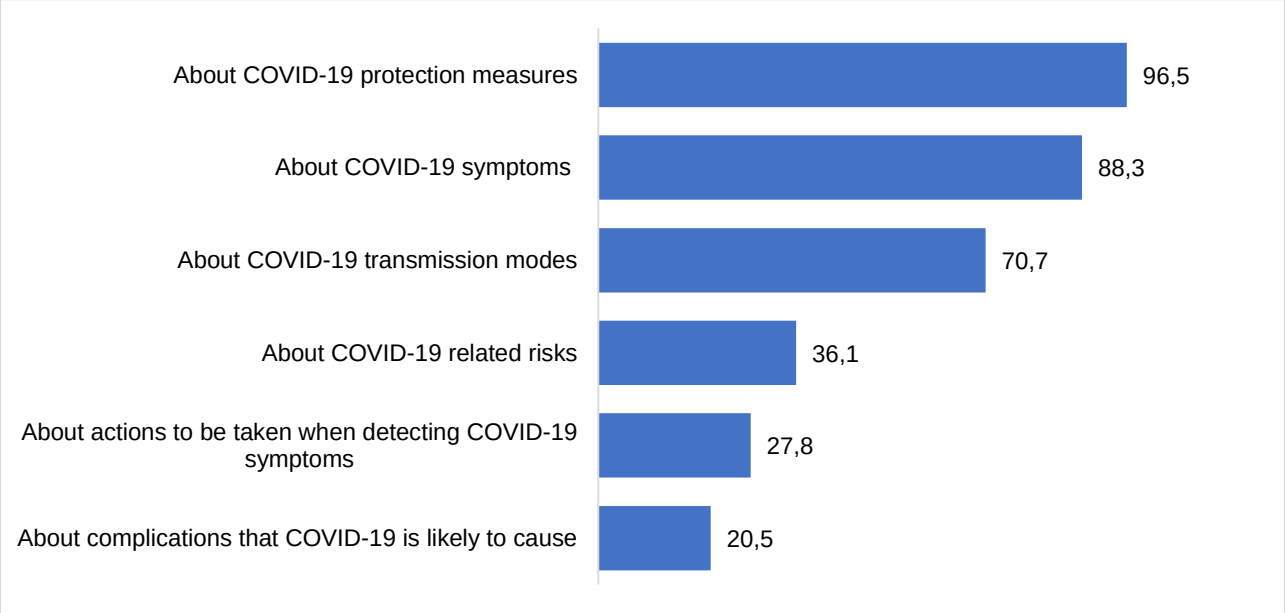
The reasons for failing to contact some respondents were related to their telephone numbers which were either not served or disconnected, the death of some respondents included in the initial lists, respondents' physical or mental illness, respondents being hospitalised for treatment, hearing and speech impairments. For the respondents who had difficulties in expressing themselves, the operators talked with their caregiver, relative or the social worker.

III. Results of the Study

3.1. Knowledge of and Attitudes about COVID-19

The survey conducted among socially vulnerable people showed that all respondents (except only one person who said 'no') know about the existence of the COVID-19 causing virus. The result is expectable, considering the strong social, economic and psychological impact of the restrictions imposed to prevent the spread of this virus. The level of knowledge on COVID-19 is quite different. Being asked to say in a sentence or phrase what is COVID-19 (no option answers were offered), 25.9% of the respondents said that it is a dangerous virus, 19.9% said they know that COVID-19 is a virus, and 10.4% consider COVID-19 being a disease.

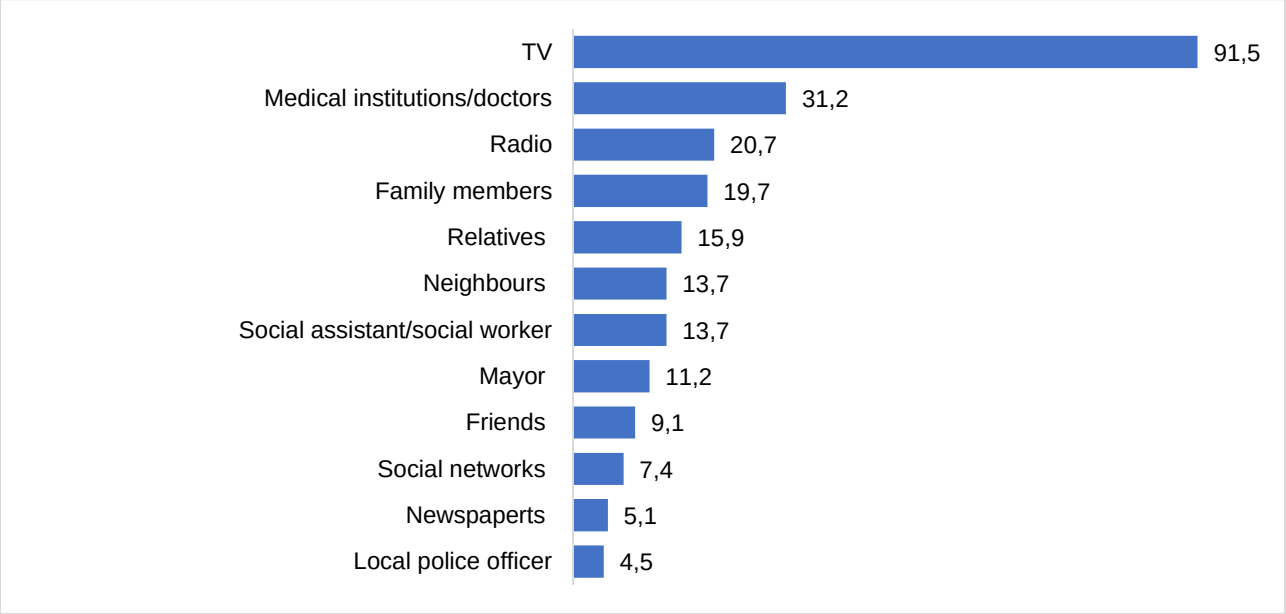
Figure 1. What kind of information have you heard or received about COVID-19?



Regarding the perception of information about COVID-19, almost all respondents (97%) are aware of the measures taken for protection against it. Also, a large number of them (88%) know the symptoms that appear after COVID-19 infection, but only 28% know what actions should be taken to detect the first symptoms. The knowledge on the risks caused by COVID-19 is relatively poor, as only 36.1% of respondents said they are aware of these risks, Also, only one-fifth of the respondents know the complications that COVID-19 is likely to cause. Thus, per general, all survey respondents are familiar with the COVID-19 virus, but not everyone knows exactly how to act to detect it, or what complications and risks it entails.

The sources from which people get information about COVID-19 are various, so that each respondent is informed, on average, from about 2.4 sources, which means that most are informed from TV plus one or two other sources, generally from other people, most often from doctors and through medical institutions (31.2%). Less than 10% of the respondents heard about COVID-19 from friends (9.1%), social networks (7.4%), newspapers (5.1%) as well as from the local police officer (4 ,5%).

Figure 2. From what sources have you heard about COVID-19?



A large number of the respondents believe that television is the most reliable source of information about COVID-19, and only 17.4% trust the information provided by medical institutions/doctors. For a small number of respondents the following sources of information are the most reliable: relatives (4.2%), mayor of the locality (3%), friends (1.5%), neighbours (1.3%) and newspapers (1%). Thus, television is both the most demanded source of information about COVID-19 among the respondents and the most reliable one. It should be appreciated that medical institutions and doctors enjoy a fairly high level of confidence in this regard.

Figure 3. Which source do you trust the most to be informed about COVID-19?

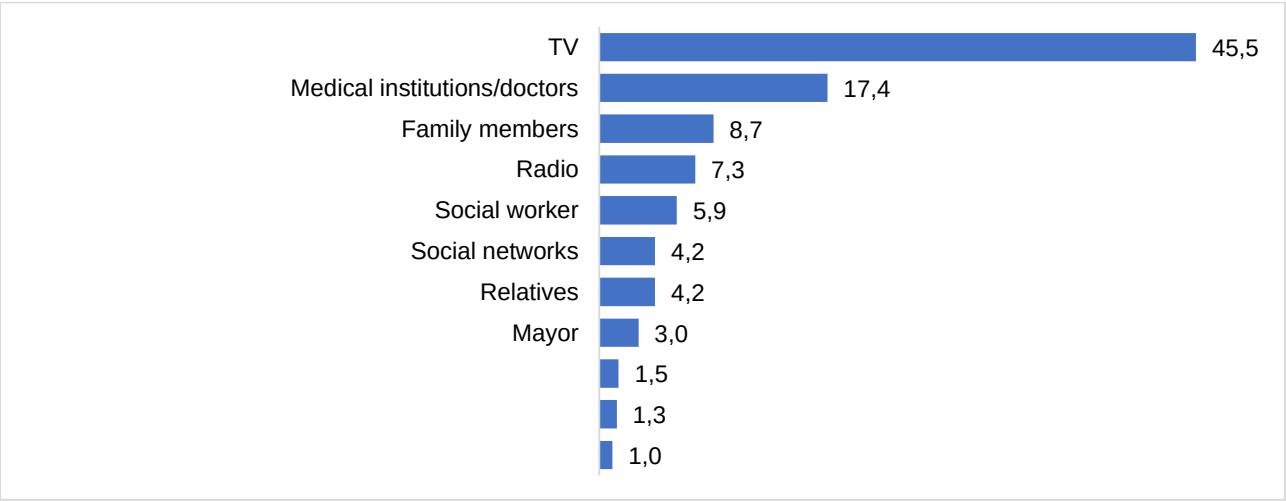
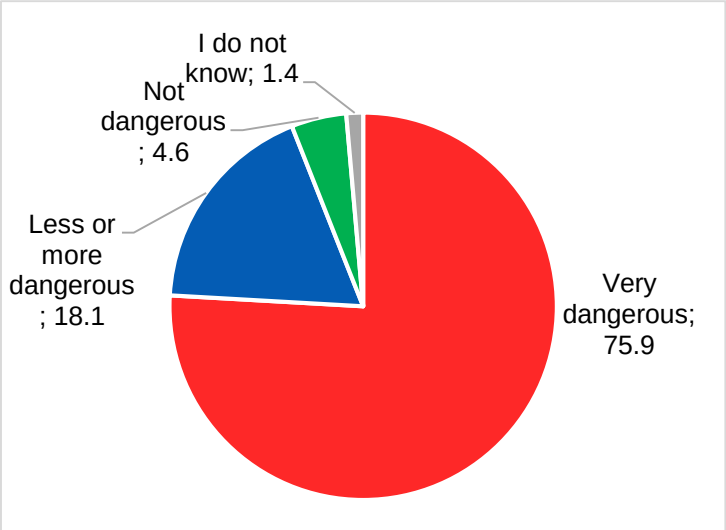
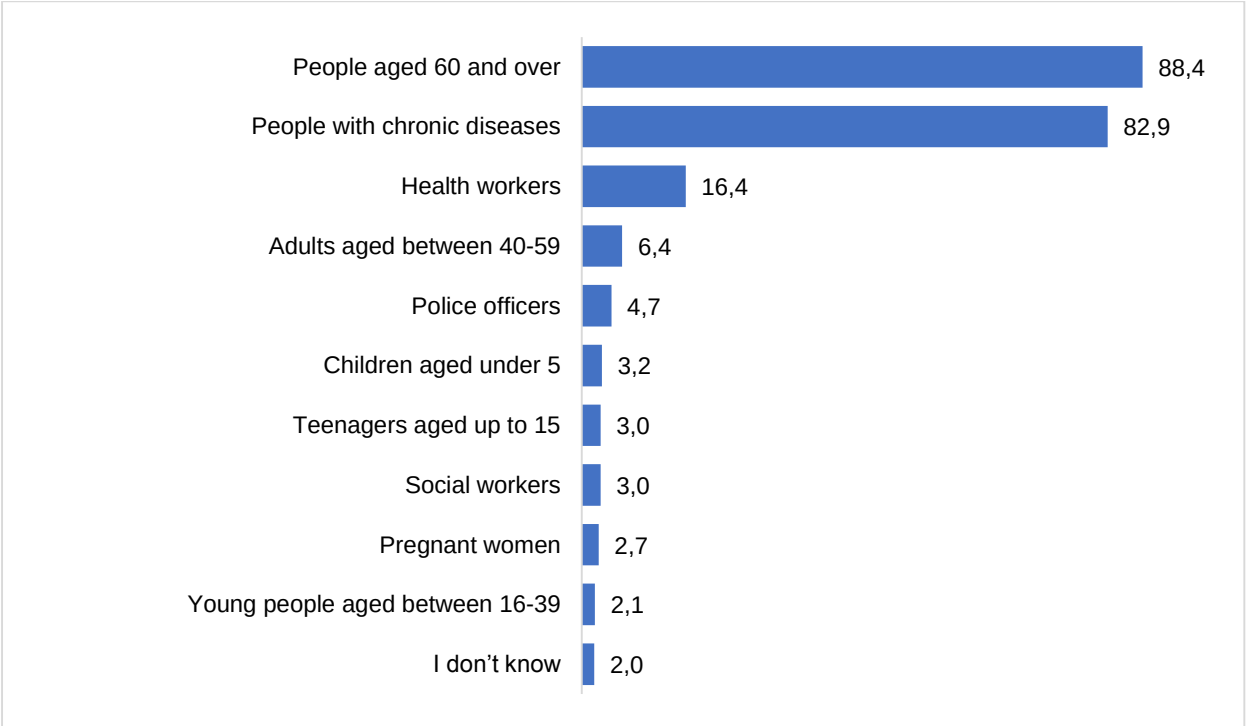


Figure 4. To what extent do you think COVID-19 is dangerous or not?



The vast majority of the respondents believe that the COVID-19 virus is very dangerous (75.9%) and only 4.6% believe that it is not really perilous. Less than 5% of the respondents believe that COVID-19 is not dangerous to humans.

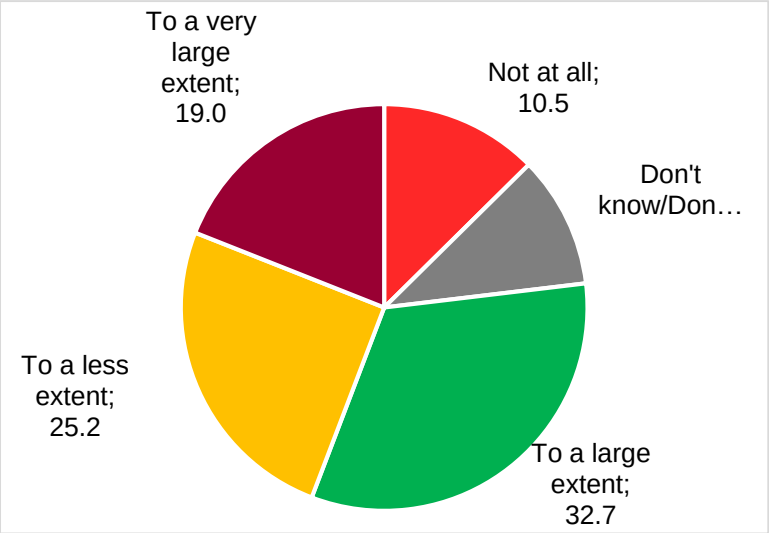
Figure 5. What groups of people do you think are most exposed to the risk of COVID-19 infection?



People aged 60 and over, as well as people suffering from chronic diseases, are the most exposed to COVID-19 – as considered by the vast majority of respondents (88.4%). Only 16.4% consider that health workers are not so exposed to the risk of infection. Based on the respondents' answers, the groups of people who have the lowest chances of becoming infected with COVID-19 are: police officers (4.7%), children aged under 5 (3.2%), teenagers aged up to 15 (3 %), social workers (3%), pregnant women (2.7%),

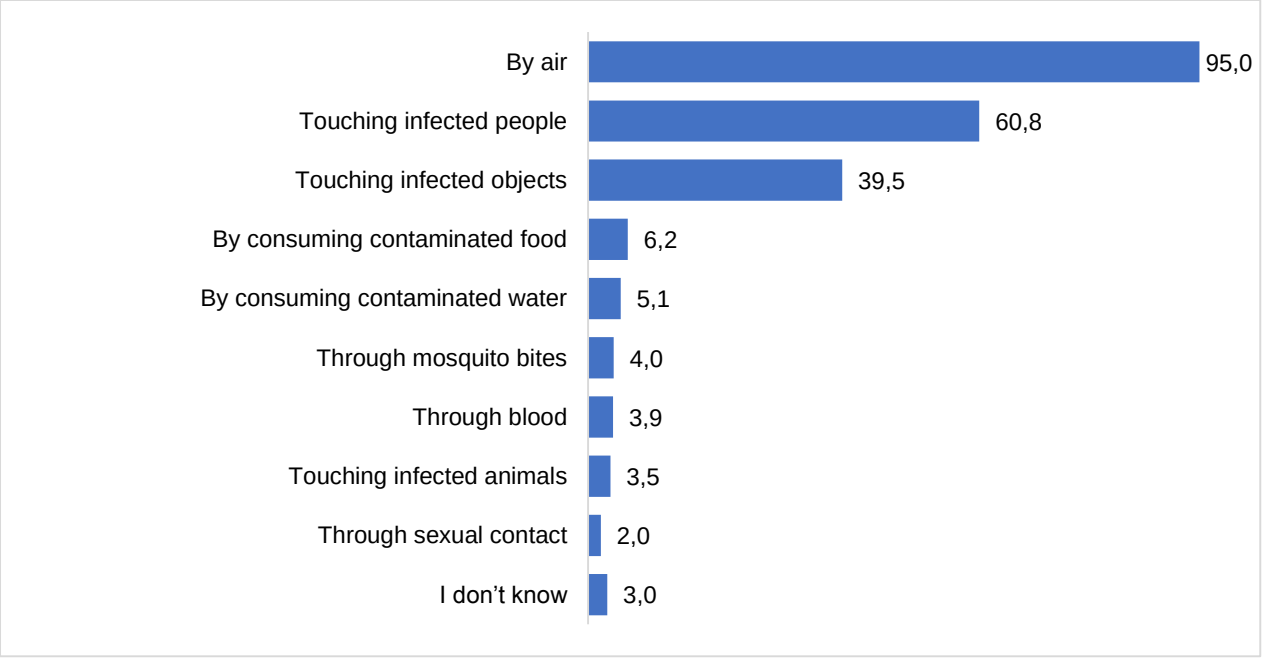
young people aged 16-39 (2.1%). Thus, there is a general consensus that people with comorbidities or the elderly, have an increased risk of COVID-19 infection, and other categories – to a much lesser extent. On the other hand, it is known that doctors and medical staff are very likely to be infected with COVID-19, and the large number of health workers who have already become infected proves it.

Figure 6. To what extent do you think you may be infected with COVID-19?



Over 30% of the respondents highly believe they can be infected with COVID-19, and 19% consider that the chances of catching the infection are very high. About 25% believe they are unlikely to get infected, and 10.5% assume they have no chance to become infected with COVID-19. Compared to previous studies conducted by Date Inteligente, the share of respondents who consider themselves at the risk of COVID-19 infection is significantly higher than the national average in April-May 2020, when a lower percentage of adults considered that they were exposed to the risk of infection.

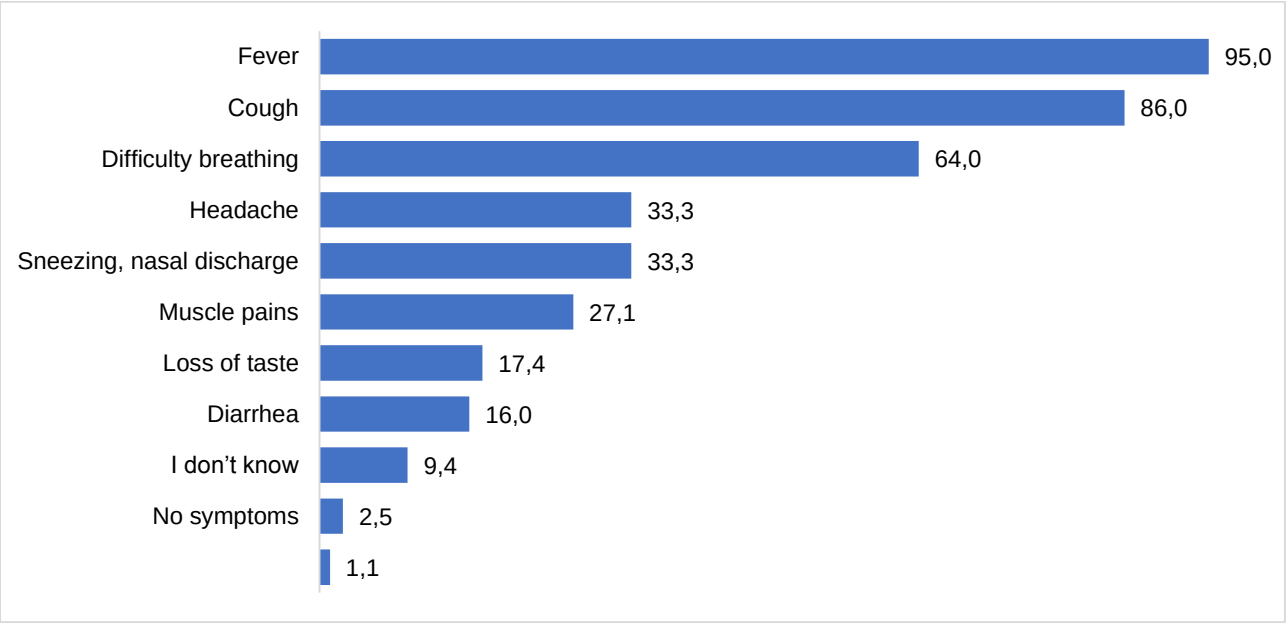
Figure 7. How does COVID-19 spread? List all the ways you think the disease spreads:



As regards the way COVID-19 spreads, the respondents know on average 2.3 different ways of spread, which means that almost all respondents agree that the main way the virus spreads is by air, in addition, the respondents know other 1-2 ways of COVID-19 spread. Thus, 60.8% believe that the virus is spread

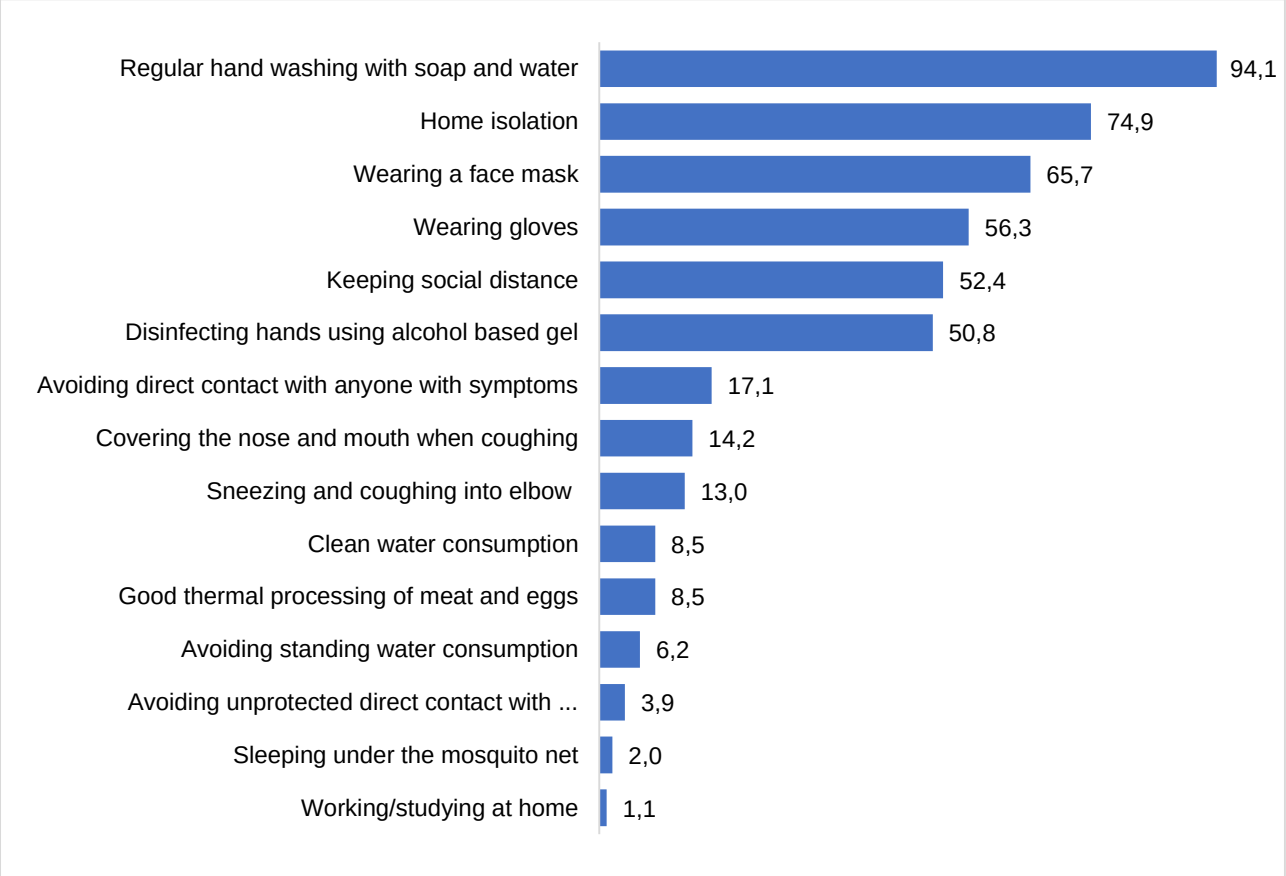
by touching infected people or infected objects (39.5%). The ways in which correspondents believe that the virus spreads less are: mosquito bites (4%), blood (3.9%), sexual contact (2%), and 3% do not know how COVID-19 spreads.

Figure 8. What are the main symptoms of COVID-19 virus that you know?



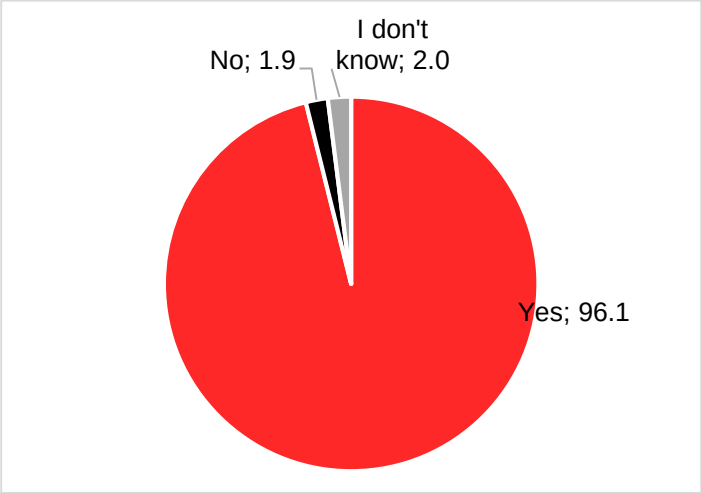
On average, the respondents are aware of 4 main symptoms of COVID-19 virus. Almost all respondents know that fever is one of these symptoms and a very large share of the respondents know that cough is another COVID-19 specific symptom. About two-thirds know that COVID-19 causes breathing problems; a third of the respondents believe that the first symptoms are headaches and sneezing/runny nose. Only 2.5% do not know the symptoms that appear immediately after COVID-19 infection, and 1.1% believe that COVID-19 has no symptoms.

Figure 9. What are, in your opinion, the methods to prevent COVID-19 infection?



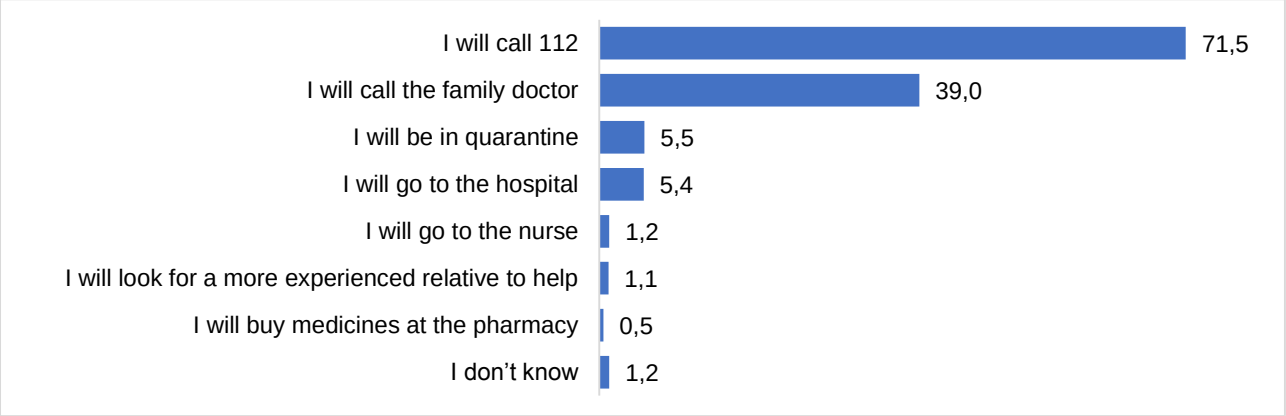
The main method of preventing COVID-19 infection, according to the respondents, is regular hand washing with soap and water, according to the answers of 94.1% respondents. Home isolation (74.9%), wearing a face mask (65.7%), wearing gloves (56.3%), keeping social distance (52.4%), and disinfecting hands (50.8%) are considered equally important. The methods considered less important are: sleeping under the mosquito net (2%) and working/studying at home (1.1%). On average, one respondent knows almost 5 methods to prevent COVID-19 infection.

Figure 10. Do you think it's important to take steps to prevent the spread of coronavirus in your community?



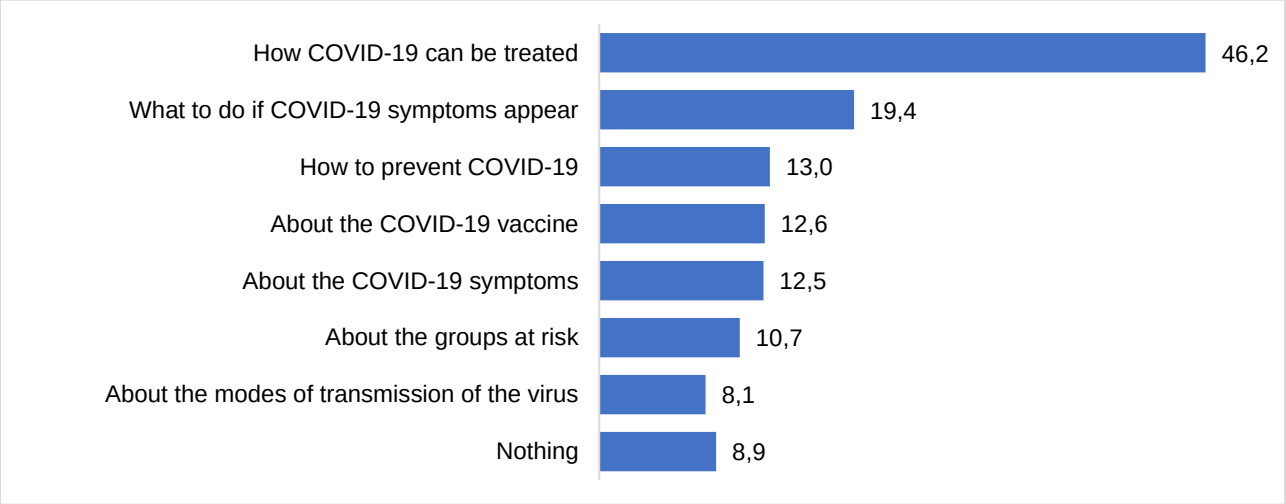
The vast majority of the respondents consider it is very important to take measures to prevent the spread of Coronavirus in the community, however 1.9% believe that it is not really important, and 3.9% do not know whether it is important or not.

Figure 11. What to do if you or someone in your family has COVID-19 symptoms?



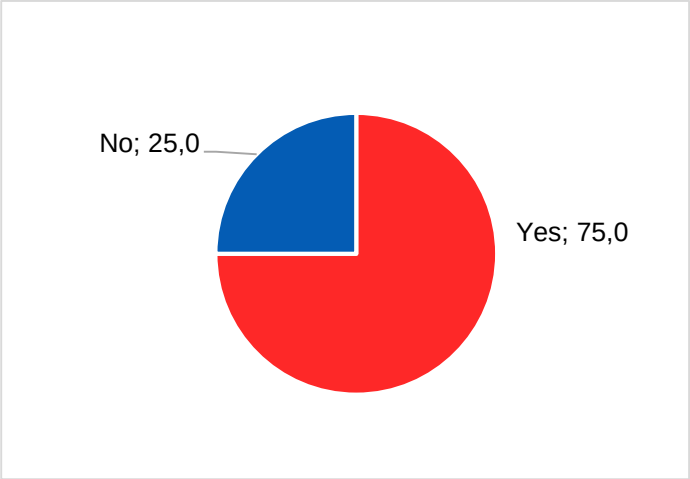
If the respondents or someone from their families has COVID-19 symptoms, 71.5% of them will call the single emergency number – 112, and 39% will call the family doctor. More than 5% of them would be isolated in quarantine or go to the hospital on their own. About 1.2% of the respondents do not know what to do if the first symptoms of COVID-19 appear.

Figure 12. What additional information do you need to know about COVID-19?



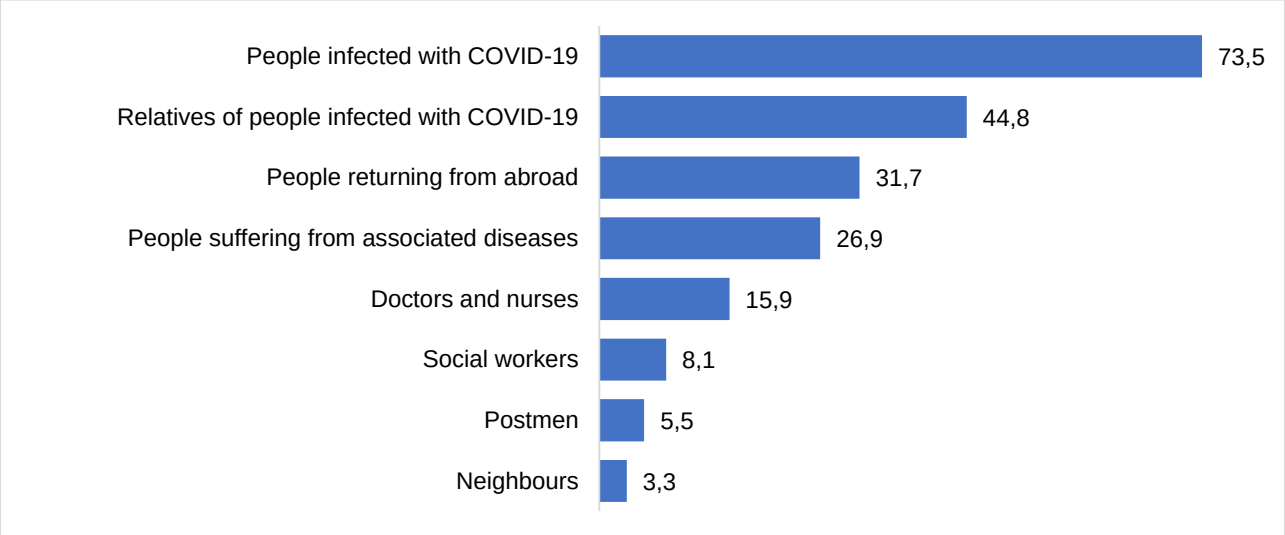
About 46% of the respondents consider that they need to know more additional information about COVID-19 treatment methods, and 19.4% need additional information on what to do first if symptoms of the virus appear. 13% want to know more about how to protect themselves, and 12.6% are interested in learning more about the COVID-19 vaccine. Only 8.9% consider that they do not need additional information. It should be noted that the vast majority of the interviewed people would like to know more about aspects related to COVID-19, mainly about the treatment for this virus.

Figure 13. Do you consider that COVID-19 causes stigmatization/blaming/rejection of other people?



The majority (three quarters) of the respondents consider that COVID-19 causes stigmatization, blaming or rejection of other people, while 25% believe that the virus is not the main cause of rejection of people in society. Thus, it is observed that the respondents, generally vulnerable persons, consider COVID-19, to a large extent, a reason for stigmatization.

Figure 14. If so, which groups of people? N=750



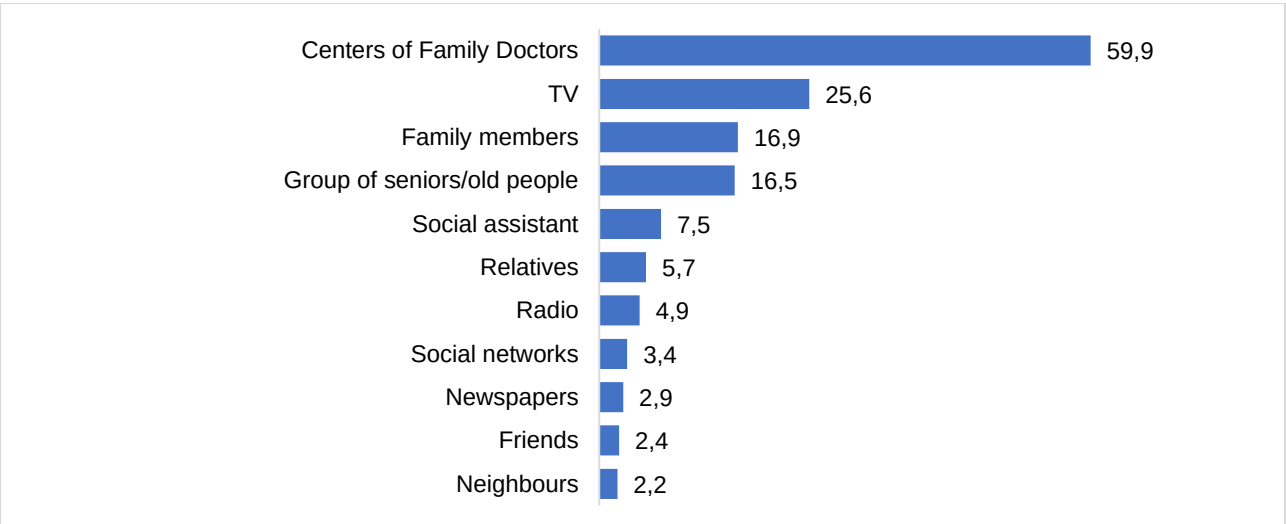
According to those who believe that COVID-19 causes stigmatization, the group of people who are most stigmatized/blamed/rejected by other people are people infected with COVID-19 – as considered by 73.5% of the respondents. About 45% believe that another group of rejected people are the relatives of infected people. Fewer respondents consider the following groups to be stigmatized: social workers (8.1%), postmen (5.5%) and neighbors (3.3%).

3.2. Attitudes of the survey respondents to the flu

Figure 15. What do you usually do when you have the flu? Mark 1-2 of the most typical steps you take.

Usually, if the respondents have flu, 38.5% of them try to treat themselves at home, 35% prefer to drink tea, and 34.3% go to the family doctor. Some consider that there is nothing special (6%), while 1.6% ask for advice from village healers, 1.5% adress for advice their neighbours and 0.6% prefer to wear a mask. 29.2% out of respondents say they have never had flu. It is clear that in case of an ordinary flu, respondents do not take COVID-19 specific measures, as most of them prefer to treat themselves independently, including natural remedies such as eating onions and garlic. Only 0.6% of the respondents said that they wear a mask when they have flu, which proves either that wearing a mask was not a habit befire for the analyzed group, or that they can afford such a good.

Figure 16. From what sources do you learn about flu and other diseases?



To obtain more information about flu and other diseases, on average the respondents usually use one or two sources of information (on average – 1.4 sources per respondent). Most, i.e. about 60%, of the respondents adress to Centres of Family Doctors, 25.6% follow the information provided on TV, 16.9% trust the information heard from the family members and 16.5% respectively get information from the group of seniors (created with CASMED support in its area of intervention). The least used sources of information are: social networks (3.4%), newspapers (2.9%), friends (2.4%) and neighbours (2.2%). Unlike the information about COVID-19, respondents choose to find out about flu first from the family doctors and secondly from TV.

IV. Demographic Data

4.1 Sample Structure

The share of female respondents was 75.3%, while men account for only 24.7%. This can be explained by the age structure of the sample: after the age of 56+ years old, the share of women per total population is much higher than that of men at this age. Basing on the age criteria, the highest share of survey is represented by people aged 71 and over (26.7%), followed by the group of people aged 56-70 (33.4%). The share of other groups is significantly lower.

In terms of occupational status, 75.2% of the respondents are retirees, 10% are unemployed people and less than 15 % have a workplace.. state employees, while 3.7% work in private companies. The share of the unemployed makes up 4.4%.

According to the level of education 33.5% of respondents graduated middle school, 22.9% have a vocational education, and 22.3% graduated a general school. The share of respondents with higher education represents 9.4%, including 0.7% – with postgraduate education.

The ethnic structure of the respondents shows a share of Moldovans/Romanians comparable to the population census data – 82%. At the same time, according to the census, the share of Ukrainians (10.1%) and Russians (7%) is higher than the total population. This is explained by the specific ethnic structure of the citizens living in Edinet and Falesti districts.

Almost half of the respondents are widows/widowers – 47.2%, and 42.1% are married. Also, 6.2% of the total respondents are divorced and 4.5% have never been married.

On average, 39.3% of households include one person – the respondent, 27.8% – two persons, i.e. the respondent and someone else. 20.1% of households are formed from three persons, and in 2.5% – include seven or more family members.

A large part of the respondents have a personal monthly income below 2,000 MDL (67.6%), and 25.5% receive an income between 2,001 MDL and 5,000 MDL. Only 4.9% said that their monthly income reaches up to 8,000 MDL, and 0.5% of them get a salary even higher than 8,000 MDL.

Figure 18. Structure by sex:

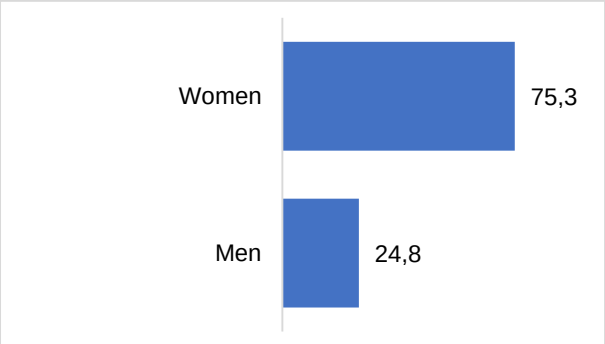


Figure 19. Age groups

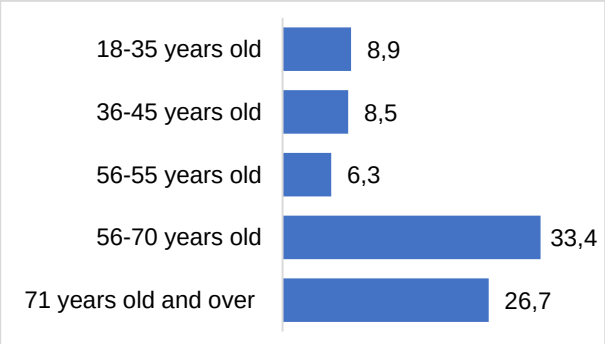


Figure 20. Occupational status

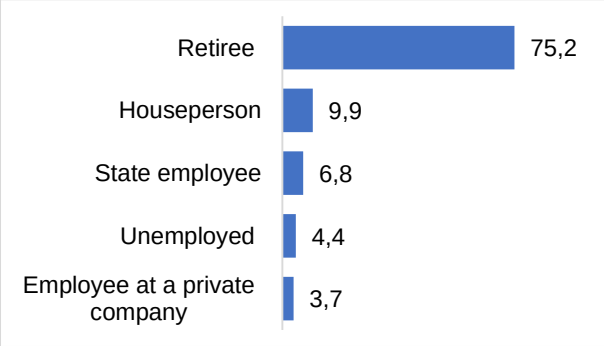


Figure 21. Level of education

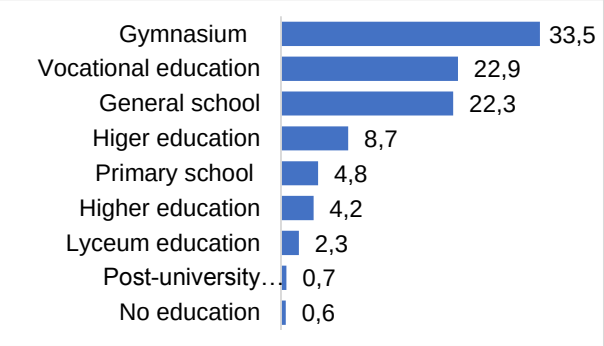


Figure 22. Ethnicity

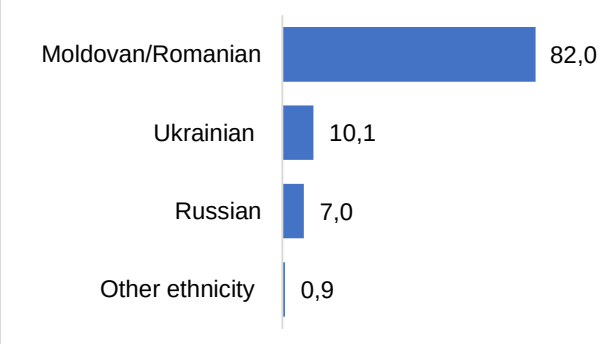


Figure 23. Civil status

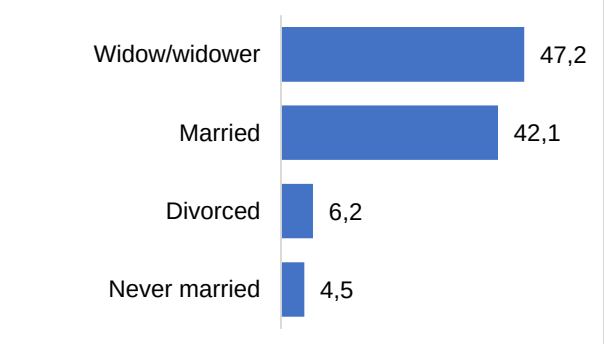


Figure 24. Number of people living in the household

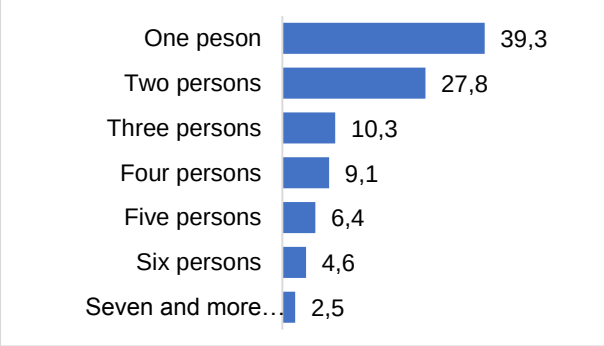


Figure 25. Monthly income