Knowledge about COVID-19 among Syrian Refugees in Lebanon

August / September 2021

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Between August and October 2019, the Immigration Policy Lab carried out in-person interviews with more than 3,000 Syrian refugees across Lebanon. Since then, the research team continued surveying respondents approximately every 3 months. In the most recent wave of phone surveys (August-September 2021), 1,995 respondents living in Lebanon were asked a range of questions about COVID-19 and their perceptions of the vaccines. The following results are preliminary, based on analysis from an ongoing research project. Specifically, they are not weighted for sampling or attrition probabilities, the latter of which will be calculated when data collection is complete.

Respondents' demographics

The sample included 67% women and 33% men. 44% of respondents lived in urban areas and 56% lived in rural areas. 39% lived in informal tental settlements. The locations of respondents at the governorate level were as follows: 25% lived in Mount Lebanon, 24% in Beqaa, 15% in the North, 14% in Baalbek-Hermel, 14% in Akkar, 5% in the South, 2% in Beirut, and 1% in Nabatieh.

4% of respondents reported having tested positive for COVID-19 and 6% reported that someone in their household tested positive.

Among respondents who did not test positive and who had no household members test positive, 26% reported that they knew someone who had tested positive. Overall, 34% either tested positive, had someone in their household who tested positive, or knew someone who did.

Furthermore, 6% of respondents said they have been vaccinated. 20% reported having registered to get vaccinated.

In addition to those who were vaccinated and those who registered to get vaccinated, another 26% said that they planned to get vaccinated at some point in the future. Overall, 52% were either vaccinated, registered, or planned to get vaccinated.

Demographics:	
-- Women	67%
-- Live in urban areas (vs. rural)	44%
-- Live in informal tented settlements (ITS)	39%
COVID-19 exposure:	
-- Tested positive	4%
-- If 'no', Someone in their household tested positive	6%
-- If 'no', Know someone who has tested positive	26%
COVID-19 vaccines:	
-- Vaccinated	6%
-- If 'no', Registered to get vaccinated	20%
-- If 'no', Plan to get vaccinated	26%

Funding for this project was provided in part by the UK Foreign, Commonwealth & Development Office, awarded through Innovation for Poverty Action's Peace & Recovery Program and in part by the Swiss Federal Department of Foreign Affairs. The contents are the sole responsibility of IPL and do not necessarily reflect the views of the Government of Switzerland.

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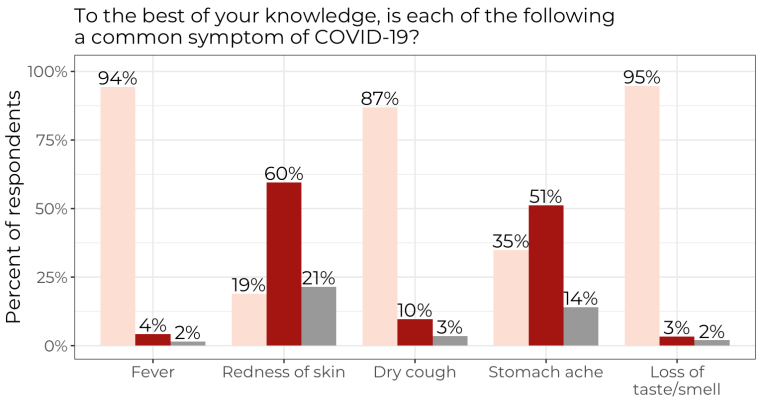
Information and misinformation about COVID-19

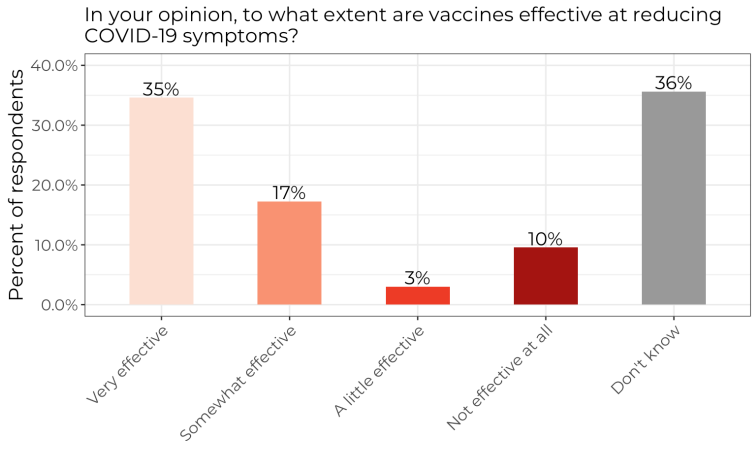
Knowledge about COVID-19 symptoms

We asked respondents about a number of symptoms to assess their knowledge of how COVID-19 affects people. We found that their understanding of COVID-19 symptoms is generally correct, although only around 50%-60% knew that redness of skin and stomach aches were not symptoms.



Effectiveness of COVID-19 vaccines

Next we asked about the effectiveness of COVID-19 vaccines. More than 50% of respondents reported believing that the vaccines are somewhat or very effective. Only about 10% of respondents claimed that vaccines are not effective at all. Still, 36% stated that they do not know if the vaccines are effective.



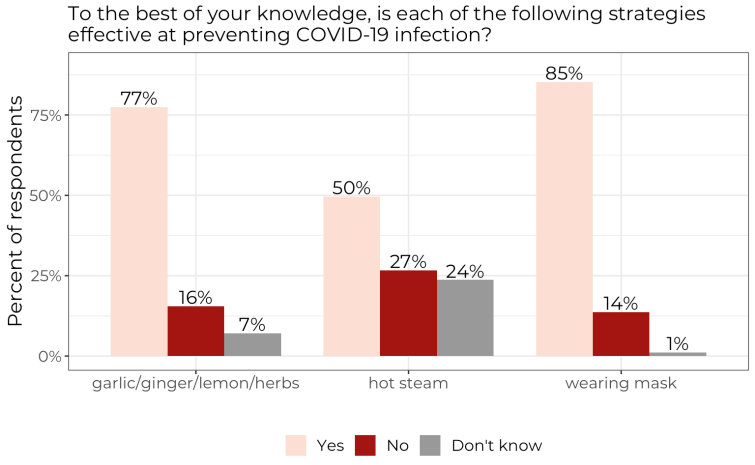
COVID-19 prevention

In order to assess respondents‘ understanding of how to reduce the spread of COVID-19, we asked them about the effectiveness of a number of steps for preventing infection.

We found that the vast majority, more than 80%, correctly stated that masks help prevent the spread of the virus.

Knowledge about the effectiveness of alternative preventive measures is more mixed. A large majority of people said that eating garlic, ginger, lemon, or herbs helps prevent COVID-19 infection. Only about 25% correctly reported that hot steam is not an effective measure for preventing COVID-19 infection.

The high levels of misunderstanding about these alternative treatments is not worrying per se, given that they are not necessarily harmful. However, these results do illuminate widespread misunderstandings about COVID-19 prevention, and suggest that other misconceptions, which we did not ask about, may also be widespread. They also highlight the need for education on best methods for COVID-19 prevention.

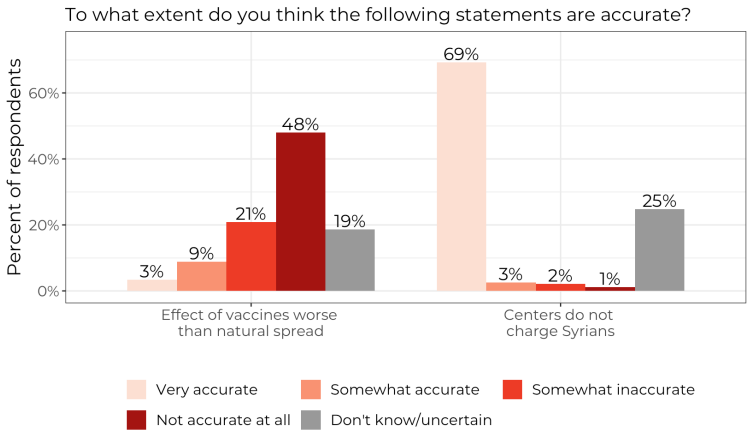


Misinformation about vaccines

Next, we measured (mis)information about the accessibility and side effects of vaccines. In both questions, we see that a majority of respondents possessed accurate information, but a significant minority was uncertain or held incorrect beliefs about these topics.

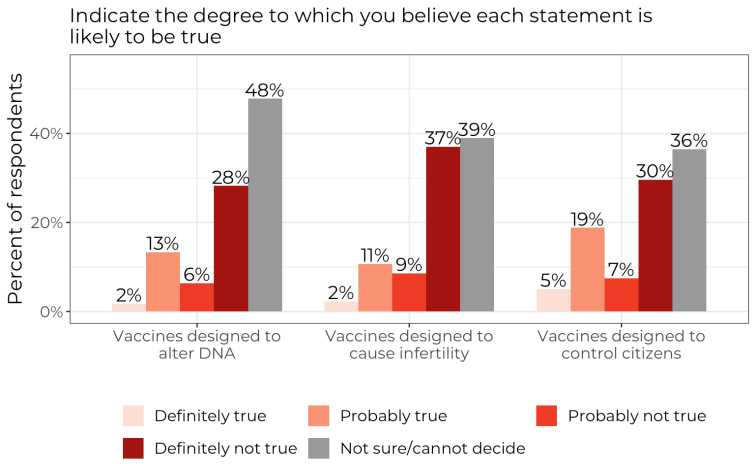
First, we asked whether they believed that COVID-19 vaccines cause more harm than the natural spread of the virus. We found that nearly 70% believed this statement to be somewhat inaccurate or not accurate at all. However, over 30% were unsure about this statement or believed it to be at least somewhat accurate.

Second, we assessed the extent to which respondents knew that Syrians in Lebanon can access COVID-19 vaccines for free. Nearly 70% reported believing this statement to be true. A substantial minority (~25%) were not certain. Only a few respondents believed this statement to be false (1%).



COVID-19 conspiracies

Last, we sought to assess the prevalence of conspiracy beliefs about COVID-19 vaccines. Based on common misperceptions that we identified in conversations with humanitarian actors and Syrians in Lebanon, we asked respondents whether they believed that COVID-19 vaccines were designed to alter DNA, to cause infertility, or to control citizens. For each question a substantial share of respondents (36-48%) stated that they were not sure if these theories were true or not. More than half were either uncertain or believed these theories to be probably or definitely true. Around one third of respondents stated that these conspiracy theories were definitely not true.



Concluding remarks

The survey evidence shows that respondent knowledge about COVID-19 symptoms is generally correct. The accuracy of knowledge about preventive measures and the effectiveness of vaccines is somewhat more mixed. While most respondents know that they can access vaccines for free, a substantial portion is uncertain or holds incorrect beliefs about the accessibility and side effects of vaccines. These findings should be taken into account when designing policies to stop the spread of COVID-19 and boost vaccination rates among Syrians in Lebanon.

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