



National Statistics Office of Georgia

**REAL-TIME MONITORING SURVEY ON IMPACT
OF THE COVID-19 ON THE WELL-BEING
OF FAMILIES AND CHILDREN
(MAIN RESULTS OF THE FOURTH WAVE)**

 **MICS** PLUS

unicef 



05.10.2021

**REAL-TIME MONITORING SURVEY ON IMPACT OF THE COVID-19
ON THE WELL-BEING OF FAMILIES AND CHILDREN¹
(FOURTH WAVE)**

I. SURVEY DESCRIPTION

National Statistics Office of Georgia continues Real-time Monitoring Survey on the impact of the COVID-19 on the well-being of families and children with the financial and technical assistance of the United Nations Children's Fund (UNICEF). The Survey is based on the sample of the Multiple Indicator Cluster Survey (MICS6). It is planned to conduct several waves of the survey, which will enable to collect of various information regarding the ongoing situation of the children and families during the COVID-19 pandemic.

As a part of the survey, the data is collected both in urban and rural households. The sample size includes 1 996 households throughout the country, of which 965 units are in urban and 1 031 units in rural areas. Collection of the data is carried out by the Computer-assisted telephone interviewing (CATI) method.

As a part of the preparatory work, which has started from the second half of 2020, the questionnaires of wave 1, wave 2, wave 3 and wave 4 developed by UNICEF were adapted and tested, interviewers were trained and a pilot surveys were conducted. The fourth wave of data collection was conducted in August 2021.

Response rate amounted 80.5 percent, of which 79.7 percent in urban and 81.3 percent in rural areas.

II. MAIN FINDINGS OF THE SURVEY

According to the findings of the survey, the percentage of respondents who received at least the first dose of the vaccine against COVID-19 and had any side effects is 34.2 percent. Among the side effects, respondents mostly named local pain (40.5%), fever (34.8%), fatigue/tiredness (32.8%), muscle pain (11.5%), headache (10.0%), joint pain (10.0%), nausea (4.6%), high blood pressure (3.2%), restlessness (2.4%), vomiting (1.6%), diarrhea (1.1%) and local oedema (1.1%).

The chart below represents the percentage of respondents who received at least the first dose of the vaccine against COVID-19 and had any side effect, by the side effects named by them.

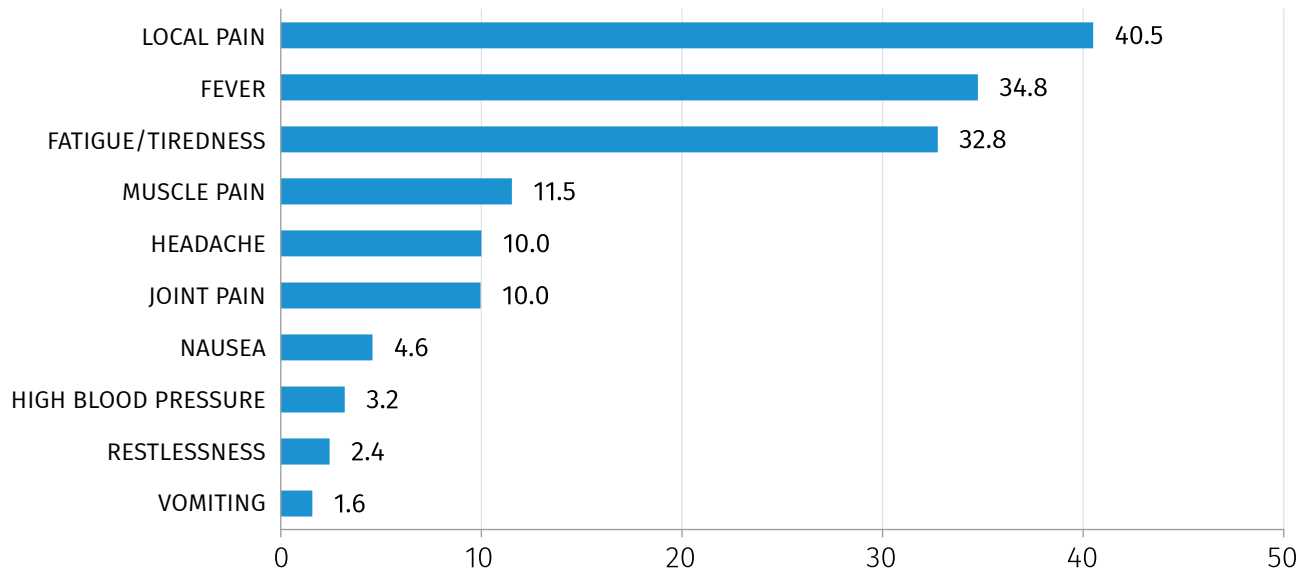
¹„Real Time Monitoring/Multiple Indicator Cluster Survey (MICS) Plus“.

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CHART №1

PERCENTAGE OF RESPONDENTS BY SIDE EFFECTS

(%)



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According to the survey, among the respondents who have not received the vaccine against COVID-19, 44.6 percent would receive the vaccine, 11.7 percent think that it is unlikely to receive the vaccine, 14.1 percent think that it is very unlikely to receive the vaccine and 29.6 percent of respondents are undecided.

By the type of settlement, 48.6 percent of respondents in urban areas and 40.1 percent in rural areas would receive the vaccine against COVID-19.

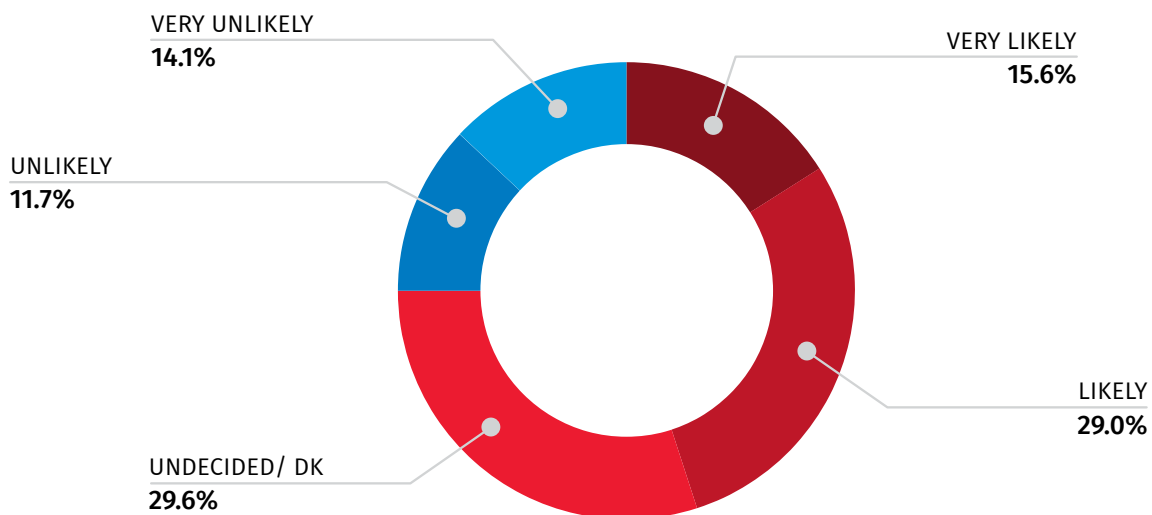
The value of the given indicator is almost the same by sex. 44.9 percent of men would receive the vaccine against COVID-19 and the value of the corresponding indicator for women is 44.5 percent.

The chart below indicates the percent distribution of respondents by how likely they are to receive the vaccine against COVID-19.

CHART №2

ATTITUDE TOWARDS RECEIVING VACCINE AGAINST COVID-19

(%)



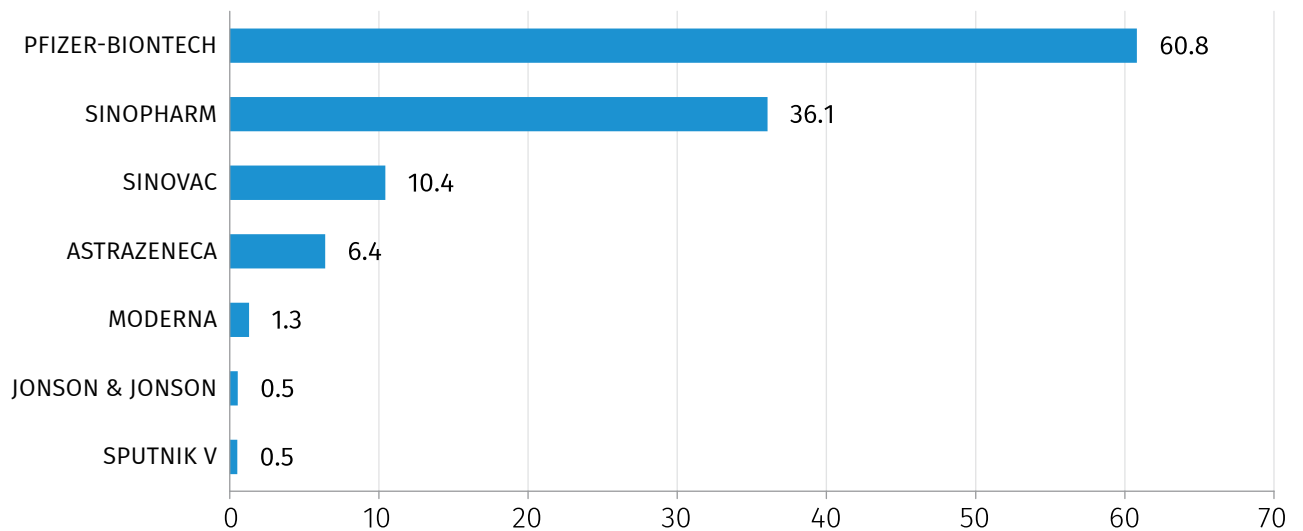
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According to the survey findings, respondents who have not received the vaccine against COVID-19 and are very likely or likely to receive it, if they had a choice, 60.8 percent would receive Pfizer-biontech, 36.1 percent – Sinopharm, 10.4 percent – Sinovac and 6.4 percent - Astrazeneca.

The chart below shows the percentage of respondents who are very likely or likely to receive the vaccine against COVID-19 by preferred brand of vaccines.

CHART №3

PERCENTAGE OF RESPONDENTS BY PREFERRED BRANDS OF VACCINES
(%)



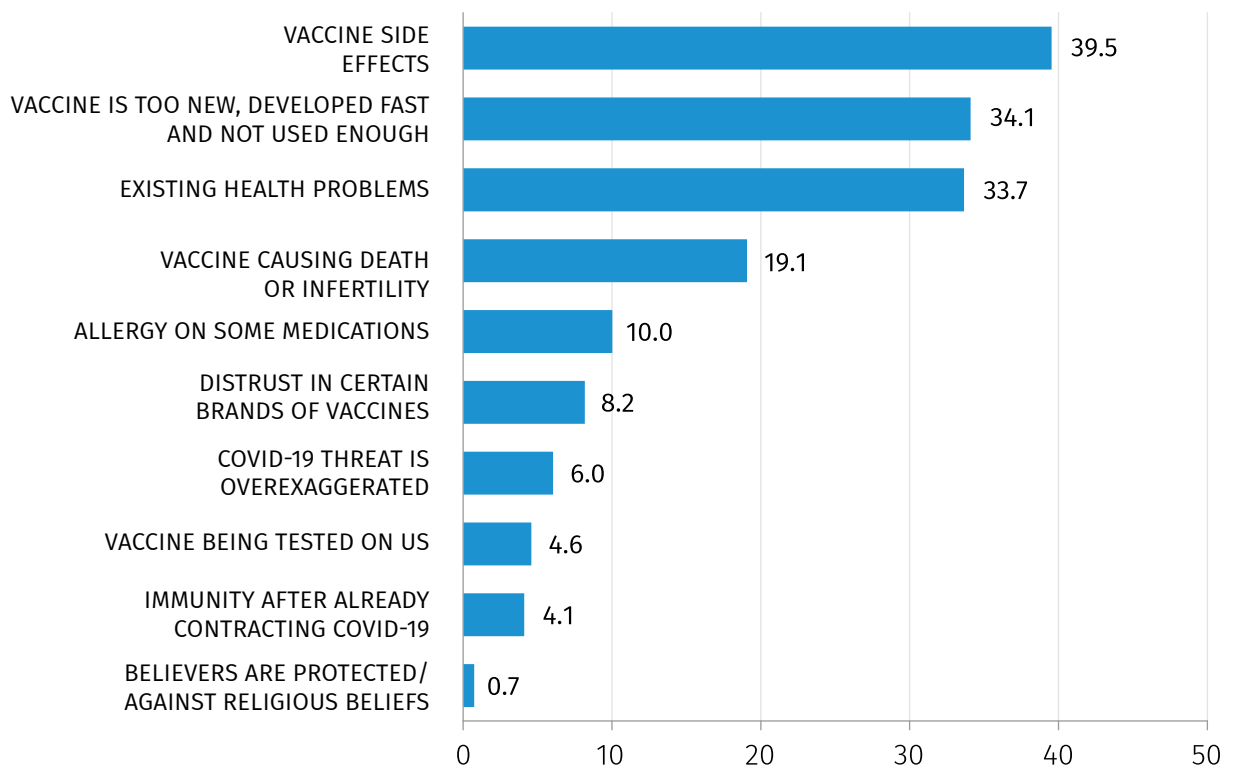
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According to the survey, 39.5 percent of respondents name the side effects of the vaccine as a main reason of hesitancy for receiving the vaccine against COVID-19, 34.1 percent think that vaccine is too new, developed fast and not used enough, for 33.7 percent of respondents main reason is existing health problems, 19.1 percent think that the vaccine causes death or infertility, 10.0 percent name allergy on some medications, 8.2 percent - distrust in certain brands of vaccines, 6.0 percent of respondents think that COVID-19 threat is overexaggerated, 4.6 percent - the vaccine is being tested on population, 4.1 percent name immunity after already contracting COVID-19, 0.7 percent think that vaccination is against religious beliefs.

The chart below indicates percentage of respondents by reasons for those who are undecided, unlikely or very unlikely to receive the vaccine against COVID-19.

CHART №4

PERCENTAGE OF RESPONDENTS BY REASONS FOR THOSE WHO ARE UNDECIDED, UNLIKELY OR VERY UNLIKELY TO RECEIVE THE VACCINE AGAINST COVID-19 (%)



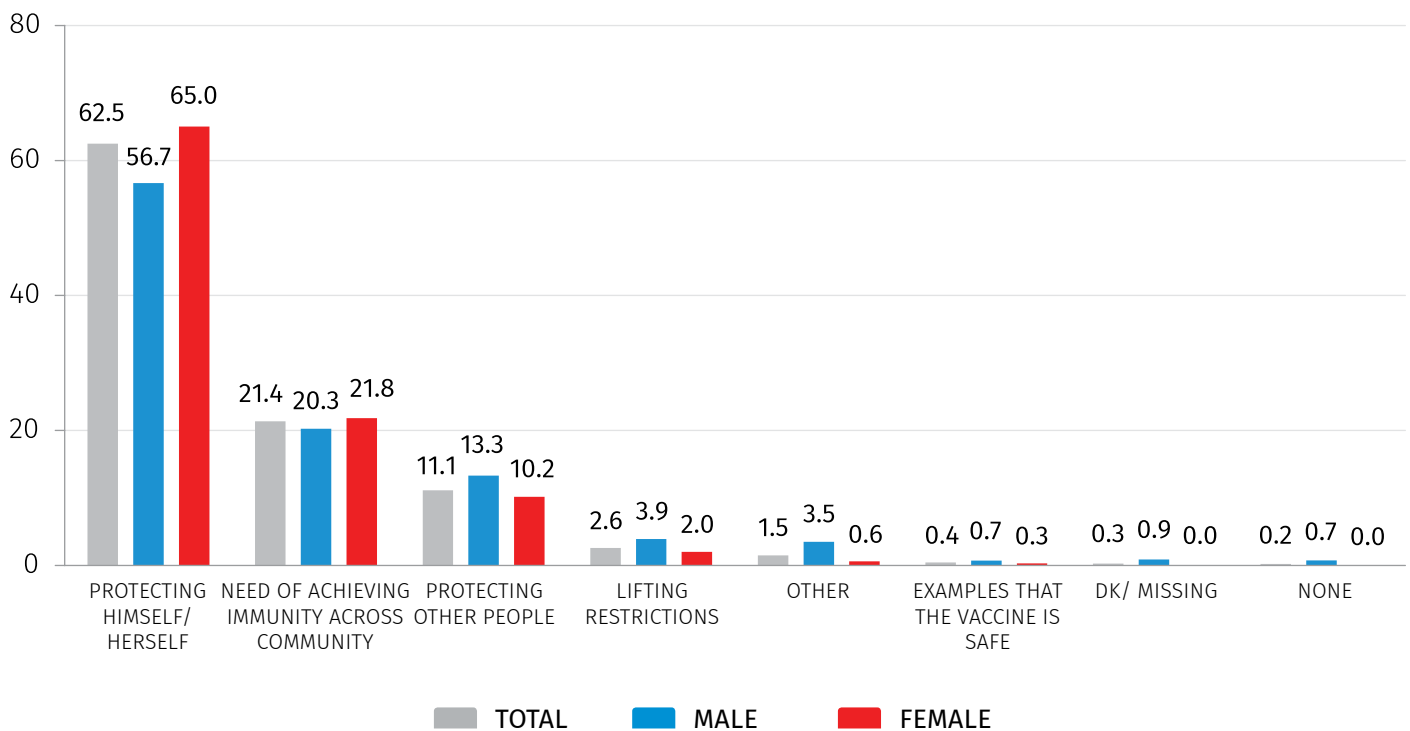
05.10.2021

According to the survey results, out of the respondents who have not received the vaccine against COVID-19 and are very likely or likely to receive it, for 62.5 percent the main driver is protecting himself/herself, for 21.4 percent – need of achieving immunity across the community, for 11.1 percent – protecting other people, for 2.6 percent – lifting restrictions and for 0.4 percent – examples that the vaccine is safe.

The chart below shows the percent distribution of respondents by main drivers of receiving COVID-19 vaccine.

CHART №5

THE MAIN DRIVER TO RECEIVE THE VACCINE AGAINST COVID-19
(%)



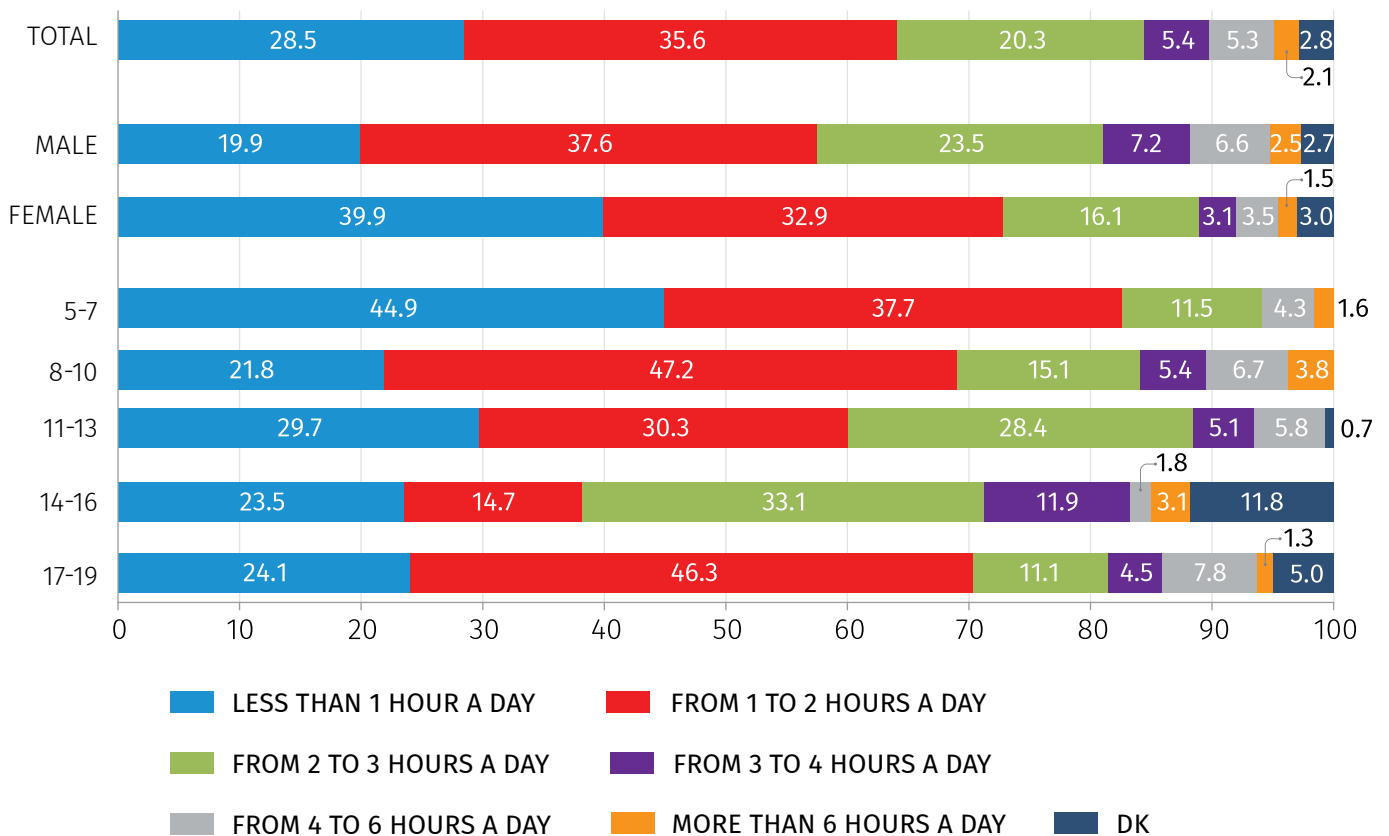
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The survey also assessed the impact of COVID-19 on children’s development and lifestyle. According to the results of the survey, 72.8 percent of children aged 5-19 years play video/computer games on a mobile phone, tablet, computer, or any other platform. 28.5 percent of children play less than 1 hours a day during weekdays, 35.6 percent – from 1 to 2 hours a day, 20.3 percent – from 2 to 3 hours a day and 12.8 percent - 3 or more than 3 hours a day.

The chart below shows percent distribution of children by average number of hours spent per day on video/computer games on weekdays, by sex and age groups.

CHART №6

PERCENT DISTRIBUTION OF CHILDREN BY AVERAGE NUMBER OF HOURS SPENT PER DAY ON VIDEO/COMPUTER GAMES (%)



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According to the survey results, 46.0 percent of children aged 5-19 years never prefer to play video/computer games to going outside the house, 20.3 percent – prefer rarely, 16.1 percent – sometimes, 10.4 percent – often and 6.8 percent almost always prefer to play video/computer games.

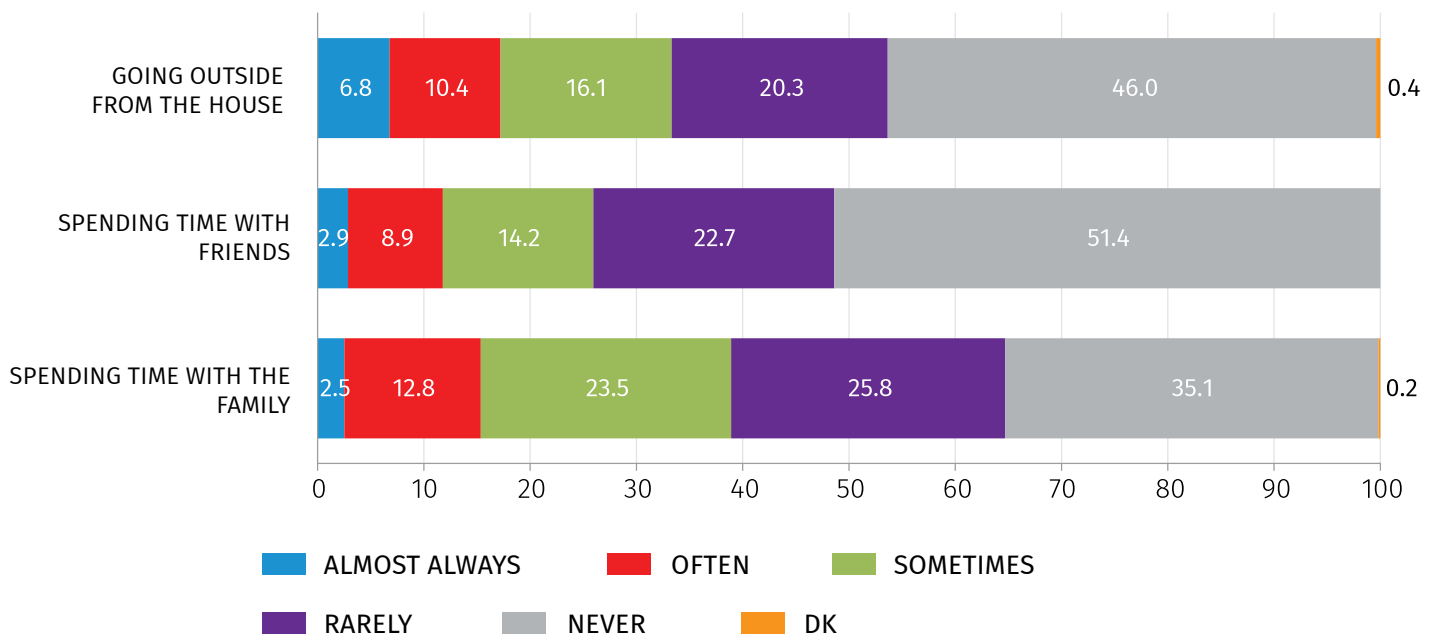
51.4 percent of children of the same age group never prefer to play video/computer games to spending time with friends, 22.7 percent – prefer rarely, 14.2 percent – sometimes, 8.9 percent – often and 2.9 percent almost always prefer to play video/computer games.

35.1 percent of children of the same age group never prefer to play video/computer games to spending time with the family, 25.8 percent – prefer rarely, 23.5 percent – sometimes, 12.8 percent – often and 2.5 percent almost always prefer to play video/computer games.

The chart below shows the percent distribution of children aged 5-19 years who play video/computer games by whether prefer playing video/computer games to social activities, by type of activity.

CHART №7

PERCENT DISTRIBUTION BY WHETHER CHILDREN PREFER PLAYING VIDEO/COMPUTER GAMES TO:
(%)



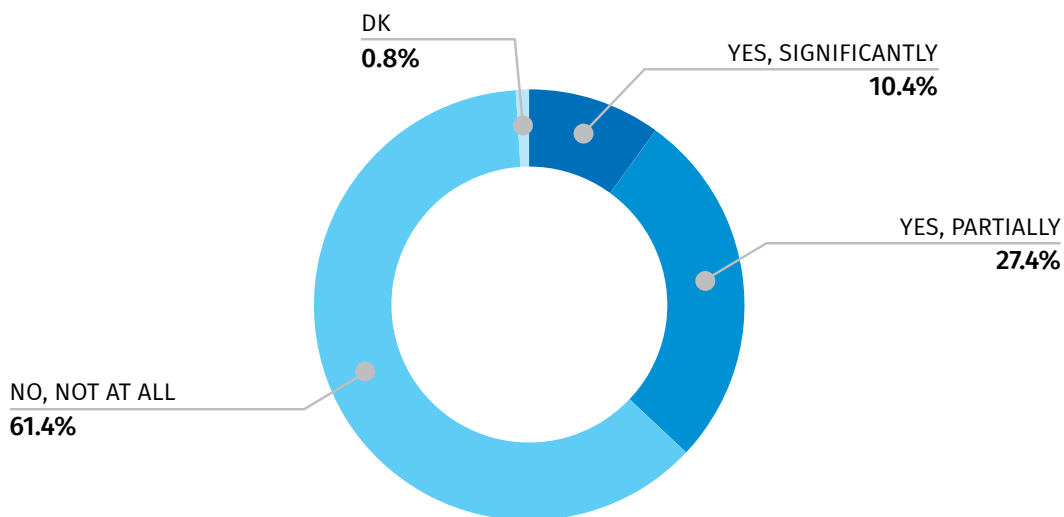
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According to the findings of the survey, 61.4 percent of respondents think that playing video/computer games does not affect school performance of their household member child aged 5-19, 27.4 percent think that it affects partially and 10.4 think that it affects significantly.

The chart below shows the percent distribution of children aged 5-19 years who attend school and play video/computer games by whether the respondent thinks that playing video/computer games affects a child's school performance.

CHART №8

PERCENT DISTRIBUTION OF CHILDREN BY WHETHER RESPONDENT THINKS THAT PLAYING VIDEO/COMPUTER GAMES AFFECTS CHILD'S SCHOOL PERFORMANCE (%)

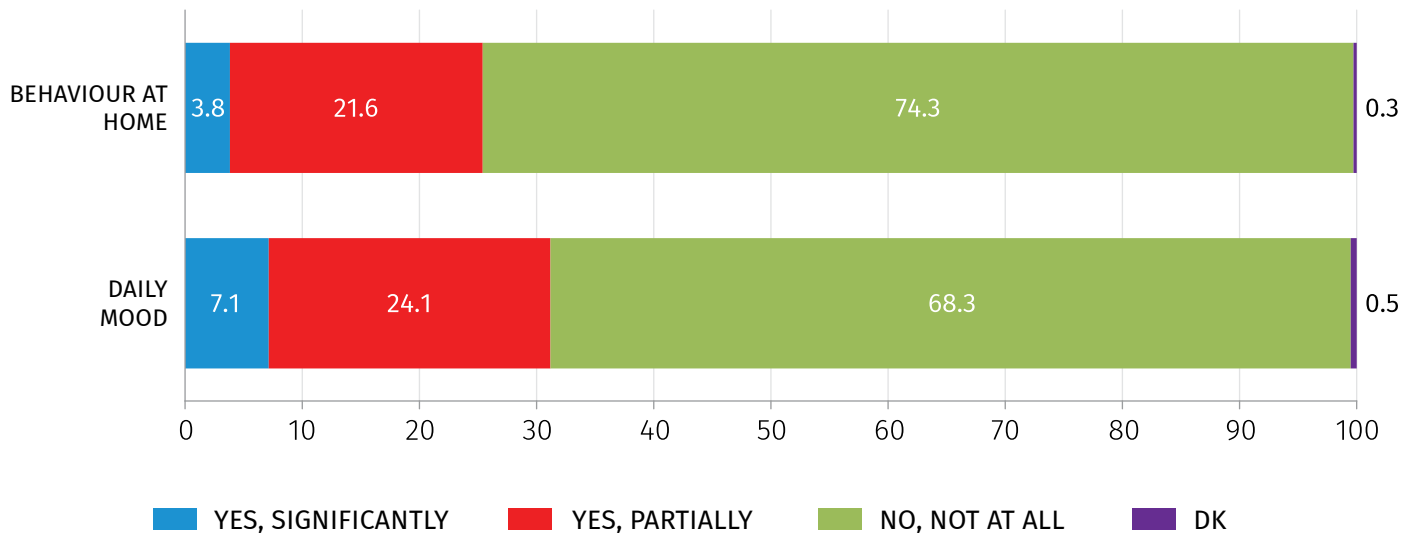


According to the findings of the survey, 74.3 percent of respondents think that playing video/computer games does not affect behaviour of their household member child aged 5-19 at home (like becoming more aggressive towards a household member, rejecting to do household chores), 21.6 percent think that it affects partially and 3.8 percent think that it affects significantly.

68.3 percent of respondents think that playing video/computer games does not affect daily mood of their household member child aged 5-19, 24.1 percent think that it affects partially and 7.1 percent think that it affects significantly.

The chart below shows the percent distribution of children aged 5-19 years who attend school and play video/computer games by whether the respondent thinks that playing video/computer games affects a child's behaviour at home and daily mood, by level of influence.

PERCENT DISTRIBUTION OF CHILDREN BY WHETHER RESPONDENT THINKS THAT PLAYING VIDEO/ COMPUTER GAMES AFFECTS CHILD'S BEHAVIOUR AT HOME AND DAILY MOOD (%)



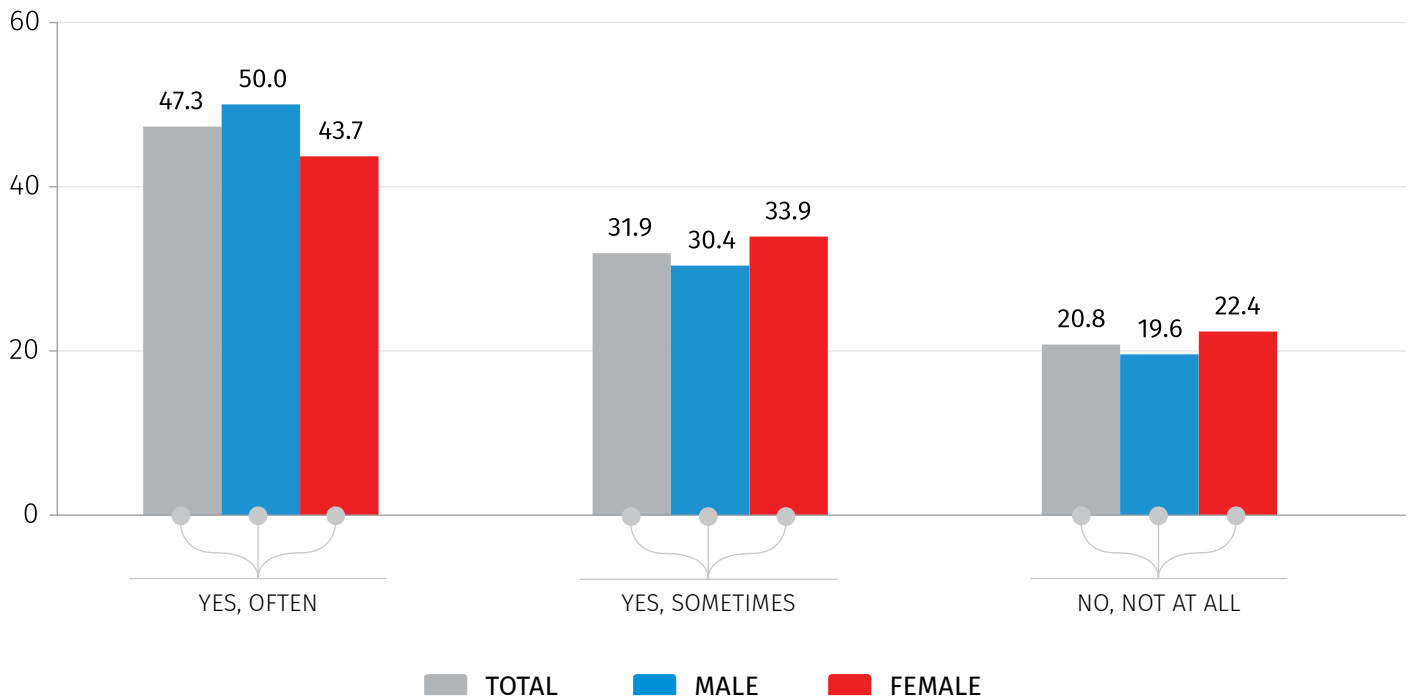
According to the survey, 47.3 percent of children aged 5-19 are often restricted on the time they spend on playing video/computer games by any member of household, 31.9 percent – are restricted sometimes and 20.8 percent are not restricted at all. By sex, 50.0 percent of boys are often restricted on the time they spend on playing video/computer games, 30.4 percent – are restricted sometimes and 19.6 percent – are not restricted at all. In case of girls, 43.7 percent – are restricted often, 33.9 percent – are restricted sometimes and 22.4 percent are not restricted at all.

The chart below shows the percent distribution of children aged 5-19 years who play video/computer games by whether child's time spent on playing video/computer games is restricted by any member of household.

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CHART №10

PERCENT DISTRIBUTION OF CHILDREN BY WHETHER CHILD'S TIME SPENT ON PLAYING VIDEO/COMPUTER GAMES IS RESTRICTED BY ANY MEMBER OF HOUSEHOLD
(%)



NOTE:

- The discrepancy between the totals and the sum in some cases can be explained by using rounded data.

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