RAPID BEHAVIOURAL AND SENTIMENT ASSESSMENT

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INTRODUCTION

MAGENTA has been commissioned by UNICEF ROSA to provide technical services in the development of an overall creative concept and strategy along with a series of communication products that support the COVID-19 outbreak response in South Asia. The products will use targeted messaging aimed at key groups including at-risk segments of the population with a view to generating and sustaining awareness about the virus and promote the sustainable adoption of behaviours needed to stop/slow down transmission, as well as responses that will mitigate the social, economic and public health impact of the pandemic.

This document provides the findings of the rapid research undertaken by MAGENTA in five countries in South Asia on perceptions around COVID-19.

PURPOSE OF THE RESEARCH

This rapid research was rolled out in Afghanistan, Pakistan, India, Sri Lanka and Bangladesh and seeks to inform the creative outputs for UNICEF ROSA's Social and Behavioural Change Communications (SBCC) interventions in the South Asia region as well as identify meaningful areas where UNICEF ROSA's regional communications campaigns can provide support to and complement UNICEF country offices' COVID-19 response efforts. The research questions provided below were identified in collaboration with UNICEF ROSA and country offices.

RESEARCH QUESTIONS

This research questions for this study fall under three main thematic areas outlined below:

Framework	Thematic Area	Research Questions
KNOWLEDGE ATTITUDES PERCEPTIONS BEHAVIOURS	**DISCRIMINATION AND STIGMA**	1. What are people's perceptions about the causes and consequences of COVID-19 and how is it likely to manifest in their behaviours towards others of different religious, socio-economic, cultural and national backgrounds?
	WELL-BEING AND RESILIENCE	1. To what extent are people feeling fearful, angry and hopeful about COVID-19 and its impact? 2. What are people most worried and stressed about with regards to the impact of COVID-19? (Specific focus on children's outcome)
	DOMESTIC ABUSE AND VIOLENCE	1. To what extent are people aware of trends such as increased child and domestic abuse as a result of COVID-19 lockdown measures?

SUMMARY OF FINDINGS

KNOWLEDGE & UPTAKE OF SAFE BEHAVIOURS

- 8 out of 10 respondents believe they know how to protect themselves from COVID-19.
- The proportion of respondents who agree that they know how to protect themselves matches the proportion who agree that they are following the authorities' recommendations.
- In majority-Muslim countries, there is a high incidence of misinformation about religious behaviours as effective prevention of COVID-19.
- A majority of respondents believe it is safe to continue immunisation (73%) and breastfeeding (63%). However, only 1 out of 4 believe it is safe to breastfeed if a mother shows symptoms of COVID19.
- Overall, 3 out of 4 respondents trust the messages and posters they see from the UN and NGOs in their country.

FEARS AND CHALLENGES

- The greatest fear for a majority of respondents was the loss of a loved one followed by the economic consequences of COVID-19, with little variation by country or gender.
- Mental distress was cited as a key challenge by 2 out of 5 respondents. It is the second most cited challenge behind restricted movement.
- 2 out of 5 respondents reported that their children have not been able to access any form of education.
- Almost 2 out of 3 respondents think about COVID-19 all the time and it makes them depressed.
- The majority of respondents consider COVID-19 as something stressful, fear-inducing. Concurrently 1 out of 2 respondents consider it to be somewhat media hyped.
- 2 out of 5 respondents expressed the belief that GBV has increased since COVID-19, and 1 out of 3 that VAC and religious based violence increased.
- 3 out of 4 respondents are worried about restricted access to food, as 2 out of 5 did not have enough to eat during COVID-19.

FUTURE BEHAVIOURS

- A majority of respondents would support restrictive measures from the government in response to COVID-19, including forced self-isolation and restriction of internet access (7 out of 10).
- A high proportion of respondents said they would avoid people who come from countries where COVID-19 cases have occurred.
- A lesser proportion of respondents said they would avoid people who come from different religious backgrounds.
- Afghan respondents were the outliers on a variety of issues:
    - They expressed the desire to avoid people from different religious backgrounds at a higher rate than other countries respondents.
    - They indicated that they would not send their children back to school, as opposed to other countries' responses.
    - They overwhelmingly indicated that they would not immunise their children.

RESEARCH METHODOLOGY

OVERALL APPROACH

The approach to the research component of this assignment was remote. In the current context, MAGENTA and its data collection partner adhered to strict **do-no-harm** principles for research which are aligned with UNICEF ROSA current guidelines on conducting research and include the following:

- No face-to-face interviewing
- Shortened research tools to allow for remote nature of interviews

As such, MAGENTA undertook phone-polling in all the five countries selected for this assignment. These include India, Pakistan, Afghanistan, Sri Lanka and Bangladesh. Given the diversity and geographic scope of these countries on the one hand and the limitations of timeline on the other, MAGENTA developed a tailored methodology and questionnaire to bring out meaningful insights from the formative research and test the creative materials that are subsequently developed with the target audience.

DATA COLLECTION METHODS

The following research methods have fed into collecting the data for this project. All data collection was undertaken between May 19 2020 and May 26 2020.

Desk Review
MAGENTA undertook a rapid desk review of existing literature, U-reports and analysis on COVID-19 in South Asia. The desk review sought to answer the following questions:

About COVID-19 in each country –

1. What are the main knowledge, attitudes and perceptions of people with regards to COVID-19?
2. What are the COVID-19 statistics in each country?
3. How do people feel about COVID-19 now? Is there fatigue? Fear? What kind of fear? Hope? What kind of hope? Anger? At whom? Why?
4. What are some of the conspiracy theories circulating around with regards to COVID-19 in these countries, especially with regards to practising UNICEF/WHO recommended safe behaviours?

About the response to COVID-19 in each country –

1. What has been the government's response in each country? How have they communicated this to people? What have been people's reactions to this?
2. What has been the response of UNICEF, WHO and the UN in general (in that order) in these countries? How have they communicated this to people? What have been people's reactions to this?
3. What has been the capacity and response of public health agencies in these countries? Are they well equipped?
4. Do people understand the challenges that their country faces in managing a crisis like this?

KII Consultations with UNICEF
MAGENTA also undertook consultations and individual key informant interviews with UNICEF ROSA and

Country Office staff (particularly C4D country focal points). The objective of these consultations was to gather insights on the work that country offices and other sections are doing with regards to COVID-19 and their views on the key research themes of this study with regards to their respective countries.

Phone Polling

MAGENTA, through its data collection partner IPSOS undertook approximately 400 phone surveys in each country for a total of n=2082 data points. The surveys were conducted using Computer Assisted Telephone Interviews (CATI method) and lasted approximately 15-20 minutes each. MAGENTA developed a survey questionnaire with close-ended questions which was translated into eight different languages including Dari, Pashto, Urdu, Hindi, Bengali, Tamil, Bangla and Sinhalese. A summary of the sampling, target groups and locations is provided below in Table 1.

Table 1: Summary of Sampling, Target Groups and Locations for Phone Polling

Country	India	Bangladesh	Afghanistan	Pakistan	Sri Lanka
Sample Size	447	405	408	412	410
Target Groups	National Representation	National Representation	National Representation	National Representation	National Representation
	Adults 18+ years of age	Adults 18+ years of age	Adults 18+ years of age	Adults 18+ years of age	Adults 18+ years of age
	Male, Female	Male, Female	Male, Female	Male, Female	Male, Female
	Good Geographical spread	Good geographical spread	Good geographical spread	Good geographical spread	Good geographical spread
	No quota on socioeconomic classifications Age Gender	No quota on socioeconomic classifications Age Gender	No quota on socioeconomic classifications Age Gender	No quota on socioeconomic classifications Age Gender	No quota on socioeconomic classifications Age Gender
Length of Interview	15 min	15 min	15 min	15 min	15 min
Language	Hindi, Bengali & Tamil	Bangla	Pashto & Dari	Urdu	Sinhalese & Tamil

ANALYSIS

MAGENTA undertook the quantitative analysis on MS-excel. The findings presented below have been

disaggregated based on gender and country.

DEMOGRAPHIC OVERVIEW

This section provides an overview of characteristics of the sample group of respondents who were interviewed for this study across the five countries.

COUNTRIES | AFGHANISTAN, BANGLADESH, INDIA, PAKISTAN, SRI LANKA

Of the total respondents who were interviewed, approximately 20% came from each of the five countries – Afghanistan, Bangladesh, India, Pakistan and Sri Lanka. The figure below provides an overview of the breakdown of the sample in each country.
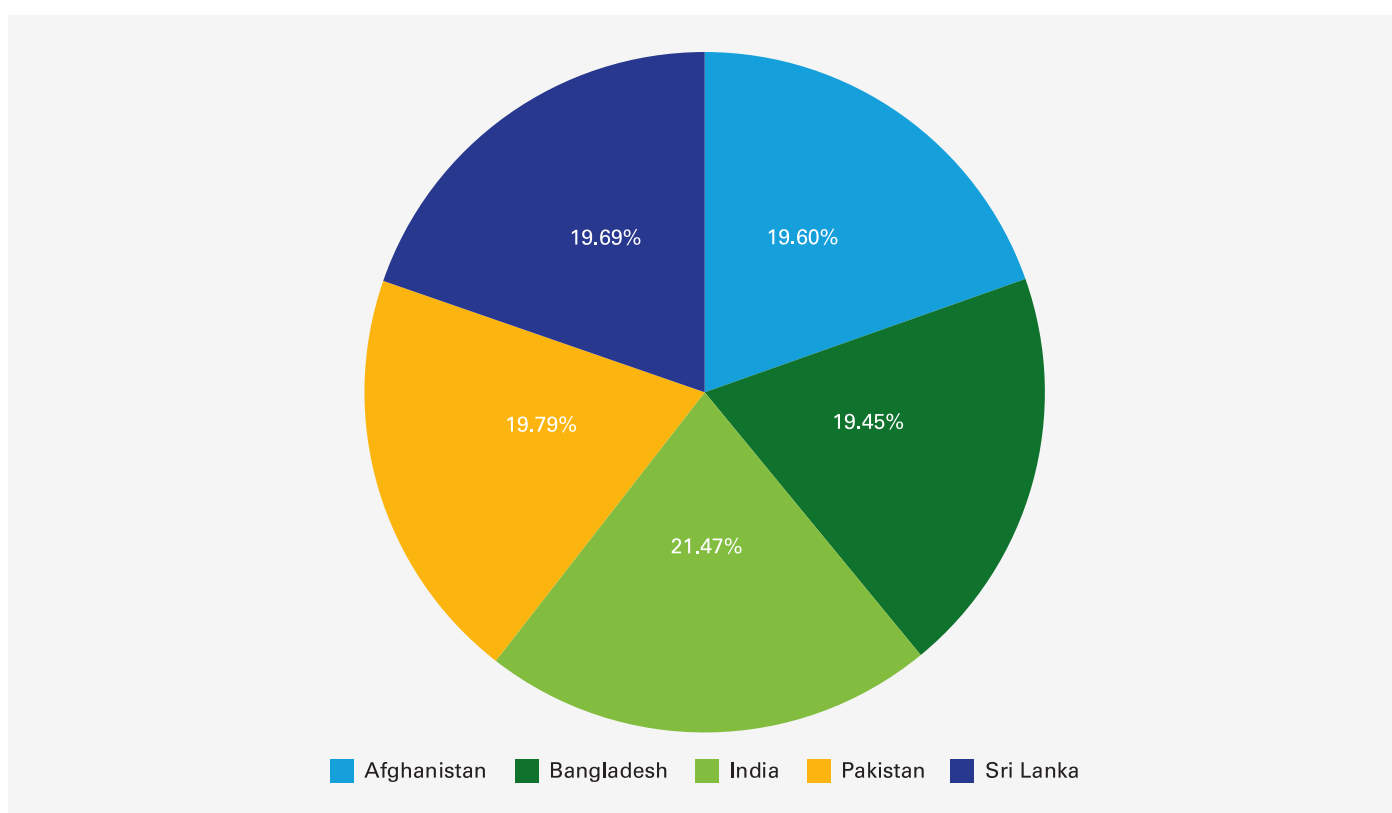
Figure 1: Country breakdown of respondents

The following figures provide an overview of the geographical distribution of the sample per country. In Afghanistan, the sample was concentrated in Kabul and eastern Afghanistan. In Bangladesh, the respondents were fairly evenly distributed except for the fewest in Sylhet. In India as well, they were fairly evenly distributed across major cities. In Pakistan, 70% of the respondents were from Punjab while Sri Lanka saw an even distribution as well.
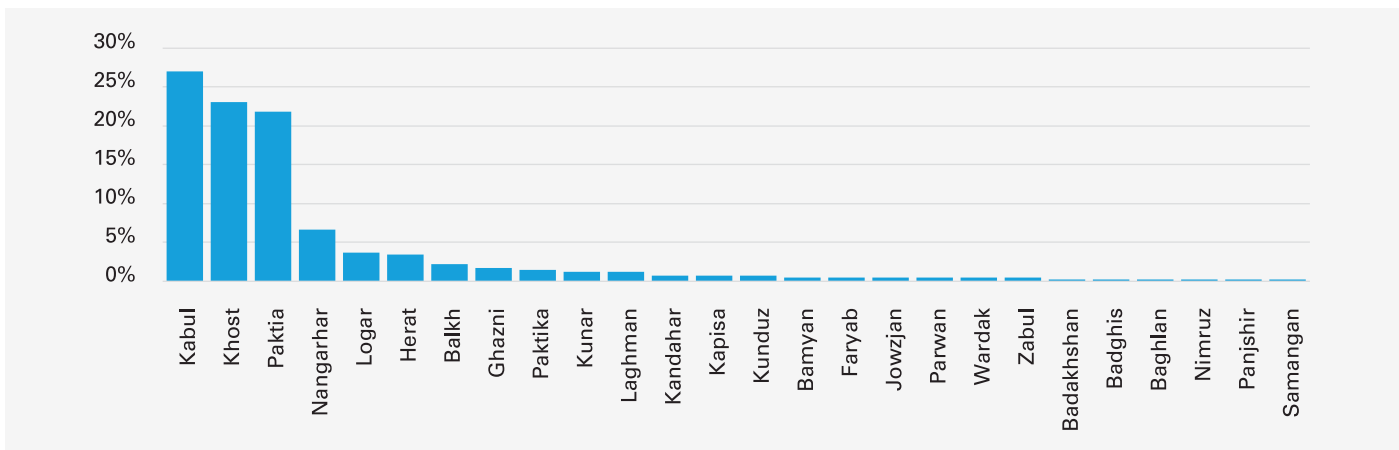
Figure 2: Provincial breakdown of sample in Afghanistan
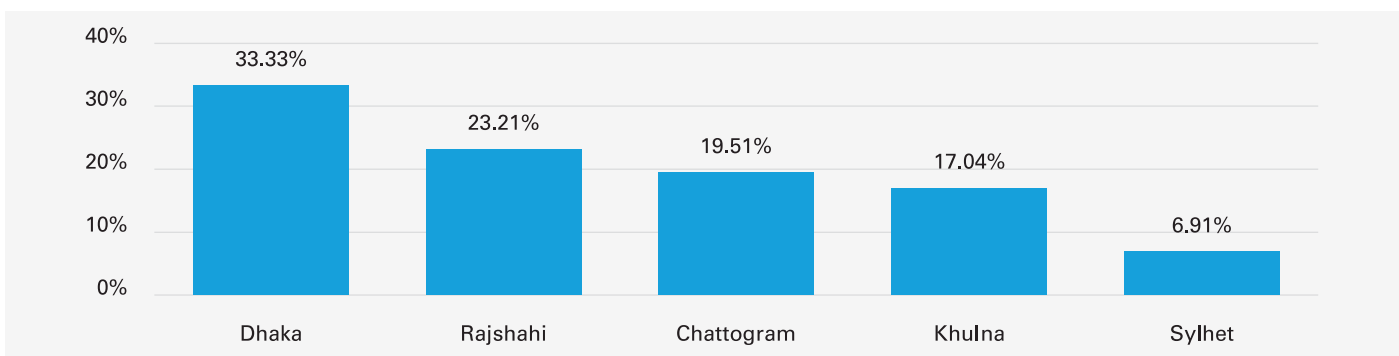
Figure 3: Provincial breakdown of sample in Bangladesh
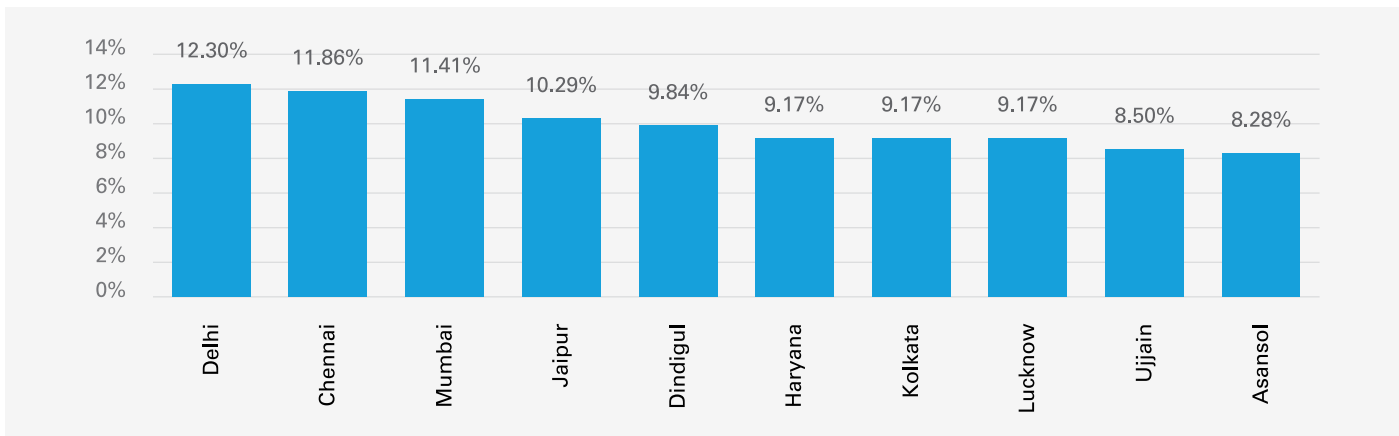
Figure 4: State breakdown of sample in India
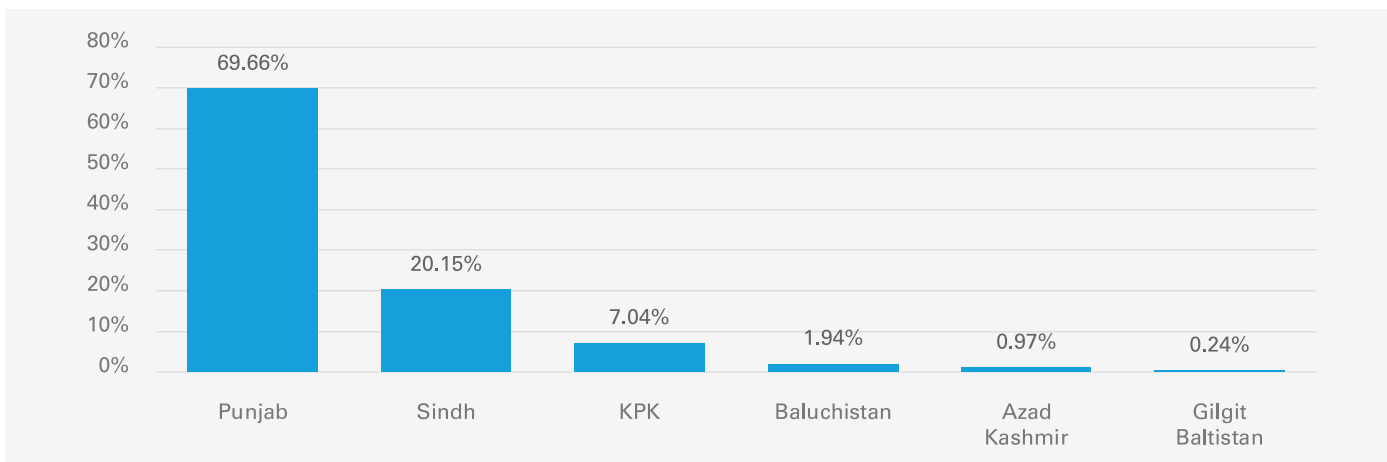
Figure 5: Provincial breakdown of sample in Pakistan
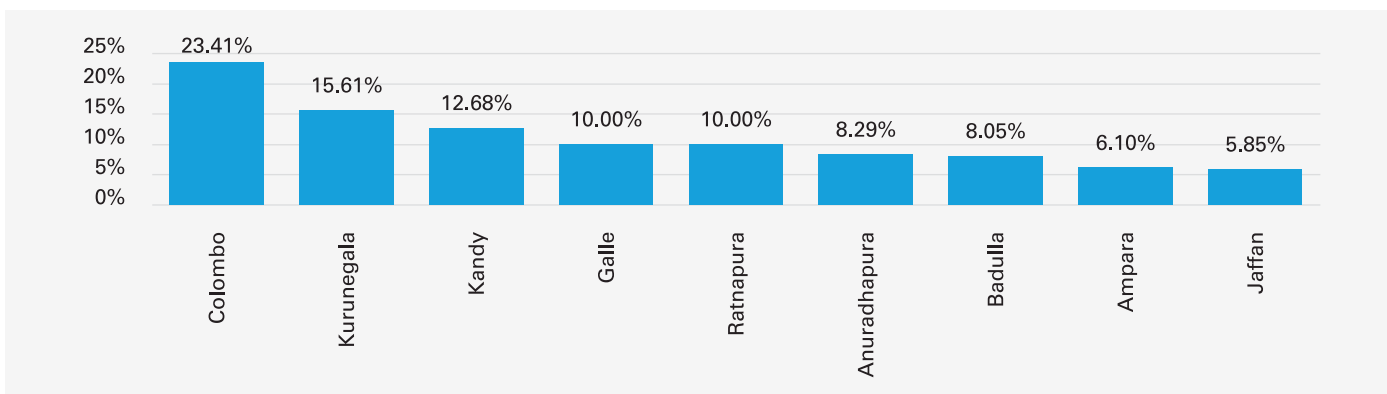
Figure 6: District breakdown of sample in Sri Lanka

GENDER

With regards to gender, the sample represents an approximate 60-40 split between male and female respondents with some countries having a 50-50 split as shown in the figure below.
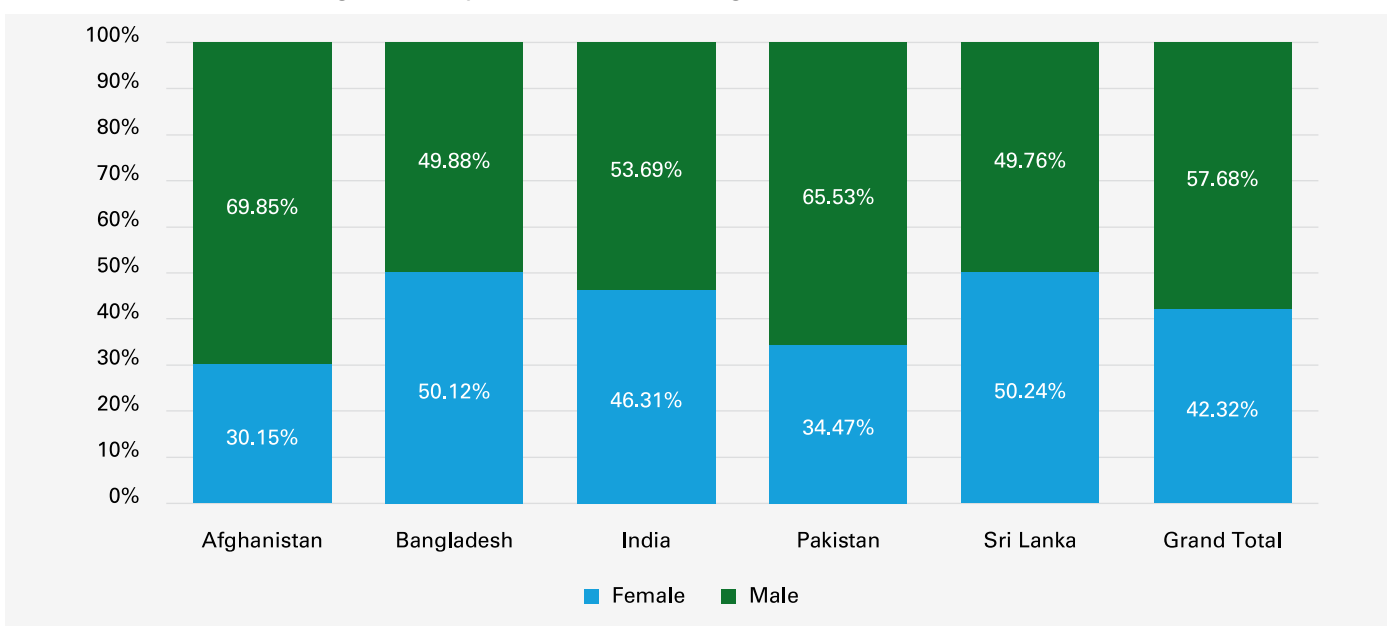
Figure 7: Overall and country-specific gender breakdown of respondents

AGE

With regards to age, the respondents comprised 27% of youth between the ages of 18-24; about 36% of respondents between the ages of 25-34; 27 % between the ages of 35-49 and 11% over the age of 50.
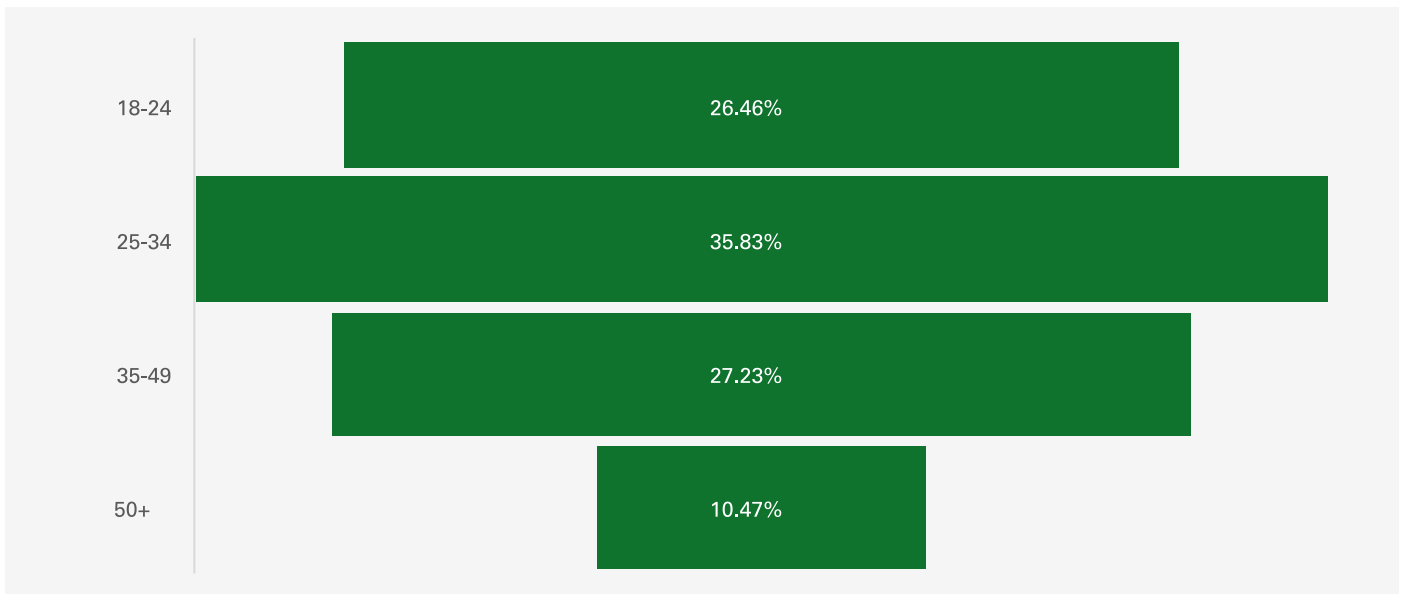
Figure 8: Age breakdown of respondents across the five countries

LEVELS OF EDUCATION

With regards to levels of education, 32% of the respondents across the five countries said that they had completed high school. 24% said that they had been to University; 20% said that they had been to secondary school and around 12% said that primary school was the highest level of education that they had. 8% of the respondents said that they had not had any education at all.
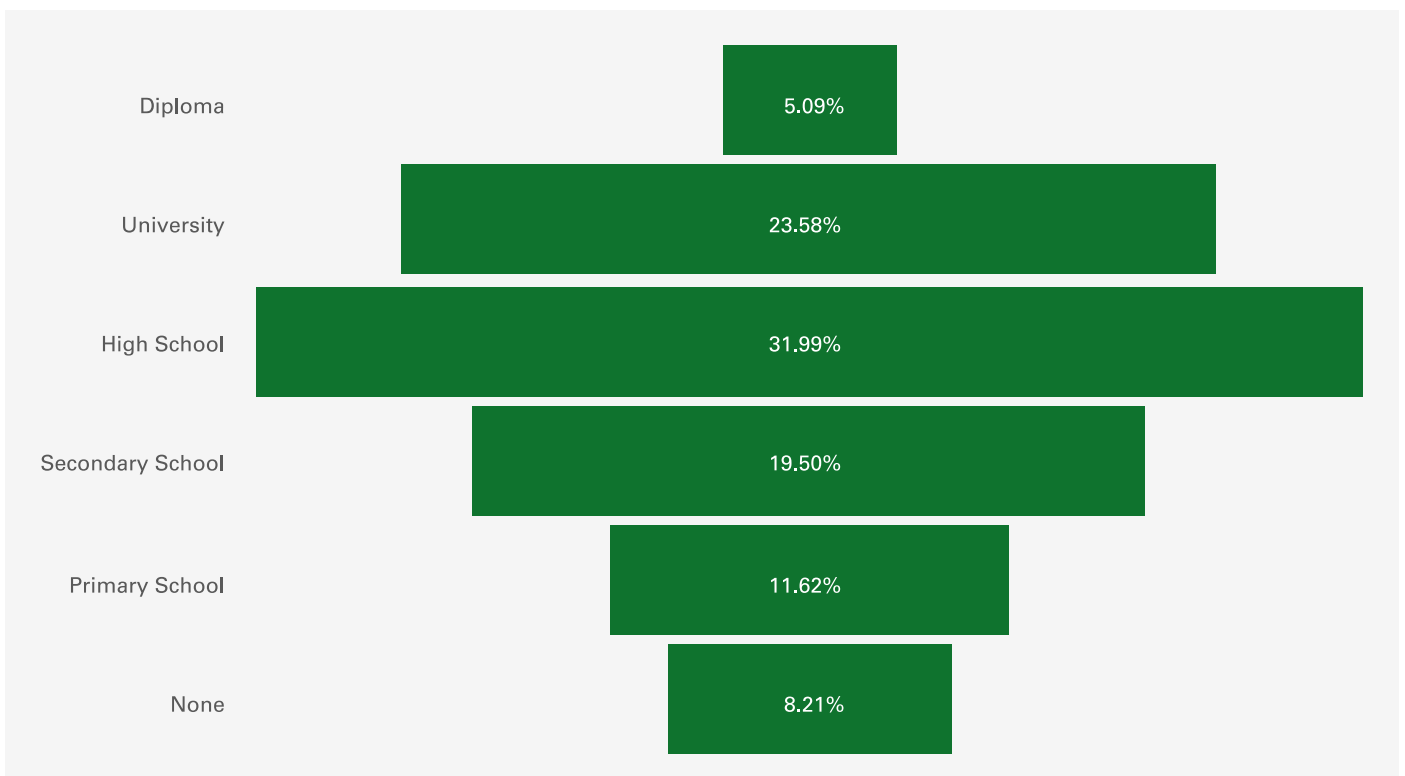
Figure 9 Education levels of respondents

Specifically, per country, Afghanistan noted the highest level of uneducated respondents (28%) followed by Pakistan (11%). The Indian cohort of respondents had the highest number of University graduates (43%) while majority of the respondents across the board had at least completed high school.

Level of Education [Country Specific]					
	Afghanistan	**Bangladesh**	**India**	**Pakistan**	**Sri Lanka**
Diploma	8.58%	3.21%	6.71%	0.49%	6.34%
University	25.25%	17.04%	43.18%	18.20%	12.44%
High School	22.79%	27.16%	30.87%	26.46%	52.68%
Secondary School	5.15%	24.94%	14.09%	28.88%	24.88%
Primary School	9.80%	26.67%	3.80%	15.29%	3.41%
None	28.43%	0.99%	1.34%	10.68%	0.24%
Grand Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

SECTOR OF WORK

With regards to sector of work, 23% of the respondents were unemployed, 16% were in the business sector, 15% were housewives (mostly women); 12% reported that they work in the informal sector. 10% said that they work as support staff and 6% said that they work in the government. The remaining noted various other professions such as teaching (1%), hospitality (1%), students (5%), NGO sector (3%), farming (2%), medical (2%), retired (2%) and military (1%).

URBAN VERSUS RURAL

64% of the respondents who were interviewed reported that they lived in an urban location while 36% said that they live in a rural location. The figure below provides a country-wise split of urban versus rural respondents in the sample.
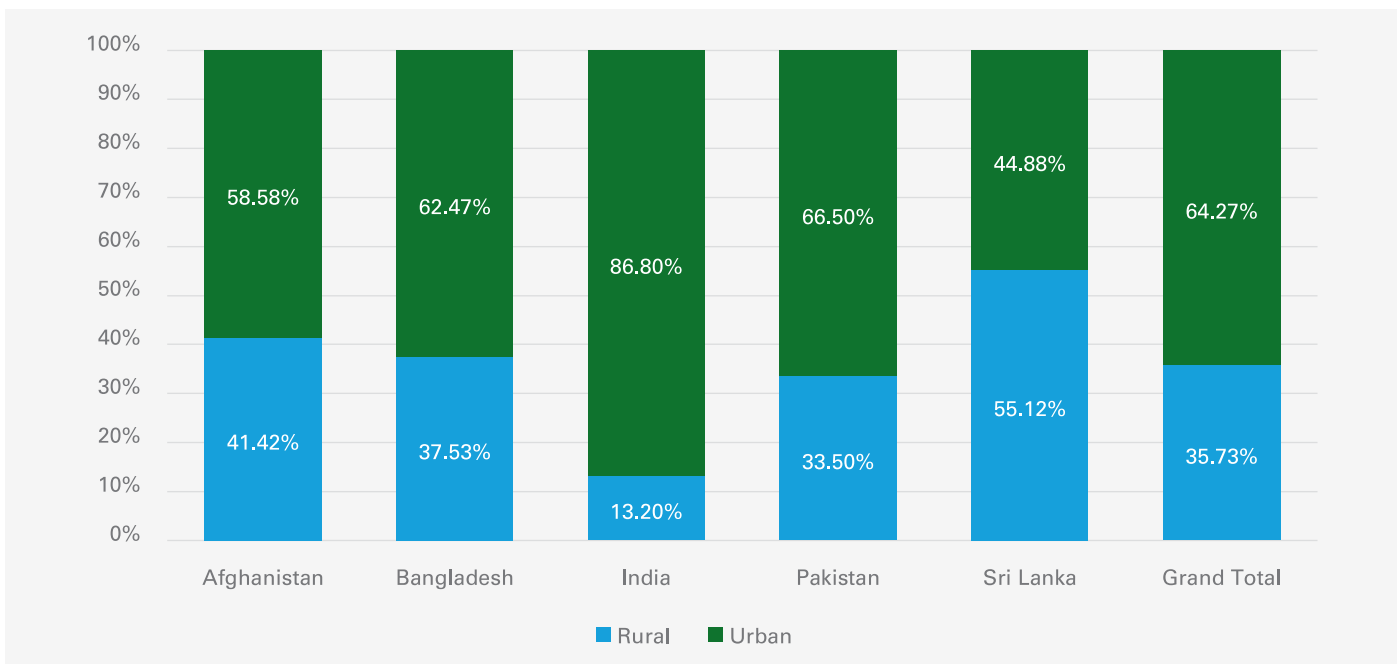
Figure 10: Country-wise urban-rural breakdown of sample

RELIGIOUS BREAKDOWN

In terms of religious breakdown, 60% of the respondents were Muslim, 23% Hindu, 15% Buddhist and just over 1 % Christians. The figure below provides an overview of the religious breakdown per country.
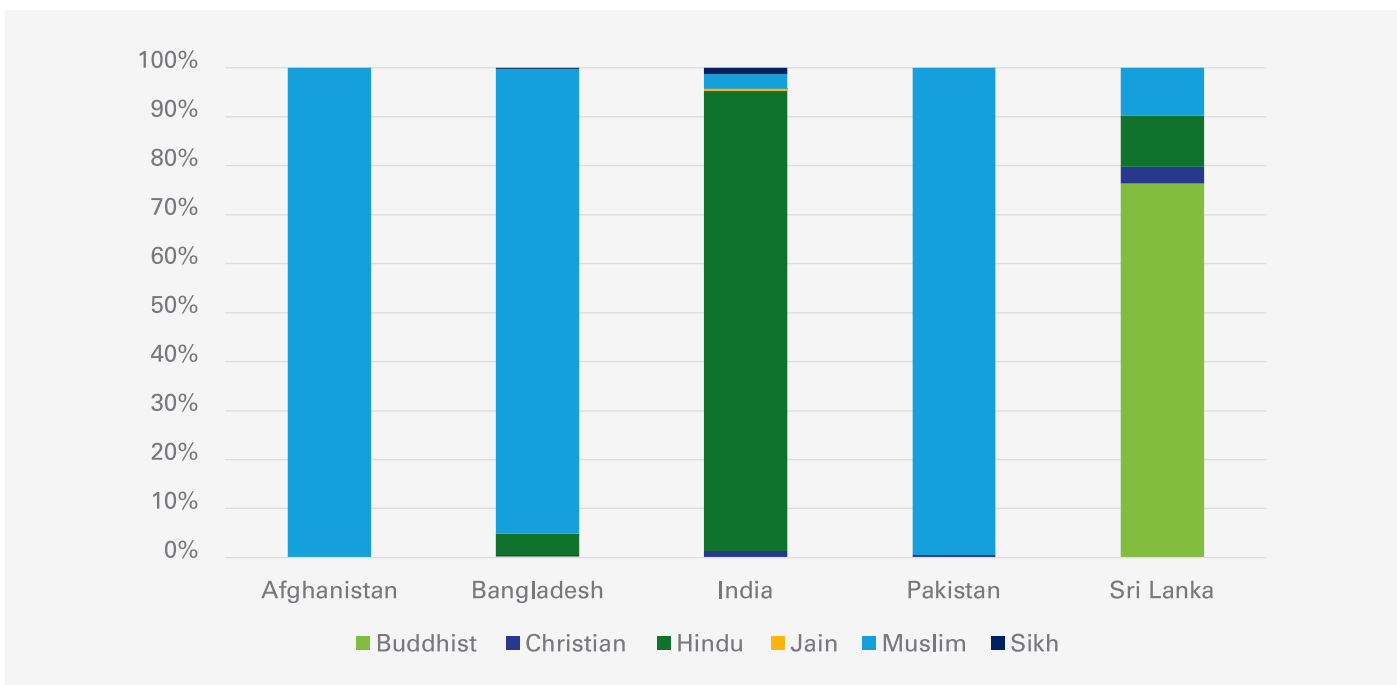
Figure 11: Country-wise religious breakdown

HOUSEHOLDS

The average size of households overall was 6.7. The figure below provides an overview of the average household size per country. Afghanistan reported the largest average household size and Sri Lanka the lowest.
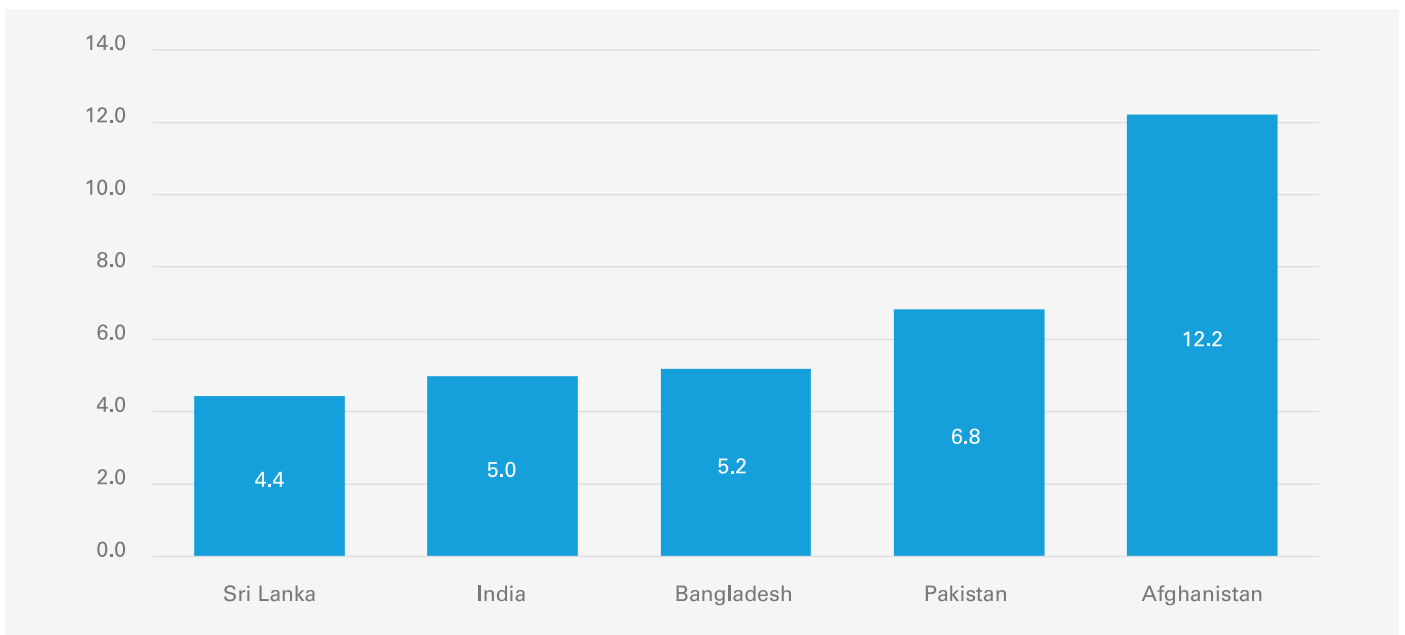
Figure 12: Average size of household per country

Of all the respondents interviewed, 71% said that there were children living in the household. The breakdown of households with children per country is provided below:
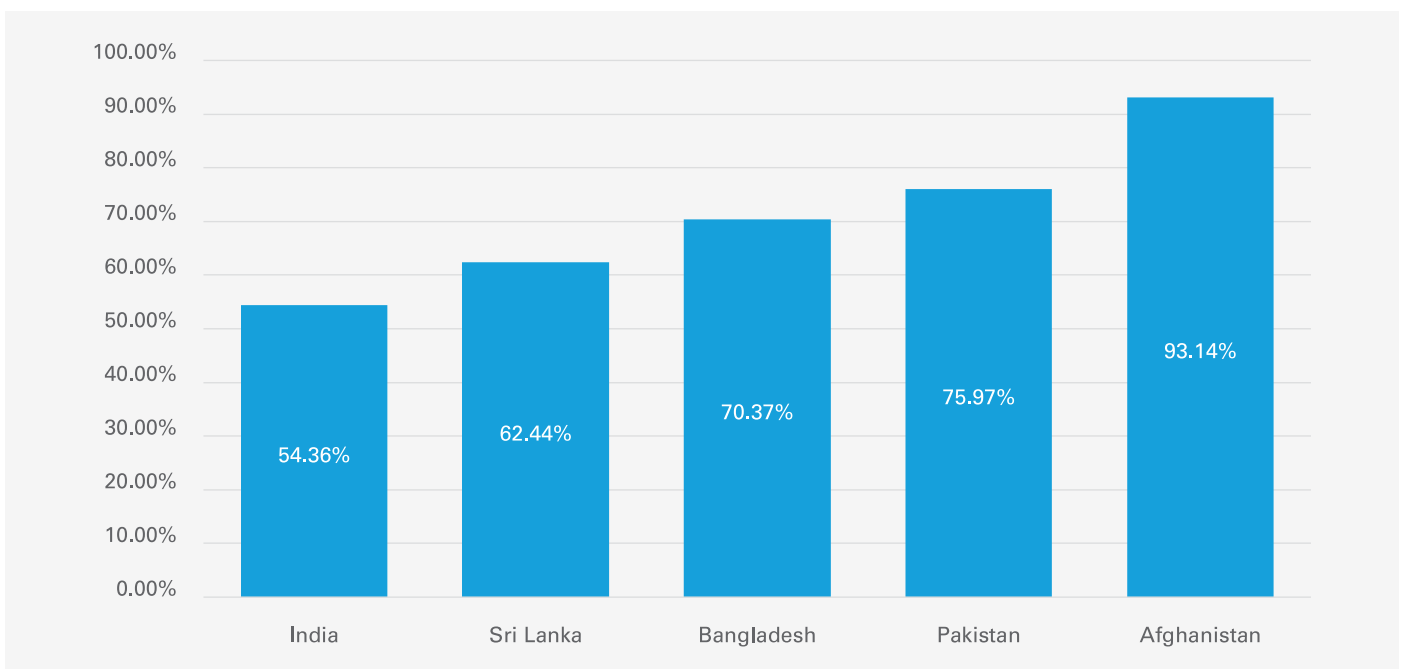
Figure 13: Percentage of respondents reporting households with children

The number of children in these households was the highest between the ages of 0-5 years and 6-10 years (0.7 children on average).
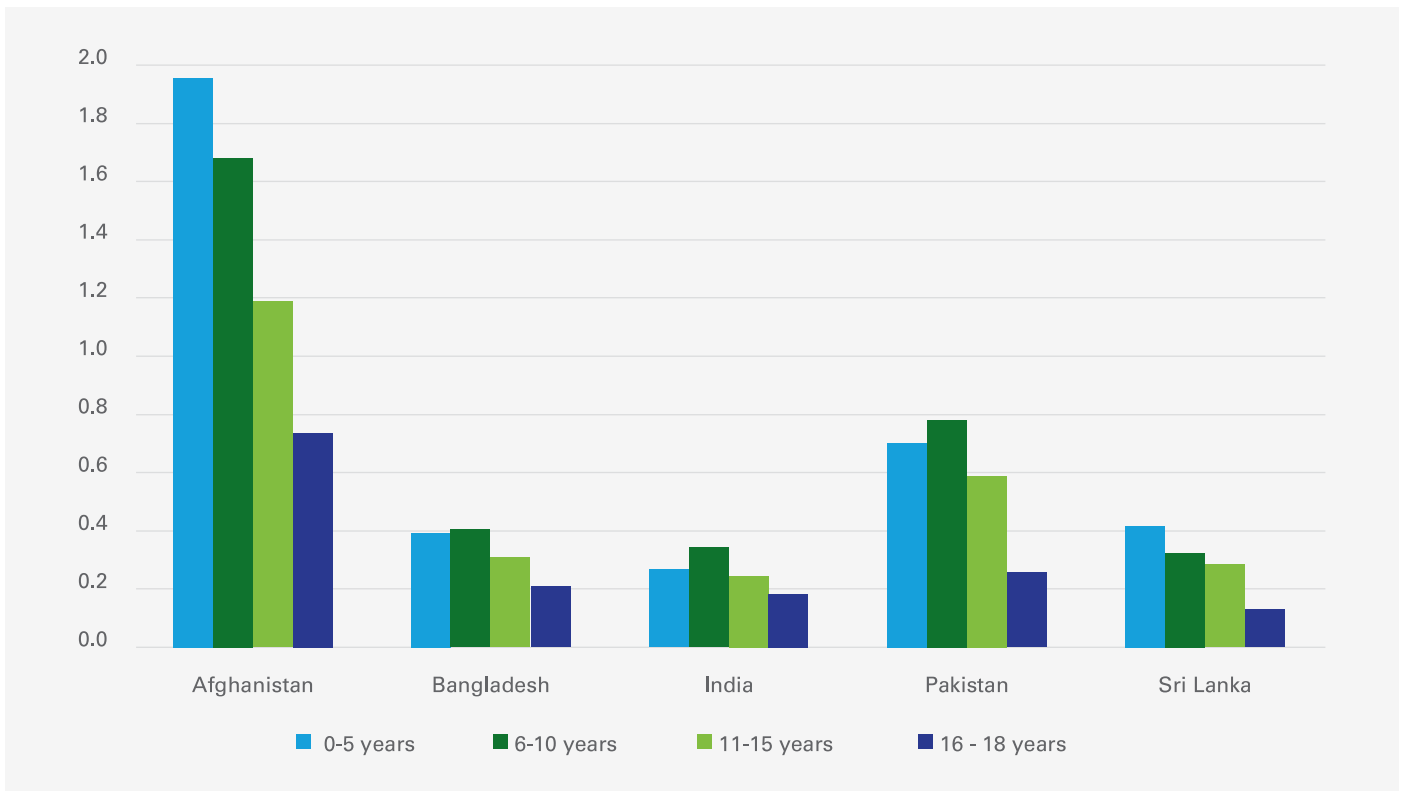
Figure 14: Average number of children per age category per country

KEY FINDINGS

This section outlines the key findings from the analysis of survey respondents.

I. KNOWLEDGE & UPTAKE OF SAFE BEHAVIOURS

This section provides an overview of respondents' knowledge about and uptake of appropriate prevention measures for COVID-19.

ABILITY TO PROTECT AGAINST COVID-19 (SELF-ASSESSMENT)

Most respondents agreed that they knew how to protect themselves from COVID-19. Overall, 84.73% of the respondents agreed that they knew how to protect themselves from the virus. Roughly equal proportions of rural and urban respondents were respondents said that they knew how to protect themselves. Men were slightly more likely than women to agree that they knew how to protect themselves, with 86.01% of male respondents agreeing, compared with 82.97% of female respondents.

The proportion was lowest in Afghanistan, where 76% of respondents agreed with this statement, and in Bangladesh, where 79% agreed. It was highest in Sri Lanka, where 92% of respondents felt they knew how to protect themselves.
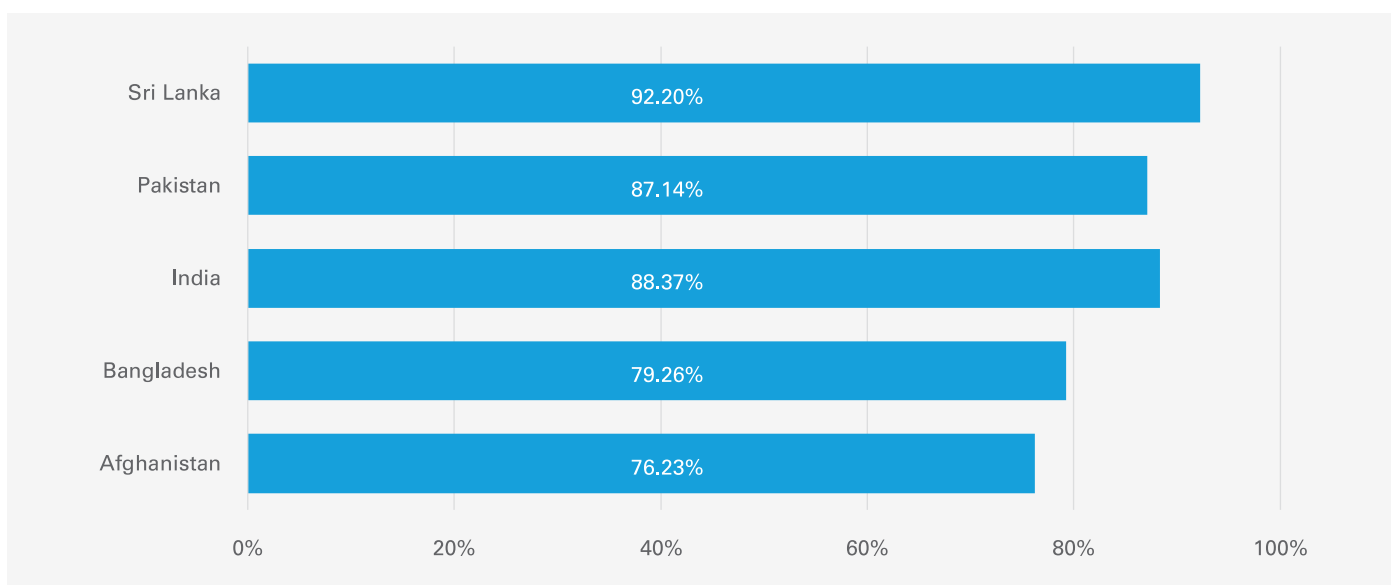
Figure 15: Country-specific responses to "I know how to protect myself from COVID-19"

When compared with the question about whether respondents knew how to protect themselves, the data on whether respondents feel they are following the authorities' recommendations suggests a slight disjunct between self-reported knowledge of the correct protection measures and self-reported adherence to these protection measures.

In Afghanistan, more respondents (76%) believe that they know how to protect themselves compared with the proportion (71%) who believe that they are following the authorities' recommendations on protecting themselves. This may reflect a perceived mismatch between the authorities' recommendations and what Afghan respondents believe to be the correct preventive measures, or it may be a reflection of Afghan respondents' inability to follow these measures even when they are known. By contrast, in Sri Lanka, more respondents agree that they are following authorities' recommendations (around 99%) than respondents who believe they know

how to protect themselves (92%).
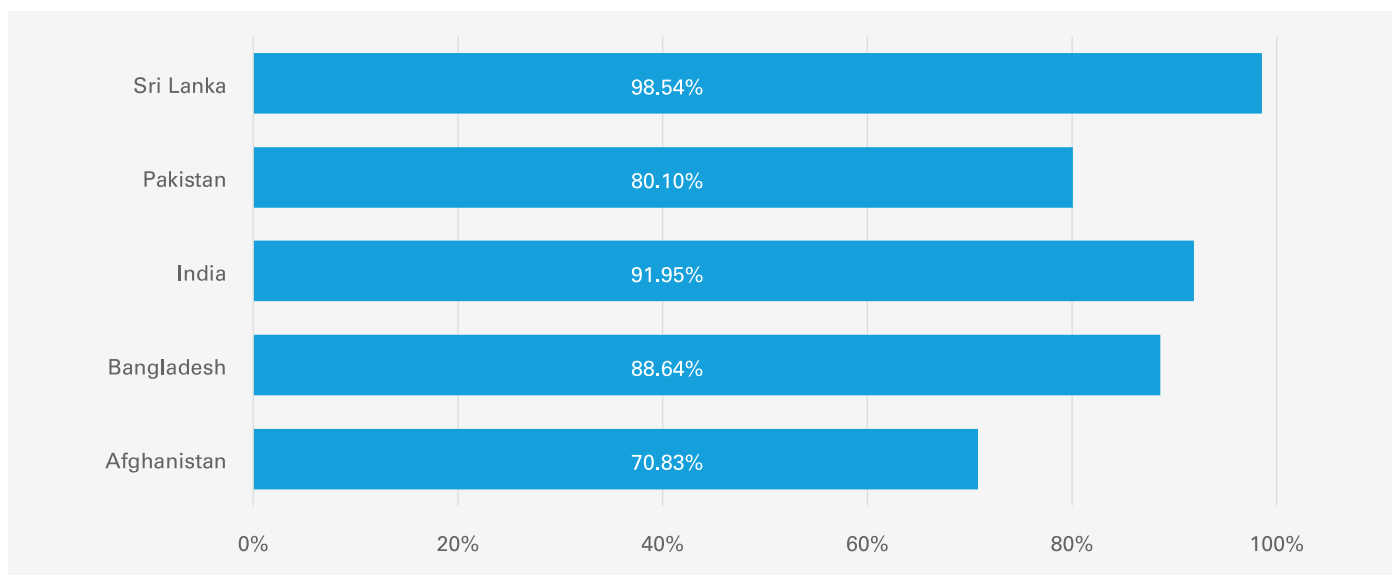
Figure 16: Responses to "I follow the recommendations from authorities in my country to prevent spread of novel coronavirus"

When broken down along gender lines, however, the proportion of men who agree that they know how to protect themselves is exactly equal to the proportion of men who agree that they are following the authorities' recommendation (86.01%). The same is true for women (82.97% agree they know how to protect themselves and that they are following the authorities' recommendations).

MISINFORMATION ABOUT COVID-19 CURES

Belief in the effectiveness of incorrect prevention measures is high across the region. Only 14% of respondents indicated that all the preventative measures suggested (1)praying, (2) eating garlic, ginger and lemon, (3) homeopathic remedies, (4) herbal supplements) were incorrect.

Overall, men were more likely than women to indicate that all four of these preventive measures proposed were incorrect (see graph below), with 15% of men indicating they were incorrect, compared with 14% of women. Men were also more likely (9%) than women (6%) to indicate they did not know if these measures were correct. Women favoured eating garlic, ginger and lemon (with 45% of female respondents agreeing this was an effective preventive measure) and praying (41%). Men favoured these two options as well, although to a lesser degree (39% of male respondents agreed with praying as an effective measure, and 37% with eating garlic, ginger and lemon).

Belief in the effectiveness of these incorrect prevention measures did not vary significantly between households with or without children, except for prayer, which was favoured by 43% of households with children, compared with 33% of households without. Households without children were also more likely (19%) to say none of the four incorrect measures were effective, compared with 13% of households with children.

The data also shows that, among the 12% of respondents who said they did not know how to protect themselves, more (44%) were likely to believe prayer was effective as a prevention measure when compared to respondents who said they did know how to protect themselves, of whom only 39% thought prayer was effective as a prevention measure.
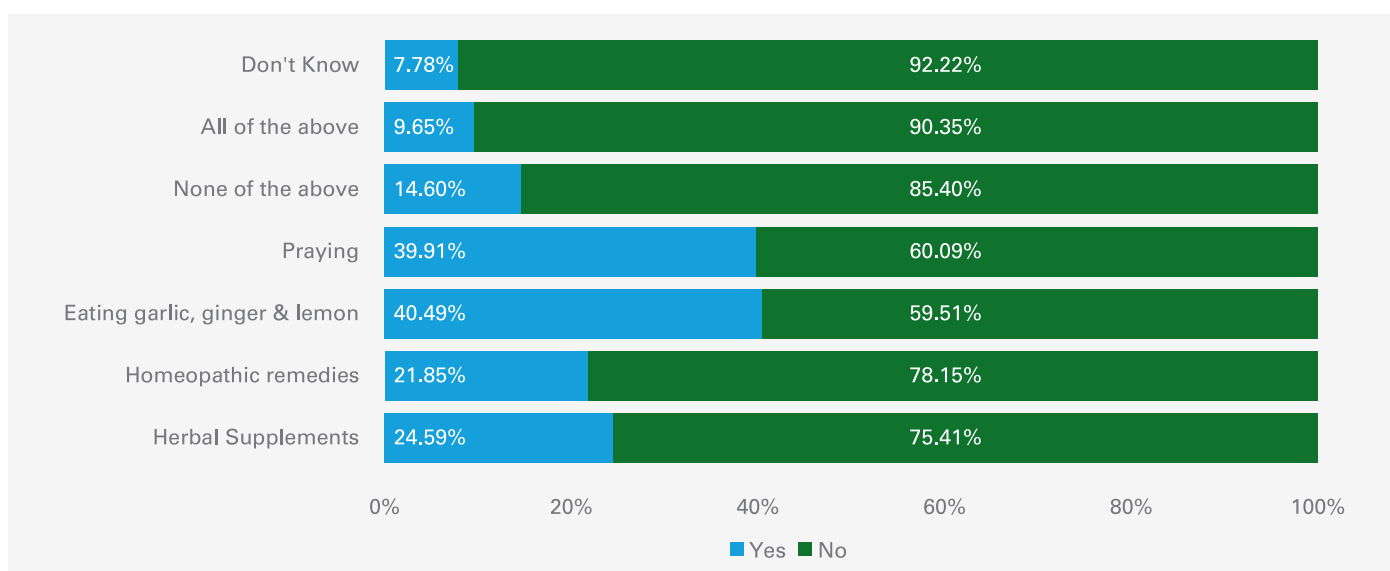
Figure 17: Incorrect measures some respondents believe to be effective against COVID-19

A country-breakdown of the numbers indicate that in majority-Muslim countries, there is a high incidence of misinformation about religious behaviours as effective prevention of COVID-19:

AFGHANISTAN	Belief in the effectiveness of all of the above incorrect measures is the highest of the five countries where data was collected, with 24% of Afghan respondents agreeing with all four measures. More respondents favored praying (54%) and eating garlic, ginger and lemon (40%) than homeopathic remedies (19%) or herbal supplements (17%).
BANGLADESH	Most respondents believed that praying (62%) and eating garlic, ginger and lemon (61%) were effective, while a smaller proportion believed that homeopathic remedies (20%) or herbal supplements (22%) were effective. 13% of respondents agreed with all four measures. In an online survey administered by UNICEF Bangladesh to receive feedback on communications surrounding COVID-19, 57% of respondents named praying to God or other religious activities as an effective preventive measure against the spread of the disease.[1]
INDIA	More respondents believed that eating garlic, ginger, and lemon (56%) was effective in preventing COVID-19. Fewer (31-33%) agreed with the other three measures.
PAKISTAN	Of the four incorrect prevention measures, praying was the most popular with Pakistani respondents (49%), while eating garlic, ginger and lemon (14%), herbal supplements (13%), and homeopathic remedies (5%) did not receive as strong approval. 20% of Pakistani respondents did not believe that any of these incorrect measures would be effective. In Pakistan, misconceptions about religious practice as effective prevention of COVID-19 coupled with pressure from religious leaders and communities to continue group prayer gatherings, to create dangerous conditions for virus spread. The 2 April RCCE COVID-19 Brief found that Pakistani "religious leaders are resisting the closure of mosques because of confusion over what closure means," and that few Pakistanis had altered their religious practice or plan to do so for Ramadan in response to COVID-19.[2] At the same time, religious structures have also provided a conduit for charity and solidarity that has helped with the COVID-19 crisis.
SRI LANKA	Of the respondents in the five countries surveyed, Sri Lankan respondents were the most likely to reject all of the four incorrect prevention measures, with 33% saying that none were effective. Herbal supplements were the most popular (37%) with homeopathic remedies (30%), eating garlic, ginger and lemon (30%), while praying (5%) was the least popular.

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1   UNICEF Bangladesh, Online survey 2 - Preliminary Findings, p. 12.

2   COVID-19 RCCE Brief, 2 April 2020, p. 2.

KNOWLEDGE OF SAFE PRACTICES (BREASTFEEDING & IMMUNISATION)

While knowledge about immunisation is high, understanding of safe breastfeeding practice during COVID-19 is mixed. Overall, a majority of respondents believe it is safe to continue immunising their children (73%) and to breastfeed even if COVID-19 has been diagnosed in the community (63%). However, most do not believe it is safe to breastfeed babies if the mother has symptoms of COVID-19, with only 25% agreeing that this practice is safe.
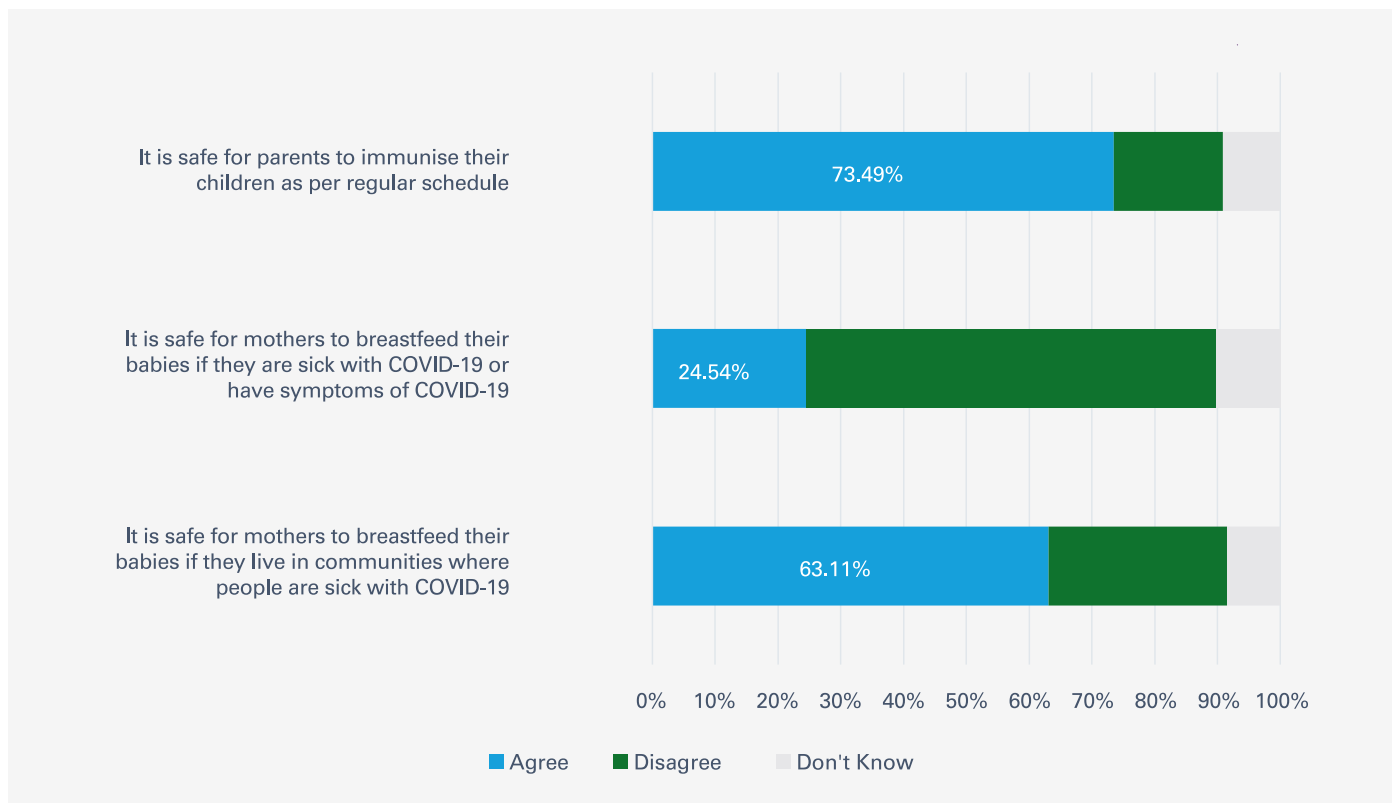
Figure 18 Knowledge of safe practices around breastfeeding and immunisation during COVID-19

Men are more likely to agree that it is safe for women who are sick with COVID-19 to breastfeed (27%) than for women to agree with this statement (22%). More men (76%) than women (70%) also agree that it is safe to continue to immunise children. However, when it comes to breastfeeding if COVID-19 has been just generally detected in the community, women are more likely (66%) to agree that this is safe than men (61%).

A country-breakdown of the numbers indicate that in:

AFGHANISTAN	Respondents in Afghanistan display the strongest awareness of safe practices for breastfeeding during COVID-19 when compared with the other five countries surveyed. 80% of Afghan respondents agree it is safe to breastfeed if there is COVID-19 in the community and 34% agree it is safe to breastfeed if the mother has COVID-19. Afghan respondents are close to the average across all five countries in their understanding of safe practices surrounding immunisation, with 73% of respondents saying that it is safe to immunise children according to the regular schedule.
BANGLADESH	In Bangladesh, 60% of respondents know it is safe to breastfeed in communities where there have been COVID-19 cases and 73% know it is safe to immunise children, but only 18% know it is safe to breastfeed if the mother has COVID-19.

INDIA	Across all five countries, Indian respondents had the strongest knowledge of safe practice surrounding immunisation during COVID-19, with 82% agreeing it is safe to continue immunising children per the regular schedule. 26% of Indian respondents agreed it is safe to breastfeed babies if the mother is sick, which is a level of correct response close to the average across all five countries. However, Indian respondents had the least awareness when it came to the safety of breastfeeding in communities with COVID-19, with only 49% agreeing this was safe.
PAKISTAN	Pakistan's respondents are close to average in their understanding of the three behaviours queried, with 58% agreeing that it is safe to breastfeed in communities with COVID-19, 27% agreeing that it is safe to breastfeed if the mother has COVID-19, and 75% agreeing that it is safe to continue with immunisation according to the regular schedule. However, a greater proportion of Pakistani respondents than those in any other country indicated that they did not know the correct answer about the breastfeeding behaviours (24% did not know if it was safe to breastfeed in communities with COVID-19, and 25% did not know if it was safe to breastfeed if the mother has COVID-19, compared to "don't know" replies of 10% or less in other countries).
SRI LANKA	70% of Sri Lankan respondents agree that it is safe to breastfeed in communities with COVID-19, while only 17% agree it is safe to breastfeed if the mother has COVID-19. 65% agree that it is safe to continue immunisations according to schedule.

Knowledge of safe behaviours around breastfeeding during COVID-19 is slightly higher in households with children, with 66% of households with children agreeing that it is safe to breastfeed in communities with COVID-19 and 26% agreeing it is safe to breastfeed if the mother has COVID-19, compared to 57%, and 22% of households without children agreeing with these statements (respectively). However, knowledge of safe behaviours around immunisation are equal in households with or without children (73.46% and 73.55%, respectively, agree it is safe to immunise children according to the regular schedule).

TRUST IN UN AND NGO MESSAGING ON COVID-19

Overall, most respondents (76%) trust the messages and posters they see from the UN and NGOs in their country.

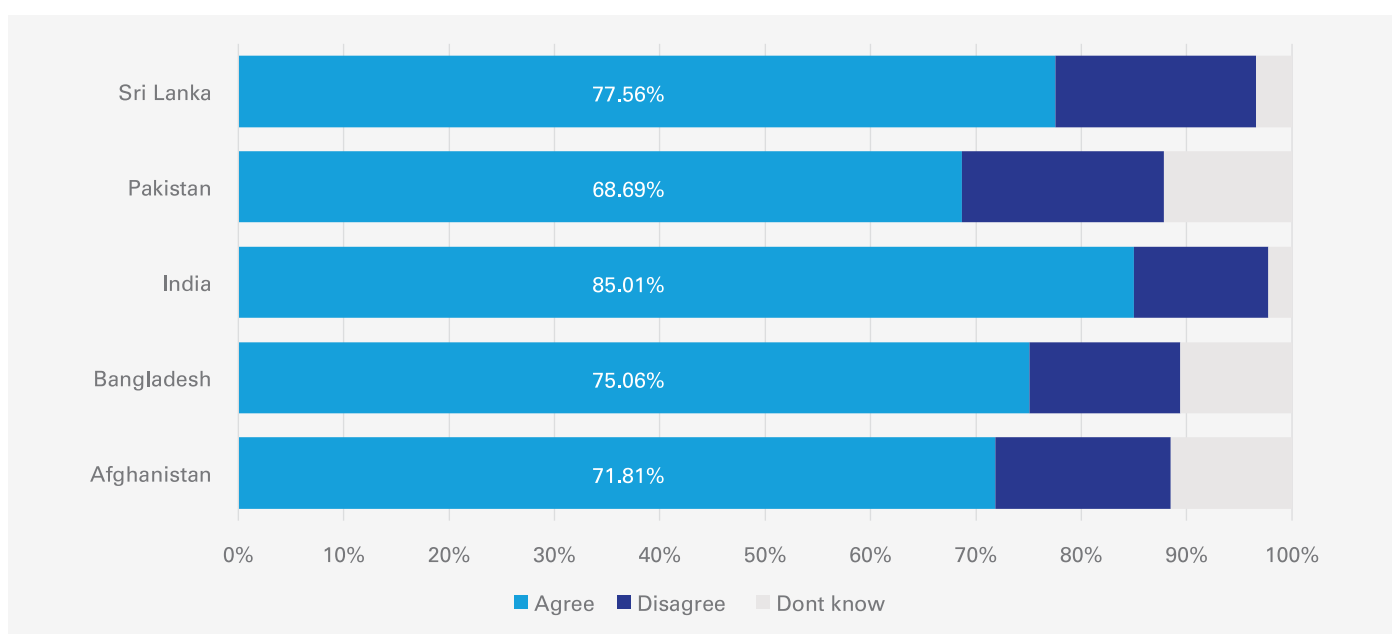**Figure 19**: "I trust the messages and posters I see from the UN and NGOs in my country to prevent the spread of coronavirus"

Trust in these materials is highest in India (85%) and lowest in Afghanistan (72%) and Pakistan (69%). Women (75%) and men (76%) are roughly equally likely agree that they trust these materials, as are families with and without children (75.96% and 75.37%, respectively).

II. FEARS AND CHALLENGES

With regards to what are people most worried and stressed about during and as a result of COVID-19, this study noted a dissonance between what people feared the most and the challenges that they had already faced. For example, while most respondents across all countries noted that their biggest fear was losing someone that they loved, a minority had actually done so. Similarly, and more worryingly, while few noted being very worried about their mental health during COVID-19, majority of the respondents subsequently said that they had found themselves in mental distress since the crises started. MAGENTA's desk review also noted varying concerns across the countries in South Asia.

In a KII, UNICEF Pakistan's C4D Focal Point noted that *"There is data saying that seeking health services has really decreased. There is a fear that you will get an infection there. This happened with HIV, where injection hygiene was not practiced for vaccinations. People think the same is happening now. Health workers are also so overwhelmed with COVID that they are discouraging people from coming for other things"*.[3] The 6 April RCCE COVID-19 Brief reports rising public concern over the effect that discontinuity of care (for instance, in provision of vaccines or prevention of domestic violence) will have on children.[4] Other concerns affect principally women. The 14 April RCCE COVID-19 Brief reports that women in particular are concerned about being separated from their children during quarantine and not having access to segregated spaces for accommodation and hygiene.[5]

In Afghanistan, loss of income has led to significant negative effects on children.[6] Concerns in Bangladesh are more focused on the socioeconomic effects of the crisis and of forced quarantine than on health effects.[7] In a KII, UNICEF Bangladesh's C4D and Communications Leads noted that there has been perceived fear of anyone who has contracted any illness with fever and coughing, even if it is not COVID-19. These patients fear being forcibly quarantined and have therefore often kept their illness secret.[8] In Sri Lanka, the data have similarly indicated greater fears about loss of income than about health repercussions.[9]

FEARS AND WORRIES

This section provides an overview of MAGENTA's survey findings where respondents reported on what they were most fearful of, with regards to COVID-19.

When asked what they fear and worry about the most during COVID-19, most respondents across the five countries listed the following as their top five fears of which they were 'very worried'.

Fear	Percentage
Losing someone you love	66.33%
Economic recession in my country	62.68%
Becoming unemployed	57.73%
Health system being overloaded	47.60%
Worry about sending your children to school	47.41%

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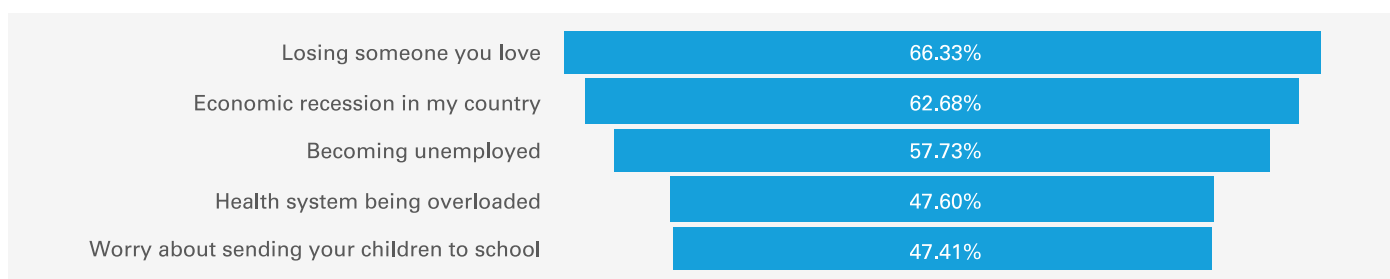
3   KII with UNICEF Pakistan C4D Focal Point.

4   COVID-19 RCCE Brief, 6 April 2020, p. 2.

5   COVID-19 RCCE Brief, 14 April 2020, p. 2.

6   43% of respondents in research conducted by War Child Canada in Afghanistan report lost income, and 14% of respondents have coped with lost or decreased income by sending children to work. War Child Canada, *Remote Assessment for GBV trends under COVID-19,* April 2020.

7   68% of respondents to a Bangladesh U-Report on the socioeconomic effects of the pandemic reported that their income has decreased "very much" due to the crisis. Among respondents from urban slums, the proportion was as high as 74%. 80% of respondents said they were worried about not having enough food in the coming weeks. UNICEF Bangladesh, *U-Report: Socioeconomic Impacts,* p. 13.

8   KII with UNICEF Bangladesh C4D and Communications Leads.

9   22-33% of Sri Lankans surveyed in a Vanguard Survey poll said they were extremely worried about some aspect of a prolonged lockdown, with the highest percentage (33%) being extremely worried about the ability to retain and earn income, and the lowest percentage (22%) being extremely worried about the ability to access to medicines. 63% of those surveyed did not think that COVID-19 would spread into their part of the country. In the Western Province, despite its being a Red Zone for COVID-19 spread, 57% of those surveyed did not believe COVID-19 would spread further in the province.

Figure 20: Top 5 fears that respondents worry about during COVID-19

However, the survey also revealed high levels of worry across the five countries about restricted access to food supplies (47%); lack of access to continuing services such as education, immunisations and ordinary health facilities (46%); the health of loved ones (46%). 37% respondents reported that they were worried about their mental health and 35% about their physical health.

Almost 70% women interviewed said that they were very worried about losing someone that they love; 60% were worried about the economic recession in the country; 56% were worried about being unemployed and 50% were worried of the health system being overloaded. A marginally higher percentage of men (49%) than women (45%) were worried about sending their children to school. Similarly more men (49%) reported being very worried about the lack of access to continuing services such as education, immunisation and health services than women (42%).
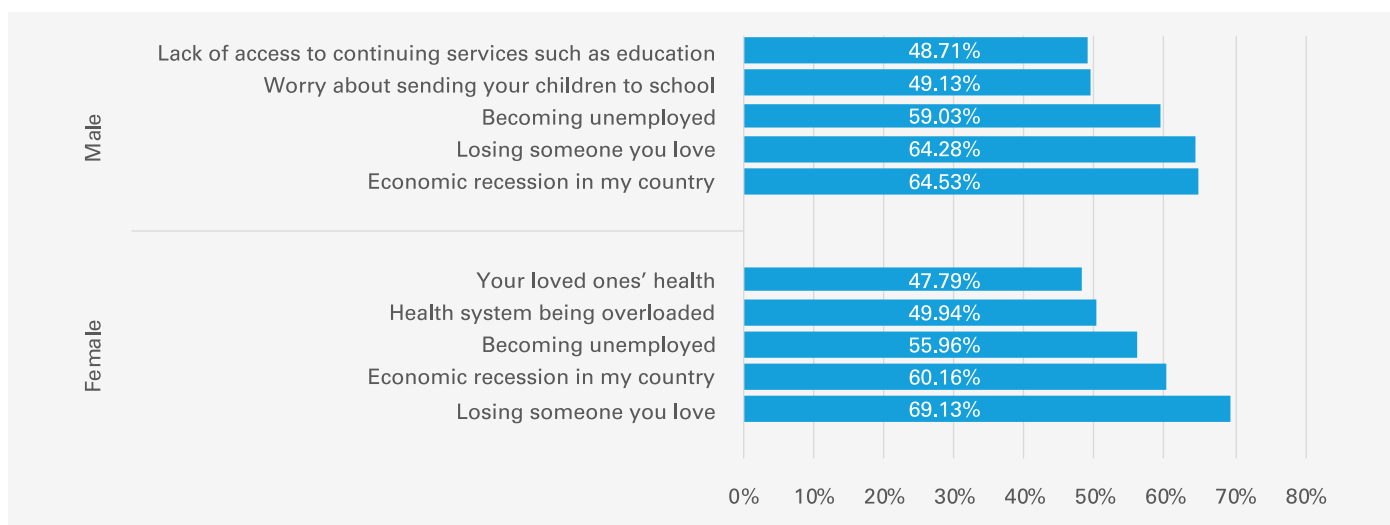

Figure 21: Top five fears of male and female respondents

A country-breakdown of the numbers indicate that in:

AFGHAN ISTAN	Losing someone they love (82%), economic recession (72%), becoming unemployed (70%), worry about sending children to school (60%) and lack of continuing services such as education, health and immunisations (55%) were the top five fears that respondents said they were 'very worried' about. Almost half the respondents in the country (47%) also said that they were very worried about having to defend a decision not to participate in a social event which their family or friends expect them to attend. 41% were also worried about the country's health system being overloaded.
BANGLADESH	Similar to Afghanistan, losing someone they love (81%) and economic recession in the country (71%) were the top two fears. However, 68% of the survey respondents in Bangladesh reported that they were very worried about the health of their loved ones; 67% reported being very worried about being unemployed and 65% said that they were very worried about restricted access to food supplies. Over half of the respondents in Bangladesh (51%) reported that they were worried about their mental health. There were similarly high levels of worry and concern about the health system being overloaded (61%); lack of access to continuing services like education, immunisation and health facilities (59%) and worry about sending their children to chool (57%).
INDIA	Economic concerns reigned high in India with 65% and 64% of respondents reporting being very worried about being unemployed and economic recession in the country. A McKinsey study found that 63% of Indians surveyed were cutting back on their spending due to the crisis.[11] 65% of the respondents of MAGENTA's study also reported being very worried about losing someone that they love. Just over half of the respondents were worried about their own physical health, lack of access to services such as education, immunisations and health facilities and about sending their children to school (53%). However, an analysis of existing literature has also showed that in India, the overall attitude has been one of optimism in the country's resilience and willingness to follow government measures. While being overall very optimistic, Indians are more confident about the resolution of the health crisis than the economic crisis.
PAKISTAN	53% of the respondents in Pakistan were very worried about the economic recession in their country while 42% were worried about being unemployed. 41% were very worried about the restricted liberty of movement; 39% were worried about losing someone that they love and 37% worried about sending their children to school. Just over a quarter of the respondents reported that they were worried about the health system being overloaded (26%) and about their mental health (26%).
SRI LANKA	In Sri Lanka, 66% of respondents were very worried about losing someone that they love; 56% about the health system being overloaded; 53% about the economic recession in the country; 45% about being unemployed and 29% about sending their children to school. A similar percentage of respondents were also very worried about the lack of access to continuing services such as education, immunisations and health faclities and restricted access to food supplies.

When broken down by respondents living in rural versus urban locations, the trends were similar. However, more respondents in rural areas reported being very worried about losing someone that they loved (71%) as compared to urban respondents (63%). Economic recession and being unemployed were the second and third largest worries expressed by both groups. Both groups were similarly worried about sending their children to school (48% rural and rural) as well as lack of continued access to services such as education, immunisations and health care facilities. A slightly greater number of urban respondents (approx. 40%) reported being very worried about their mental health than rural respondents (33%).

10   Daga, Vikash, Resil Das, Surbhi Kalia, and Abhishek Malhotra. Consumer Sentiment in India during the Coronavirus Crisis | McKinsey. McKinsey & Company, May 4, 2020, slides 2, 7.
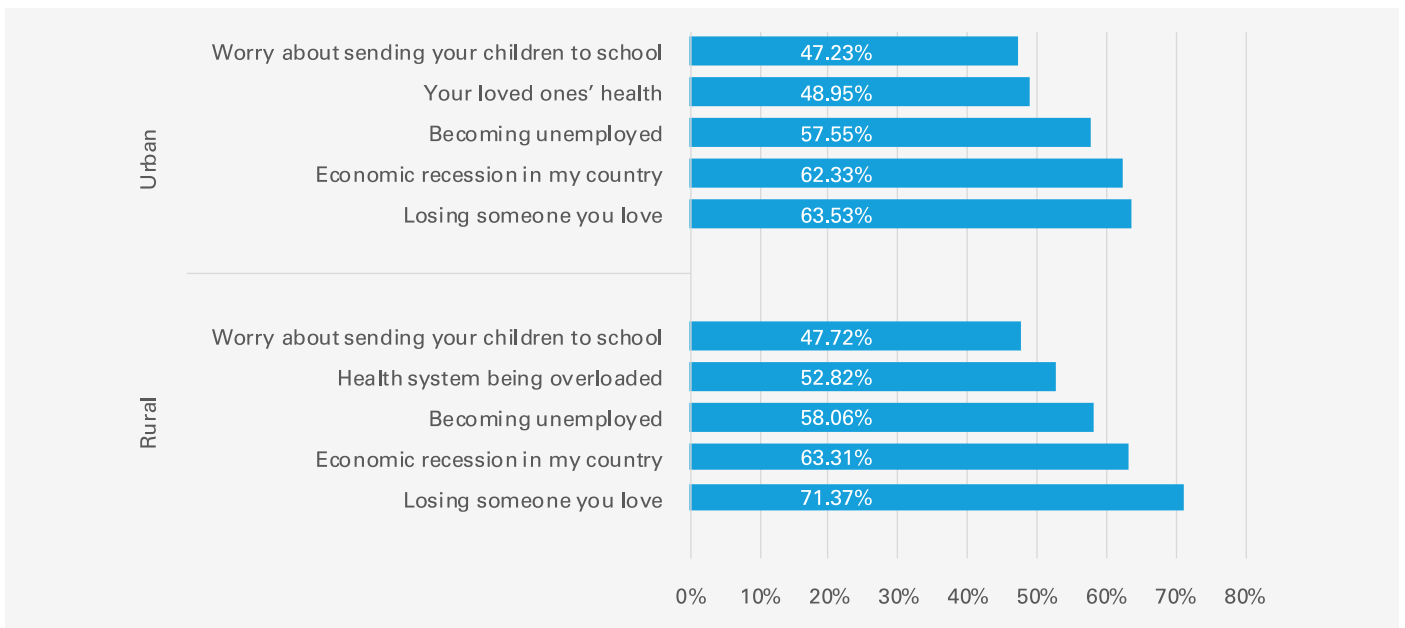
Figure 22: Top five fears of respondents in urban versus rural areas

Of the households that reported having children, over one out of two respondents said that they were very worried about sending their children to school. 67% felt that they were very worried about losing someone that they love, with economic concerns (recession – 64% and unemployment – 59%) following a close second. A greater number of respondents with children were very worried about becoming unemployed than those without children. Households with children on average reported greater levels of worry across all metrics than households without children.
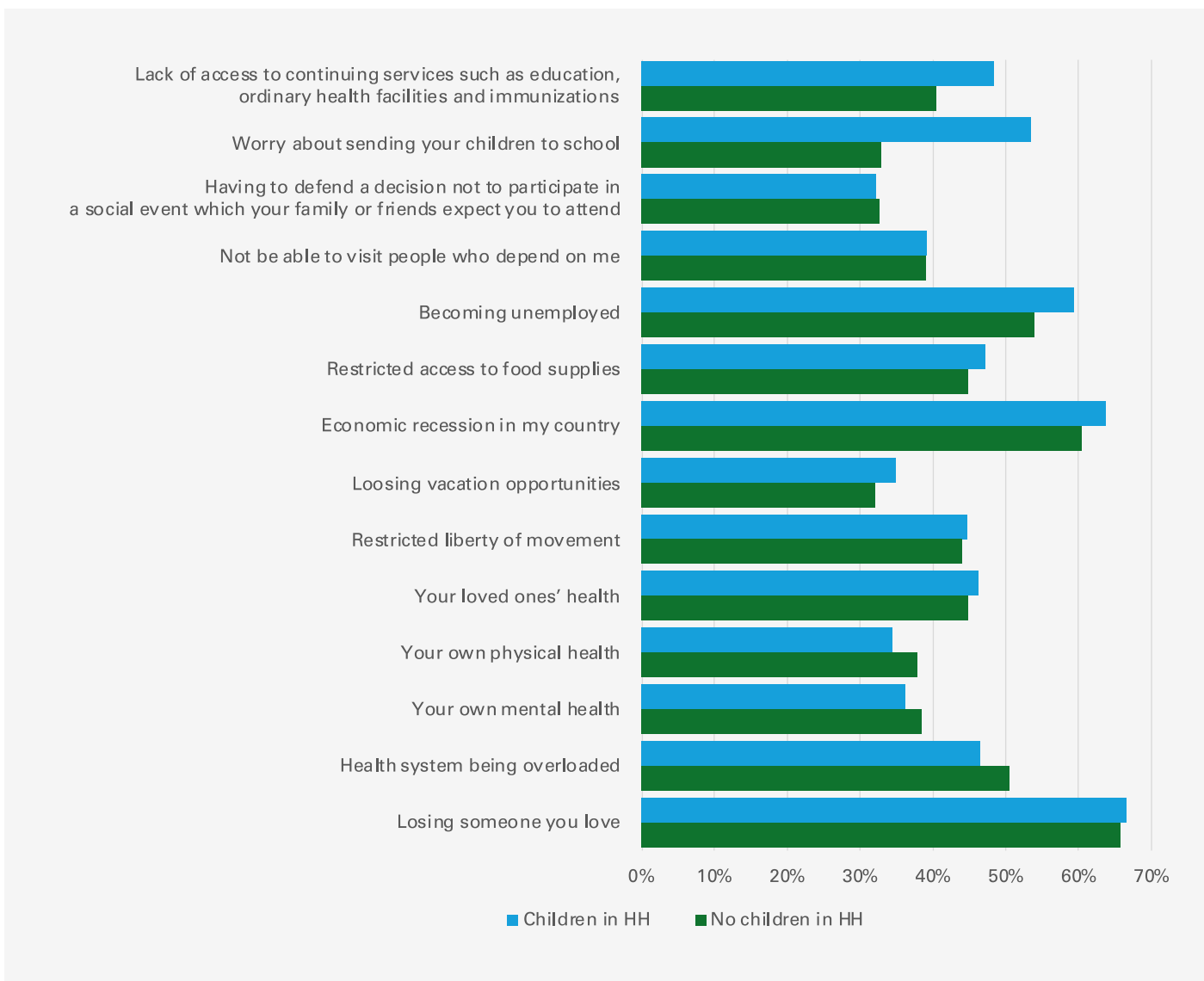
Figure 23: Respondents with and without children reporting fears that they are 'very worried about' during COVID-19

CHALLENGES FACED

When respondents were asked what challenges, especially those of which they were or had been most worried about, they had already faced, 66% responded that they have had restricted movement and 41.5 % said that they have faced mental distress, even though this was not reported as a top five concern of things that they were very worried about. 40% of the respondents also noted that their children had not had access to any form of education and 39% said that they had not had enough food to eat. Just over a quarter – 26% – of respondents reported that their children had shown signs of mental distress and around 31% said that they had lost their jobs.
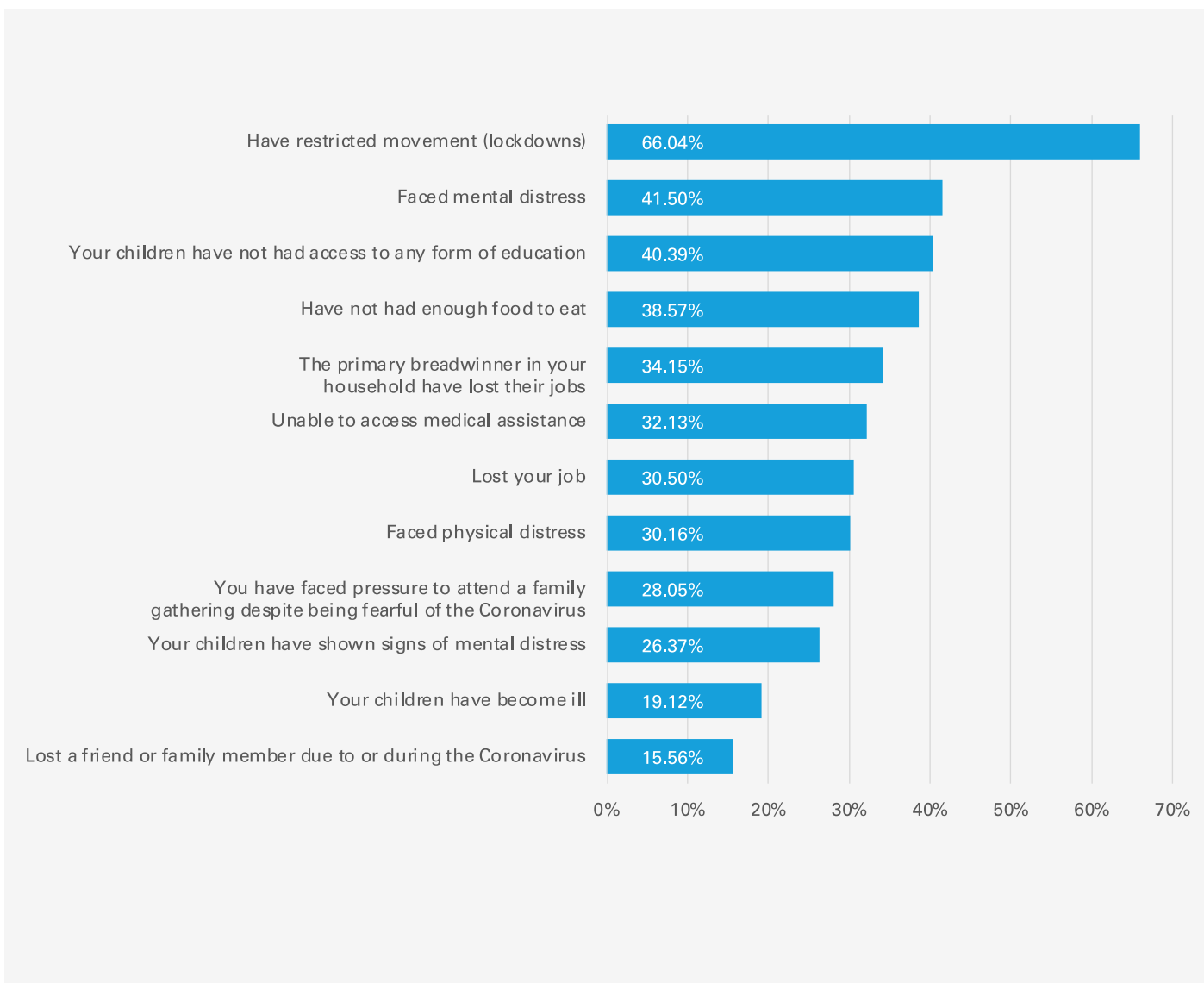
Figure 24: Respondents overall reporting challenges that they have faced so far during COVID-19

Chart data (horizontal bar):

- Have restricted movement (lockdowns): 66.04%
- Faced mental distress: 41.50%
- Your children have not had access to any form of education: 40.39%
- Have not had enough food to eat: 38.57%
- The primary breadwinner in your household have lost their jobs: 34.15%
- Unable to access medical assistance: 32.13%
- Lost your job: 30.50%
- Faced physical distress: 30.16%
- You have faced pressure to attend a family gathering despite being fearful of the Coronavirus: 28.05%
- Your children have shown signs of mental distress: 26.37%
- Your children have become ill: 19.12%
- Lost a friend or family member due to or during the Coronavirus: 15.56%

From a gender disaggregation perspective, almost 41% of female respondents reported having faced mental distress. A similar percentage (42%) of male respondents reported the same. More men (32%) reported feeling pressure to attend a family gathering despite being fearful of COVID-19 than women (22%). More women (34%) however reported that they had been unable to access medical assistance than men (30%).

Marginally more respondents in urban areas (42%) reported facing mental distress than in rural areas (39%). However, 41% of respondents in rural areas reported having not had enough food to eat while 37% in urban areas reported the same. Respondents reporting that their children had shown signs of mental distress were similar across both urban (26.31%) and rural (26.48%) areas. Surprisingly, marginally more respondents in rural areas (42%) than urban areas (39%) reported that their children had not had access to any form of education since the start of COVID-19. A similar percentage of respondents (30%) across both urban and rural locations reported that they had been unable to access medical assistance.

A country-breakdown of the numbers indicate that in:

AFGHANISTAN	Majority of respondents in Afghanistan reported that they had already faced at least one or more challenges that they were fearful of since the start of COVID-19. 66% respondents had faced restricted movements such as lockdowns. 58% reported that they had been unable to access medical assistance. 57% reported that their children had not had access to any form of education since the start of the pandemic and over half of the respondents in Afghanistan reported that they had not had enough to eat since the start of the pandemic. 50% also said that they had faced pressure to attend a family gathering despite being fearful of COVID-19. 43% of the respondents reported that they had faced mental distress and 35% said that their children had showed signs of mental distress as well. Just over a quarter said that they had lost a friend or family member due to or during the Coronavirus.
BANGLADESH	Apart from restricted movement (68%); 45% survey respondents in Bangladesh reported that their children had not had access to any form of education since the start of COVID-19. 41% said that they had faced mental distress while 37% said that they had not had enough food to eat since the start of the pandemic. 29% of the respondents reported that their children had shown signs of mental distress. 6% of the respondents reported that they had lost a friend or family member due to or during COVID-19.
INDIA	60% of respondents in India reported having faced restricted movement as a result of COVID-19. 44% of the respondents reported having faced mental distress, despite most respondents in India reporting that they were not worried about facing mental distress. 35% of respondents said that the primary breadwinner in their household had lost their job. 21% said that their children had shown signs of mental distress.
PAKISTAN	75% of the respondents in Pakistan reported restricted movement and 52% reported that their children had not had access to any form of education since the start of COVID-19. 50% also reported that they had not had enough food to eat while 48% reported facing mental distress during COVID-19. 35% said that their children had showed signs of mental distress and that they themselves had faced pressure to attend a family gathering despite fears of COVID-19. Just under a quarter of the respondents said that they had lost a friend or family member due to or during COVID-19.
SRI LANKA	62% reported restricted movement while 31% reported that the primary breadwinner in their household had lost their jobs. 31% also reported that they faced mental distress. Compared to the other countries, fewer respondents in Sri Lanka (19%) reported that their children did not have access to any form of education and 13% said that their children had shown signs of mental distress.

With households that reported having children, 48% reported that their children had not had access to any form of education while 30% reported that their children had shown signs of mental distress. 42% respondents of households with children reported having faced mental distress themselves. 35% of households with children also reported that they had been unable to access medical assistance. Across all metrics, households with children reported having faced greater numbers of challenges than households without children.
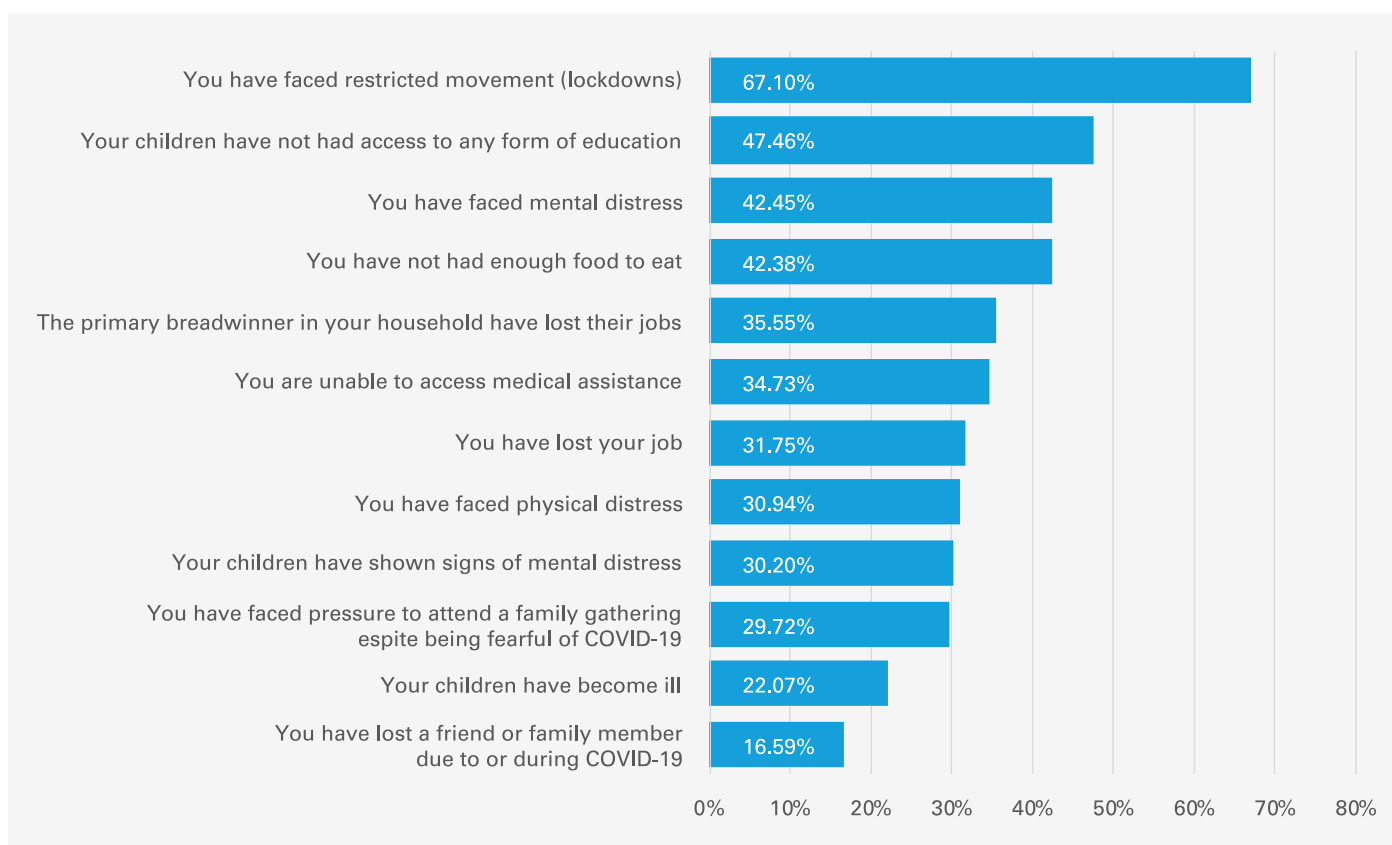
Figure 25 Respondents with children reporting challenges faced during COVID-19

PERCEPTIONS OF COVID-19

To get a sense of where the idea of COVID-19 stood as an entity amongst respondents, they were asked to rate, on a scale of 1-5, the extent to which COVID-19 felt close to them or far away, new or old, something that was spreading slowly or something that was spreading fast, something that was media hyped or not. The results of this are provided in the heat chart below. As the chart indicates, for most respondents, COVID-19 still felt quite close to them and still felt very new. Most also felt that it was spreading slowly and something that they thought about all the time. Over 60% of the respondents felt that it was fear inducing. Surprisingly however, despite all the concerns around it, close to 70% felt that it was media hyped.

Close to me	36.22%	18.40%	16.52%	11.00%	17.87%	Far away from me
New	56.20%	20.41%	10.28%	7.59%	5.52%	Old
Spreading slowly	32.23%	21.28%	15.95%	14.07%	16.47%	Spreading fast
Something I think about all the time	38.76%	25.70%	17.10%	9.85%	8.60%	Something I think about not at all
Fear inducing	42.65%	26.03%	15.47%	8.93%	6.92%	Not fear inducing

Media Hyped	30.12%	23.10%	18.16%	12.97%	15.66%	Not Media Hyped
Worrying	46.88%	25.31%	12.92%	8.36%	6.53%	Not worrying
Something that makes me feel helpless	36.60%	28.82%	16.62%	10.37%	7.59%	Something that makes me feel I can combat it and take action
Stressful	42.56%	26.80%	15.99%	8.26%	6.39%	Not stressful
Something that makes me feel depressed	38.81%	25.84%	16.62%	9.56%	9.17%	Something that does not make me feel depressed

When it came to gender, it was clear that women found COVID-19 to be a closer, newer threat and something that was a cause of stress and worry than men, even though the margin of difference was not very high. More men (33%) than women (26%) felt that COVID-19 was media hyped. A detailed breakdown of percentages for each group is provided below.

Female Respondents

Close to me	37.12%	21.57%	16.46%	10.56%	14.30%	Far away from me
New	57.09%	21.11%	9.76%	7.49%	4.54%	Old
Spreading slowly	30.42%	23.95%	15.78%	14.30%	15.55%	Spreading fast
Something I think about all the time	41.09%	26.45%	16.57%	8.29%	7.60%	Something I think about not at all
Fear inducing	44.49%	27.24%	15.89%	8.85%	3.52%	Not fear inducing
Media Hyped	26.11%	24.63%	18.62%	14.64%	16.00%	Not Media Hyped
Worrying	48.24%	26.56%	13.39%	6.70%	5.11%	Not worrying
Something that makes me feel helpless	36.66%	30.08%	16.91%	10.56%	5.79%	Something that makes me feel I can combat it and take action
Stressful	44.15%	27.01%	15.55%	8.85%	4.43%	Not stressful

Something that makes me feel depressed	38.59%	28.15%	17.93%	9.08%	6.24%	Something that does not make me feel depressed

Male Respondents

Close to me	35.55%	16.07%	16.57%	11.32%	20.48%	Far away from me
New	55.54%	19.90%	10.66%	7.66%	6.24%	Old
Spreading slowly	33.56%	19.32%	16.07%	13.91%	17.15%	Spreading fast
Something I think about all the time	37.05%	25.15%	17.49%	10.99%	9.33%	Something I think about not at all
Fear inducing	41.30%	25.15%	15.15%	8.99%	9.41%	Not fear inducing
Media Hyped	33.06%	21.98%	17.82%	11.74%	15.40%	Not Media Hyped
Worrying	45.88%	24.40%	12.57%	9.58%	7.58%	Not worrying
Something that makes me feel helpless	36.55%	27.89%	16.40%	10.24%	8.91%	Something that makes me feel I can combat it and take action
Stressful	41.38%	26.64%	16.32%	7.83%	7.83%	Not stressful
Something that makes me feel depressed	38.97%	24.15%	15.65%	9.91%	11.32%	Something that does not make me feel depressed

DISCRIMINATORY BEHAVIOURS

Perceptions about the cause and consequence of COVID-19 in South Asia are highly linked to prejudices and conspiracy theories about certain religious communities, socio-economic classes, and national backgrounds. In particular, in countries where Muslims (or subgroups like Shia Muslims) are a religious minority, these groups have been the object of stigma and discrimination[11]. In India and Pakistan, theories linking COVID-19 to various ethnic, socioeconomic, or religious groups (or degrees of religiosity) are circulating widely[12]. Secondary data from Bangladesh indicates that discrimination and violations of rights are ongoing[13]. Healthcare workers and

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11 Da Silva, Chantal. "India's Coronavirus Outbreak Stokes Islamophobia as Muslims Blamed for Spreading Infection at Congregation." Newsweek, April 3, 2020, sec. World. Jha, Nishita, and Pranav Dixit. "A Cluster Of Coronavirus Cases Can Be Traced Back To A Single Mosque And Now 200 Million Muslims Are Being Vilified." BuzzFeed News, April 3, 2020; Ipsos, COVID-19 Tracker and Snap Poll: Public Perceptions, Knowledge, and Behaviors, 9 April 2020, p. 14;

12 Purohit, Kunal. "Coronavirus: Anti-Chinese Conspiracy Theories Go Viral in India, amid Frayed Ties | South China Morning Post." This Week in Asia, March 16, 2020; Lobo, Geeta. "AN ANALYSIS OF SOCIAL CONVERSATIONS ON CORONAVIRUS IN INDIA." Ipsos, April 2020, 13. , p. 7; Ipsos. "Majority of People (Including Indians) Want Borders Closed as Fear about COVID-19 Escalates: Ipsos Global Survey," March 25, 2020; Ipsos, COVID-19 Tracker and Snap Poll: Public Perceptions, Knowledge, and Behaviors, 9 April 2020, p. 15;

13 UNICEF Bangladesh, Online survey 2 - Preliminary Findings, p. 14-15.

the ill have also been the objects of stigma in all these countries[14].

Respondents were asked whether they agree or disagree with the following statements to understand the extent to which they associated COVID-19 with causes that were discriminatory towards certain groups.

To prevent COVID-19, I think…
it is appropriate to avoid certain people on the basis of their country of origin	68% of the total respondents who were interviewed agreed with this statement. 70% of the male and 65% of the female respondents also agreed indicating that majority felt that in order to prevent COVID-19, it was appropriate to avoid people on the basis of their country of origin. This sentiment was expressed most strongly in Afghanistan (85%), followed by India (73.15%), Pakistan (73.06%); Bangladesh (62%) and Sri Lanka (47%) where less than half the respondents felt that it was appropriate to avoid certain people on the basis of their country of origin. In Afghanistan, where more than 115,000 Afghans have returned from Iran, the spread of the virus has been linked to this migration. The New York Times has reported on the poor conditions these migrants have faced when being tested for COVID-19, as well as the attacks patients themselves have perpetrated on healthcare workers who are working in severely underpaid and unprotected conditions.[12] In India, secondary literature also indicated that people from certain countries with high rates of COVID-19 along with two other groups (minorities and migrant workers) have been the main groups that have been blamed or faced discriminatory treatment as a result of COVID-19. An IPSOS study of the social media conversation in India found negative comments about countries associated to COVID-19 to be the second-most-widely-discussed topic on social media, following lockdowns and curfews as the top subject. A separate IPSOS survey found that 79% of Indians support closure of their borders to prevent the spread of the virus.[14]
it is appropriate to avoid certain people on the basis of their religion	38% of the total respondents agreed with this statement. 40% of the men and fewer (35%) of the women who were interviewed also agreed. 51% of the respondents in Afghanistan, 48% in India, 44% in Pakistan and 35% in Bangladesh also felt that it is appropriate to avoid certain people on the basis of their religion while only 9% respondents in Sri Lanka felt that it was appropriate to to do so. 91% of the respondents in Sri Lanka disagreed with this statement. In Sri Lanka however, studies show that Muslims, who form 10% of the Sri Lankan population, expressed concern about the mandatory cremation of the bodies of those who have died from COVID-19. Muslim groups in Sri Lanka have called on the President to change this law, as well as to investigate circulating hate speech against Muslims, in the increasingly tense climate during the pandemic.[15]

14 KII with India C4D focal point; COVID-19 RCCE Brief, 6 April 2020, p. 2;

15 Fatima Faizi and David Zucchino, Fresh From Iran's Coronavirus Zone, and Now Moving Across Afghanistan, The New York Times, 26 March 2020; Mujib Mashal, Asadullah Timory, and Najim Rahim, In Afghanistan, Coronavirus Complicates War and Peace, The New York Times, 16 March 2020.

16 Lobo, Geeta. An analysis of social conversations on coronavirus in India IPSOS, April 2020, 13. , p. 7.

17 IPSOS. Majority of People (Including Indians) Want Borders Closed as Fear about COVID-19 Escalates: IPSOS Global Survey, March 25, 2020.

18 Sri Lanka Department of Census and Statistics, "Sri Lanka Census of Population and Housing," 2011; "Sri Lankan Muslims demand end to mandatory cremation," Tamil Guardian, 11 May 2020.

To prevent COVID-19, I think…	
it is appropriate to avoid certain people on the basis of their socio-economic status	37% of the respondents agreed with this statement. 41% men and 33% women said that it is appropriate to avoid certain people on the basis of their socio-economic status. Almost 55% of the respondents in India felt that to prevent COVID-19, it was appropriate to avoid certain people on the basis of their socio-economic status. Afghanistan (45%) and Bangladesh (41%) similarly noted high levels of discriminatory perceptions on the basis of socio-economic status. This was less so in Pakistan (29%) and Sri Lanka (15%).
it is appropriate to avoid certain people on the basis of their profession	46% of overall respondents agreed with this statement. Nearly 50% of the men who were interviewed and 44% of women also felt that it is appropriate to avoid certain people on the basis of their profession. Again, Afghanistan (67%) and India (57%) noted the highest levels of respondents who agreed with this statement while just under half the respondents in Bangladesh (45%) and Pakistan (45%) agreed with it. Only in Sri Lanka 16% respondents stated that they agreed with this statement. In India, healthcare and other essential workers have also been the target of increasing stigmatisation, according to India's UNICEF C4D focal point. This stigma has affected healthcare workers (doctors), healthcare support workers (nurses), and auxiliary services (police and sanitation staff)[20].

PERCEPTIONS OF TRENDS IN GBV, CHILD ABUSE, RELIGIOUS AND SECTARIAN VIOLENCE

When asked whether GBV had increased in their community since the start of the COVID-19 crises, majority (61%) disagreed while 39% agreed. A similar number of men and women (40% and 37% respectively) agreed with the statement. 73% of the respondents in Afghanistan reported that they felt that GBV had increased in their community since the start of the COVID-19 crises while in India, just about half of the respondents interviewed (41%) said that they too agreed that GBV in their community had increased. Only 21% respondents in Pakistan and 24% in Bangladesh noted that GBV had increased in their community, a high percentage, nevertheless.
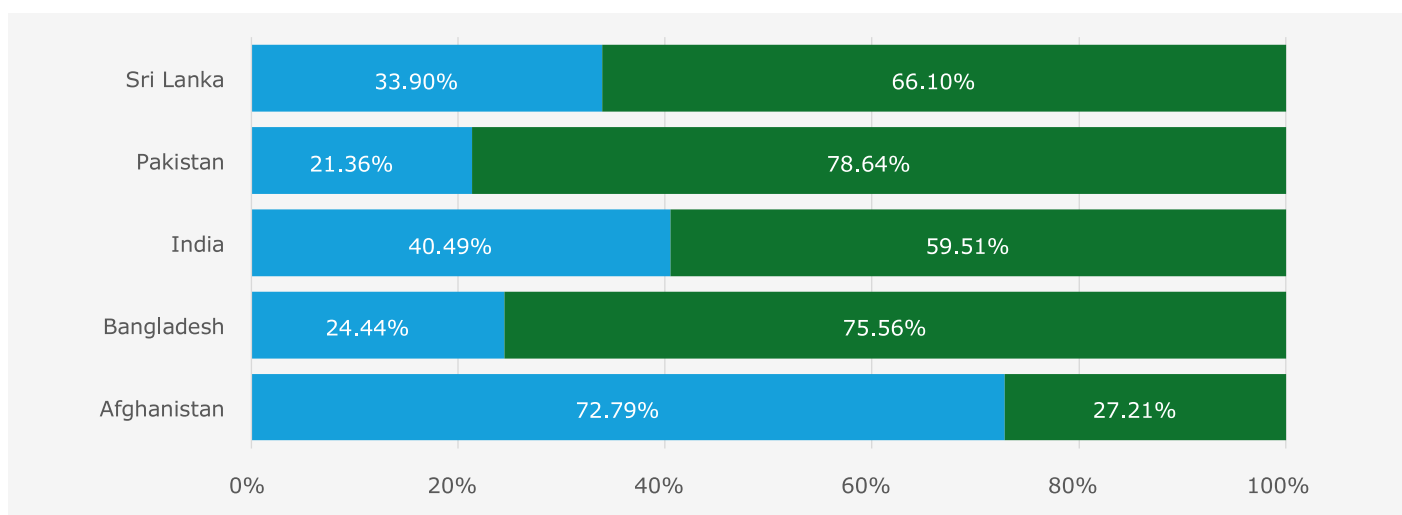
Figure 26: Responses per country on "has GBV increased in your community since COVID-19"

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19   KII with India C4D focal point.

When asked whether child abuse had increased in their community, 71% of the total respondents disagreed and 29% said that they agreed. More men (32%) than women (25%) tended to agree that child abuse had increased in their community. Like with GBV, Afghanistan noted very high levels of agreement with the statement that child abuse had increased in their community with 60% of respondents saying they agreed.
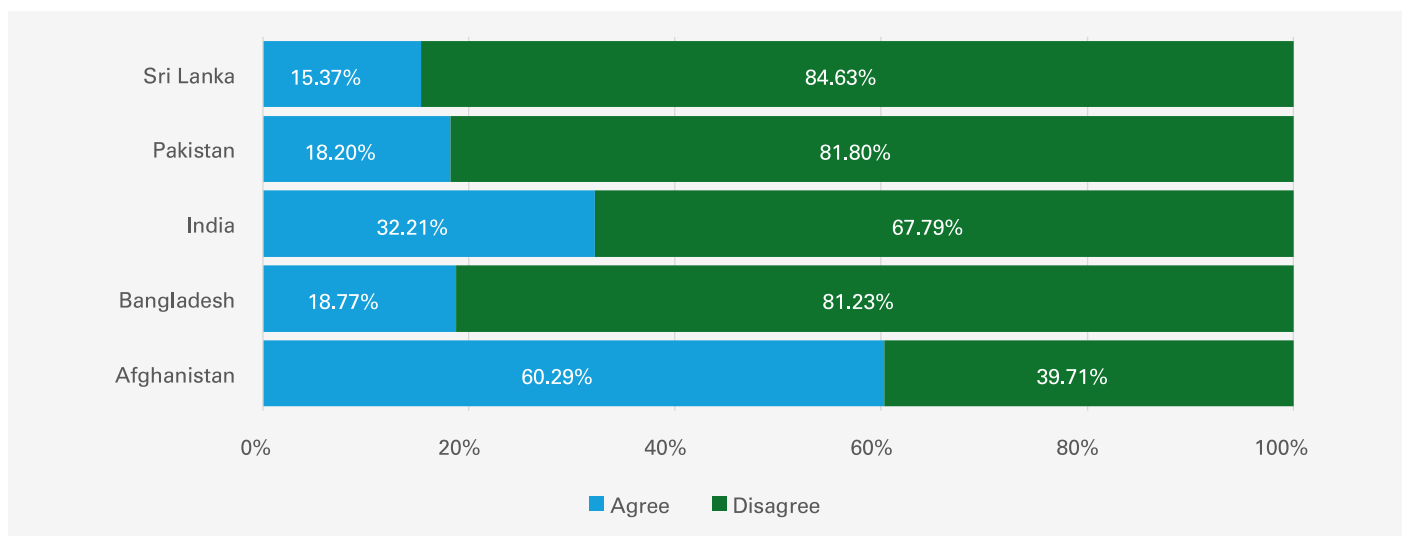
Figure 27: Responses per country on "has child abuse increased in your community since COVID-19"

When asked whether religious intolerance had increased in their community, 69% overall reported that they disagreed with the statement and 31% said that they agreed. In Afghanistan, 52% of the respondents agreed with the statement, in India, this number was around 40%.

AFGHANISTAN

In Afghanistan, of the 70% of the respondents who indicated that they believed that child abuse had increased in their community since the start of COVID-19, 73% were men and 27% women. Almost 43% of the respondents who agreed were between the ages of 25-34 while this was lowest in those who were above 50 years old (11%).
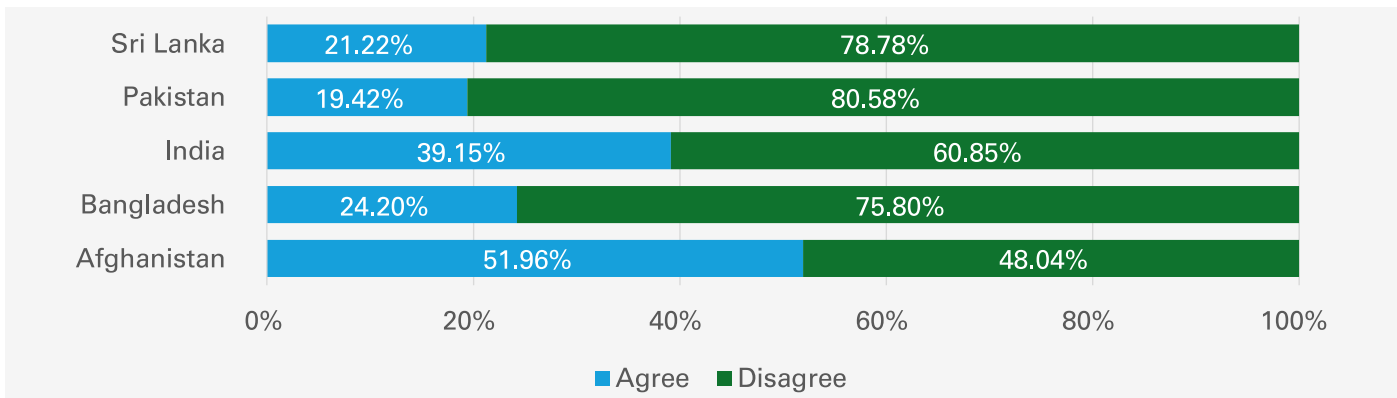
Figure 28: Responses per country on "has religious violence increased in your community since COVID-19"

When asked whether religious intolerance had increased in their community, 69% overall reported that they disagreed with the statement and 31% said that they agreed. In Afghanistan, 52% of the respondents agreed with the statement, in India, this number was around 40%.
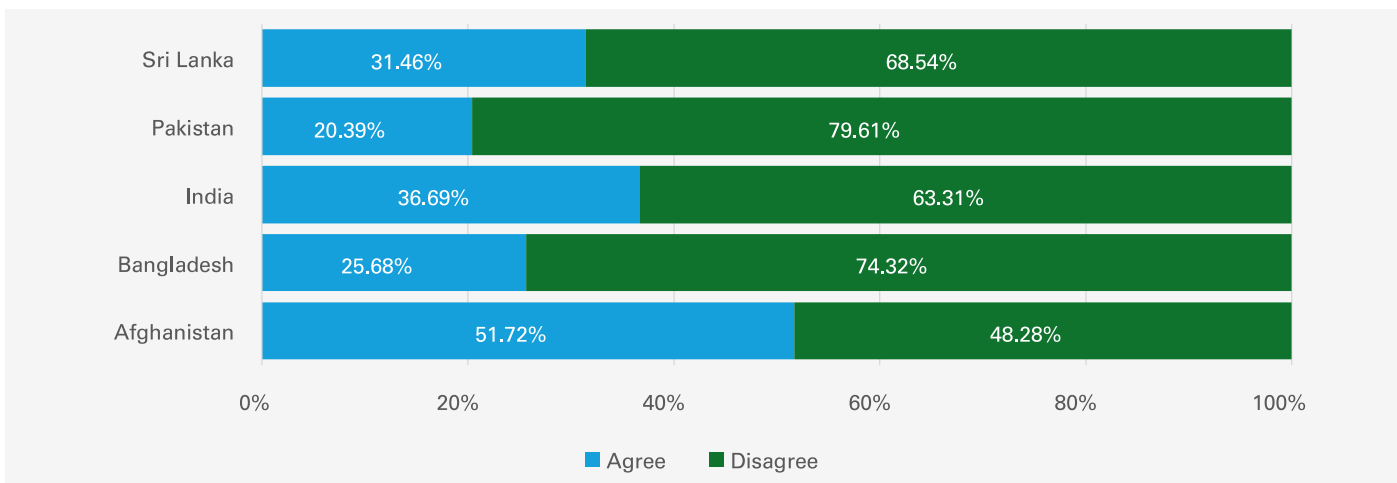
Figure 29: Responses per country on "has sectarian violence increased in your community since COVID-19"

III. FUTURE BEHAVIOURS

This section provides an overview of respondents' self-reported future behaviours in relation to COVID-19.

PERCEPTIONS TOWARDS FUTURE RESPONSE (INDIVIDUAL AND GOVERNMENT)

To prevent COVID-19, I think…	
the government should be allowed to force people into self-isolation if they are infected	83% of respondents agreed with this statement. 85% men and 80% women interviewed across the five countries also felt that the government should be allowed to force people into self isolation if they are affected in order to prevent COVID-19. This feeling resonated across all five countries. Almost 90% of respondents in Bangladesh, 85% in India; 83% in Afghanistan; 79% in Pakistan and 78% in Sri Lanka agreed with this statement suggesting strong support for government-led action in the sample group.

| the government should restrict access to the Internet and social media to combat the spread of misinformation about the novel coronavirus. | 72% of the respondents across all five countries agreed with this statement. 71% men and 73% women agreed with it. |
| | Country-wise, fewer people in Afghanistan (63%) and Sri Lanka (53%) agreed with it. However, the numbers of respondents agreeing with this statement were very high in Bangladesh (83%), India (82%) and Pakistan (80%). |

AVOIDING PEOPLE FROM CERTAIN COUNTRIES

Overall, a high proportion of respondents said they would avoid people come from countries where Coronavirus cases have occurred. 70% said they would avoid people from these countries, while 10% said they might and 20% said they would not.
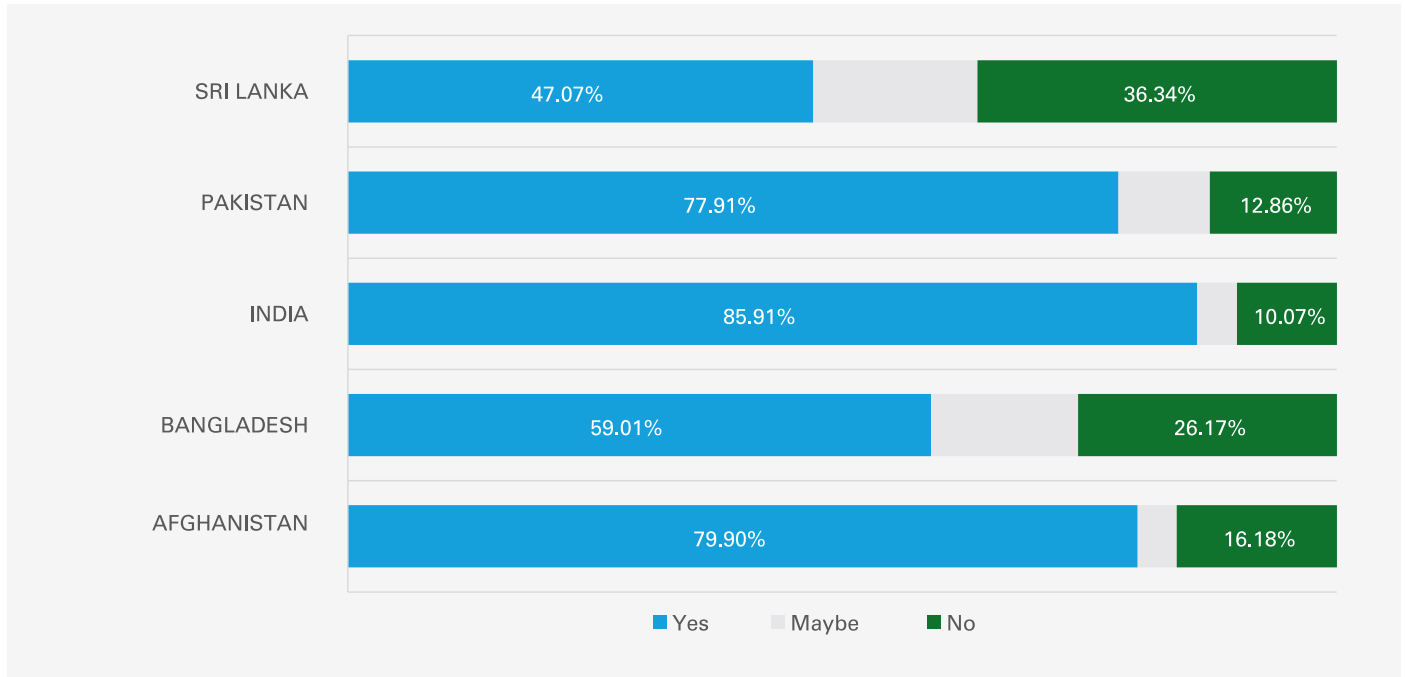
Figure 30: % of respondents who say that they will avoid people who come from countries where coronavirus cases have occurred

Indian respondents were most likely to say they would avoid people from these countries, with 86% of Indian respondents saying they would do so. Sri Lanka (47%) and Bangladesh (59%) were the least likely to say they would do so.

A higher proportion of the male respondents (72%) said they would avoid people from countries where Coronavirus cases have occurred, compared with 68% of women. Respondents in urban areas were also more likely (72%) to agree with this behaviour than rural respondents (67%). The responses from households with and without children were roughly equal on this question, with 70.68% and 69.26% agreeing (respectively).

AVOIDING PEOPLE FROM OTHER RELIGIONS

By contrast, fewer respondents indicated that they would avoid people from different religious backgrounds in the future. 26% said they would avoid these people, while 6% said they might and 67% said they would not.
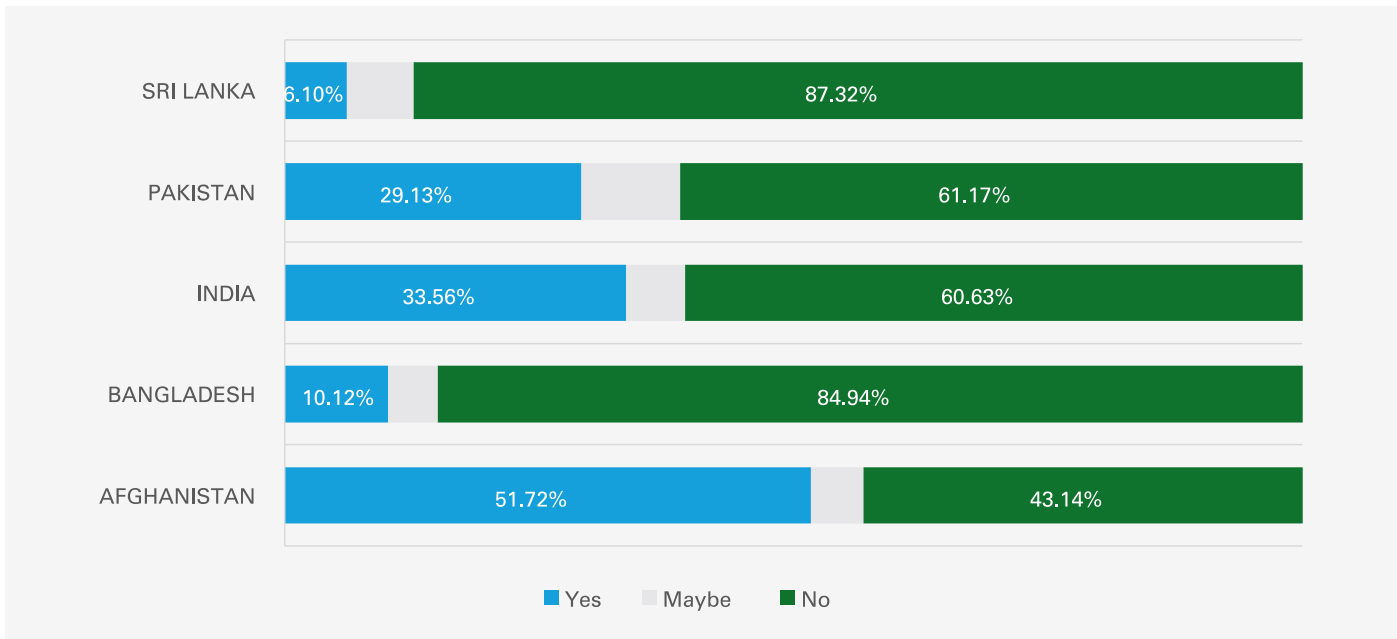
Figure 31: % of respondents who say that they will avoid people from other religions

Afghan respondents were overwhelmingly more likely to indicate that they would avoid people from other religions in the future, with 52% of Afghan respondents agreeing with this statement. Sri Lankan (6%) and Bangladeshi (10%) respondents were least likely to agree. The answers were roughly equal across urban and rural respondents (26.23% and 26.34% respectively). 23% of female respondents and 28% of male respondents agreed with this statement. Households with children were more likely to indicate that they would avoid people from other religions, with 28% of these households agreeing with this statement, compared with 21% of households without children.

Overall, most respondents (75%) said they would not avoid people from poorer backgrounds. 7% said they might do so and 18% said they would.

Respondents were split about whether they would send their children back to school. 37% indicated that they would, while 20% indicated that they might and 43% indicated that they would not.
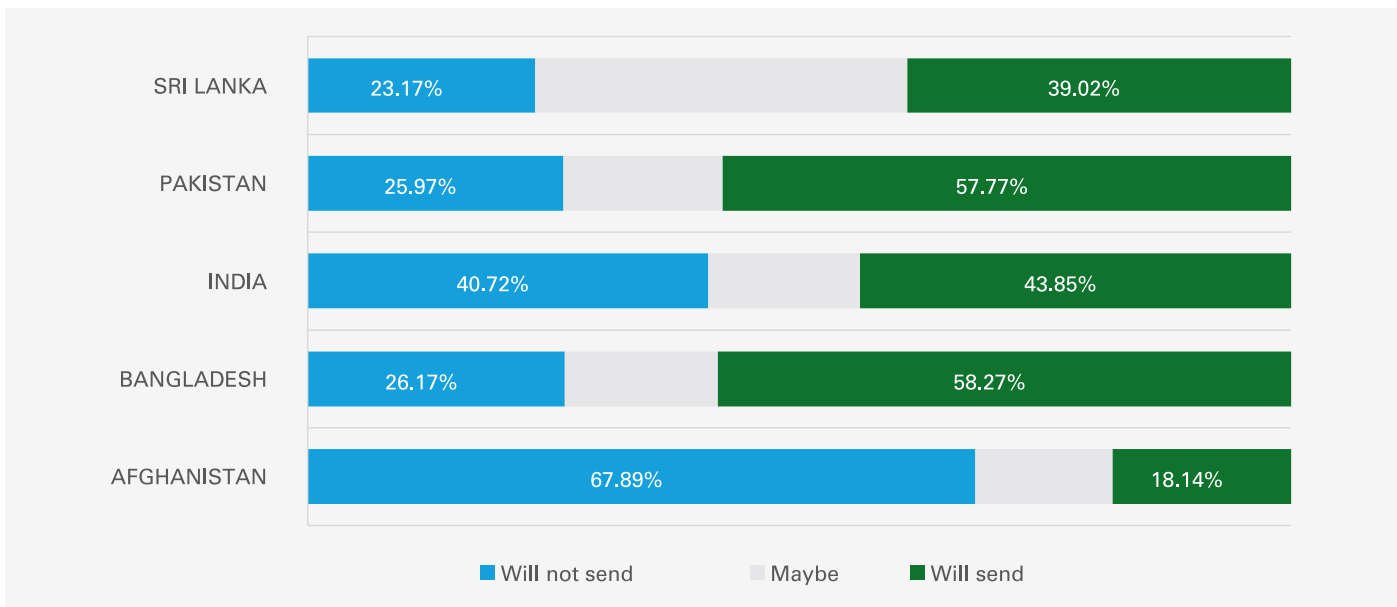
Figure 32: % of respondents who will not send their children to school

The number of respondents who said they would send their children back to school varied significantly by country. In Afghanistan, respondents overwhelmingly indicated that they would not send their children back to school, with 68% of respondents indicating this. In Pakistan and Bangladesh, 58% of respondents in each country said they would send their children back to school. In Sri Lanka and India, responses were more ambivalent. In Sri Lanka, while 39% indicated that they would send their children back to school, 38% indicated that they might do so, and 23% indicated that they would not. In India, 44% said they would send their children back to school and 41% said they would not do so.

Men were somewhat more likely to say they would send their children back to school, with 40% of male respondents indicating they would do so, compared with 32% of female respondents. Urban respondents (38%) were slightly more likely than rural respondents (36%) to say they would send their children back to school.

Across the region, respondents were more likely to say they would get their children immunised than not. 52% said they would get their children immunised, while 16% said they might do so and 32% said they would not.

Sri Lanka	Will not immunise, 15.85%	Will immunise, 57.32%
Pakistan	Will not immunise, 24.51%	Will immunise, 59.71%
India	Will not immunise, 28.41%	Will immunise, 60.40%
Bangladesh	Will not immunise, 27.16%	Will immunise, 59.01%
Afghanistan	Will not immunise, 63.48%	Will immunise, 23.77%

■ Will not immunise ■ May be ■ Will immunise
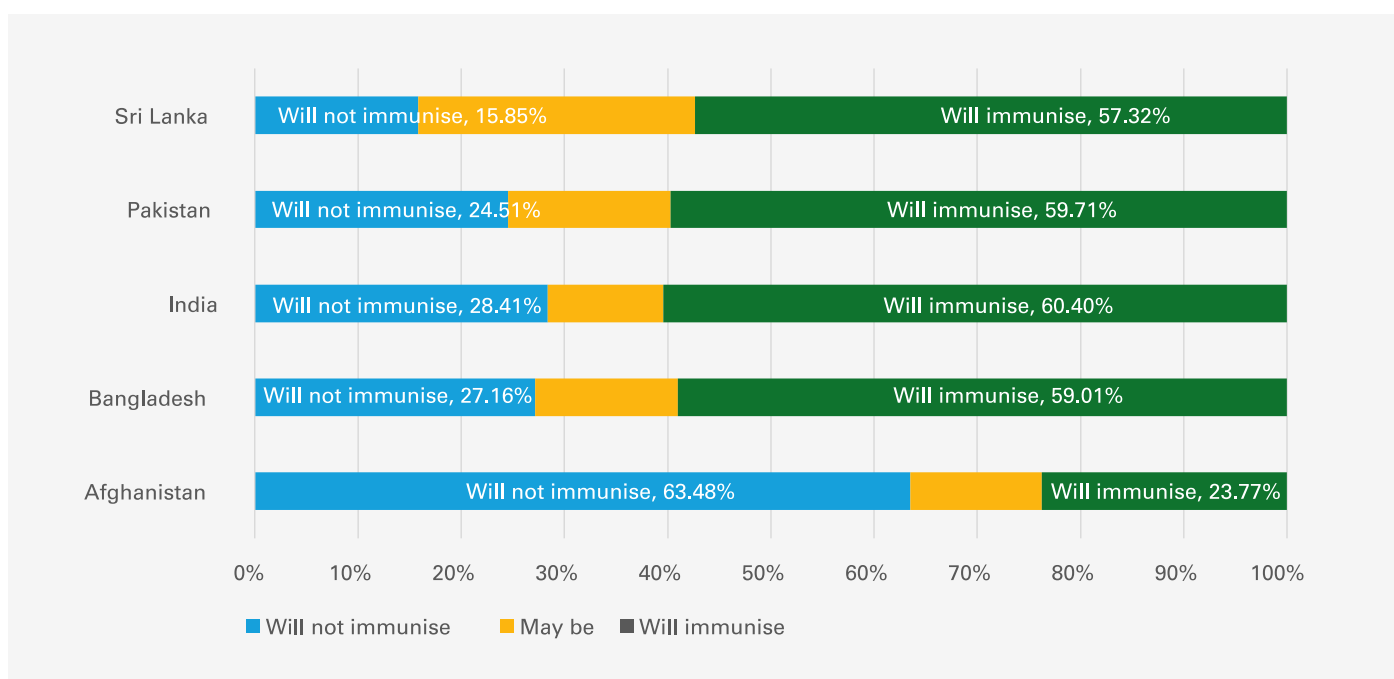
Figure 33: % of respondents who will not get their children immunised

Across all five countries, only Afghan respondents overwhelmingly indicated that they would not immunise their children, with 63% indicating this. In the other four countries, 57-60% of respondents said they would immunise their children.

Men were more likely to say they would not immunise their children, with 36% indicating this compared with 26% of female respondents. The answers across urban (31% would not immunise) and rural (33% would not immunise) were close.

ANNEX - SURVEY QUESTIONNAIRE

Enumerator Guidelines

1. All options should be read out by the enumerator
2. Please ensure that verbatim consent has been received by the respondent before the survey starts
3. Please ensure that the respondent understands how the data will be used and that it will remain confidential
4. Please ensure that the respondent understands that the survey is completely voluntary and that they can stop at any time if they do not wish to answer any further questions.

Enumerator Name	
Enumerator Code	
Survey Code	
Date of Survey	
Country of Respondent	1. India 2. Pakistan 3. Bangladesh 4. Afghanistan 5. Sri Lanka
Telephone Number	
Start Time	
End Time	

INTRODUCTION

Good _____ (morning/afternoon/evening), I am _____ from Ipsos, a market research company, which is specialised in conducting studies. Our company has enabled us to work remotely from Home, to continue servicing our clients. We hope that you abide by public safety procedures and that you and all members of your family are healthy and safe.

We are currently conducting a study on ...., and your opinion will be very valuable to us. Do you have your time (10-15 minutes) to answer some questions?

Your answers will be combined with the responses of other participants, and only the final results will be used in preparing the marketing research report. All our calls are recorded for quality control purposes. Your answers will be used for study purposes only and will be treated strictly confidential. If at any point you would like to stop the survey, please let us know.

Do you consent to do the survey?

Yes

No [STOP THE SURVEY]

DEMOGRAPHICS

1	**What is your age?** **Single Response Only**	1. 1-17 [End the Interview] 2. 18-24 3. 25-34 4. 35-49 5. 50+
2	**What is your gender?** **Single Response Only**	1. Male 2. Female 3. Other
3	**What is your level of education?** **Single Response Only**	1. Primary School 2. Secondary School 3. High School 4. University 5. Diploma 6. None
4	**What is your sector of work?** **Single Response Only**	1. Business 2. Medical 3. Government 4. Military 5. Hospitality 6. Support Staff 7. NGO sector 8. Informal Sector 9. Unemployed 10. Other [Please specify]
5	**What is your religion?** **Single Response Only**	1. Muslim 2. Sikh 3. Hindu 4. Christian 5. Buddhist 6. Jain 7. None of the above 8. Prefer not to say
6	**Which province/state do you live?** **Single Response Only**	

7	**Is your place of residence an urban area or rural area?**	1. Urban 2. Rural
8	**What is the size of your household?** **Single Response Only**	
9	**Do any children live in this household?**	1. Yes 2. No **[SKIP TO Question K3]**
10	**Please tell us how many children of the following ages live in your household**	
10.1	**Number of children between 0-5 years**	
10.2	**Number of children between 6-10 years**	
10.3	**Number of children between 11-15 years**	
10.4	**Number of children between 16 - 18 years**	

KNOWLEDGE | BASIC SELF-ASSESSMENT

K3	**Which of the following measures do you think are effective towards preventing Coronavirus? (Tick all that apply)** **ENUMERATOR TO READ OUT ALL OPTIONS EXCEPT 'DON'T KNOW'**	1. Herbal supplements 2. Using homeopathic remedies 3. Eating garlic, ginger, lemon 4. Praying 5. None of the above 6. All of the above 7. Don't know

K4	**Please tell us whether you agree or disagree with the following statements –** **(Single Response per Statement)**			
		(1) Yes	**(2) No**	**(3) Don't know**
K4.1	It is safe for mothers to breastfeed their babies if they live in communities where people are sick with COVID-19			
K4.2	It is safe mothers to breastfeed their babies if are sick with COVID-19 or have symptoms of COVID-19			

K4.3	It is safe for parents to immunise their children as per regular schedule			

ATTITUDES

A1	I know how to protect myself from the Coronavirus **Single Response Only**	1. Yes 2. No 3. I don't know
A2	I follow the recommendations from authorities in my country to prevent spread of novel coronavirus **Single Response Only**	1. Yes 2. No 3. I don't know
A3	I trust the messages and posters I see from the UN and NGOs in my country to prevent the spread of coronavirus **Single Response Only**	1. Yes 2. No 3. I don't know

A4	Crises often involve fears and worries. Please let us know: At the moment, how much do you worry about (Single Response per Statement)						
		Very worried (1)	A Little worried (2)	Neutral (3)	Not very worried (4)	Not at all worried (5)	Not Applicable
A4.1	Losing someone you love						
A4.2	Health system being overloaded						
A4.3	Your own mental health						
A4.4	Your own physical health						
A4.5	Your loved ones' health						
A4.6	Restricted liberty of movement						
A4.7	Loosing vacation opportunities						

A4.8	Economic recession in my country					
A4.9	Restricted access to food supplies					
A4.10	Becoming unemployed					
A4.11	Not be able to visit people who depend on me					
A4.12	Having to defend a decision not to participate in a social event which your family or friends expect you to attend					
A4.13	Worry about sending your children to school					
A4.14	Lack of access to continuing services such as education, ordinary health facilities and immunisations					

A5	**Thank you for your responses. We would now like to ask you if you have already faced any of the following during this Coronavirus** **(Single Response per Statement)**			
		Yes	No	NA/Do not prefer to answer
A5.1	Lost a friend or family member due to or during the Coronavirus			
A5.2	Unable to access medical assistance			
A5.3	Faced mental distress			
A5.4	Faced physical distress			

A5.5	Have restricted movement (lockdowns)			
A5.6	Lost your job			
A5.7	Have not had enough food to eat			
A5.8	The primary breadwinner in your household have lost their jobs			
A5.9	Your children have become ill			
A5.10	You have faced pressure to attend a family gathering despite being fearful of the Coronavirus			
A5.11	Your children have shown signs of mental distress			
A5.12	Your children have not had access to any form of education			

PERCEPTIONS

P1	Please tell us on a scale of 1-5 where 1 means you agree and 5 means you disagree Coronavirus to me feels… (Single Response per Statement)						
P1.1	Close to me	1	2	3	4	5	
P1.2	New	1	2	3	4	5	
P1.3	Spreading slowly	1	2	3	4	5	
P1.4	Something I think about all the time	1	2	3	4	5	
P1.5	Fear inducing	1	2	3	4	5	
P1.6	Media Hyped	1	2	3	4	5	
P1.7	Worrying	1	2	3	4	5	
P1.8	Something that makes me feel helpless	1	2	3	4	5	
P1.9	Stressful	1	2	3	4	5	
P1.10	Something that makes me feel depressed	1	2	3	4	5	

P3	Please tell us if you agree or disagree with the following statements. To prevent COVID-19, I think… (Single Response per Statement)	Agree	Disagree
P3.1	It is appropriate to avoid certain people on the basis of their country of origin		
P3.2	It is appropriate to avoid certain people on the basis of their religion		
P3.3	It is appropriate to avoid people based on their socio-economic status		
P3.4	It is appropriate to avoid certain people based on their profession		
P3.5	The government should be allowed to force people into self-isolation if they are infected		

P3.6	The government should restrict access to the Internet and social media to combat the spread of misinformation about the novel coronavirus.		
P3.7	That the decisions made by the government are fair		
P3.8	That for upcoming festivals people should not gather in large numbers		
P3.9	That upcoming family occasions such as weddings should be cancelled for this year		
P4	**Due to COVID-19, I think…** **(Single Response per Statement)**		
P4.1	Gender based violence has increased in my community		
P4.2	Child abuse has increased in my community		
P4.3	Religious intolerance has increased in my community		
P4.4	Sectarian intolerance has increased in my community		

BEHAVIOURS

B1	**When the restrictions from COVID-19 lift, will you** **(Single Response per Statement)**			
		Yes	No	Maybe
B1.1	Avoid people who come from countries where coronavirus cases have occurred			
B1.2	Avoid people from other religions			
B1.3	Avoid people from poorer backgrounds			
B1.4	Not send your children to school			
B1.5	Not get your children immunised for fear of going to the hospital			

Closing: Thank you for your time. For your safety along with your family members, be sure to stay home. We wish you all health and hope the crisis ends as soon as possible.

For every child

Whoever she is.

Wherever he lives.

Every child deserves a childhood.

A future.

A fair chance.

That's why UNICEF is there.

For each and every child.

Working day in and day out.

In 190 countries and territories.

Reaching the hardest to reach.

The furthest from help.

The most left behind.

The most excluded.

It's why we stay to the end.

And never give up.