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INSIGHTS  
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# THE RURAL REPORT 3

**COVID-19 VACCINE AND RURAL INDIA**

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# CONTENT

TITLE	PAGE NO.
Preface by Neelesh Misra	1
KEY FINDINGS	2
Chapter 1 - COVID-19: AN OVERVIEW	3 - 5
CHAPTER 2: GAON CONNECTION RAPID SURVEY	6 - 9
CHAPTER 3: COVID-19 SPREAD IN RURAL INDIA	10 - 16
CHAPTER 4: COVID-19: BELIEFS, KNOWLEDGE AND PRACTICES	17 - 24
CHAPTER 5: COVID-19 AND CHANGING FOOD HABITS IN RURAL INDIA	25 - 30
CHAPTER 6: COVID-19 VACCINE AND RURAL INDIA	31 - 43
CHAPTER 7: STATUS OF MIGRANT WORKERS IN RURAL INDIA	44 - 48
CHAPTER 8: ANNEXURE: METHODOLOGY	49 - 55
OTHER GAON CONNECTION INSIGHTS SURVEYS	56



## THE CURE TO A HORRIBLE YEAR

As scientists and governments race to provide the COVID-19 vaccine, the majority of India's citizens – who live in its rural hinterland – could be key to this vaccination effort of epic proportions to prevent the pandemic from causing further damage.

What are the perceptions of rural citizens about the vaccine, its efficacy, and what it will do to their lives? What is the price point at which they would be ready to afford it – or do they want it only if it is free? How have their lives changed during this year, in small and big ways?

Gaon Connection Insights, India's biggest rural insights platform, has been starting off rural conversations with every report in its series, The Rural Report, and this research across 16 states and 1 Union Territory is timely and crucial, and it will help policymakers as well as corporations.

The rural voice has so far been largely unheard in mainstream India and this is an effort to begin to fill that vacuum. Do read more insights at [www.ruraldata.in](http://www.ruraldata.in).

### Neelesh Misra

Founder

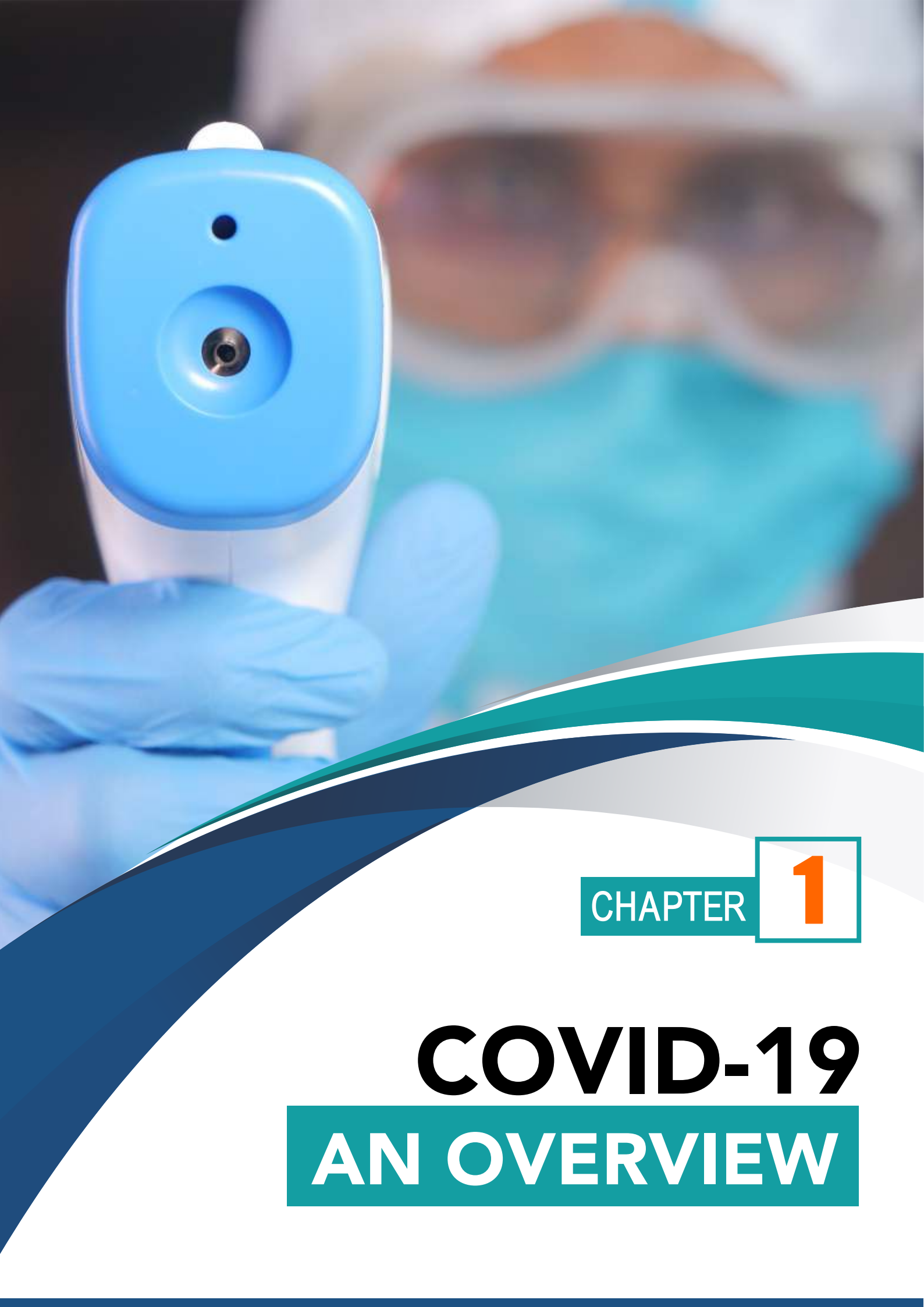
Gaon Connection

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# KEY FINDINGS OF GAON CONNECTION SURVEY ON THE 'COVID-19 VACCINE AND RURAL INDIA'

- ◆ One-fourth of the respondent households reported that samples from at least one member of their households were taken for testing of COVID-19.
- ◆ Of the 25.9 per cent respondent households who reported any one of their family members samples were tested, more than half, that is 59 per cent, reported at least one person in their household had tested positive for COVID-19.
- ◆ Overall, 15 per cent of the total covered samples reported that at least one person among their household tested positive for COVID-19.
- ◆ Two-third of the COVID-positive patients got treatment in a government hospital and 11 per cent went to private hospital. Nearly half of the patients (48%) got allopathic medication whereas 29 per cent took immunity boosters.
- ◆ Slightly less than half (44%) of the respondent households expressed that they would like to pay and get the vaccine. Meanwhile, 36 per cent said they would not pay for it.
- ◆ Almost 47 per cent households in East-Northeast zone, 37 per cent households in west zone, 51 per cent in north zone and 33 per cent households in south zone expressed their willingness to pay for the COVID-19 vaccine.
- ◆ Around two-third respondents, who were willing to pay for the COVID-19 vaccine, said that they would like to pay less than Rs 500 for two doses of COVID vaccine and, another one-fourth reported they would like to pay between Rs 500 and Rs 1,000 for two doses of COVID vaccine. Meanwhile, around eight per cent were willing to pay between Rs 1,000 and Rs 2,000 for two doses of the vaccine.
- ◆ On being asked who in the family would the respondent like to vaccinate first, the three most selected options were: Old parents (33.3%), Kids (26.5%) and Breadwinner (main earner) of the family (16%).
- ◆ Majority of the respondent households suggested prioritising doctors and nurses (43.5%) for administering COVID-19 vaccine. Next in the priority list were frontline health workers (34.8%), and sanitation workers (34.7%) and police personnel (31.4%).
- ◆ Half the respondents (50.5%) said they trusted Indian company vaccine whereas over 29% said they trusted any vaccine recommended by the Indian government. Only 16 per cent trusted the vaccine by an international company.
- ◆ More than 51 per cent said COVID-19 pandemic was a “conspiracy by China”. Twenty-two per cent said it was the failure of citizens to observe precautions, whereas about 18 per cent saw it as the government failure.
- ◆ 58 per cent respondents said that sensitisation or awareness programmes on COVID-19 were held in their village.
- ◆ Slightly more than 78 per cent respondents said they believed that wearing a mask reduced the chance of spread of coronavirus.
- ◆ Half of respondents reported that they were spending more money now on buying and consuming such packaged immunity boosting products.
- ◆ Slightly more than half of the respondents (56%) reported that their eating habits had changed in the corona period. Almost 70 per cent respondents said they had stopped eating outside food. Over 33 per cent said they had started eating more vegetables, whereas 30 per cent said they were eating more fruits.
- ◆ Comparison of APL and BPL households shows during COVID-19, more proportion of BPL households were not getting enough food than the APL households.
- ◆ Almost 54 per cent respondent households said they consumed non-veg food items. But of these, almost 40 per cent households reported that their consumption of non-veg food items had reduced.

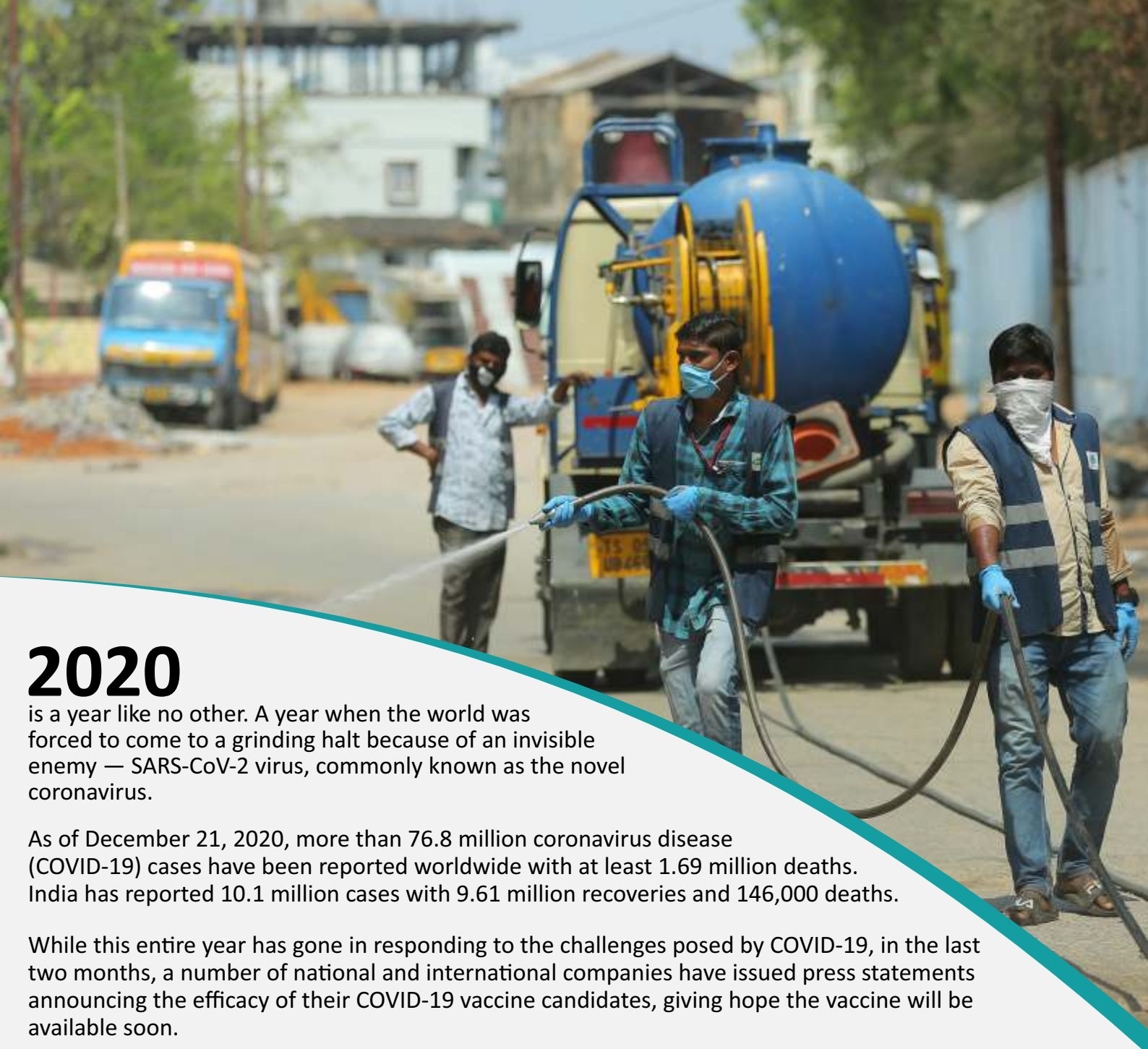


CHAPTER

1

# COVID-19

## AN OVERVIEW



# 2020

is a year like no other. A year when the world was forced to come to a grinding halt because of an invisible enemy — SARS-CoV-2 virus, commonly known as the novel coronavirus.

As of December 21, 2020, more than 76.8 million coronavirus disease (COVID-19) cases have been reported worldwide with at least 1.69 million deaths. India has reported 10.1 million cases with 9.61 million recoveries and 146,000 deaths.

While this entire year has gone in responding to the challenges posed by COVID-19, in the last two months, a number of national and international companies have issued press statements announcing the efficacy of their COVID-19 vaccine candidates, giving hope the vaccine will be available soon.

The Indian government, which already runs the world's largest universal immunisation programme covering 157 million beneficiaries, is drawing up a special immunisation programme for the COVID-19 vaccine.

Union health minister Harsh Vardhan recently informed that India would get a COVID-19 vaccine within the first quarter of 2021 and about 250-300 million people would be vaccinated by September 2021. This COVID-19 vaccine target is much higher than the 157 million newborn, young children and pregnant women covered annually under the government's routine immunisation.

For a large country with 1.35 billion people, vaccinating the entire population will be a huge challenge as making available several million doses of vaccine in a short span of time and at an affordable price will be no less than a feat.

How and when will the COVID-19 vaccine reach rural India remains to be seen. Scaling up and delivery, especially in the hinterland, will be a huge challenge. Cold chain for the delivery of vaccine needs to be revamped and strengthened. Safety of COVID-19 vaccine also remains a concern with allegations of no transparency in data sharing of the clinical trials.



Keeping these issues in mind, Gaon Connection Insights, the data and insights arm of India's biggest rural media platform Gaon Connection, decided to undertake a face-to-face survey to ascertain the spread of COVID-19 in rural India. The idea was also to document the behaviour and practices of rural Indians during the pandemic, and their financial preparedness in paying for COVID-19 vaccine.

In The Rural Report 3, we present findings of the first of its kind rapid survey on *COVID -19 Vaccine and Rural India*.



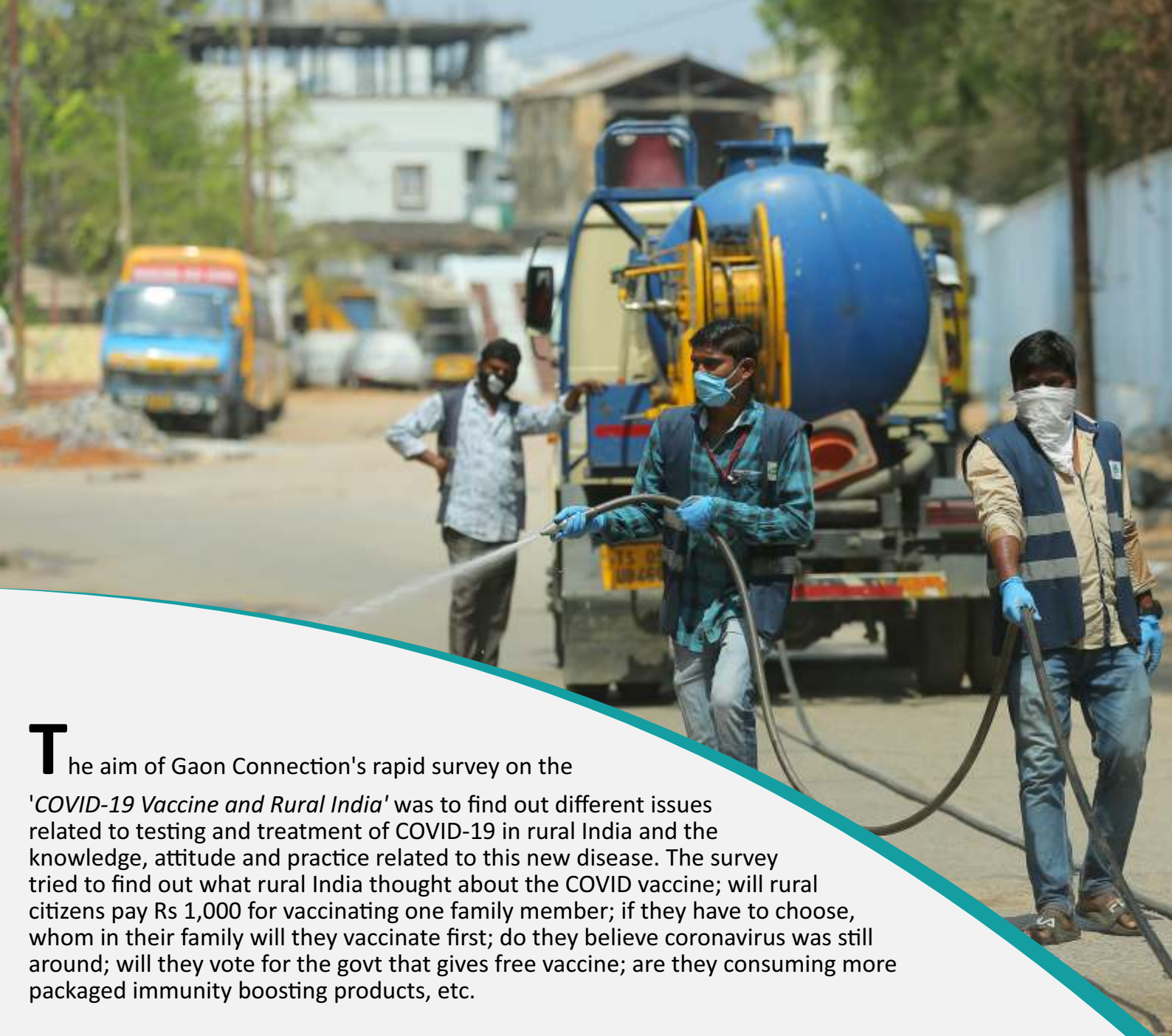


CHAPTER

2

# GaonConnection

## RAPID SURVEY



**T**he aim of Gaon Connection's rapid survey on the 'COVID-19 Vaccine and Rural India' was to find out different issues related to testing and treatment of COVID-19 in rural India and the knowledge, attitude and practice related to this new disease. The survey tried to find out what rural India thought about the COVID vaccine; will rural citizens pay Rs 1,000 for vaccinating one family member; if they have to choose, whom in their family will they vaccinate first; do they believe coronavirus was still around; will they vote for the govt that gives free vaccine; are they consuming more packaged immunity boosting products, etc.

This face-to-face survey was conducted between December 1 and December 10, 2020. A scientific methodology (probability proportionate to size) was followed to select the sample size of 6,040 households across 60 districts in 16 states and one union territory. The selection of states was based on the prevalence of COVID-19 as per the COVID data of the Union ministry of health and family welfare, Government of India. It was also ensured that all the regions of the country are represented in the rapid survey.

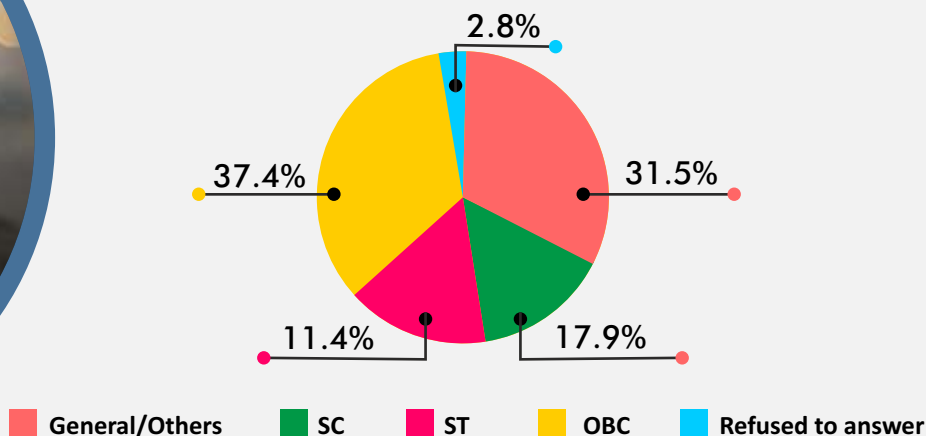
More details of the methodology and sampling are available as Annexure to this report.

### Socio-economic profile of respondent households

Among the households covered under the rapid survey, around 30 per cent belonged to the General Caste whereas around 37 per cent belonged to the Other Backward Castes (OBC). Eighteen per cent belonged to Scheduled Castes and 11 per cent belonged to Scheduled Tribes.



## Caste composition of sample households



The interview in the selected household was conducted either with the head of the household or any knowledgeable adult member. Nearly one-third of them were 12th/higher secondary pass and nearly one-fourth of them were primary passed, but less than matriculation. Around 12 per cent were graduates and three per cent were postgraduates. Also, eight per cent were not literate and seven per cent were literate without formal schooling.

Regarding occupation of the respondents, around half of the respondents were either cultivators (39%) or agriculture labour (12%). Around one-eighth were non-agricultural labour (12.9%) or had enterprise business (10%). About one-tenth of them were working with the government (4%) or in private sector (8%) as salaried employee.

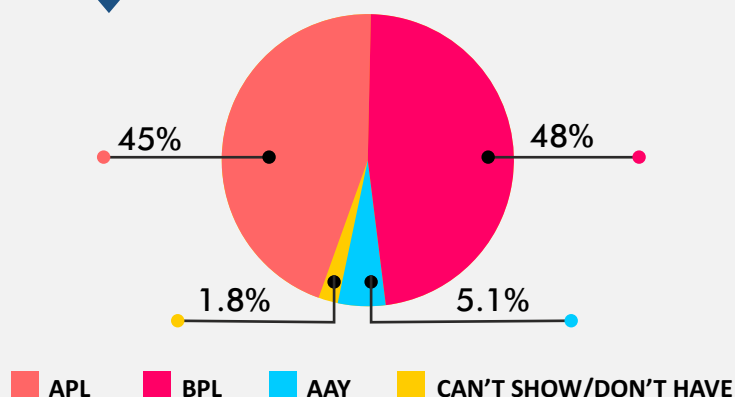
## Occupation of respondent

OCCUPATION	NUMBER OF RESPONDENTS	PERCENT
AGRICULTURE/ FARMER	2357	39.0%
ANIMAL HUSBANDRY	241	4.0%
FISHING	139	2.3%
AGRICULTURE LABOUR	715	11.8%
NON-AGRI LABOUR, UNSKILLED INCLUDING MGNREGS LABOUR	430	7.1%
NON-AGRI LABOUR, SKILLED (MASON, CARPENTER AND ELECTRICIAN ETC.)	349	5.8%
ENTERPRISE/BUSINESS /SHOPS	603	10.0%
SALARIED GOVT. JOB	214	3.5%
SALARIED PRIVATE JOB	464	7.7%
OTHERS	528	8.8%
TOTAL	6040	100.0%



On the basis of ration card, 48 per cent respondents were Below Poverty Line (BPL), 45 per cent were Above Poverty Line (APL) and five per cent belonged to Antodaya Yojana (AAY).

### Economic status of respondent households



Through the rapid survey, it was also tried to capture the monthly household expenditure of the respondents. Monthly household expenditure may be treated as one proxy indicator of economic status. Since it is a rapid survey and detailed probing was difficult to be done during the survey, there may be biases in the response of the respondents.

### Monthly expenditure of household category

MONTHLY EXPENDITURE OF HOUSEHOLD CATEGORY	NUMBER OF RESPONDENTS	PERCENT
LESS THAN RS. 5000	2475	41.0%
RS. 5000 TO 10,000	2284	37.8%
RS. 10,000 TO RS. 20000	917	15.2%
RS. 20,000 TO RS. 30,000	230	3.8%
RS. 30,000 TO RS. 50,000	76	1.3%
RS. 50,000 TO RS. 1 LAKH	50	0.8%
MORE THAN RS. 1 LAKH	8	0.1%
TOTAL	6,040	100.0%





CHAPTER

3

# COVID-19 SPREAD IN RURAL INDIA



**O**ne of the objectives of the rapid survey was to find out the extent of the spread of COVID-19 in rural India. During the nationwide lockdown, a large number of migrant workers had travelled from their workplaces in cities to their native villages. What is the status of COVID testing in rural India? How are villagers seeking treatment? What is the status of quarantine facilities? How many rural Indians have lost their near and dear ones to the virus?

On being asked if any member of their household had been tested for COVID-19, around one-fourth of the respondent households reported that samples from at least one member of their households were taken for testing of COVID-19. This testing was more in high COVID prevalence states (34.6%) than medium prevalence states (28.4%) and low prevalence states (17%).

### Has any member of your household been tested for COVID-19?

COVID - 19 PREVALENCE CATEGORY STATES		NO	YES	TOTAL
HIGH	COUNT	1181	626	1807
	%	65.4%	34.6%	100.0%
MEDIUM	COUNT	1445	573	2018
	%	71.6%	28.4%	100.0%
LOW	COUNT	1847	368	2215
	%	83.4%	16.6%	100.0%
TOTAL	COUNT	4473	1567	6040
	%	74.1%	25.9%	100.0%



Zone wise analysis reflects highest proportion (42.6%) of respondents in the East-Northeast zone reported that samples from at least one member of their households were taken for the testing of COVID-19 whereas it was the lowest in the north zone (10.9%).

### Has any member of your household been tested for COVID-19 (zone wise)?

ZONES			NO	YES	TOTAL
	EAST-NORTHEAST	COUNT	816	605	1421
		%	57.4%	42.6%	100.0%
	WEST	COUNT	915	271	1186
		%	77.2%	22.8%	100.0%
	NORTH	COUNT	1975	242	2217
		%	89.1%	10.9%	100.0%
	SOUTH	COUNT	767	449	1216
		%	63.1%	36.9%	100.0%
TOTAL		COUNT	4473	1567	6040
		%	74.1%	25.9%	100.0%

Of the 25.9 per cent respondent households who reported any one of their family members samples were tested, more than half, that is 59 per cent, reported at least one person in their household had tested positive for COVID-19.

Overall, 15 per cent (high prevalence zone: 27%, medium: 14% and low: 6%) of the total covered samples reported that at least one person among their household tested positive for COVID 19.

### Has at least one person in your household tested positive for COVID-19?

COVID - 19 PREVALENCE CATEGORY STATES		NO	YES	TOTAL
HIGH	COUNT	135	491	626
	%	21.6%	78.4%	100.0%
MEDIUM	COUNT	287	286	573
	%	50.1%	49.9%	100.0%
LOW	COUNT	226	142	368
	%	61.4%	38.6%	100.0%
TOTAL	COUNT	648	919	1567
	%	41.4%	58.6%	100.0%



Among the people who were tested, it was found that in the south zone three out of every four households tested positive for COVID-19, the highest in the country. In contrast, it was the lowest in the north zone where only 12 per cent tested positive.

**Has at least one person in your household tested positive for COVID19 (zone wise)?**

ZONES			NO	YES	TOTAL
	EAST-NORTHEAST	COUNT	244	361	605
		%	40.3%	59.7%	100.0%
	WEST	COUNT	83	188	271
		%	30.6%	69.4%	100.0%
	NORTH	COUNT	213	29	242
		%	88.0%	12.0%	100.0%
	SOUTH	COUNT	108	341	449
		%	24.1%	75.9%	100.0%
TOTAL		COUNT	648	919	1567
		%	41.4%	58.6%	100.0%

On the recovery front, on being asked if the COVID-19 positive family member had recovered from the disease, the survey found that nearly three-fourth of them had recovered fully. Eight per cent were still COVID positive and 3.5 per cent of the positive cases/persons had passed away/died.

**Has the COVID-19 positive household member recovered?**

COVID - 19 PREVALENCE CATEGORY STATES		YES, RECOVERED FULLY	YES, RECOVERED PARTIALLY	STILL COVID POSITIVE	PASSED AWAY	TOTAL
HIGH	COUNT	353	80	43	15	491
	%	71.9%	16.3%	8.8%	3.1%	100.0%
MEDIUM	COUNT	229	39	7	11	286
	%	80.1%	13.6%	2.4%	3.8%	100.0%
LOW	COUNT	86	26	24	6	142
	%	60.6%	18.3%	16.9%	4.2%	100.0%
TOTAL	COUNT	668	145	74	32	919
	%	72.7%	15.8%	8.1%	3.5%	100.0%

The Gaon Connection rapid survey also tried to find out about quarantine facilities in rural India and how many COVID-19 patients made use of them. On being asked if the COVID-19 positive household member was taken to a quarantine facility or was isolated at home, the respondents said that 73 per cent were brought to quarantine centres and 27 per cent were isolated at home.





## Was the COVID-19 positive household member taken to a quarantine facility or isolated at home?

COVID - 19 PREVALENCE CATEGORY STATES		QUARANTINE FACILITY	AT HOME	TOTAL
HIGH	COUNT	372	119	491
	%	75.8%	24.2%	100.0%
MEDIUM	COUNT	228	58	286
	%	79.7%	20.3%	100.0%
LOW	COUNT	72	70	142
	%	50.7%	49.3%	100.0%
TOTAL	COUNT	672	247	919
	%	73.1%	26.9%	100.0%

Further, it was asked if the COVID-19 positive household member was treated at a government hospital or private hospital, it was found that two-third of them got treatment in a government hospital and 11 per cent went to private hospital. Around one-tenth of them got self-treatment and remaining went to rural medical practitioners (RMP) doctor/ quack and Ayurveda doctor. It was also found that a larger proportion of COVID-19 cases in high prevalence states (73%) got treatment in government hospitals than other categories of states.

## Where did the COVID-19 positive household member(s) go for COVID19 treatment?

COVID - 19 PREVALENCE CATEGORY STATES		GOVT HOSPITAL/DOCTOR	PRIVATE HOSPITAL/DOCTOR	R.M.P DOCTOR/QUACK	AYURVEDA DOCTOR	SELF TREATMENT	TOTAL
HIGH	COUNT	359	38	26	28	40	491
	%	73.1%	7.7%	5.3%	5.7%	8.1%	100.0%
MEDIUM	COUNT	179	36	13	25	33	286
	%	62.6%	12.6%	4.5%	8.7%	11.5%	100.0%
LOW	COUNT	73	29	6	13	21	142
	%	51.4%	20.4%	4.2%	9.2%	14.8%	100.0%
TOTAL	COUNT	611	103	45	66	94	919
	%	66.5%	11.2%	4.9%	7.2%	10.2%	100.0%

Further, zone wise analysis shows that the majority of COVID-19 positive household members in East-Northeast, West and South Zones got treated for the disease at a government hospital/doctor, but in the North zone, majority of COVID-19 positive household members preferred self-treatment.



**Where did the COVID-19 positive household member(s) go for COVID19 treatment (zone wise)?**

ZONES		GOVT HOSPITAL/ DOCTOR	PRIVATE HOSPITAL/ DOCTOR	R.M.P DOCTOR/ QUACK	AYURVEDA DOCTOR	SELF TREATMENT	TOTAL
EAST-NORTHEAST	COUNT	241	42	13	26	39	361
	%	66.8%	11.6%	3.6%	7.2%	10.8%	100.0%
WEST	COUNT	121	35	6	18	8	188
	%	64.4%	18.6%	3.2%	9.6%	4.3%	100.0%
NORTH	COUNT	7	1	0	1	20	29
	%	24.1%	3.4%	0.0%	3.4%	69.0%	100.0%
SOUTH	COUNT	242	25	26	21	27	341
	%	71.0%	7.3%	7.6%	6.2%	7.9%	100.0%
TOTAL	COUNT	611	103	45	66	94	919
	%	66.5%	11.2%	4.9%	7.2%	10.2%	100.0%

On being asked what treatment the COVID-19 positive member took for COVID, it was found that nearly half of them (48%) got allopathic medication whereas 29 per cent took immunity boosters

**What treatment did the COVID19 positive household member take?**

COVID - 19 PREVALENCE CATEGORY STATES		ALLOPATHIC MEDICATION	HOME REMEDIES	IMMUNITY BOOSTERS	ANY OTHER	NONE	TOTAL
HIGH	COUNT	210	60	184	19	18	491
	%	42.8%	12.2%	37.5%	3.9%	3.7%	100.0%
MEDIUM	COUNT	168	24	49	25	20	286
	%	58.7%	8.4%	17.1%	8.7%	7.0%	100.0%
LOW	COUNT	65	36	37	2	2	142
	%	45.8%	25.4%	26.1%	1.4%	1.4%	100.0%
TOTAL	COUNT	443	120	270	46	40	919
	%	48.2%	13.1%	29.4%	5.0%	4.4%	100.0%



Apart from the household members, the rapid survey also tried to find out if people in the respondent's extended family or friend circle were affected by COVID-19. It was found that 58.9% of rural respondents said that none of their extended family or friend circle were affected by the COVID-19. About 4.7 per cent reported that their extended family or friend circle affected by COVID had passed away. Incidences of death cases of extended family or friend circle as reported by respondents was more in high prevalence states (6.6%) and medium prevalence states (6.9%) than low prevalence states (1.2%).

### Anyone in your extended family or friend circle affected by the COVID-19?

COVID - 19 PREVALENCE CATEGORY STATES		YES, WAS AFFECTED, BUT RECOVERED NOW	YES, WAS AFFECTED, BUT PARTIALLY RECOVERED	PASSED AWAY	NOT AFFECTED	DON'T KNOW	TOTAL
HIGH	COUNT	525	193	119	708	262	1807
	%	29.1%	10.7%	6.6%	39.2%	14.5%	100.0%
MEDIUM	COUNT	260	105	140	1245	268	2018
	%	12.9%	5.2%	6.9%	61.7%	13.3%	100.0%
LOW	COUNT	161	87	26	1603	338	2215
	%	7.3%	3.9%	1.2%	72.4%	15.3%	100.0%
TOTAL	COUNT	946	385	285	3556	868	6040
	%	15.7%	6.4%	4.7%	58.9%	14.4%	100.0%



CHAPTER

4

# COVID-19

**BELIEFS, KNOWLEDGE  
AND PRACTICES**



**C**COVID-19 being a new disease has several beliefs, misconceptions and lack of information around it. Through the rapid survey, Gaon Connection tried to find out how rural Indians perceived COVID-19, how they were protecting themselves against the disease, awareness and sensitisation about the disease, etc.

On being asked how the respondent perceived COVID-19 pandemic, more than 51 per cent said it was a “conspiracy by China”. Twenty-two per cent said it was the failure of citizens to observe precautions, whereas about 18 per cent saw it as the government failure. In high prevalence states, more proportion of respondents (23%) saw it as governance failure than medium (14.5%) and low prevalence states (16.9%).

### How do you perceive the corona pandemic?

COVID - 19 PREVALENCE CATEGORY STATES		AN ACT OF GOD	A CONSPIRACY BY CHINA	GOVERNANCE FAILURE	FAILURE OF CITIZENS TO OBSERVE PRECAUTIONS	CAN'T SAY	TOTAL
HIGH	COUNT	454	769	415	330	338	1807
	%	25.1%	42.6%	23.0%	18.3%	18.7%	
MEDIUM	COUNT	224	1017	292	461	430	2018
	%	11.1%	50.4%	14.5%	22.8%	21.3%	
LOW	COUNT	500	1310	375	539	331	2215
	%	22.6%	59.1%	16.9%	24.3%	14.9%	
TOTAL	COUNT	1178	3096	1082	1330	1099	6040
	%	19.5%	51.3%	17.9%	22.0%	18.2%	

Note: Since it is a multiple type select question, one respondent can pick more than one option.



Further, the respondents were asked if they thought the novel coronavirus was still around. Irrespective of types of states, around one-fifth of the respondents said they did not think the coronavirus was still around. Around 15 per cent said they did not know if the virus was still around whereas 1.3 per cent perceived the virus to be a hoax.

### Do you think COVID19 virus is still around?

COVID - 19 PREVALENCE CATEGORY STATES		YES	NO	DO NOT KNOW	IT WAS ALWAYS A HOAX	TOTAL
HIGH	COUNT	1158	375	234	40	1807
	%	64.1%	20.8%	12.9%	2.2%	100.0%
MEDIUM	COUNT	1338	417	232	31	2018
	%	66.3%	20.7%	11.5%	1.5%	100.0%
LOW	COUNT	1294	476	438	7	2215
	%	58.4%	21.5%	19.8%	0.3%	100.0%
TOTAL	COUNT	3790	1268	904	78	6040
	%	62.7%	21.0%	15.0%	1.3%	100.0%

The data was also analysed zone-wise and it was found that a higher proportion of respondents in West (25%) and East-Northeast (23%) zones did not think COVID-19 virus was still around as compared to the North (18.5%) and South (18.7%) zones of the country.

### Do you think COVID19 virus is still around (zone wise analysis)?

ZONES		YES	NO	DO NOT KNOW	IT WAS ALWAYS A HOAX	TOTAL
EAST-NORTHEAST	COUNT	954	329	115	23	1421
	%	67.1%	23.2%	8.1%	1.6%	100.0%
WEST	COUNT	682	301	195	8	1186
	%	57.5%	25.4%	16.4%	0.7%	100.0%
NORTH	COUNT	1361	411	427	18	2217
	%	61.4%	18.5%	19.3%	0.8%	100.0%
SOUTH	COUNT	793	227	167	29	1216
	%	65.2%	18.7%	13.7%	2.4%	100.0%
TOTAL	COUNT	3790	1268	904	78	6040
	%	62.7%	21.0%	15.0%	1.3%	100.0%



To further get perceptions of rural India towards the COVID-19, the respondents were asked if they thought COVID was a real disease or a rumour. Sixty four per cent of respondents said they thought COVID-19 was a real disease. This opinion was stronger in high prevalence states (74.8%) than other medium or low prevalence states.

Also 18.9 per cent respondents perceived COVID-19 as a fatal disease which was more in low prevalence states (29.5%) than other categories of states. About 8.9 per cent respondents thought coronavirus disease was a rumour and 11 per cent respondents thought it was an exaggerated problem. Another 8.5 per cent thought it was a minor cold, cough and flu only.

## Do you think COVID19/corona is a real disease or is just a rumour?

COVID - 19 PREVALENCE CATEGORY STATES		REAL DISEASE	RUMOUR	EXAGGERATED PROBLEM	DISEASE OF THE RICH	DISEASE OF CITIES	FATAL DISEASE	MINOR COLD, COUGH, FLU ONLY	DON'T KNOW	TOTAL
HIGH	COUNT	1352	134	232	174	135	151	140	123	1807
	%	74.8%	7.4%	12.8%	9.6%	7.5%	8.4%	7.7%	6.8%	
MEDIUM	COUNT	1082	237	271	189	107	336	151	72	2018
	%	53.6%	11.7%	13.4%	9.4%	5.3%	16.7%	7.5%	3.6%	
LOW	COUNT	1432	169	160	111	326	654	221	56	2215
	%	64.7%	7.6%	7.2%	5.0%	14.7%	29.5%	10.0%	2.5%	
TOTAL	COUNT	3866	540	663	474	568	1141	512	251	6040
	%	64.0%	8.9%	11.0%	7.8%	9.4%	18.9%	8.5%	4.2%	

Note: Since it is a multiple type select question, one respondent can pick more than one option.

This data was further analysed zone wise and it was found that a higher proportion in the South zone (74.8%) thought COVID-19 to be a real disease than other zones.

## Do you think COVID19/corona is a real disease or is just a rumour (zone wise analysis)?

ZONES		REAL DISEASE	RUMOUR	EXAGGERATED PROBLEM	DISEASE OF THE RICH	DISEASE OF CITIES	FATAL DISEASE	MINOR COLD COUGH FLU ONLY	DON'T KNOW	TOTAL
EAST-NORTHEAST	COUNT	793	132	186	140	60	182	89	49	1421
	%	55.8%	9.3%	13.1%	9.9%	4.2%	12.8%	6.3%	3.4%	
WEST	COUNT	723	105	181	92	129	224	156	26	1186
	%	61.0%	8.9%	15.3%	7.8%	10.9%	18.9%	13.2%	2.2%	
NORTH	COUNT	1440	195	105	101	270	652	198	71	2217
	%	65.0%	8.8%	4.7%	4.6%	12.2%	29.4%	8.9%	3.2%	
SOUTH	COUNT	910	108	191	141	109	83	69	105	1216
	%	74.8%	8.9%	15.7%	11.6%	9.0%	6.8%	5.7%	8.6%	
TOTAL	COUNT	3866	540	663	474	568	1141	512	251	6040
	%	64.0%	8.9%	11.0%	7.8%	9.4%	18.9%	8.5%	4.2%	

Note: Since it is a multiple type select question, one respondent can pick more than one option.



Through the rapid survey, Gaon Connection also tried to find out if any sensitisation programmes or information sharing on COVID-19 was carried out in rural India to inform the rural citizens about the disease and its prevention.

On being asked if any sensitisation or awareness programme was held in their village on COVID-19, 58 per cent respondents said that sensitisation or awareness programmes were held in their village. Such programmes were more in higher prevalence states than other zones.

### To control corona, was any sensitisation or awareness programme held in your village?

COVID - 19 PREVALENCE CATEGORY STATES		YES	NO	DON'T KNOW	TOTAL
HIGH	COUNT	1168	413	226	1807
	%	64.6%	22.9%	12.5%	100.0%
MEDIUM	COUNT	1345	510	163	2018
	%	66.7%	25.3%	8.1%	100.0%
LOW	COUNT	1013	899	303	2215
	%	45.7%	40.6%	13.7%	100.0%
TOTAL	COUNT	3526	1822	692	6040
	%	58.4%	30.2%	11.5%	100.0%

Upon analysing the data zone-wise, about two-third respondents in East-Northeast, west and south zones reported that sensitisation or awareness programmes were held in their village. The same was comparatively less in the north zone (48%).

### To control corona, was any sensitisation or awareness programme held in your village (zone wise analysis)?

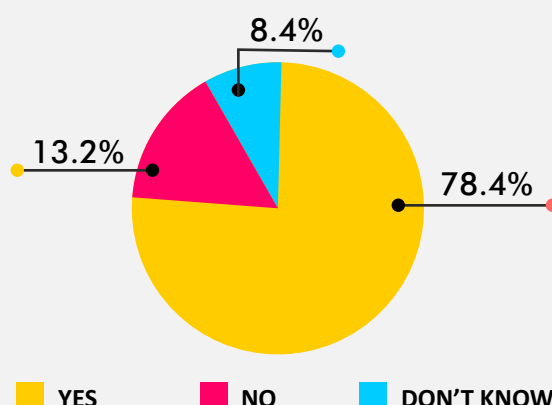
ZONES			YES	NO	DON'T KNOW	TOTAL
	EAST-NORTHEAST	COUNT	880	432	109	1421
		%	61.9%	30.4%	7.7%	100.0%
	WEST	COUNT	827	265	94	1186
		%	69.7%	22.3%	7.9%	100.0%
	NORTH	COUNT	1065	846	306	2217
		%	48.0%	38.2%	13.8%	100.0%
	SOUTH	COUNT	754	279	183	1216
		%	62.0%	22.9%	15.0%	100.0%
	TOTAL	COUNT	3526	1822	692	6040
		%	58.4%	30.2%	11.5%	100.0%





In order to understand information on prevention of COVID-19 available with rural citizens, the respondents were asked if they thought wearing a face mask reduced the chance of spread of coronavirus. Slightly more than 78 per cent respondents said they believed that wearing a mask reduced the chance of spread of coronavirus. No major difference was observed among high, medium and low COVID prevalence states.

### Does wearing a mask reduce the chance of spread of coronavirus?



Zone wise analysis of the data showed that more proportion of respondents in the North zone thought that wearing a mask reduced the chance of spread of coronavirus than other zones.

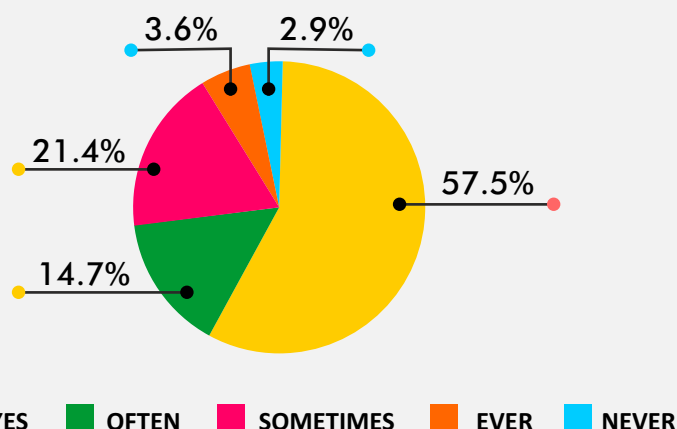
### Does wearing a mask reduce the chance of spread of coronavirus (zone wise analysis)?

ZONES			YES	NO	DON'T KNOW	TOTAL
	EAST-NORTHEAST	COUNT	1027	320	74	1421
		%	72.3%	22.5%	5.2%	100.0%
	WEST	COUNT	876	209	101	1186
		%	73.9%	17.6%	8.5%	100.0%
	NORTH	COUNT	1938	73	206	2217
		%	87.4%	3.3%	9.3%	100.0%
	SOUTH	COUNT	895	194	127	1216
		%	73.6%	16.0%	10.4%	100.0%
TOTAL		COUNT	4736	796	508	6040
		%	78.4%	13.2%	8.4%	100.0%

Upon asking if people around them wore a face mask while stepping out of their homes, almost 58 per cent said they did so. A higher proportion of respondents in high prevalence states reported that people around them wore a face mask normally all the time when they stepped out in public places than other types of states.



Do people around you wear a face mask when they step out in public places?



Do people around you wear a face mask when they step out in public places (prevalence wise analysis)?

COVID - 19 PREVALENCE CATEGORY STATES		YES	OFTEN	SOMETIMES	EVER	NEVER	TOTAL
HIGH	COUNT	1148	274	277	50	58	1807
	%	63.5%	15.2%	15.3%	2.8%	3.2%	100.0%
MEDIUM	COUNT	1050	376	413	102	77	2018
	%	52.0%	18.6%	20.5%	5.1%	3.8%	100.0%
LOW	COUNT	1272	235	603	66	39	2215
	%	57.4%	10.6%	27.2%	3.0%	1.8%	100.0%
TOTAL	COUNT	3470	885	1293	218	174	6040
	%	57.5%	14.7%	21.4%	3.6%	2.9%	100.0%

Also, a higher proportion of respondents in north and south zones reported that people around them wore a face mask normally all the time when they stepped out in public places in comparison to other zones.

Do people around you wear a face mask when they step out in public places (zone wise analysis)?

ZONES			YES	OFTEN	SOMETIMES	EVER	NEVER	TOTAL
EAST-NORTHEAST	COUNT		723	256	324	77	41	1421
	%		50.9%	18.0%	22.8%	5.4%	2.9%	100.0%
WEST	COUNT		592	306	202	46	40	1186
	%		49.9%	25.8%	17.0%	3.9%	3.4%	100.0%
NORTH	COUNT		1372	199	552	50	44	2217
	%		61.9%	9.0%	24.9%	2.3%	2.0%	100.0%
SOUTH	COUNT		783	124	215	45	49	1216
	%		64.4%	10.2%	17.7%	3.7%	4.0%	100.0%
TOTAL	COUNT		3470	885	1293	218	174	6040
	%		57.5%	14.7%	21.4%	3.6%	2.9%	100.0%



On being asked what precautions the respondent was taking to keep himself/herself and the family safe, 67.2 per cent said they were using face masks followed by 41.8 per cent using sanitisers or soap after touching any object risky from COVID point of view.

### What precautions do you follow to keep yourself and your family safe from COVID 19?

Precautions followed to keep yourself and your family safe from COVID 19	%
Wearing of masks all the time while going outside	67.2%
Wearing of masks some time while going outside	20.4%
Use of sanitizers or soap after touching of any object risky from COVID point of view all the time	41.8%
Use of sanitizers or soap after touching of any object risky from COVID point of view sometimes	20.5%
Following social distancing while meeting people outside all the time	19.0%
Following social distancing while meeting people outside social time	9.3%
Avoid going outside	16.6%
Immediate quarantine in case of any symptom	8.8%
Any other	4.9%

Note: Since it is a multiple type select question, one respondent can pick more than one option.



CHAPTER

5

# COVID-19 AND

## CHANGING FOOD HABITS IN RURAL INDIA





Interestingly, the rapid survey tried to find out if COVID-19 pandemic had led to changes in the food habits of rural citizens. When coronavirus struck India, there was a fear that the virus can be spread through poultry because of which several people stopped consuming eggs and chicken. Poultry business was badly affected.

Meanwhile, to boost their immunity, people started to consume home-made concoctions, packaged immunity boosting products, etc.

On being asked if the respondent household was spending more money now on buying and consuming packaged immunity boosting products, such as Chyawanprash, giloy, *kadah*, vitamin tablets, etc, more than half of respondents in high and medium prevalence states reported that they were spending more money now on buying and consuming such packaged immunity boosting products.

**Are you spending more money now on buying and consuming packaged immunity boosting products (such as Chyawanprash, giloy, *kadah*, vitamin tablets, etc)?**

COVID - 19 PREVALENCE CATEGORY STATES		YES	NO	TOTAL
HIGH	COUNT	1014	793	1807
	%	56.1%	43.9%	100.0%
MEDIUM	COUNT	1166	852	2018
	%	57.8%	42.2%	100.0%
LOW	COUNT	785	1430	2215
	%	35.4%	64.6%	100.0%
TOTAL	COUNT	2965	3075	6040
	%	49.1%	50.9%	100.0%



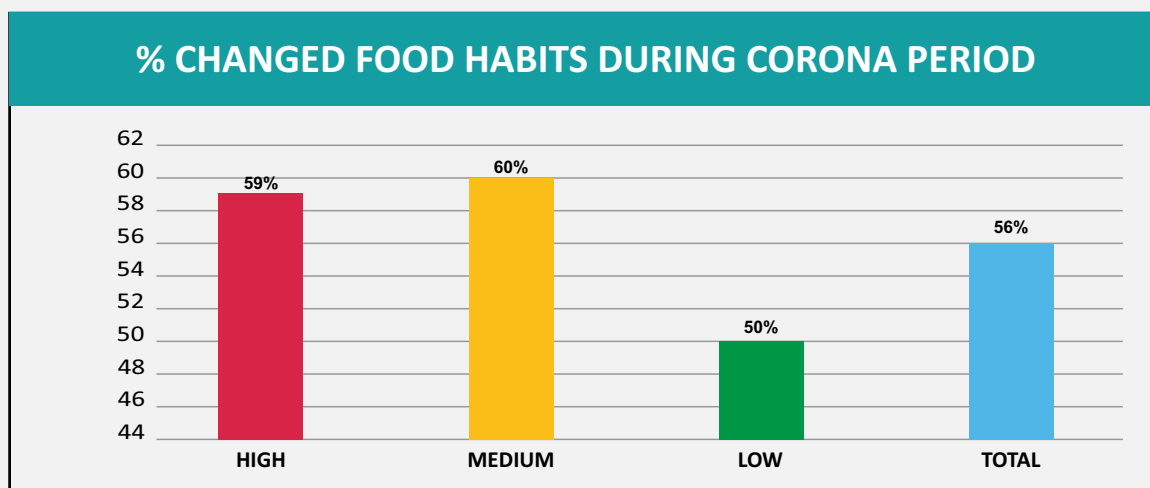
Further, zone-wise analysis showed spending more money now on buying and consuming packaged immunity boosting products was higher in the East-Northeast zone (63%) than other zones of the country.

**Are you spending more money now on buying and consuming packaged immunity boosting products (such as Chyawanprash, giloy, *kadah*, vitamin tablets, etc)?**  
Zone-wise analysis

ZONES			YES	NO	TOTAL
	EAST-NORTHEAST	COUNT	895	526	1421
		%	63.0%	37%	100.0%
	WEST	COUNT	590	596	1186
		%	49.7%	50.3%	100.0%
	NORTH	COUNT	887	1330	2217
		%	40.0%	60.0%	100.0%
	SOUTH	COUNT	593	623	1216
		%	48.8%	51.2%	100.0%
TOTAL		COUNT	2965	3075	6040
		%	49.1%	50.9%	100.0%

The respondent households were asked if, in the corona period, their family's food habits had changed. Slightly more than half of the respondents (56%) reported that their eating habits had changed in this period. Further zone-wise analysis showed that a higher number of respondent households in the East-Northeast zone had changed their eating habits in the corona period as compared to other zones.

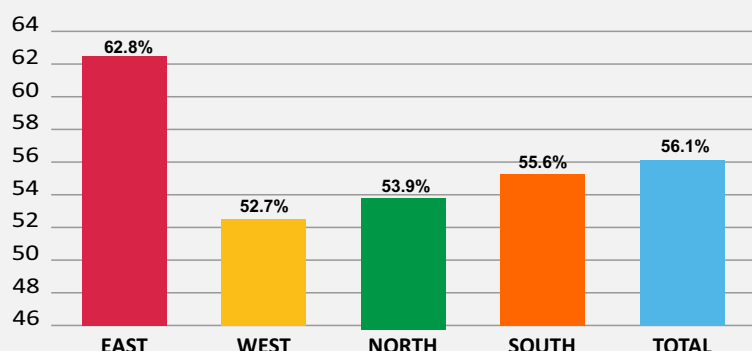
**In this corona period, have your eating habits changed?**





**In this corona period, have your eating habits changed (zone wise analysis)?**

### % CHANGED FOOD HABITS DURING CORONA PERIOD



On being asked (question posed to only those who said eating habits had changed in COVID-19) what kind of changes in the eating habits had taken place due to corona, almost 70 per cent respondents said they had stopped eating outside food. Over 33 per cent said they had started eating more vegetables, whereas 30 per cent said they were eating more fruits.

### What changes in eating habits during COVID-19 (COVID-19 prevalence wise)?

TYPES OF CHANGE IN FOOD HABITS	HIGH	MEDIUM	LOW	TOTAL
STOPPED EATING OUTSIDE FOOD	65.8%	60.3%	84.1%	69.9%
EATING MORE FRUITS	37.5%	25.2%	28.0%	30.0%
EATING MORE VEGETABLES	34.7%	36.1%	29.1%	33.3%
NOT GETTING ENOUGH FOOD TO EAT	10.7%	22.8%	22.2%	18.8%

Note: Since it is a multiple type select question, one respondent can pick more than one option.

### What changes in eating habits during COVID-19 (zone wise)?

TYPES OF CHANGE IN FOOD HABITS	EAST NORTHEAST	WEST	NORTH	SOUTH
STOPPED EATING OUTSIDE FOOD	52.3%	81.4%	83.9%	57.4%
EATING MORE FRUITS	19.3%	23.5%	34.9%	41.6%
EATING MORE VEGETABLES	30.6%	21.1%	36.6%	42.3%
NOT GETTING ENOUGH FOOD TO EAT	29.5%	4.5%	20.1%	15.5%

Note: Since it is a multiple type select question, one respondent can pick more than one option.





Further, comparison of APL and BPL households shows during COVID-19, more proportion of BPL households were not getting enough food than the APL households.

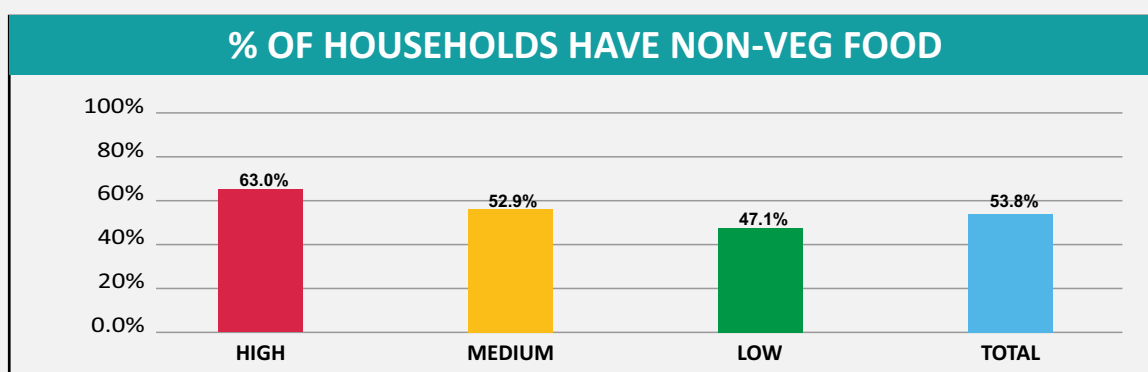
### What changes in eating habits during COVID-19 (household type wise)?

TYPES OF CHANGE IN FOOD HABITS	APL	BPL
STOPPED EATING OUTSIDE FOOD	69.2%	71.8%
EATING MORE FRUITS	31.2%	29.8%
EATING MORE VEGETABLES	32.4%	34.1%
NOT GETTING ENOUGH FOOD TO EAT	10.9%	25.9%

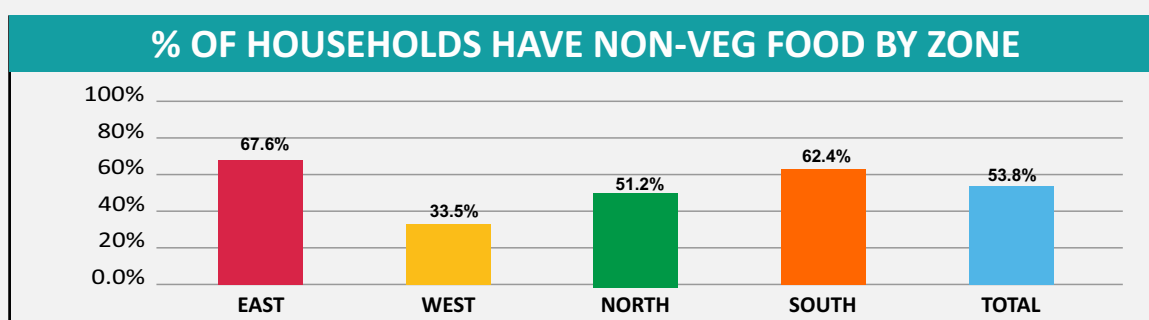
Note: Since it is a multiple type select question, one respondent can pick more than one option.

On being asked if the respondent household consumed non-vegetarian food, such as eggs, chicken, meat, fish, etc, almost 54 per cent said yes. This data was also analysed COVID-19 prevalence wise and zone wise.

### Do you or your household members consume non-vegetarian food (eggs, chicken, meat, fish) (COVID-19 prevalence wise)?



### Do you or your household members consume non-vegetarian food (eggs, chicken, meat, fish) (COVID-19 zone wise)?







Of those respondent households who said they consumed non-vegetarian food, they were asked if their non-veg eating pattern had changed in the corona period. Almost 40 per cent households reported that their consumption of non-veg food items had reduced with maximum proportion of reduction had occurred in high prevalence states (47.9%) followed by medium (40.9%) and low prevalence states (31.3%).

Meanwhile, almost nine per cent households reported that during COVID 19 period they were not eating non-veg items anymore.

### What changes in consumption of non-veg food items have occurred during the corona period (COVID prevalence wise)?

TYPES OF CHANGE IN NON-VEG FOOD EATING HABITS	HIGH	MEDIUM	LOW	TOTAL
YES, LIKE THE OLD TIMES	51.7%	38.6%	69.3%	53.0%
YES, BUT REDUCED CONSUMPTION	47.9%	40.9%	31.3%	40.3%
NOT EATING ANYMORE	11.4%	10.2%	4.0%	8.6%
ONLY EATING EGGS, NOT EATING FISH, MEAT AND CHICKEN	11.1%	12.8%	6.7%	10.2%
ONLY EATING MEAT, NOT CHICKEN AND EGGS	2.6%	7.1%	1.5%	3.8%

Note: Since it is a multiple type select question, one respondent can pick more than one option.

Further, zone-wise analysis showed a maximum reduction of consumption of non-veg items during COVID period occurred in the south zone with 47.2 per cent reported that there had been a reduction of consumption of non-veg food items, whereas 54.9 per cent reported that they were having non-veg food items like old times.

### What changes in consumption of non-veg food items have occurred during the corona period (zone wise)?

TYPES OF CHANGE IN NON-VEG FOOD EATING HABITS	EAST-NORTHEAST	WEST	NORTH	SOUTH
YES, LIKE THE OLD TIMES	33.9%	69.3%	62.3%	54.9%
YES, BUT REDUCED CONSUMPTION	47.1%	27.5%	34.4%	47.2%
NOT EATING ANYMORE	10.7%	4.5%	4.3%	14.6%
ONLY EATING EGGS, NOT EATING FISH, MEAT AND CHICKEN	8.6%	10.1%	10.1%	12.5%
ONLY EATING MEAT, NOT CHICKEN AND EGGS	6.7%	2.0%	2.4%	3.0%

Note: Since it is a multiple type select question, one respondent can pick more than one option.



CHAPTER

6

# COVID-19 VACCINE AND RURAL INDIA



**O**ne of the main objectives of the rapid survey was to find out how aware the rural citizens were about the updates on the COVID-19 vaccine, how much did they trust the vaccine candidates, how much they were willing to pay for it and other related issues.

On being asked if the respondent was aware that various companies are trying to come out with a COVID-19 vaccine, 77 per cent said they were aware of it. Zone wise analysis showed such awareness about COVID vaccine was comparatively higher in the North zone (85%) and was the lowest in the West zone (61%).

**Are you aware that the corona vaccine(s) are being prepared and coming out soon?**

ZONES			YES	NO	TOTAL
	EAST-NORTHEAST	COUNT	1109	312	1421
		%	78.0%	22.0%	100.0%
	WEST	COUNT	724	462	1186
		%	61.0%	39.0%	100.0%
	NORTH	COUNT	1884	333	2217
		%	85.0%	15.0%	100.0%
	SOUTH	COUNT	932	284	1216
		%	76.6%	23.4%	100.0%
TOTAL		COUNT	4649	1391	6040
		%	77.0%	23.0%	100.0%



Further, the respondents were asked if the COVID-19 vaccine came out, would he/she like to pay and get the vaccine. Slightly less than half (44%) of the respondent households expressed that they would like to pay and get the vaccine. Meanwhile, 36 per cent said they would not pay for it.

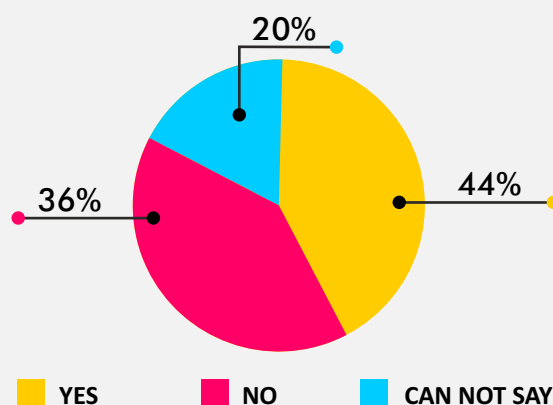
Almost 40 per cent households in high prevalence states, 51 per cent households in medium prevalence states and 42 per cent households in low prevalence states expressed their willingness to pay for the COVID-19 vaccine.

Similarly, almost 47 per cent households in East-Northeast zone, 37 per cent households in west zone, 51 per cent in north zone and 33 per cent households in south zone expressed their willingness to pay for the COVID-19 vaccine.

Analysis by ration card status of the households reflects 53 per cent of APL, 37 per cent of BPL and 33 per cent of AAY households said they would like to pay and get the COVID-19 vaccine.

## If the COVID-19 vaccine comes out would you like to pay and get the vaccine?

### PROPORTION OF HOUSEHOLDS WILLING TO PAY FOR COVID VACCINE



## If the COVID-19 vaccine comes out would you like to pay and get the vaccine (COVID-19 prevalence wise)?

COVID - 19 PREVALENCE CATEGORY STATES		YES	NO	CAN'T SAY
HIGH	COUNT	715	813	279
	%	39.6%	45.0%	15.4%
MEDIUM	COUNT	1019	659	340
	%	50.5%	32.7%	16.8%
LOW	COUNT	924	698	593
	%	41.7%	31.5%	26.8%
TOTAL	COUNT	2658	2170	1212
	%	44.0%	35.9%	20.1%





**If the COVID-19 vaccine comes out would you like to pay and get the vaccine (household type wise)?**

ECONOMIC STATUS		YES	NO	CANNOT SAY	TOTAL
APL	COUNT	1434	880	406	2720
	%	52.7%	32.4%	14.9%	100.0%
BPL	COUNT	1085	1140	677	2902
	%	37.4%	39.3%	23.3%	100.0%
AAY	COUNT	102	106	99	307
	%	33.2%	34.5%	32.2%	100.0%
HOUSEHOLDS WHOSE RATION CARD STATUS COULD NOT BE CAPTURED	COUNT	37	44	30	111
	%	33.3%	39.6%	27.0%	100.0%
TOTAL	COUNT	2658	2170	1212	6040
	%	44.0%	35.9%	20.1%	100.0%

Those who said they would pay for the COVID-19 vaccine were further asked how much they were willing to pay for the two doses of the COVID-19. Around two-third such respondents said that they would like to pay less than Rs 500 for two doses of COVID vaccine and, another one-fourth reported they would like to pay between Rs 500 and Rs 1,000 for two doses of COVID vaccine. Meanwhile, around eight per cent were willing to pay between Rs 1,000 and Rs 2,000 for two doses of the vaccine.

Zone-wise data analysis indicates less than one-fifth of households in the north zone would like to pay more than Rs 500 for two doses of COVID vaccine. But a higher proportion of households in East-Northeast and South zones of India were willing to pay more than Rs 500 for two doses of COVID vaccine. Ration card status wise analysis shows slightly more APL households were willing to more than Rs 1,000 for two doses of COVID-19 vaccine than BPL and AAY households.

It is also observed that people with higher monthly expenditures are likely to pay more for the vaccine.

**If yes (willing to pay for the COVID-19 vaccine), how much would you like to pay for two doses of the vaccine (COVID-19 prevalence wise)?**

COVID - 19 PREVALENCE CATEGORY STATES		RS.0-500	RS.500-1000	RS.1000-1500	RS.1500-2000	MORE THAN 2000	TOTAL
HIGH	COUNT	440	177	71	22	5	715
	%	61.5%	24.8%	9.9%	3.1%	0.7%	100.0%
MEDIUM	COUNT	557	360	67	28	7	1019
	%	54.7%	35.3%	6.6%	2.7%	0.7%	100.0%
LOW	COUNT	755	142	19	6	2	924
	%	81.7%	15.4%	2.1%	0.6%	0.2%	100.0%
TOTAL	COUNT	1752	679	157	56	14	2658
	%	65.9%	25.5%	5.9%	2.1%	0.5%	100.0%



If yes (willing to pay for the COVID-19 vaccine), how much would you like to pay for two doses of the vaccine (zone wise)?

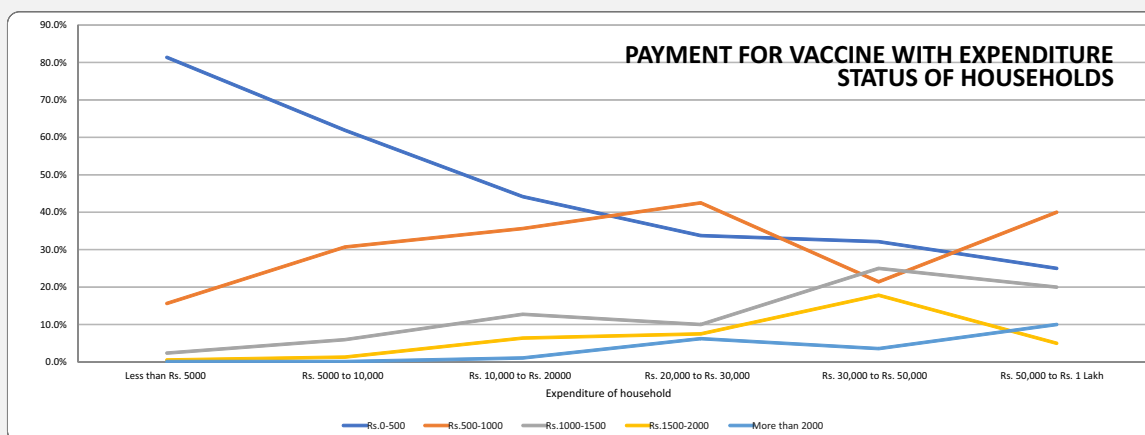
ZONES		RS.0-500	RS.500-1000	RS.1000-1500	RS.1500-2000	MORE THAN 2000	TOTAL
EAST-NORTHEAST	COUNT	309	275	62	20	7	673
	%	45.9%	40.9%	9.2%	3.0%	1.0%	100.0%
WEST	COUNT	303	112	19	6	2	442
	%	68.6%	25.3%	4.3%	1.4%	0.5%	100.0%
NORTH	COUNT	940	176	15	9	1	1141
	%	82.4%	15.4%	1.3%	0.8%	0.1%	100.0%
SOUTH	COUNT	200	116	61	21	4	402
	%	49.8%	28.9%	15.2%	5.2%	1.0%	100.0%
TOTAL	COUNT	1752	679	157	56	14	2658
	%	65.9%	25.5%	5.9%	2.1%	0.5%	100.0%

If yes (willing to pay for the COVID-19 vaccine), how much would you like to pay for two doses of the vaccine (ration card household type wise)?

ECONOMIC STATUS		RS.0-500	RS.500-1000	RS.1000-1500	RS.1500-2000	MORE THAN 2000	TOTAL
APL	COUNT	923	395	77	33	6	1434
	%	64.4%	27.5%	5.4%	2.3%	0.4%	100.0%
BPL	COUNT	746	252	62	17	8	1085
	%	68.8%	23.2%	5.7%	1.6%	0.7%	100.0%
AAY	COUNT	70	16	13	3	0	102
	%	68.6%	15.7%	12.7%	2.9%	0.0%	100.0%
CANT SHOW DON'T HAVE	COUNT	13	16	5	3	0	37
	%	35.1%	43.2%	13.5%	8.1%	0.0%	100.0%
TOTAL	COUNT	1752	679	157	56	14	2658
	%	65.9%	25.5%	5.9%	2.1%	0.5%	100.0%



If yes (willing to pay for the COVID-19 vaccine), how much would you like to pay for two doses of the vaccine (monthly household expenditure wise)?



To understand the affordability of COVID-19 vaccine by rural households, the respondent was asked if he/she thought Rs 1,000 for two doses of corona vaccine was high or affordable. Around one-fifth of the households reported that it is either affordable (16.1%) or they will go at any cost (5.3%).

Zone-wise analysis showed slight variation with a higher proportion of households in the West zone said Rs 1,000 for COVID vaccine was affordable or they would buy it at any cost. Meanwhile, ration card type household wise analysis showed a slightly higher proportion of households of APL category said Rs 1,000 for COVID vaccine was affordable or they would buy it at any cost as compared to other types of households.

Do you think Rs 1,000 for two doses of corona vaccine is high in cost or affordable (COVID-19 prevalence wise)?

COVID - 19 PREVALENCE CATEGORY STATES	VERY HIGH	HIGH	AFFORDABLE	WILL BUY GO AT ANY COST	TOTAL
HIGH	819	586	349	53	1807
	45.3%	32.4%	19.3%	2.9%	100.0%
MEDIUM	770	776	357	115	2018
	38.2%	38.5%	17.7%	5.7%	100.0%
LOW	1357	437	269	152	2215
	61.3%	19.7%	12.1%	6.9%	100.0%
TOTAL	2946	1799	975	320	6040
	48.8%	29.8%	16.1%	5.3%	100.0%



Do you think Rs 1,000 for two doses of corona vaccine is high in cost or affordable (zone wise)?

ZONES		VERY HIGH	HIGH	AFFORDABLE	WILL BUY GO AT ANY COST	TOTAL
EAST-NORTHEAST	COUNT	484	588	265	84	1421
	%	34.1%	41.4%	18.6%	5.9%	100.0%
WEST	COUNT	608	231	272	75	1186
	%	51.3%	19.5%	22.9%	6.3%	100.0%
NORTH	COUNT	1273	564	254	126	2217
	%	57.4%	25.4%	11.5%	5.7%	100.0%
SOUTH	COUNT	581	416	184	35	1216
	%	47.8%	34.2%	15.1%	2.9%	100.0%
TOTAL	COUNT	2946	1799	975	320	6040
	%	48.8%	29.8%	16.1%	5.3%	100.0%

Do you think Rs 1,000 for two doses of corona vaccine is high in cost or affordable (ration card household type)?

ECONOMIC STATUS		VERY HIGH	HIGH	AFFORDABLE	WILL BUY GO AT ANY COST	TOTAL
APL	COUNT	1312	781	483	144	2720
	%	48.2%	28.7%	17.8%	5.3%	100.0%
BPL	COUNT	1414	901	442	145	2902
	%	48.7%	31.0%	15.2%	5.0%	100.0%
AAY	COUNT	193	83	22	9	307
	%	62.9%	27.0%	7.2%	2.9%	100.0%
Cant show/ Don't Have	COUNT	27	34	28	22	111
	%	24.3%	30.6%	25.2%	19.8%	100.0%
TOTAL	COUNT	2946	1799	975	320	6040
	%	48.8%	29.8%	16.1%	5.3%	100.0%

Since affordability is a big issue in rural India, as part of the rapid survey, respondents were asked if they had to pay for the COVID-19 vaccine, who in their household/family would they vaccinate first. The three most selected options were: Old parents (33.3%), Kids (26.5%) and Breadwinner (main earner) of the family (16%).





If you have to pay for the vaccine, whom will you vaccinate first in the household/family (zone wise)?

ZONES		SELF	BREADWINNER (MAIN EARNER) OF THE FAMILY	OLD PARENTS	KIDS	PREGNANT WOMAN (IF ANY)	TOTAL
EAST-NORTHEAST	COUNT	274	228	542	233	144	1421
	%	19.3%	16.0%	38.1%	16.4%	10.1%	100.0%
WEST	COUNT	353	223	332	207	71	1186
	%	29.8%	18.8%	28.0%	17.5%	6.0%	100.0%
NORTH	COUNT	318	362	640	848	49	2217
	%	14.3%	16.3%	28.9%	38.2%	2.2%	100.0%
SOUTH	COUNT	178	154	500	310	74	1216
	%	14.6%	12.7%	41.1%	25.5%	6.1%	100.0%
TOTAL	COUNT	1123	967	2014	1598	338	6040
	%	18.6%	16.0%	33.3%	26.5%	5.6%	100.0%

If you have to pay for the vaccine, whom will you vaccinate first in the household/family (ration card household type)?

ECONOMIC STATUS		SELF	BREADWINNER (MAIN EARNER) OF THE FAMILY	OLD PARENTS	KIDS	PREGNANT WOMAN (IF ANY)	TOTAL
APL	COUNT	436	441	884	826	133	2720
	%	16.0%	16.2%	32.5%	30.4%	4.9%	100.0%
BPL	COUNT	563	456	994	728	161	2902
	%	19.4%	15.7%	34.3%	25.1%	5.5%	100.0%
AAY	COUNT	108	52	87	32	28	307
	%	35.2%	16.9%	28.3%	10.4%	9.1%	100.0%
Cant show/ Don't Have	COUNT	16	18	49	12	16	111
	%	14.4%	16.2%	44.1%	10.8%	14.4%	100.0%
TOTAL	COUNT	1123	967	2014	1598	338	6040
	%	18.6%	16.0%	33.3%	26.5%	5.6%	100.0%

It is clear that with such a large population base, it won't be possible to vaccinate the entire population of the country in one go. The Indian government has planned COVID-19 vaccination in phases with healthcare workers as priority number one.



To get an opinion of the rural citizens on this matter, as part of the rapid survey, the respondent was asked whom he/she thought should the government be vaccinating first on priority basis. Majority of the respondent households suggested prioritising doctors and nurses (43.5%). Next in the priority list were frontline health workers (34.8%), and sanitation workers (34.7%) and police personnel (31.4%). Also, a considerable proportion of households said that the government should give priority to other risky populations above 60 years (20.8%), below 10 years kids (19.8%) and pregnant women (15.3%).

### Whom do you think the government should prioritise for administering the corona vaccine?

TYPES OF POPULATION	%
DOCTORS AND NURSES	43.5
OTHER FRONTLINE HEALTH WORKERS (ASHAs, ANMs, ETC)	34.8
SANITATION WORKERS	34.7
POLICE PERSONNEL	31.4
ABOVE 60 YEARS	20.8
BELOW 10 YEARS KIDS	19.8
PREGNANT WOMEN	15.3

Note: Since it is a multiple type select question, one respondent can pick more than one option.

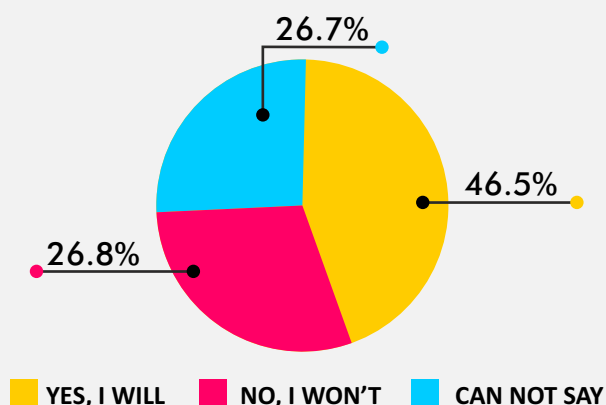
On being asked if a political party offered a free COVID-19 vaccine, would the respondent vote for that political party in the next election, nearly half of the respondents (46.5%) reported that they will vote for that political party who will offer a free corona vaccine. Meanwhile, about 27 per cent respondents said a free corona vaccine will not make them vote for such a political party.

Also, analysis by educational attainment shows that more educated respondents were less likely to vote for a political party in the next election which offered free a COVID-19 vaccine.



If a political party offered a free corona vaccine, will you vote for that political party in the next election?

PERCENTAGE HOUSEHOLDS OPINED THEY WILL VOTE FOR THAT POLITICAL PARTY WHICH WILL OFFER A FREE CORONA VACCINE



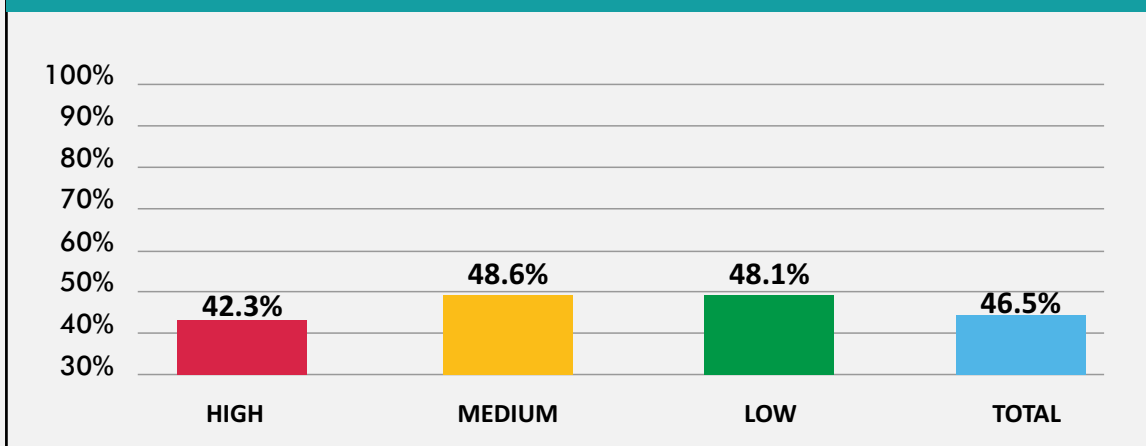
If a political party offered a free corona vaccine, will you vote for that political party in the next election (educational status wise)?

EDUCATIONAL STATUS		YES, I WILL	NO, I WON'T	CAN'T SAY	TOTAL
ILLITERATE	COUNT	285	92	105	482
	%	59.1%	19.1%	21.8%	100.0%
LITERATE WITHOUT FORMAL SCHOOLING	COUNT	228	65	110	403
	%	56.6%	16.1%	27.3%	100.0%
LESS THAN PRIMARY	COUNT	251	198	126	575
	%	43.7%	34.4%	21.9%	100.0%
PRIMARY PASSED, BUT LESS THAN MATRICULATION	COUNT	643	342	425	1410
	%	45.6%	24.3%	30.1%	100.0%
12TH / HIGHER SECONDARY PASSED	COUNT	887	531	472	1890
	%	46.9%	28.1%	25.0%	100.0%
DIPLOMA/IIT TECHNICAL COURSE	COUNT	158	118	80	356
	%	44.4%	33.1%	22.5%	100.0%
GRADUATE (BA, BSC, BCOM, BBA)	COUNT	289	198	249	736
	%	39.3%	26.9%	33.8%	100.0%
POSTGRADUATE AND ABOVE	COUNT	69	72	47	188
	%	36.7%	38.3%	25.0%	100.0%
POSTGRADUATE AND ABOVE	COUNT	2810	1616	1614	6040
	%	46.5%	26.8%	26.7%	100.0%



If a political party offered free corona vaccine, will you vote for that political party in the next election (COVID-19 prevalence wise)?

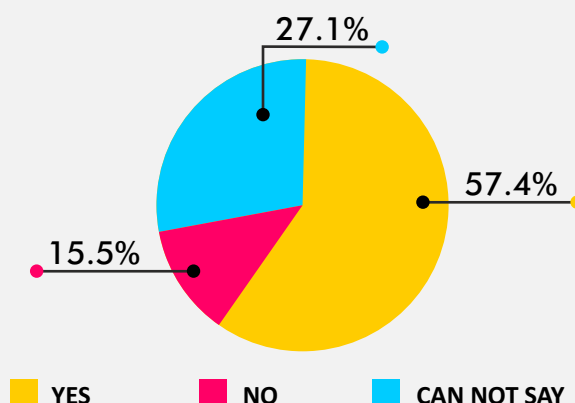
### PERCENTAGE HOUSEHOLDS OPINED THEY WILL VOTE FOR THAT POLITICAL PARTY WHO WILL OFFER A FREE CORONA VACCINE



On being asked if they thought the corona vaccine could stop the COVID-19 pandemic, 57 per cent of households said they thought corona vaccine will stop the COVID-19 pandemic while 15.5 per cent did not think so.

Do you think the corona vaccine will stop the COVID-19 pandemic?

PERCENTAGE OF HOUSEHOLDS THINK THE CORONA VACCINE WILL STOP COVID-19 PANDEMIC

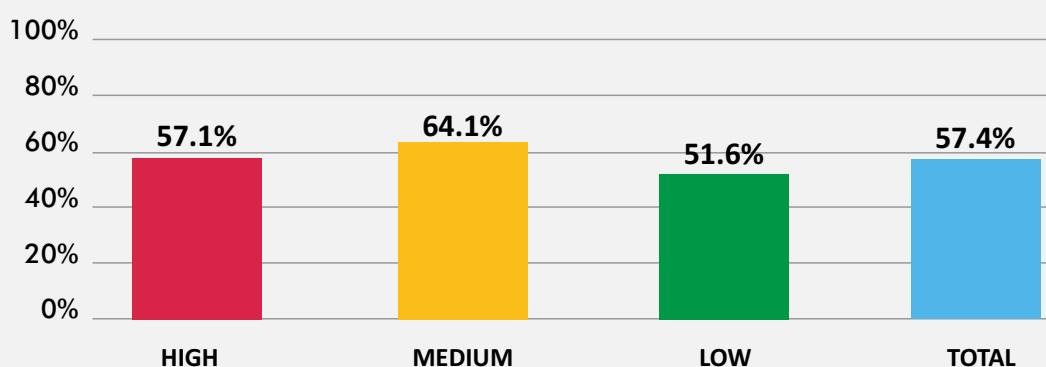






Do you think the corona vaccine will stop the COVID-19 pandemic (COVID-19 prevalence wise)?

## PERCENTAGE OF HOUSEHOLDS THINK THE CORONA VACCINE WILL STOP COVID-19 PANDEMIC

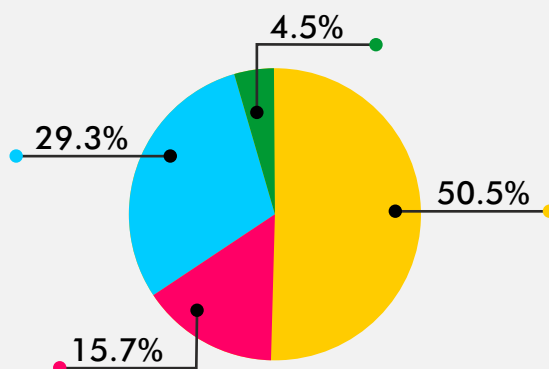


The respondents were also asked which corona vaccine they trusted the most. Half the respondents (50.5%) said they trusted Indian company vaccine whereas over 29% said they trusted any vaccine recommended by the Indian government. Only 16 per cent trusted the vaccine by an international company.

## Which corona vaccine do you trust more?

### CORONA VACCINE TYPES HOUSEHOLDS TRUST MORE (%)

- INDIAN COMPANY VACCINE
- INTERNATIONAL COMPANY VACCINE
- ANY VACCINE RECOMMENDED BY THE GOVERNMENT
- NONE





Lastly, the respondents were asked if they had any concerns about the COVID-19 vaccine. Over 32 per cent said they were concerned that the vaccine may have an adverse health impact. About 25 per cent were concerned about the black marketing of the corona vaccine. Another 22 per cent were concerned that the common people will not be in the priority during the vaccine distribution.

### Do you have any concerns about the corona vaccine?

CONCERNS ABOUT COVID VACCINE	%
IT MAY HAVE AN ADVERSE IMPACT ON HEALTH	32.5
IT IS NOT EFFECTIVE TO PREVENT COVID 19	12.6
THIS IS A WAY OF GETTING PROFIT BY PHARMACEUTICAL COMPANIES	18.3
IT MAY LEAD TO BLACK MARKETING	24.6
COMMON PUBLIC WILL NOT BE IN PRIORITY LIST DURING DISTRIBUTION	22.4
I DO NOT HAVE ANY CONCERN	28.7

Note: Since it is a multiple type select question, one respondent can pick more than one option.



CHAPTER

7

# STATUS OF MIGRANT WORKERS IN RURAL INDIA

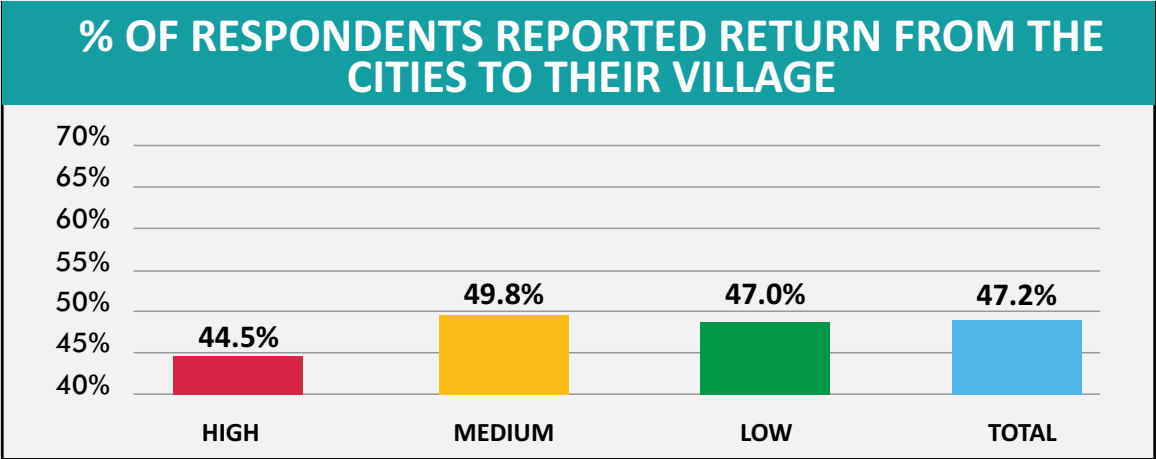




**D**uring the nationwide lockdown, a large number of migrant workers travelled from cities to villages as they had lost their livelihoods and it became extremely difficult to sustain themselves. As the country started to unlock, migrant workers started to travel back to cities in search of work as many failed to find any employment in and around their villages. The only mode of employment available to most was under the MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act)

Through the rapid survey, Gaon Connection tried to find out the latest status of such migrant workers — if they were still in the villages or if they had gone back to their workplaces in cities. On being asked if anyone returned to their village during the lockdown, 47.2 per cent respondents said that people had returned from cities to their village during the lockdown period.

**During the lockdown, did anyone return from the cities to your village?**

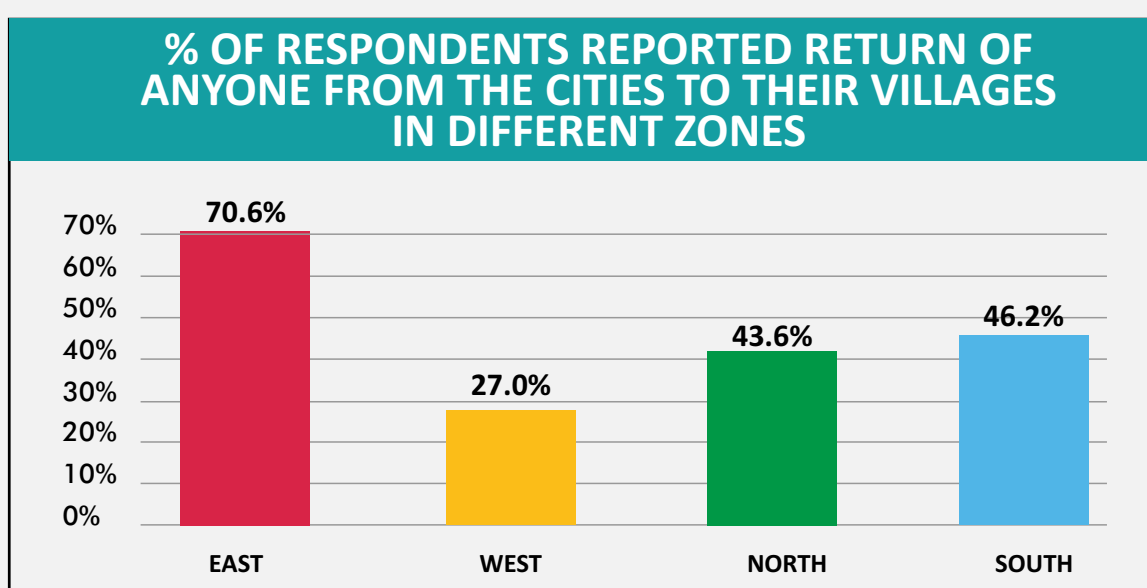






Interestingly, widespread difference was observed in different zones of the country in as far as return of migrant workers was concerned. A far higher proportion of respondents reported people returning to their villages from cities during the lockdown period in the East-Northeast zone (70.6%) followed by South (46%), North (43.6%) and West (27%) zones.

**During the lockdown, did anyone return from the cities to your village (zone wise)?**



Further, on being asked if those who returned to their village during the lockdown had returned to cities, in around one-third villages, respondents reported that all had returned to their respective places of work, while in nearly one-third of villages, respondents reported that some of the migrants have gone back.

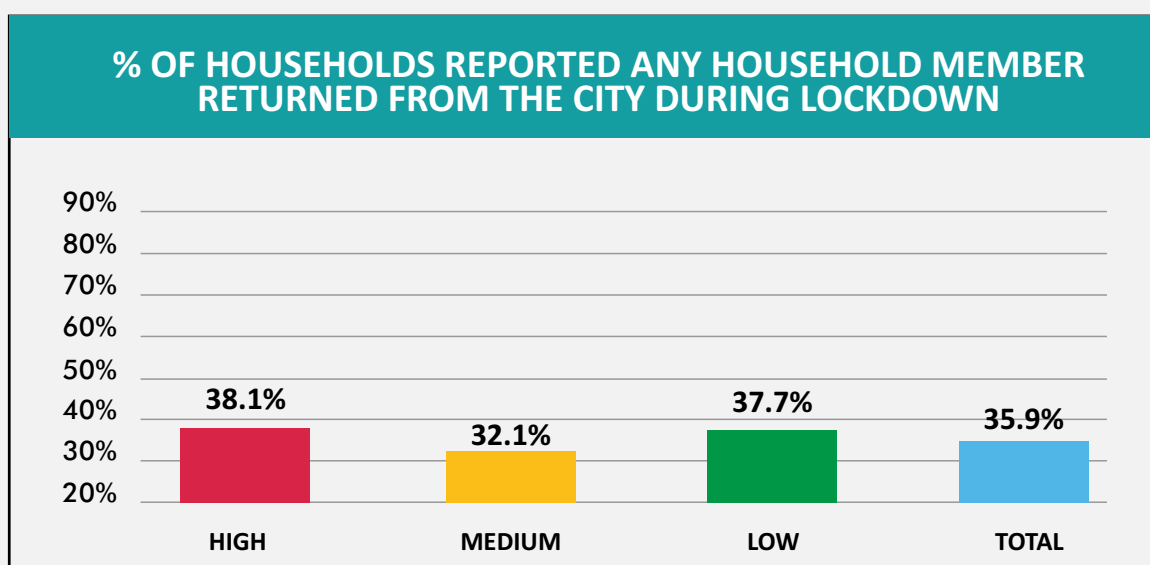
**Have those people (migrant workers) gone back to work in the cities?**

STATUS OF MIGRATION TO VILLAGES	HIGH	MEDIUM	LOW	TOTAL
YES, ALL OF THEM HAVE RETURNED	38.3%	23.0%	45.5%	35.5%
YES, SOME OF THEM RETURNED	30.6%	23.1%	37.9%	30.6%
NO, ALL OF THEM HAVE STAYED BACK	13.0%	17.3%	10.2%	13.5%
THEY CAN'T DECIDE IF THEY SHOULD STAY OR GO BACK	7.2%	12.8%	1.3%	7.1%
DON'T KNOW	10.9%	23.8%	5.0%	13.3%



The respondents were also asked if, during the lockdown, any member of their own family had returned from the city where he/she worked/lived. Around one-third of the respondent households said their such family member had returned home (village) during the lockdown. No major difference was observed among different types of states having varied COVID-19 prevalence rates. However, zone-wise analysis showed the percentage of households that reported a family member returning home during the lockdown was comparatively higher in the East-Northeast zone (45.6%) followed by the south zone (40.6%).

**During the lockdown, did any of your household members return from the city (COVID-19 prevalence wise)?**



**During the lockdown, did any of your household members return from the city (zone wise)?**

ZONES			YES	NO	TOTAL
	EAST-NORTHEAST	COUNT	648	773	1421
		%	45.6%	54.4%	100.0%
	WEST	COUNT	364	822	1186
		%	30.7%	69.3%	100.0%
	NORTH	COUNT	665	1552	2217
		%	30.0%	70.0%	100.0%
	SOUTH	COUNT	494	722	1216
		%	40.6%	59.4%	100.0%
TOTAL		COUNT	2171	3869	6040
		%	35.9%	64.1%	100.0%



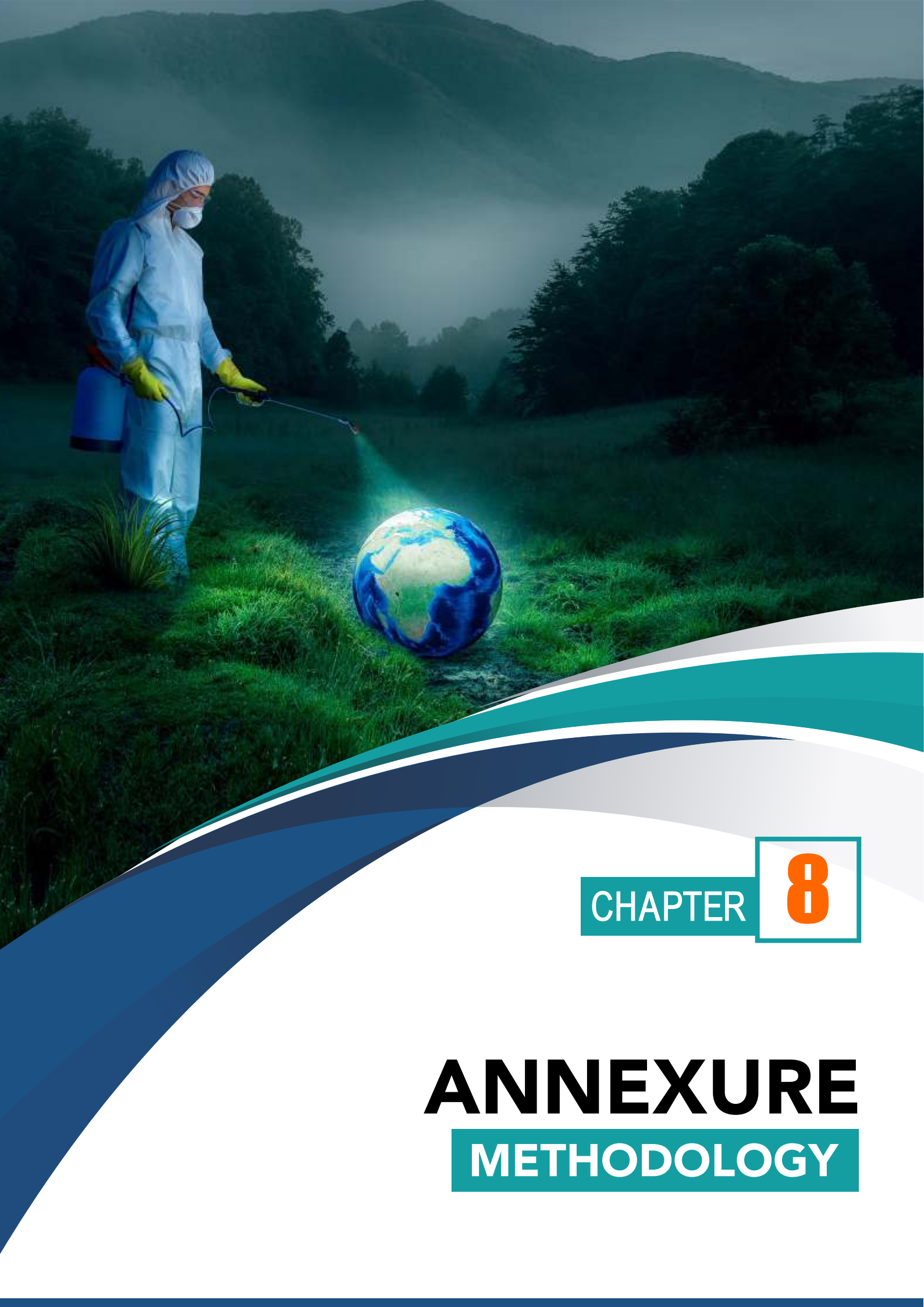
On being asked if that family member had gone back to the city to work, around two-third reported that such family members had gone back. However, there were around one-third respondents who said their family members who had come back home during the lockdown, were still at home in the village. Meanwhile, household members going back to workplaces in cities were slightly higher in the West zone (70.6%) than other zones.

**Has the household member(s), who had returned from the city to the village, gone back to work in the city (COVID-19 prevalence wise)?**

		YES, GONE BACK	NO, STILL AT HOME	CAN'T DECIDE IF THEY SHOULD STAY OR GO BACK	DON'T KNOW	TOTAL
HIGH	COUNT	410	199	48	32	689
	%	59.5%	28.9%	7.0%	4.6%	100.0%
MEDIUM	COUNT	358	213	40	36	647
	%	55.3%	32.9%	6.2%	5.6%	100.0%
LOW	COUNT	587	228	15	5	835
	%	70.3%	27.3%	1.8%	0.6%	100.0%
TOTAL	COUNT	1355	640	103	73	2171
	%	62.4%	29.5%	4.7%	3.4%	100.0%

**Has the household member(s), who had returned from the city to the village, gone back to work in the city (zone wise)?**

STATUS OF RETURN	EAST-NORTHEAST	WEST	NORTH	SOUTH
YES, GONE BACK	61.3%	70.6%	61.5%	59.1%
NO, STILL AT HOME	30.9%	23.4%	31.3%	29.8%
CAN'T DECIDE IF THEY SHOULD STAY OR GO BACK	5.2%	4.9%	3.3%	5.9%
DON'T KNOW	2.6%	1.1%	3.9%	5.3%



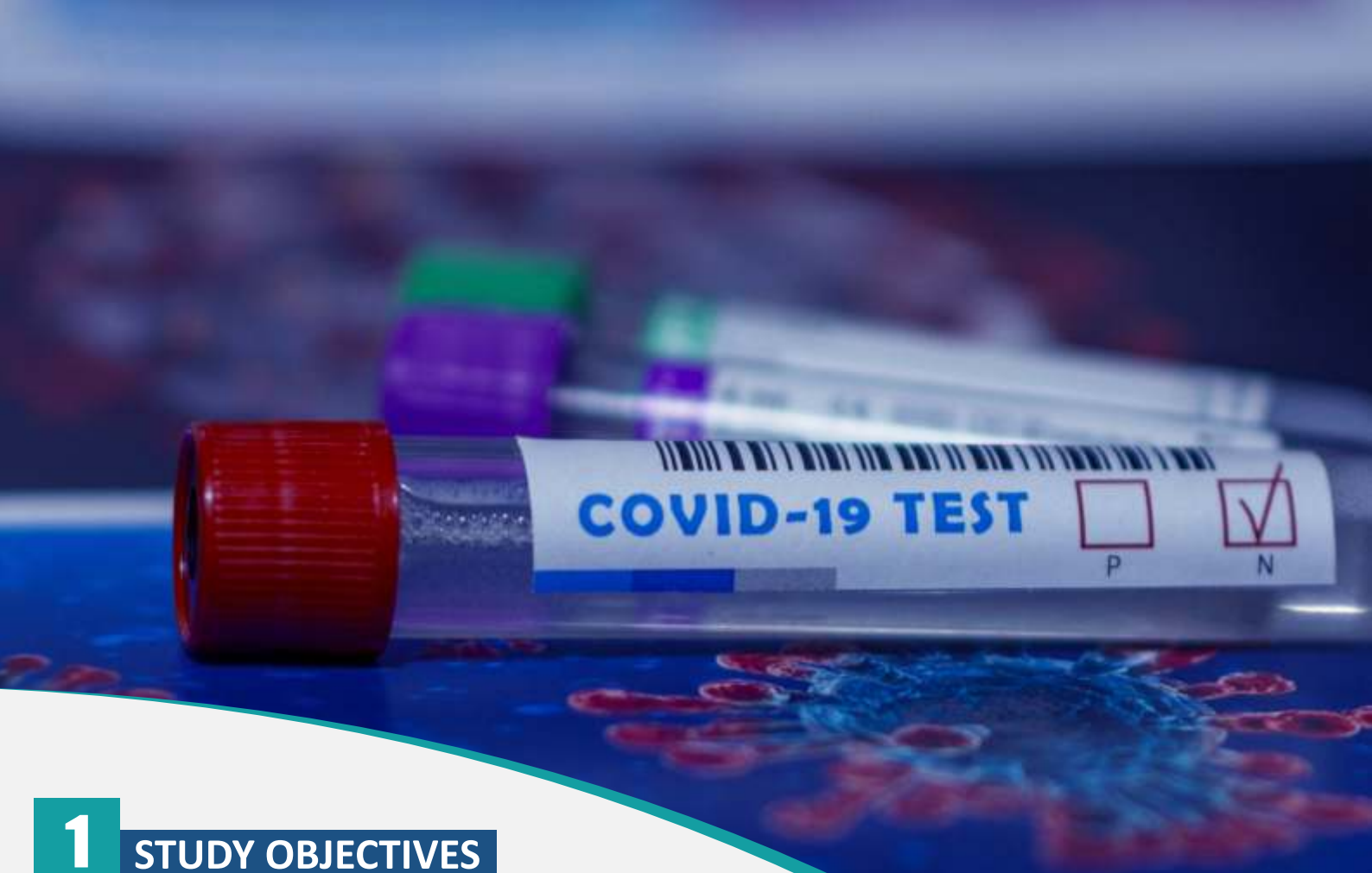
CHAPTER

8

# ANNEXURE

## METHODOLOGY





## 1 STUDY OBJECTIVES

The aim of our survey was to find out different issues related to testing and treatment of COVID-19 in rural India and the knowledge, attitude and practice related to COVID-19. It also tried to find out what rural India thinks about the COVID-19 vaccine; will rural citizens pay Rs 1,000 for vaccinating one family member; if they have to choose, whom in their family will they vaccinate first; do they believe coronavirus was still around; will they vote for the government which gives free vaccine; are they consuming more packaged immunity boosting products.

## 2 SCOPE AND LIMITATIONS

The aim of our survey was to find out different issues related to testing and treatment of COVID-19 in rural India and the knowledge, attitude and practice related to COVID-19. It also tried to find out what rural India thinks about the COVID-19 vaccine; will rural citizens pay Rs 1,000 for vaccinating one family member; if they have to choose, whom in their family will they vaccinate first; do they believe coronavirus was still around; will they vote for the government which gives free vaccine; are they consuming more packaged immunity boosting products.

### SCOPE

Under the scope of the study, the study covered representative samples in rural part of India. A total of 6,000 households have been covered across 60 districts in 16 states and one Union Territory (UT).



## LIMITATIONS

- *Gaon Connection* has a presence in 314 districts spread across 25 states and 5 Union Territories. Thus, with such a vast spread, it provides good base of selection of districts. The districts have been selected in 16 states and one Union Territory using probability proportionate to size (PPS) sampling methodology. However, while selecting the districts, sampling universe for selection is the districts where *Gaon Connection* has a presence, thus excluding some districts from sample universe.
- Because of logistic issue during COVID situation, block and village selection is strictly not random.
- Most of the questions are related to information of the selected household. Therefore, the respondent selected during the survey was either a head of the household or an adult member who was in a position to answer these questions. However, there are a few individual specific questions. The result of the analysis of these individual specific questions at the aggregate level should not be treated as representative of total population since selection of the respondents during the survey within a household is not strictly random. The respondent has been selected with a view to capture household level information.

## 3 SAMPLING METHODOLOGY

A total of 6,000 households were planned to be covered and for this a multistage stratified random sampling methodology was followed. The various stages followed were as follows:

### STAGE 1: SELECTION OF STATES:

To select the states, we have considered the COVID-19 prevalence rate of all the states and UTs of India (excluding smaller UTs and Delhi). Although we planned to consider COVID-19 prevalence rate only in rural areas, but due to limitation of rural specific information about number COVID cases, COVID-19 prevalence rate at the state level has been considered. Also in a state, rural and urban areas are integrated with regular migration and internal movements and taking state level prevalence rate would provide a holistic picture of COVID situation in the state.

Prevalence rate has been calculated as proportion of population of the state reported to be COVID positive on the date of calculation. To calculate prevalence rate COVID related data as on 24-11-2020 in Ministry of health and family welfare, Government of India website have been used. Based on COVID 19 prevalence rate, the states have been divided into four quartiles in the following way:

**Quartile 1:** COVID prevalence rate is 0.3 or less

**Quartile 2:** COVID prevalence rate is 0.4 to 0.5

**Quartile 3:** COVID prevalence rate is 0.7 to 0.9

**Quartile 4:** COVID prevalence rate is 1 or more



Then under each of the above category, total population was calculated. 6,000 samples were distributed among different above categories proportionately to the total population of the category with little bit adjustment as mentioned in the below table. Under each category, 2 to 5 states have been selected with an allocation of 200 to 600 samples to each selected state. The state having lesser population and UT have been allocated 200 samples whereas bigger state has been allocated 400 samples to 600 samples.

PREVALENCE RATE OF COVID 19	TOTAL POPULATION (IN CRORES)	SAMPLES ALLOCATED	SELECTED STATES
MORE THAN 1 (QUARTILE 1)	33.14	1800	Maharashtra, Kerala, Andhra Pradesh, Karnataka, Arunachal Pradesh
0.7 TO 0.9 (QUARTILE 2)	17.6	1000	Odisha, Assam, Haryana
0.4 TO 0.5 (QUARTILE 3)	19.93	1000	Himachal Pradesh, West Bengal, Punjab, J&K
0.3 OR LESS (QUARTILE 4)	47.1	2200	Uttar Pradesh, Bihar, Madhya Pradesh, Gujarat, Jharkhand

The analysis has been proposed to be undertaken at different types of states by prevalence rate level and at aggregate (national) level. In each zone at least 1000 samples were allocated which would provide an estimation at 95% confidence level and 5% margin of error with a design effect of 2.5. The sample size can therefore be derived using the formula below using the above level of estimation.

$$n = D * \frac{p(1-p) z^2}{E^2}$$

Where, p is the proportion of target group who is expected to possess the attribute defined in the indicator; z is the z score, and E is level of error and D is the design effect.

Since p is unknown, it is safe to assume a value of 0.5 (50% possessing the attribute). Thus at 95% confidence level the sample size will be 960 with an error level of 5% and a design effect of 2.5. With some buffer samples, we propose to cover at least 1000 samples in each category of states/ zone.

During analysis stage and in the report, for ease of understanding, quartile 2 and 3 have been clubbed together. Thus, during analysis, states have been segregated into following three categories:

**High prevalence state: COVID prevalence rate is 1 or more**

**Medium prevalence state: COVID prevalence rate is 0.4 to 0.9**

**Low prevalence state: COVID prevalence rate is 0.3 or less**

During the selection of states, geographical factor was also considered and for this India was divided into four zones: East-Northeast, West, North and South zones. It was also ensured states from each zone have been selected. It has been ensured to allocate sufficient samples to each geographical zone and sample allocated to each geographical zone is almost in proportion to their population with respect to overall national population. The geographical zone wise samples allocated have been presented below:



ZONES	STATES	TOTAL
NORTH	Uttar Pradesh, Bihar, Jharkhand, Himachal Pradesh, Punjab, Jammu and Kashmir, Haryana	2200
SOUTH	Kerala, Andhra Pradesh, Karnataka	1200
EAST-NORTHEAST	Orissa, Assam, West Bengal, Arunachal Pradesh	1400
WEST	Maharashtra, Gujarat, Madhya Pradesh	1200

## STAGE 2: SELECTION OF DISTRICTS:

In each state, 2 to 6 districts were selected using probability proportionate to size (PPS) sampling methodology covering a total of 100 households in each district. In a state, only the districts where *Gaon Connection* has presence have been considered as sampling universe in the state while selecting the districts.

## STAGE 3: SELECTION OF BLOCKS AND VILLAGES:

In each district, one block has been tried to be selected randomly. In each block, 5 villages have been selected randomly. However there have been deviations from random selection of blocks and villages because of logistic issue and operational challenges.

## STAGE 4: SELECTION OF HOUSEHOLDS:

In each village, 20 households have been selected using systematic random sampling methodology. For selection of households, approximate number of households of the selected village have been collected from knowledgeable person/s in the selected village and interval was calculated. Then 20 households in each village have been selected for the survey in regular intervals.

With a target of coverage of a total of 6,000 households, 6040 households have been covered across 60 districts in 16 states and one UT.



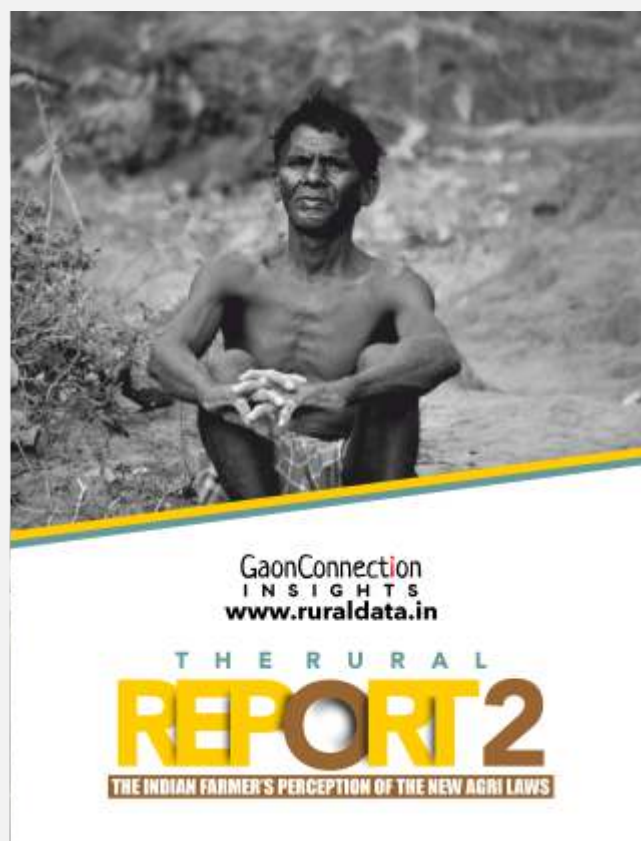


S.No.	STATES	TYPES OF STATE BASED ON COVID PREVALENCE RATE	GEOGRAPHICAL ZONES	ACHIEVED	TARGET
1	ANDHRA PRADESH	High	South	521	400
2	ARUNACHAL PRADESH	High	East-Northeast	199	200
3	KARNATAKA	High	South	100	400
4	KERALA	High	South	595	400
5	MAHARASHTRA	High	West	392	400
6	BIHAR	Low	North	408	400
7	GUJARAT	Low	West	389	400
8	JHARKHAND	Low	North	409	400
9	MADHYA PRADESH	Low	West	405	400
10	UTTAR PRADESH	Low	North	604	600
11	ASSAM	Medium	East-Northeast	401	400
12	HARYANA	Medium	North	198	200
13	HIMACHAL PRADESH	Medium	North	202	200
14	JAMMU & KASHMIR	Medium	North	196	200
15	ODISHA	Medium	East-northeast	422	400
16	PUNJAB	Medium	North	200	200
17	West Bengal	Medium	East-northeast	399	400
	Grand Total			6,040	6,000



\*Although in Karnataka 400 samples were planned to be covered, but because of logistic issue there was a shortfall of 300 samples which was adjusted in Kerala and Andhra Pradesh which are in same high prevalence category and also fall in same geographical region (south zone).

## Other Gaon Connection Insights Surveys



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