



COVID-19 Tibetan Community Health Survey Report: Findings & Recommendations

Introduction

The COVID-19 pandemic resulted in social disruption creating difficulties for our community in exile. With the uncertainty and fear of getting sick, getting others sick, social distancing, and lack of economic means, COVID-19 has been very stress-inducing. Due to the on-going global pandemic, the Tibet Fund conducted a COVID-19 Tibetan Community Health Survey in order to assess the knowledge, perception, attitudes, and behavior of Tibetans in the diaspora.

This crowdsourcing data collection was completed by 1,639 Tibetans worldwide. Through the findings of these surveys, The Tibet Fund hopes to address the specific needs of the community to combat the COVID-19 pandemic and any other outbreaks that may occur in the future. This report contains an analysis of the responses to the survey, findings, and recommendations based on the comments received from the participants, as well as, from health workers.

Methodology

The COVID-19 Tibetan Community survey was created on Survey Monkey and released on May 26, 2020. This survey was available in a Tibetan audio translation which was linked via Youtube. The COVID-19 Tibetan Community survey was shared on the Tibet Fund's social media platforms as well as emailed to our supporters. The data collection method was crowdsourcing and officially closed on June 12, 2020. Within the two weeks that the survey was live, we had a total of 1,639 Tibetan participants from all over the world.

Key Survey Findings/Results:

Socio-Demographic:

- Almost half (42%) of survey respondents were from India, followed by North America (27.6%) and Nepal (20.2%). Tibetan survey respondents from the rest of the world constituted about 10% of the total respondents. This reflects the size of the Tibetan population in these countries fairly well.
- An overwhelming majority, more than 80% of the Survey participants were trilingual with Tibetan, English, and Hindi being the key languages they knew.
- More than one-third (37%) of the respondents had college/university degrees as the highest education completed followed by graduate-level Masters or Ph.D. studies (24.8%) and 18.8% had high school as their highest education level completed. Only

15.7% of the Tibetan respondents had a lower level than high school as their highest education completed.

Health and health practices/behaviors:

- Close to one-fifth (18.2%) of the survey participants had health issues; with more than a quarter (27.2%) of them suffering from hypertension. This was followed closely by Gastric which is reported by a quarter (25%) of the respondents. Other health issues afflicting Tibetan respondents were: Diabetics (14.7%), Tuberculosis (11.8%), and Hepatitis B (11.4%). Among the elders (65+ years old), almost half of them (42.9%) have Hypertension as a medical condition.
- Almost all the respondents (99.3%) protect themselves from COVID-19 by washing hands regularly. A similar proportion (94.7%) of respondents wear face masks in public and a slightly lower proportion of them practice social distancing (92.8%) and use hand sanitizer (92.8%) to protect themselves.
- Although knowledge of COVID-19 is quite high in the Tibetans surveyed, there still persists misinformation in the community with 9.4% who reported eating garlic to protect themselves from COVID-19.
- An overwhelming majority (95.3%) knew about COVID-19 and more than 92.6% of them had received or accessed key COVID-19 information such as how to protect themselves, symptoms of COVID-19, and how it spreads. However, a lower proportion (80.4%) of people are aware of what to do if they contract COVID-19 and an even lower proportion (71%) did not know the risks and complications of contracting COVID-19.
- Social media (73.1%) and television (70.3%) were the main sources of information on COVID-19 for the participants.
- Health professionals (doctors/nurses) (80.2%), government officials (50%), and community health workers (37.4%) were the most trusted source of information on COVID-19.
- Although the Tibetan respondents view COVID as dangerous rating it 8 out 10 as to how dangerous they view it, most of them do not think they will contract it with an average of 4 out 10 given as the scale of the likelihood of them contracting it.

Socio-cultural:

- Those in the age group of 18-24 had the highest proportion (41.9%) who believed that the community will stigmatize or shame them if they contracted COVID-19.

Findings/results specific to respondents who had either contracted COVID-19 themselves or know someone who had contracted COVID-19:

Socio-demographic:

- 8.8% of the total respondents had either contracted COVID-19 themselves or knew of someone who had contracted COVID-19. Almost one-third (30.4%) were healthcare professionals.

- More than half (60%) were from North America and an equal proportion (60%) were female.

Socio-cultural:

- More than a quarter (27.6%) of those who had contracted COVID-10 or knew of someone who had contracted the virus believed that the community will stigmatize or shame them.
- The proportion of those who believed that they will be stigmatized varied geographically with Tibetan respondents in Asian countries reporting a much higher proportion. For example, Tibetan respondents in Asian countries other than India and Nepal had more than half (54.5%) of them who believed that they will be stigmatized. The rates were 42.9% and 33.5% for India and Nepal respectively. These proportions were lowest in the Americas and Europe with only about 13% of them holding that opinion.
- The majority (69.9%) reported that family and friends supported them when they were sick with COVID-19. Local health departments and local Tibetan associations were the next support system used by the Tibetan respondents.
- 70% of the respondents indicated that support for quarantining would have been most helpful and more than half indicated help with medicine, food, and masks as being the next most helpful support.

Recommendations

- Social Media is the most popular medium to obtain information on Covid-19 and healthcare professionals are the most trusted sources according to the survey. TTF should produce educational videos targeting vulnerable population, including elderly and people with pre-existing health conditions to be posted in social media.
- Partner with TTF's Civil Society Organizations in producing creative theatrical play to generate awareness on the importance of social distancing, wearing mask etc.
- Create a video compilation or virtual interviews of Tibetan healthcare workers to alert the public on the situation, share perspectives and to send messages.
- Support setting up of an Emergency Relief Fund for Tibetan Associations in North America and Europe, especially in those places where Covid-19 is more prevalent.
- Help create a Covid-19 committee to monitor and oversee situation of Tibetans in North America. Such a committee would produce specific guidelines on how to deal with a pandemic situation.
- Support and fund Tibetan Associations to find quarantine spaces to keep Tibetans suspected of coronavirus to prevent the risk of infection to elders and family members.
- The India's capital, Delhi is the hub of Tibetan travellers around the world with large Tibetan population and it is amongst the worst hit areas in India. Fund to purchase of an

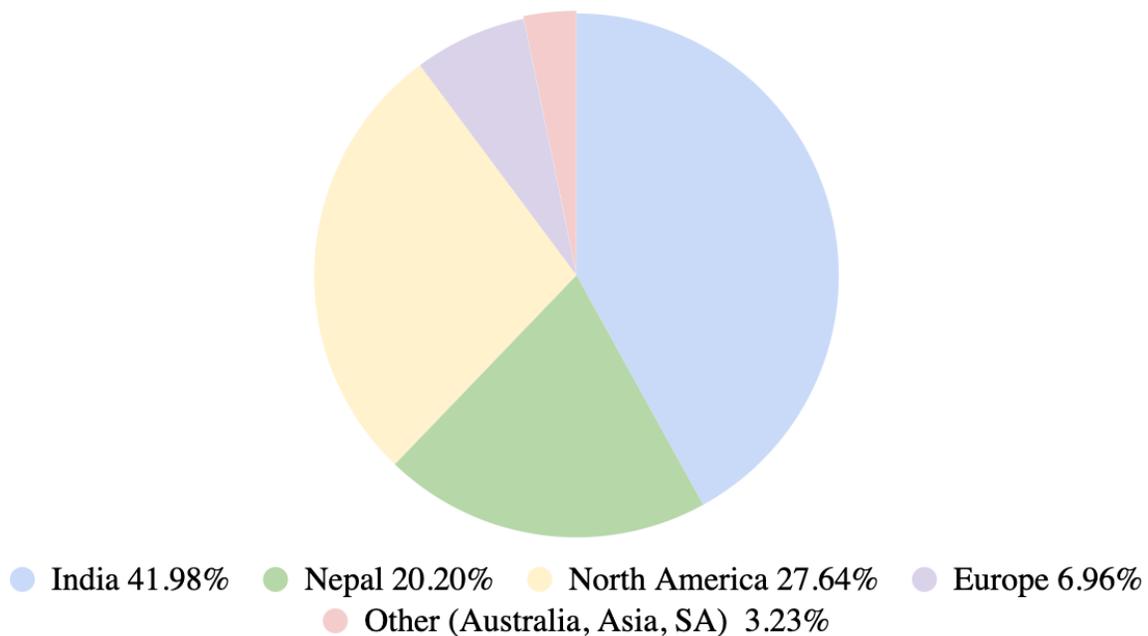
ambulance to provide emergency services to Tibetans during the pandemic as well as during normal times.

- Nutritional support for vulnerable pregnant and lactating Tibetan women to reduce irreversible, lifelong malnutrition risks to newborns and infants from vulnerable households, due to food and income insecurity during the Covid crisis.
- Subsistence allowances program for vulnerable women-led households & single women from Tibet to prevent the most vulnerable Tibetan women in India and Nepal from falling into a cycle of poverty, due to their inability to earn income during the Covid crisis.
- Provide Covid relief skills training for micro-small entrepreneurs to prevent the most vulnerable Tibetan micro and small entrepreneurs in India and Nepal from falling into a cycle of poverty due to their inability to earn income during the Covid crisis.

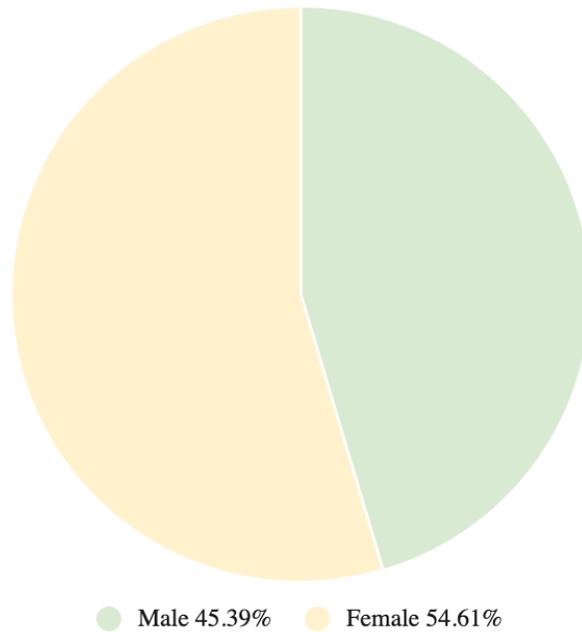
Survey Data Analysis Charts

Demographics

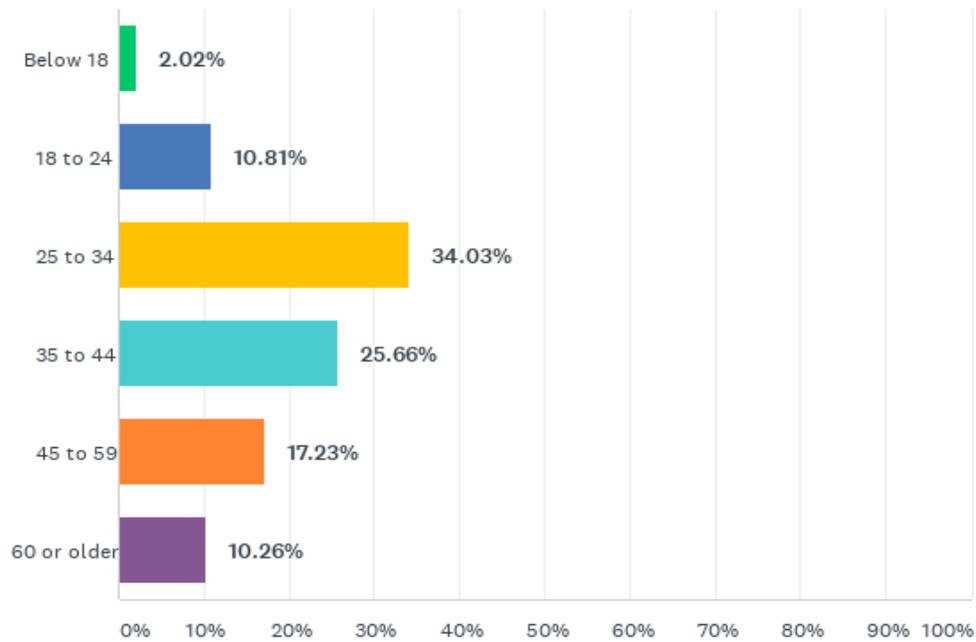
Where are you located?



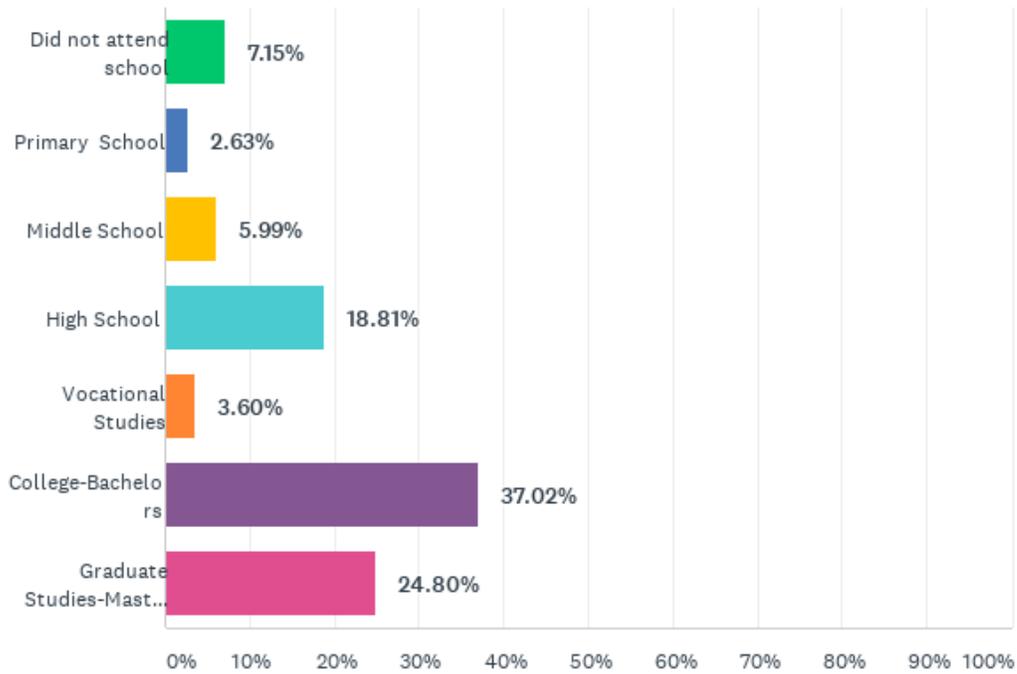
What is your sex?



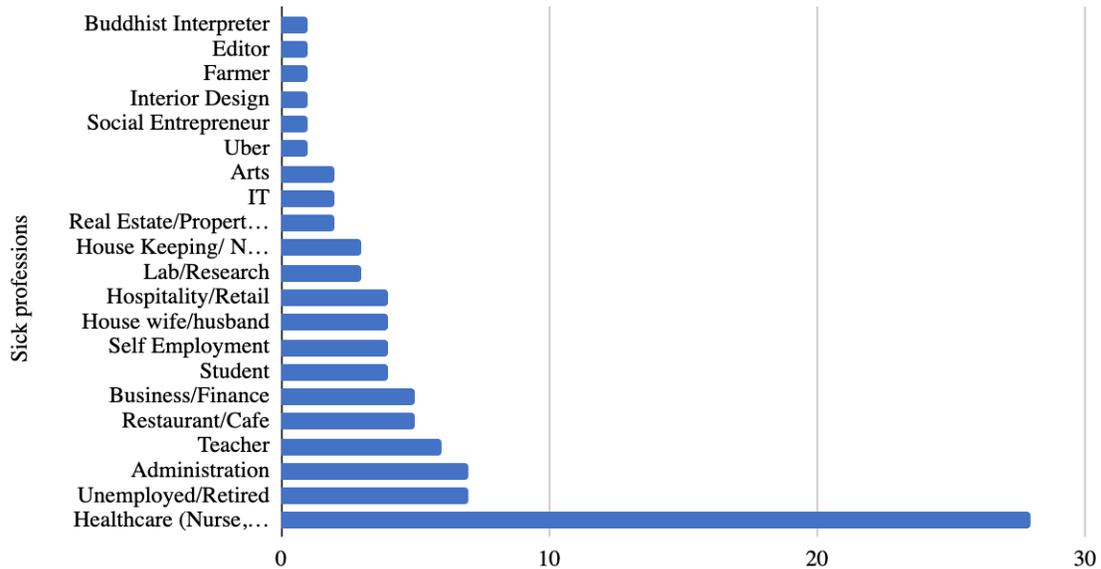
Q3 What is your age?



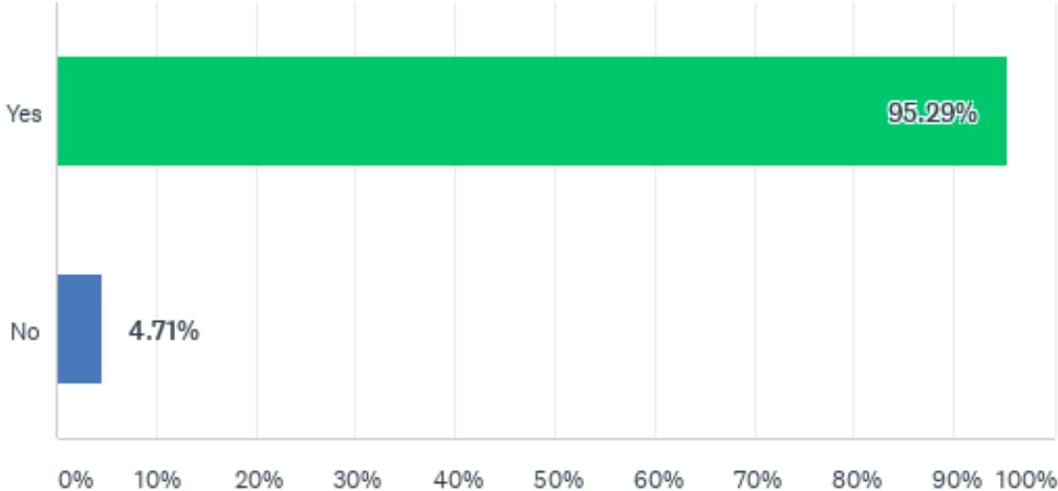
Q4 What is the highest level of education you have completed?



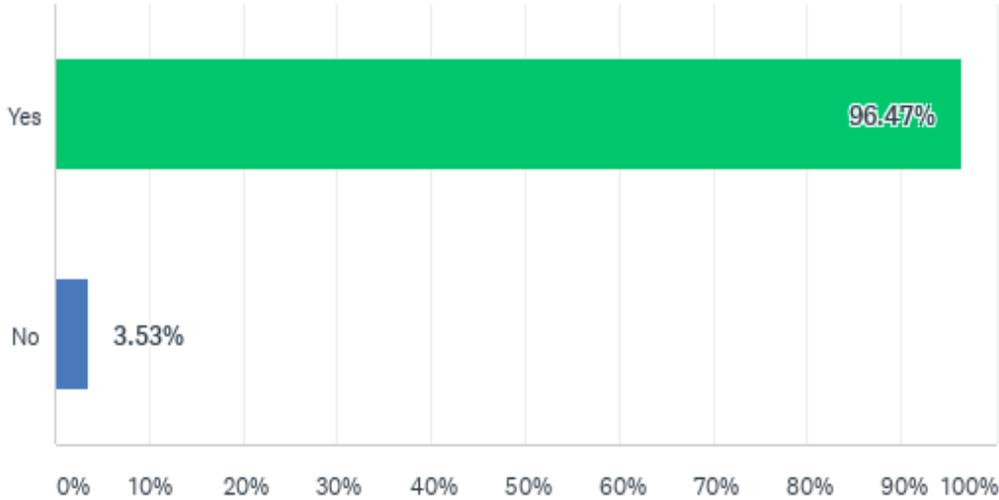
Professions of COVID-19



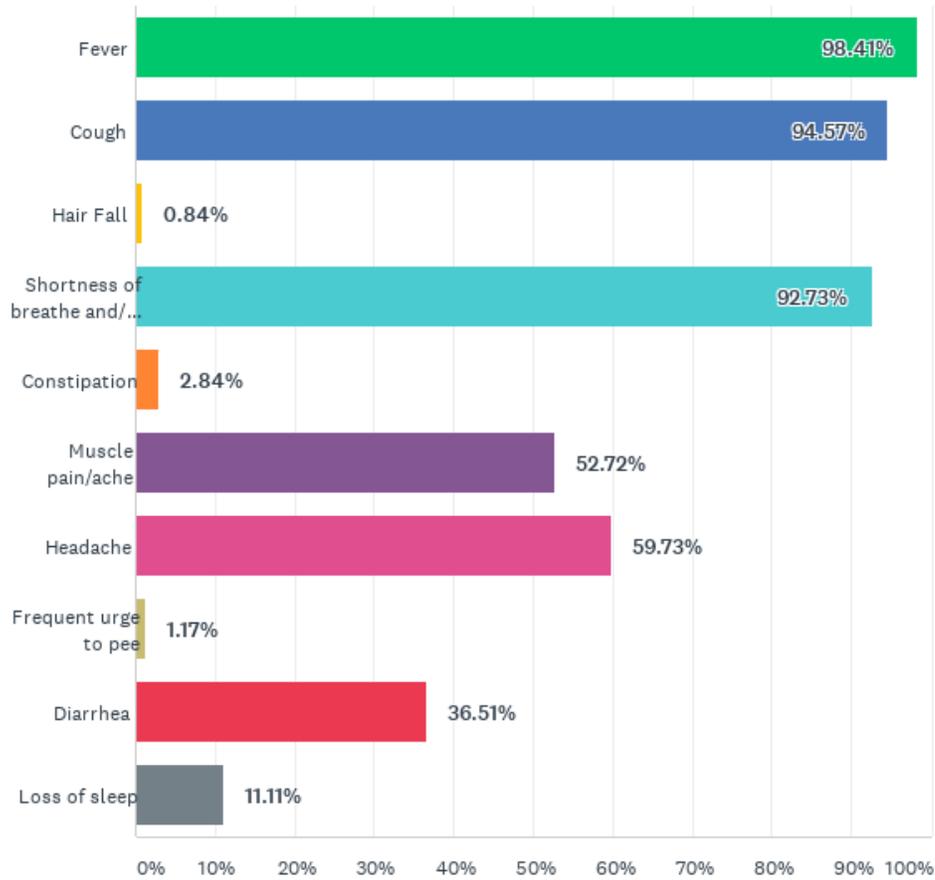
Q9 Do you know about COVID-19?



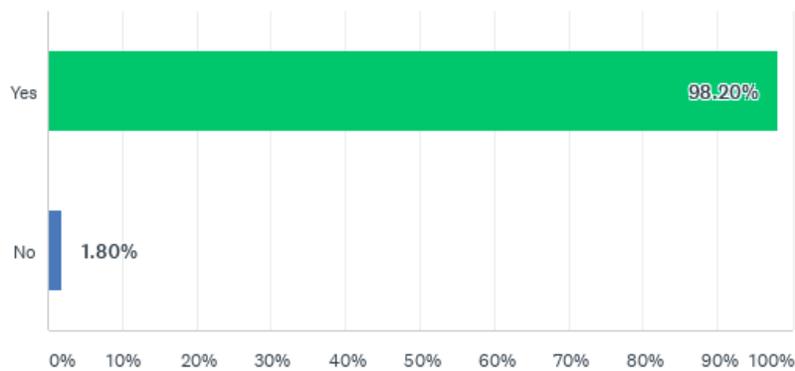
Q19 Do you know the symptoms of COVID-19?



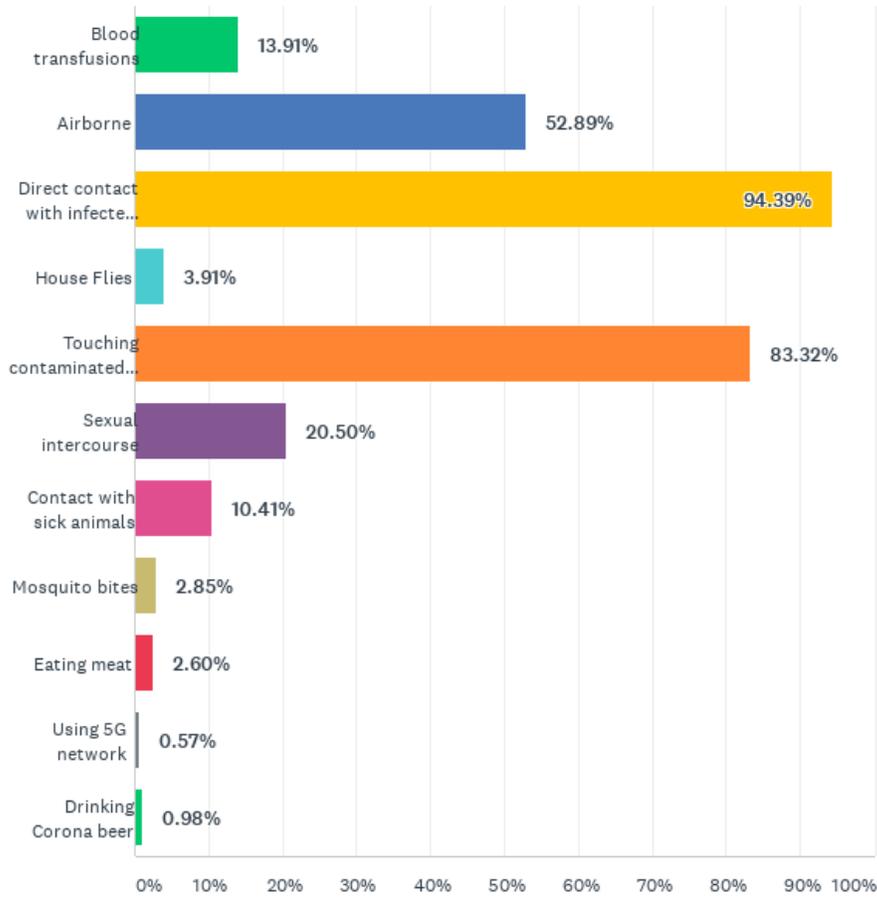
Q20 If yes, what are the common symptoms? Check all that apply



Q17 Do you know how COVID-19 spreads?

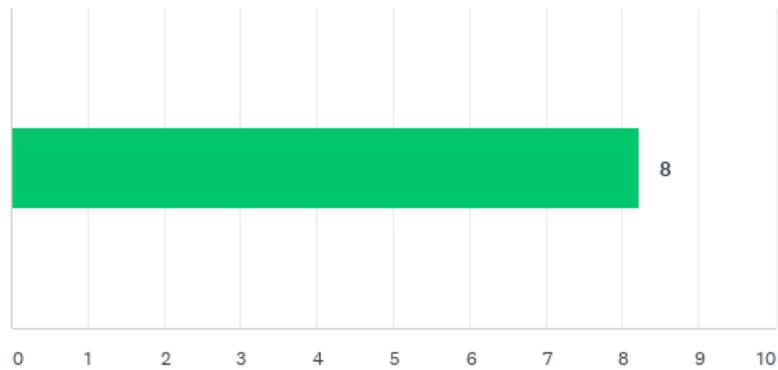


Q18 If yes, how does COVID-19 spread? Check all that apply



Perception & Attitudes

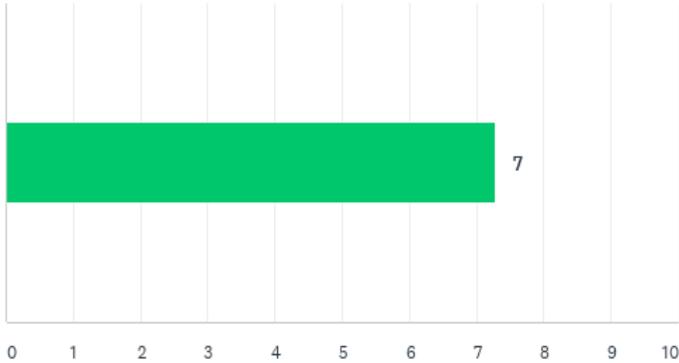
Q13 How dangerous do you think the new coronavirus COVID-19 is?



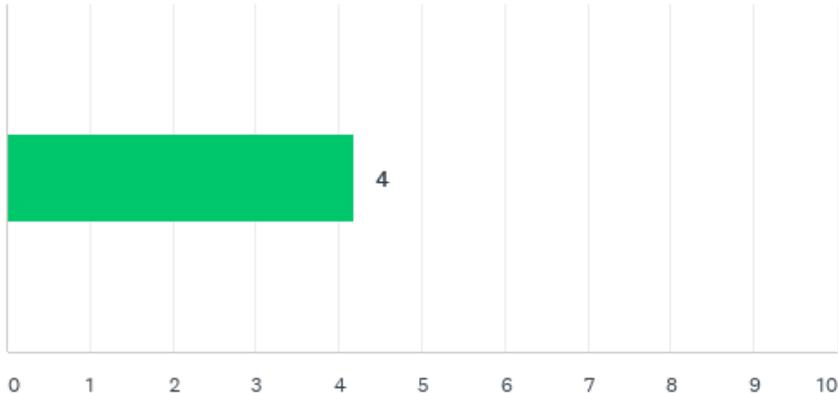
Q16 How likely are you to become infected with COVID-19?



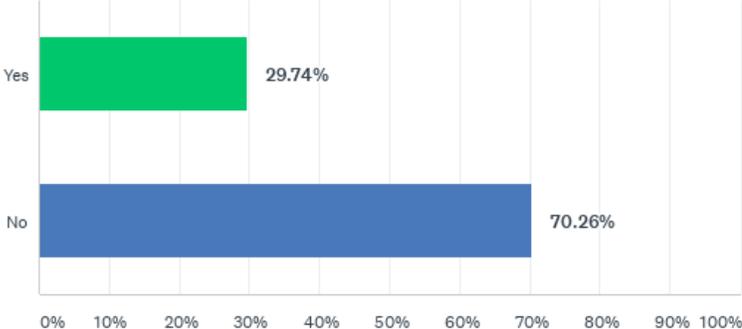
Q26 If you are infected with COVID-19, how likely do you think you will recover?



Q25 Due to the COVID-19 pandemic, how is your mental health?

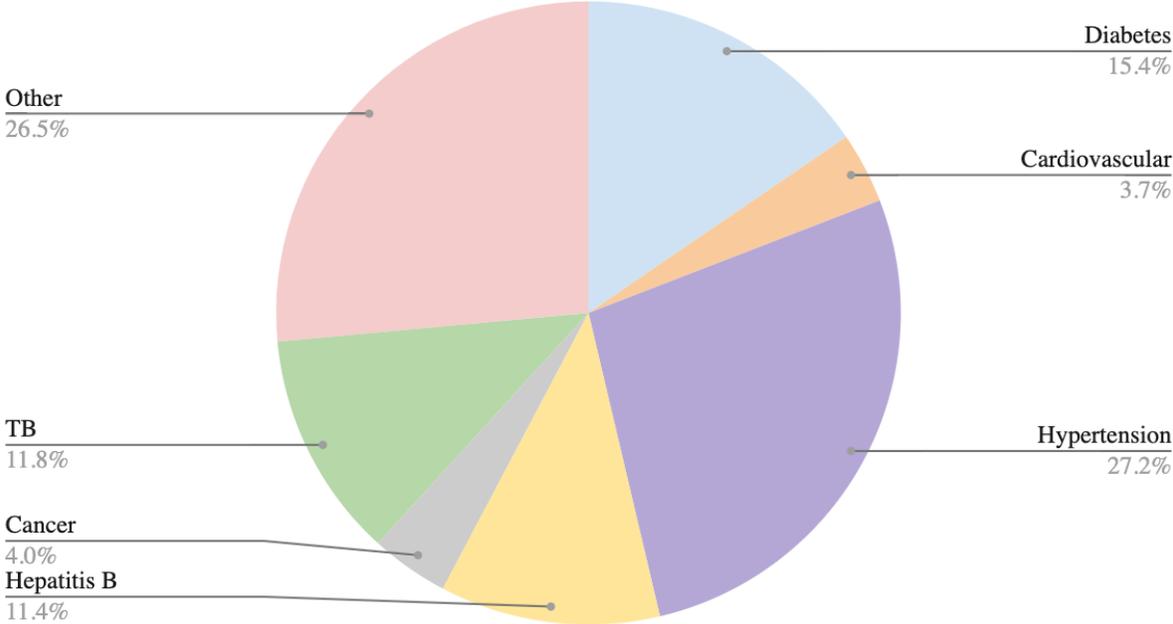


Q27 If you are infected with COVID-19, do you think your community will shame or stigmatize you?

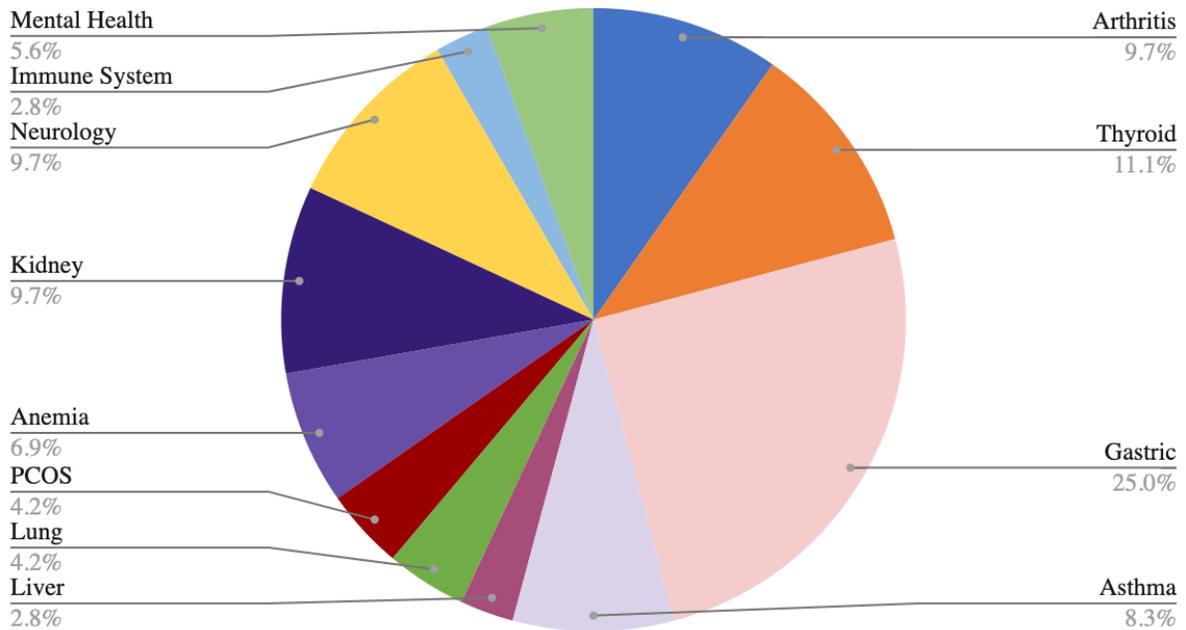


Behavior

Pre-existing Health Conditions

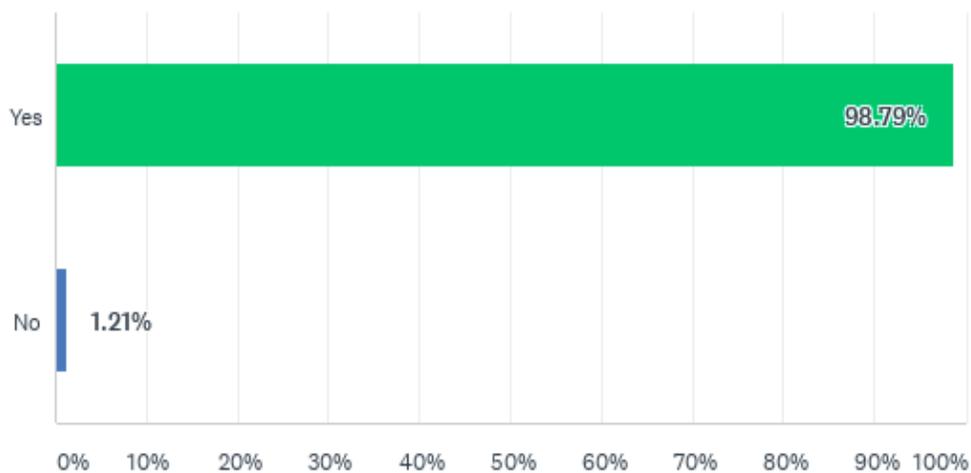


Other pre-existing health conditions

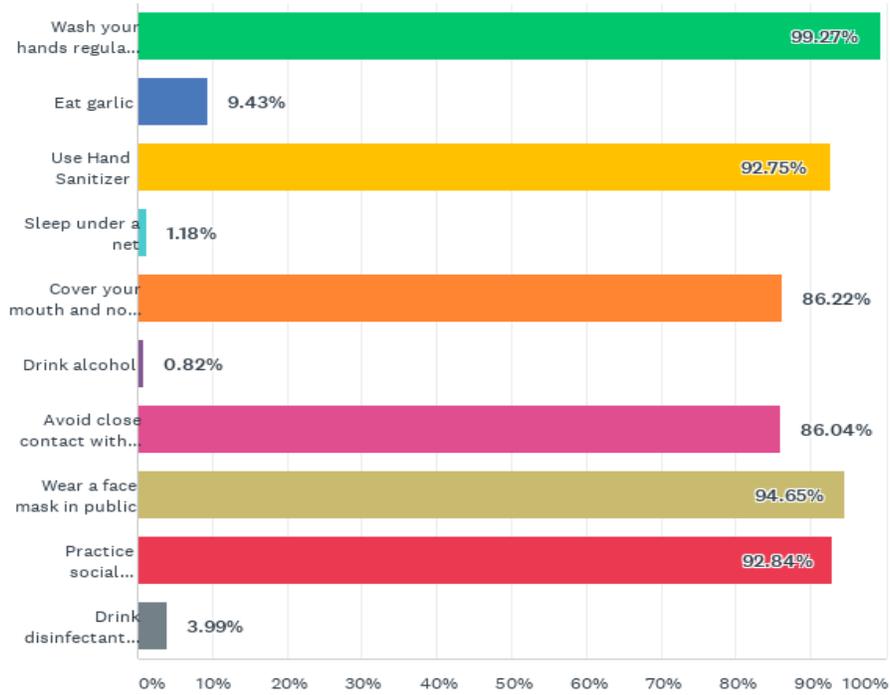


People who were sick or knew someone that was sick

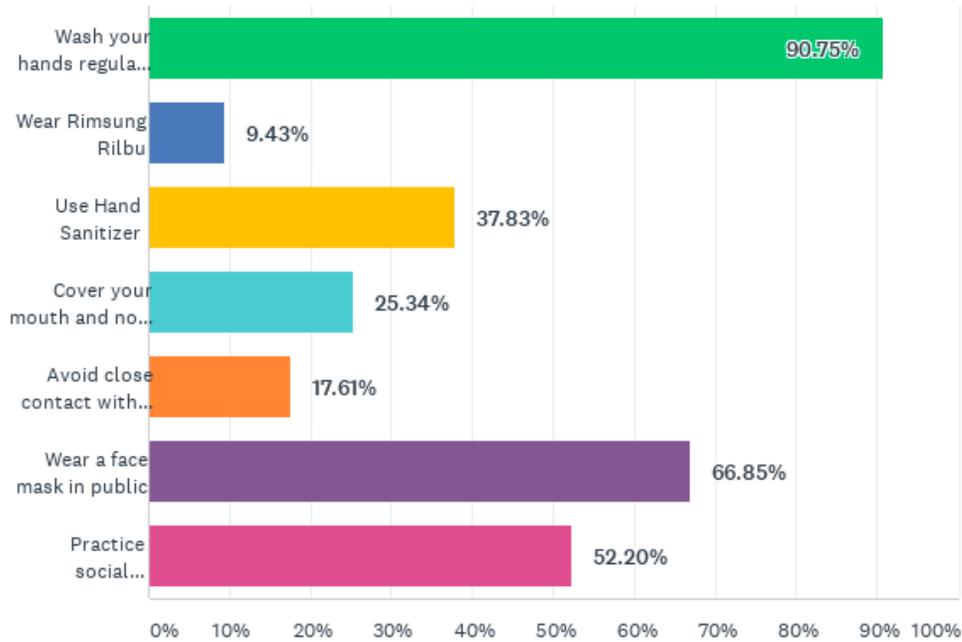
Q21 Do you know how to protect yourself from COVID-19?



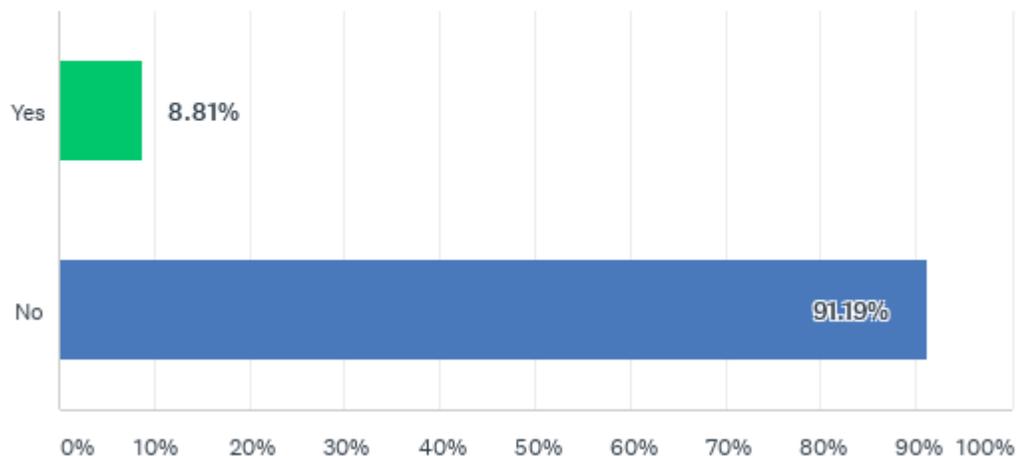
Q22 If yes, how do you protect yourself from COVID-19? Check all that apply



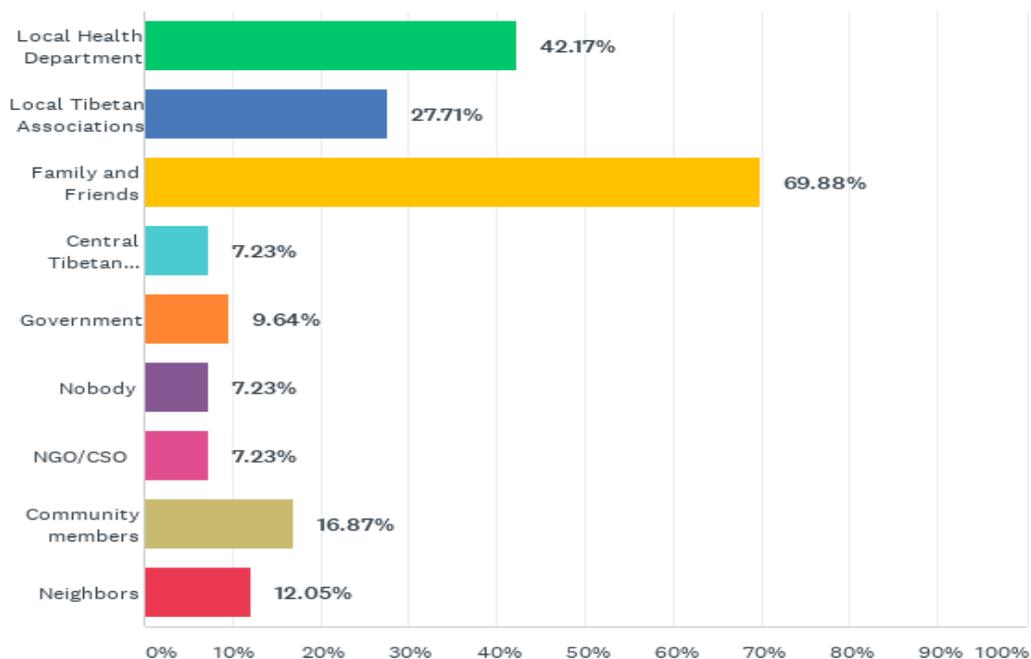
Q23 Out of the following measures, check the 3 you most practice.



Q28 Did you or a loved one get sick with COVID-19?



Q29 If yes, who helped you or your loved one?



Q31 What assistance or support would have been most helpful when you were sick with COVID-19? Check all that apply.

