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The Value in Those You Know

Dimensions of Social Capital in COVID-19 Vaccination Uptake among Ethnic and Religious Minority Groups in Georgia

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MA Thesis

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The Value in Those You Know: Dimensions of Social Capital in COVID-19 Vaccination Uptake among Ethnic and Religious Minority Groups in Georgia

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Abstract

The ongoing COVID-19 pandemic has demonstrated the diverse roles of information. While the interconnected nature of the globe has seen the rapid transmission of knowledge, disinformation has continued to spread in parallel. This thesis examines COVID-19 vaccine hesitancy through the example of Georgia, a country distinguished by high levels of 'bonding' social capital. More specifically, it draws attention to the experience of three minority communities: (1) the Georgian-Azerbaijani community of Kvemo Kartli, (2) the Georgian-Armenian community of Samtskhe-Javakheti, and (3) the Georgian Muslim community of Mountainous Adjara. Georgia's COVID-19 vaccination process has shed light on the inequalities these marginalised communities face within a nationalising state heavily attached to notions of 'ethnodoxy'. Consequently, these three communities have each developed strategies of resilience against the COVID-19 pandemic. This thesis examines the relationship between social capital and vaccination uptake via a social-anthropological approach, focusing particular attention on community-level mechanisms. Through doing so, it finds the prevalence of informal networks — characterised by the dual-phenomenon of close in-group ties and out-group mistrust — profoundly impacts attitudes and practices towards vaccine uptake among these communities. In light of persistently low vaccination rates in Georgia, these findings on the reliance on informal networking as a means of obtaining information seek to provide a deeper insight into both the positive and negative outcomes of close-knit bonding ties.

Key Words: social capital, community resilience, COVID-19 vaccine, informality, Georgia.

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List of Abbreviations

AAC	Armenian Apostolic Church
CIPDD	Caucasus Institute for Peace, Democracy and Development
COVID-19	Coronavirus disease 2019
CRRC	Caucasus Research Resource Centers
EMC	Human Rights Education and Monitoring Center
GD	Georgian Dream–Democratic Georgia Party
GEL	Georgian Lari
GFSIS	Georgian Foundation for Strategic and International Studies
GIP	Georgian Institute of Politics
GNTA	Georgian National Tourism Administration
GOC	Georgian Orthodox Church
KK	Kvemo Kartli
MA	Mountainous Adjara
NDI	National Democratic Institute
NGO	Non-governmental organisation
NTI	New Thinking Institute
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OSCE	Organization for Security and Co-operation in Europe
S-J	Samtskhe-Javakheti
UK	United Kingdom
UN	United Nations
UN-RC	United Nations Resident Coordinator
UNHRC	United Nations Refugee Agency
UNM	United National Movement Party
US(A)	United States (of America)
WHO	World Health Organisation

1

Introduction

1.1 Prologue: *The Missing Piece*

While sitting at my desk in the offices of the Caucasus Institute for Peace, Democracy and Development one autumn day in Tbilisi, I was greeted by my colleague, Rusudan. She had come over to tell me the exciting news: almost 300 people from the Marneuli municipality had already decided to get vaccinated as a result of our ongoing vaccination project. "*Wow, nearly 300? What made them decide to all vaccinate?*" I responded. "*They wanted to cross the border...*" she replied in a matter-of-fact manner. Here, Rusudan was referring to the Georgian-Azerbaijani population of the Marneuli district in the Kvemo Kartli region of Georgia, who sought to cross into neighbouring Azerbaijan to visit their relatives over winter.

FIGURE 1.1: Mobile vaccination booth in Marneuli municipality, November 2021

At the time, I was working alongside several colleagues on a project aimed at supporting the vaccination registration process against COVID-19 for those living in remote areas of Georgia. In addition, the project also provided mobile vaccination booths within these rural locations. A couple of months into the project, progress had been slow to lift off in the other two partner communities. With the snow soon to begin falling in the mountains of Adjara, fewer than 10 people had decided to get inoculated with our Khulo-based vaccination booths. There was even less success with the communities of Samtskhe-Javakheti: so far, barely anyone had chosen to vaccinate despite the hard work of our local volunteers.

Although an intriguing explanation, border-crossing requirements did not seem wholly relevant to my field of research. Yet, I had a suspicion that this was not the full story. As Rusudan told me of the successes seen in Marneuli, several questions immediately popped into my head: What differentiated the levels of success each group had in encouraging vaccination uptake in their local communities? Was it primarily down to the simple need to be vaccinated to cross the border? Or were there other important dynamics at hand? Lo and behold, Rusudan had not quite finished her sentence: "*...and they really trust Gurban's organisation*", she added. There it was: *the missing piece.*

1.2 Background and Motivation

This thesis seeks to explore these questions by examining the responses to the COVID-19 pandemic in three communities residing in Georgia, a country located within the South Caucasus. More specifically, it hopes to explore the underlying reasons behind vaccination hesitancy — and vaccination uptake — among ethnic and religious minority communities living in Georgia. This research was formed in parallel to my 6-month internship at the Caucasus Institute for Peace, Democracy and Development, a Tbilisi-based think tank and NGO. During this internship, I became heavily involved in their 'Mobile Booth Vaccination Project' supported by the Black Sea Trust for Regional Cooperation[1]. The 6-month long project sought to support the vaccination registration process against COVID-19 for those living in remote areas of Georgia, primarily focusing on communities with large ethnic and religious minority groups. Three communities were targeted specifically: Georgian-Armenian community of Samtskhe-Javakheti region, Georgian-Azerbaijani community of Kvemo Kartli and the Georgian Muslim community of Mountainous Adjara[2].

1.2.1 The COVID-19 Pandemic in Georgia

The Georgian response to the COVID-19 pandemic is a tale of three phases. The first phase, roughly spanning the period from March to September 2020, was characterised by relatively low reported cases of COVID-19, rendering Georgia an outlier among its neighbours: an example of good practice. "The World Can Learn from Georgia's Experience with COVID-19: A Positive Example", an article by the Executive Director of the Open Society Georgian Foundation reads, as it praises the government for its swift and drastic measures to combat the virus (Khutsishvili, 2020). "Coronavirus success story: The nation of Georgia", another claims, this time from US-based news agency The Washington Times (Constantine, 2020). It seemed that Georgia had proven itself to be more resilient than most. The second phase was much less optimistic. From late 2020, new headlines which were in stark contrast

[1] To read more about the project, please refer to Appendix B.1.

[2] Photos taken by the CIPDD and community volunteers on behalf of the CIPDD for the Mobile Booths for Vaccination project. All photos used with permission from the CIPDD.

to what had come before started to take precedence. "Coronavirus in Georgia 'five times worse than India'" Eurasianet declares at a time when India reported record numbers of cases (Lomsadze, 2021). Later that month, OC-Media would write, "Data suggests Georgia has handled the pandemic poorly" (Silagadze, 2021). So, how did a nation that had been internationally heralded as a beacon of success suddenly become the worst-case scenario?

Several factors contributed to Georgia's sudden rise in COVID-19 vaccination cases in the autumn of 2020. Over the summer of that year, the government — which had previously imposed several strict lockdowns and quarantine measures throughout the country — relaxed its internal regulations, further encouraging domestic travel from 15 June 2020 (OC Media, 2020*a*). International border restrictions were also eased, with tourists from Germany, France, and the three Baltic States allowed entry without needing to self-isolate or test from July 2020 (OCHA and UN RC/HC Georgia, 2020). The primary reason behind this relaxation was the severe economic impact caused by the pandemic: since the first case of COVID-19 was recorded in Georgia on 26 February 2020, the country's previously strengthening tourism industry had been crippled by strict internal lockdowns and border restrictions (GNTA, 2020). As restrictions loosened, the tourist hotspot of Batumi — located on the Black Sea coast of Adjara — unsurprisingly was the first to suffer a rapid influx of cases, soon followed by the capital.

Changes in governance also hold contextual significance. Since October 2020, Georgia has been experiencing what many commentators and experts have deemed a "political crisis" (Nodia, 2022). Following contentious parliamentary elections, the opposition accused the ruling Georgian Dream party of electoral fraud and announced a parliamentary boycott. In what has become an increasingly regular sight within the Georgian capital, tens of thousands took to the streets of Tbilisi to protest against the GD party throughout the month of November before then-Prime Minister, Giorgi Gakharia, announced a two-month nationwide restriction plan to slow the second wave of resurgent COVID-19 outbreak in the country (OC Media, 2020*b*). In February 2021, another political change would come in the form of a change in leadership. Following the proposed (and later, realised) arrest of Nika Melia — leader of the opposition party, the UNM — Gakharia announced his sudden resignation, citing

his disapproval of the court ruling against Melia. Later that month, Irakli Garibashvili was voted in by the Parliament to replace Gakharia as the new leader of GD and Prime Minister of Georgia. Garibashvili's premiership would coincide with what I have termed the third phase, characterised by slow vaccination uptake, regular waves of cases and looser restrictions.

Georgia's vaccination campaign against the COVID-19 virus started on 13 March 2021, when 43,200 doses of the Oxford-AstraZeneca vaccine arrived in the country, later followed by 29,250 doses of the US-German Pfizer-BioNTech vaccine just under two weeks later (Avetisyan et al., 2021). However, the vaccination campaign went off with a rocky start. Over the past two decades, opposition to vaccination has risen to disturbing new levels, with the WHO listing vaccine hesitancy as one of the top ten global health threats of 2019 (WHO, 2019): in Georgia, vaccine scepticism is especially widespread, with 42% of respondents stating they do not intend to vaccinate against COVID-19 last December according to a CRRC-Georgia public survey (Appendix D.2). Already high levels of vaccine scepticism were exacerbated following the tragic death of a 27-year-old Georgian nurse, Megi Bakradze, due to an allergic reaction upon receiving the AstraZeneca coronavirus vaccine on 18 March 2021. Prior to her death — only four days after the vaccine rollout began in Georgia — Bakradze appeared on television urging all those who could be inoculated. Her death was later ruled to be caused by negligence by the medical staff who treated her (Chkareuli, 2021; Kincha, 2021*a*). Yet, the damage had already been done.

By the start of August 2021, Georgia reached its new peak of cases and recorded the highest rate of deaths per 100,000 residents of any country. Despite these concerning figures, the next month saw another drop in people registering for their first vaccine. Upon writing this research, only 33.9% of the total population has been fully vaccinated (Ritchie et al., 2022). The issue in Georgia, however, is not one of vaccine capacity — currently, the Pfizer, AstraZeneca, Sinopharm and Sinovac vaccines are all available to the public. Instead, the issue relates to information. Throughout my time in Georgia, a continuous theme among those I encountered was the perceived lack of clear information about the pandemic and, consequently, the vaccination process. Indeed, a CRRC/NDI survey found that only 42% of Georgians knew how to register for vaccination as of July 2021 D.3. On the other side, there

also seemed to be a dual perception of information as being too readily available, thus overwhelming those hoping to find what they believed to be credible information. Indeed, I experienced this myself as a foreign national living in Georgia — during my own time contracting COVID-19 in January this year, I was overwhelmed by the advice given by a range of sources, from local friends to medical advice online. Based on these preliminary observations, I started my analysis based on two research questions:

How do people living in remote communities receive information about the COVID-19 vaccine? And, which sources of information do people from these communities trust?

1.2.2 How to Define the Georgian Nation?

Described as a "belated nation", Georgia is one of many nations that built its understanding of nationhood on the foundations of pre-existing paradigms that came before it (Nodia, 2009, p. 86). The construction of the Georgian national identity has been a topic of debate since as far back as the educated *tergdaleulebi*[3] circles of the 1860s and 1870s, where figures such as Ilia Chavchavadze (1837-1907) instigated the modernisation process of Georgian nationhood. The idea of the Georgian nation subsequently developed according to three markers of identity: fatherland (*mamuli*), language (*ena*) and faith (*sartsmunoeba*)[4](Nodia, 2009, p. 88). As such, territorial borders, the Georgian language and faith in the Georgian Orthodox Church (GOC) have become key symbols of *kartveloba* (Georgianness). Reinforced by the Soviet legacy of institutionalised ethnonationalism of policies such as *korenizatsiya*, Georgian leaders turned to these attributes in order to instigate a "national revival" following the collapse of the Soviet Union. However, by establishing the modern Georgian nation according to the three pillars of *kartveloba*, Georgia is forced to consider the so-called 'internal Other' — that is to say, those who do not share these identity markers (Nodia, 2009, p. 88).

[3]The *tergdaleulebi* were a group of young Russian-educated Georgian intellectuals of the 1860s and 1870s. The term literally translates to "the ones who have drunk from the Tergi", a reference to the River Tergi (Russian: Terek) that borders Russia (Nodia, 2009, p. 86–99).

[4]In 1860, leader of the *tergdaleulebi* movement, Ilia Chavchavadze, wrote:"From our ancestors, we inherited the three sacred treasures: fatherland, language, and faith. If we do not even take good care of them, what kind of men are we, what will we be able to say to our heirs?" (Chkhartishvili and Kadagishvili, 2011, quoting Ilia Chavchavadze).

While ethnic Georgian culture continues to dominate official notions of the Georgian nation, the reality is that Georgia is a multilingual, multi-ethnic and multifaith country with a rich diversity of cultures that have coexisted together since the nation's ancient foundations. According to the most recent census, ethnic minorities make up 13.2% of the total population, with the largest minority groups being ethnic Azerbaijanis (6.3%) and ethnic Armenians (4.5%) (National Statistics Office of Georgia, 2014). Similarly, the religious composition of Georgia sees two major minority groups, with 10.7% of the country identifying as Muslim (inclusive of both Sunni and Shi'a) and 3.9% Armenian Apostolic. With these figures in mind, Georgia has seen increased calls for a civic shift in its notion of nationhood to discourage the cultural marginalisation of its minority groups. However, this has been a complex task due to the longstanding emphasis on *kartveloba* and contention over external threat perceptions (Nilsson, 2009). Although this thesis does not claim to find a solution to these issues, greater attention paid to non-dominant communities provides useful empirical data that may inform future studies on this topic. As such, this thesis examines three communities living within three different regions of Georgia that challenge the ethnolinguistic and religious conception of the modern Georgian nation. Short descriptions of these communities can be found in Appendix C.

1.3 Research Summary

This research aims to understand the mechanisms with which ethnic and religious minority communities acquire information knowledge regarding the COVID-19 vaccination process in Georgia. Georgia provides an interesting empirical case for the study of social capital due to the heavy reliance upon informal social relations (networks) seen within the country (Aliyev, 2014*a*, 2015*b*,*d*). Informal networks display high levels of particularised trust and strong horizontal ties across homogeneous groups. As such, particular attention will be paid to understanding how the high levels of "bonding" (Putnam, 2000) seen within these informal networks has affected community resilience. By doing so, I hope to outline some of the reasons behind widespread vaccination hesitancy, with particular reference to perspectives from ethnic and religious minority communities. Upon writing this study, very few have researched the impact of social capital on attitudes, knowledge, and responses to COVID-19 in the

South Caucasus. Exceptions include CRRC-Georgia which has conducted several quantitative analyses on this topic and a highly recommend policy report from GIP on the topic of state and societal resilience against COVID-19 (CRRC, 2022; Lebanidze and Kandelaki, 2021). Despite this, more focus must be paid to the experiences of underrepresented communities through further qualitative analysis. As such, my research will take a more academically rigorous view of the situation, employing sociological and social-anthropological theories to understand the dynamics at hand from a more nuanced perspective. By examining the real-life experiences of minority groups during the pandemic, I hope to highlight the need for more bottom-up, grassroots-led initiatives to encourage higher vaccination rates and a better understanding of the pandemic. In turn, this research hopes to aid the epidemiological situation by bringing underrepresented voices into the larger discussion in Georgia.

1.4 Organisation of the Thesis

This thesis is organised as followed. Chapter 2 will introduce the conceptual framework underpinning this study while reviewing the previous literature on the themes of social capital and community resilience. Chapter 3 outlines the research methodology employed throughout the data collection and analysis periods, including the epistemological standpoint through which this thesis was written. The bulk of the analysis will be found in Chapters 4 and 5, which serve as the Results and Discussion sections of the study. Chapter 4 will focus on the major contextual factors that arose through my fieldwork, taking an anthropological perspective on vaccination uptake among ethnic and religious minority communities. Chapter 5 then seeks to contribute toward the further development of social capital theory based on these results. Finally, Chapter 6 will summarise my findings.

2

Conceptual Framework and Literature Review

2.1 Social Capital: The Value of Social Relations

The notion of social capital forms much of the basis of the theoretical framework for this thesis. In its most basic terms, social capital is a conceptual tool which describes the value of social relations, paying particular attention to the actual or potential resources accessed through group membership (Bourdieu, 1986; Bourdieu and Wacquant, 1992). The term dates as far back as the early twentieth century, when it was first used in reference to the "goodwill, fellowship, mutual sympathy and social intercourse" found in rural communities in West Virginia (Hanifan, 1916, p. 130). Yet, social capital has proven difficult to conceptualise and even its most basic understanding remains contested today.

Although the concept of social capital has become increasingly popular among sociologists since the end of the twentieth century, there remains no singular definition, nor agreed way of measuring social capital. While multiple definitions have been proposed, most have faced criticism often due to their conceptual ambiguity and lack of clarity over their operationalisation (Claridge, 2004; Dolfsma and Dannreuther, 2003; Foley and Edwards, 1997). Despite issues in its theorisation, social capital remains a promising concept that seeks to understand the complexities of social organisation and structural dynamics present in human relationships.

2.1.1 Conceptualising Social Capital

One of the earliest conceptualisations of social capital is the Bourdieusian understanding. Grounded in theories of social reproduction, class and the dynamics of power, French sociologist Pierre Bourdieu viewed social capital as one of three overlapping forms of capital that relate to class structures — the remaining two being economic and cultural (Bourdieu, 1986), Bourdieu suggests that networks of relationships and mutual recognition are instrumentalised in order to advance the interests of an individual. Inspired by Marxist theory, this early conceptualisation of social capital positions itself in a negative light whereby social capital is a contributing factor to the generation reproduction of inequality (Smith and Kulynych, 2002) . In this way, the volume of one's social capital is dependent on "the size of the network of connections [one] can effectively mobili[s]e and on the volume of capital (economic, cultural or symbolic) possessed in [one's] own right by each of those to whom he is connected" (Bourdieu, 1986).

Later developments would view social capital in more neutral terms. In his analysis of high school dropouts in the United States, James Coleman (1988) introduces a different theory of social capital which bases itself on economic rational-choice theory. Coleman found that social capital — described here in reference to obligations and expectations, information channels, and social norms — plays an imperative role in reducing the probability of high school students dropping out (Coleman, 1988). Although Coleman did not devise a specific definition for the term, he posits an insightful perspective on social capital as a resource to facilitate the achievement of the specific goals of an individual (Coleman, 1988). Coleman believed that social capital is a resource available to each individual based

on the embedded nature of social capital within relations between and among others.. In this way, these norms and values may shift in accordance with the social context and aims of an actor. As such, Coleman — like his predecessor, Bourdieu (1986) — emphasises the concept as a form of *capital*.

Certainly, the most well-known definition of social capital comes from Robert D. Putnam's book (1993), *Making Democracy Work*. According to Putnam's highly influential study on civic traditions in northern-central and southern Italy, social capital refers to "features of social organi[s]ations, such as networks, norms and trust that facilitate action and cooperation for mutual benefit" (Putnam et al., 1993, p. 35). Putnam and his collaborators explore the differing quality in regional governance seen in Italy, despite what appeared identical in terms of their institutional form. The central thesis to their study is that stronger civic engagement — that is to say, participation in civil society — correlates with institutional success (Putnam et al., 1993). Further, Putnam argues that a long history of civic engagement in Northern-Central Italy dating back to the medieval period has facilitated the development of norms of reciprocity among individuals living in these regions. By contrast, Southern Italy was deemed less successful due to its history of feudal autocracy, which later would give way to the hierarchical Mafia structure. These higher levels of civic engagement have also fostered social networks which are able to better coordinate their efforts. In turn, these networks further reinforce trust and reciprocity (Putnam et al., 1993).

Putnam would later apply his thesis toward American civil society in his book, *Bowling Alone: America's Declining Social Capital* (2000). Based on national survey data, Putnam's central thesis is that the USA has witnessed a collapse in civic and associational life since the 1960s and this has subsequently undermined political engagement. Suggested factors behind this decline were generational succession, the introduction of television, urban sprawl and changes in the labour force. While many applaud his contribution to the mainstreaming of social capital theory, several have argued that Putnam suffers from a conceptual ambiguity over his level of measurement (Foley and Edwards, 1999). Although he posits that social capital is a collective phenomenon measured at the community level, Putnam often employs individually-driven aggregate data. By failing to recognise this ambiguity, Putnam's theory suffers from a confusing circularity, where social capital is equally the cause and the

effect (Claridge, 2004; Portes, 1998). In addition, critics take deep issue with his value-added approach viewing it as limiting attention to social capital as a means of democratic engagement (Edwards & Foley, 1998). Consequently, social capital loses the emphasis on social embedded and context-specific resources put forward by social structural theorists such as Coleman (1990).

Another perspective is what Woolcock and Narayan (2000) identify as the "network approach". The network approach is largely an extension of Granovetter's seminal work, *The Strength of Weak Ties* (1973). Upon collecting survey data from Boston-based workers, Mark S. Granovetter's found that most people found employment through "weak ties" rather than through "strong ties": that is to say, most relied on their wide numbers of casual acquaintances over their few close friends (Granovetter, 1973). Granovetter's work would later inspire a wave of network-approach literature, with perhaps the best-known network theory coming from sociologist Nan Lin. Lin (2001*a*,*b*) offers an examination of the theoretical framework underpinning social capital studies, emphasising the primacy of empirical social capital research based on robust methodology. Drawing on neo-capital assumptions, Lin employs economic theory in an attempt to provide a more precise and tangible conceptualisation of social capital than that of his predecessors. Lin defined social capital as the material and informational "resources embedded in a social structure that are accessed and/or mobili[s]ed in purposive actions" (Lin, 2001*b*, p. 29). Some have favoured Lin's approach for its apparent flexibility in application and better distinction between cause and effect (Aldrich, 2012).

2.1.2 Measuring Social Capital

Where theoretical convergence in the conceptualisation of social capital is complex, a definitive method of operationalisation has proven to be near impossible. In order to tackle the difficult task of measuring social capital, several questions have been put forward as to categorise it in more approachable ways for empirical purposes. The first issue is whether social capital resides with the *individual* (Bourdieu, 1986; Coleman, 1988) or the *collective* (Granovetter, 1985; Putnam, 1995).While this analysis focuses on the experiences of ethnic and religious minority communities, it does not assume that social capital solely resides in the collective. Instead, it considers social capital to rest at multiple levels of groupings. In the words of Lin and Erickson (2008, p. 4) social capital "is rooted precisely at the juncture between

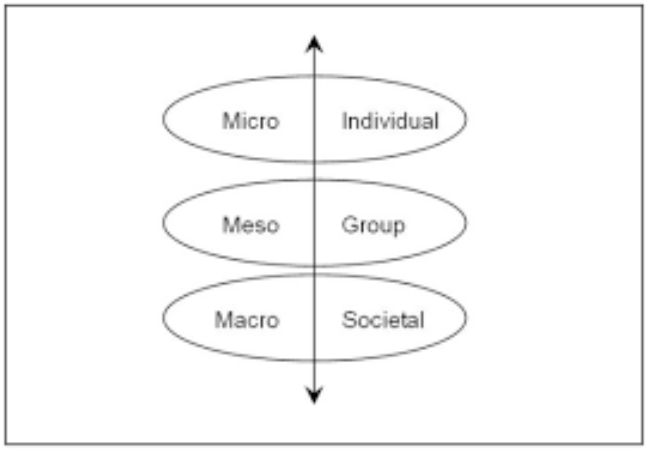

Figure 2.1: Levels of Social Capital Source // Claridge (2018*b*)

individuals and their relations" and may then produce returns at the collective level. As such, social capital can evolve from an individual level (micro) to an organisational (meso) and societal (macro) level (Claridge, 2018*b*) (Figure 2.1). Such flexibility in approach also avoids the complexities involved in defining when a group evolves into a community, given the ambiguous nature of both terms.

While there is little consensus over the suitable instrument for measuring the concept, most scholars agree on the need for culturally-sensitive indicators. This is where anthropological-driven studies provide much-needed local and contextual understandings of the nuances of social capital. Despite its wide-reaching popularity across various disciplines in the social sciences, social capital has received notably less attention within the field of anthropology. Anthropologically-driven studies tend to place preference one aspect of social capital, rather than the concept as a whole. For example, scholarly attention has previously centred on the notion of trust (Corsín Jiménez, 2011; Mühlfried, 2018, 2019, 2021) and reciprocity (Mauss, 1954; Narotzky, 2007; Narotzky and Moreno, 2002; Smart, 1993; Smart and Hsu, 2017). Previous attempts to conceptualise social capital through ethnographic approaches include Colleen Walsh's (2011) doctoral thesis on urban community gardeners in Ohio. Walsh theorises that social capital — operationalised as social networks, trust and community engagement — is shaped by race and class among the population of Cleveland community gardeners. Walsh also noted the spiritual and religious undertones of the participant gathered definitions of social

capital, particularly among African American participants of the Christian faith (Walsh, 2011). Further insights come from Smart (1993) in his anthropological exploration of *guanxi* — a form of social relations built through the exchange of gifts, favours and banquets existing within Chinese society. Examining Bourdieu's notion of social capital, Smart expands on classic anthropological notions of reciprocity, introduced by the likes of Marcel Mauss (1954) in his seminal work, *The Gift*.

Indeed, Bourdieu holds strong merit when applied to more anthropological-driven studies. Beyond Bourdieu's understanding of the different forms of capital (Bourdieu, 1986), concepts such as fields (*champs*), habitus and the 'rules of the game' (*illusio*) provide strong conceptual framing for understanding the delicate intricacies of social organisation. Bourdieu views social capital as one of several forms of capital embodied in a person's habitus —socially-learned sets of preferences and dispositions by which a person orients to the social world (Bourdieu, 1977). Habitus further relates to fields (*champs*), which describe the social context in which the embodied potentialities of the habitus are realised (McNay, 1999, p. 109). In line with his notion of fields, Bourdieu posits the so-called 'rules of the game' (*illusio*) across different fields are not fair or equal, but rather dependent on access to the various forms of capital. Bourdieu has inspired a number of theorists to provide frameworks that may hold great merit when applied to the field of anthropology. One such example is the framework developed by Nahapiet and Ghoshal (1998), who define social capital as:

> The sum of the actual and potential resources embedded within, available through, and derived from the network of relationships possessed by an individual or social unit. Social capital thus comprises both the *network* and the *assets* that may be mobili[s]ed through that network. (Nahapiet and Ghoshal, 1998, p. 243, *emphasis added*)

Nahapiet and Ghosal propose a three-way distinction between these different assets: *structural*, *cognitive* and *relational*. This tripartite approach views social capital through a social structure perspective of distinct, yet interrelated concepts (Tsai and Ghoshal, 1998). Expanding upon Granovetter's (1985)

Structural	Cognitive	Relational
Social structure	Shared understandings	Nature and quality of relationships
Network ties and configuration	Shared language, codes, and narratives	Trust and trustworthiness
Roles, rules, precedents, and procedures	Shared values, attitudes, and beliefs	Norms and sanctions
		Obligations and expectations
		Identity and identification

Table 2.1: Distinctions between structural, cognitive and relational social capital // Claridge (2018*a*)

concept of structural embeddedness[1], structural social capital is the most tangible of the three. Structural social capital refers specifically to the existence of network ties, in reference to the density, connectivity, hierarchy and appropriability of these relations in any given context (Claridge, 2018*a*; Davenport and Daellenbach, 2011). Put simply, structural social capital is who you know. Relational therefore is more focussed on the intangible nature and quality of these relationships (Claridge, 2018*a*). Here, normative behavioural "assets created and leveraged through relationships" are paramount, such as trust, reciprocity, obligations and expectations (Nahapiet and Ghoshal, 1998, p. 244). Finally, cognitive social capital refers to shared understandings relating to aspects such as language, codes, values and beliefs. Intangible like relational social capital, cognitive differs in that it describes wider social context rather than the qualities embedded in specific social relations operating at a micro level (Anderson and Jack, 2002; Claridge, 2018*a*) cognitive social capital may therefore be employed to reinforce relational social capital, for instance, using the same language to reinforce trust. A summary of this framework can found in Table 2.1.

[1] "Structural embeddedness concerns the properties of the social system and of the network of relations as a whole. The term describes the impersonal configuration of linkages between people or units" (Nahapiet and Ghoshal, 1998, p. 244).

2.2 Community Resilience: Social Capital as a "Janus-Faced Resource"

The assumption that social capital influences COVID-19 vaccination uptake is driven by previous studies examining community resilience during crisis and disaster scenarios. Resilience explores a variety of factors, such as human well-being, socio-economics, and infrastructure, although it is worth noting that there remains debate regarding both its conceptualisation and operationalisation among scholars — much like social capital. Nevertheless, the important role communities play in working together to recover and survive disasters and crises has received notable scholarly attention over the years (Aldrich, 2012; Aldrich and Meyer, 2015; Quarantelli and Dynes, 1977; Sadri et al., 2018). Among resilience studies, there has been an inference that higher levels of social capital correlate to a higher capacity to cope with trauma, tragedy, and disasters as stronger community ties can lead to easier transmission of resources and information (Adger, 2003; Nakagawa and Shaw, 2004). While strong empirical evidence shows that a correlation does exist between higher levels of social capital and community resilience, many of these studies fail to include some of the nuances which accompany different types of social capital.

With this in mind, the various studies into community responses to natural disasters carried out by Daniel P. Aldrich and his collaborators provide vital insight (Aldrich, 2012; Aldrich and Meyer, 2015; Fraser et al., 2022; Kyne and Aldrich, 2020; Sadri et al., 2018). Aldrich defines community resilience as "the collective ability of a neighbourhood or geographically defined area to deal with stressors and efficiently resume the rhythms of daily life through cooperation following shocks" (Aldrich and Meyer, 2015, p. 255). In his studies of the responses of several different communities following natural disasters, Aldrich (2012) uses social capital theory to examine community resilience. This theoretical framework was chosen due to Aldrich's preliminary observations that economic factors alone are insufficient in explaining the difference in post-disaster recovery across different communities. Instead, results from the different case studies suggest that social resources are the primary variable between the communities. Aldrich positions his research in line with Nan Lin's (2001*a*) network-approach to social capital and views social capital as "the resources available through bonding, bridging and

linking social networks along with the norms and information transmitted through those connections" (Aldrich, 2012, p. 33).

First coined by Putnam (2000), bonding and bridging describe different ties between individuals. Bonding refers to the close ties among homogeneous individuals, such as family members, close friends and, in some cases, neighbours (Putnam, 2000; Woolcock and Narayan, 2000). This type of social capital links individuals who share similarities in relation to different socio-economic identity markers, such as race, ethnicity, class, or religion (Aldrich, 2012; Claridge, 2018*c*; Rhodes, 2012). By contrast, bridging refers to the ties between "broader identities" (Putnam, 2000, p. 23) across cleavages. While some scholars view bridging ties as working at both the horizontal and vertical levels in terms of power structures, others have extended this framework to include linking social capital. According to this point of view, linking social capital are those ties between individuals and groups in different hierarchies of power, social status and wealth (Szreter and Woolcock, 2004, p. 650–67). Among these theorists, some have underlined the concept of formality, whereby linking social capital ties together the informal and formal sectors (Aldrich, 2012; Aldrich and Meyer, 2015). In reality, bridging social capital, however, may be viewed both on a horizontal or vertical level (Claridge, 2018*c*). This point is particularly important due to the blurred boundaries between the informal and formal sectors particularly evident in Georgian society (Ledeneva, 2014).

Importantly, their work has demonstrated that high levels of social capital can provide both "strong benefits and equally strong negative externalities" (Aldrich, 2012, p. 1) due to the complex nature of the different types of social capital: the so-called "Janus-faced" effect (Aldrich, 2012; Aldrich and Meyer, 2015; Fraser et al., 2022). The primary implication of this research is the significance of different forms of social capital in community-level resilience. For example, bridging social capital ties different communities together, thus playing a positive role in more long-term solutions due to further improving information and resource dissemination. Bonding, however, has both positive and negative roles. On the one hand, higher levels of bonding social capital within a community correlate with stronger trust and reliance on one another during a crisis, particularly in the short-term. In other words, communities with high bonding social capital are more likely to "band together" in moments

of crisis and share resources within the community (Aldrich and Meyer, 2015). However, the issue thereupon lies that in cases where bonding social capital is high, but bridging is low, communities may struggle to remain resilient due to a lack of further resources. In this way, bonding social capital may isolate communities further and when resources deplete, they may struggle with long-term recovery strategies. In addition, bonding social capital is associated with creating indifference and, in some cases, hostility to those external to the bonded community (Aldrich and Meyer, 2015, p. 32).

2.2.1 Community Resilience during the COVID-19 Pandemic

While Aldrich and Meyer look specifically at natural disasters, there is a clear argument that their findings could be useful when analysing the ongoing COVID-19 pandemic: both are points in time where resilience is tested due to unforeseen shocks and disruptions to daily processes (Sakurai and Chughtai, 2020). Indeed, there is a growing body of work examining the role of social capital in community resilience relating to health and pandemics (Poortinga, 2006; Rönnerstrand, 2013; Szreter and Woolcock, 2004). More recently, research exploring these two concepts in relation to the COVID-19 pandemic have appeared. The vast majority of these studies have focused on the transmission and spread of COVID-19 cases (Bartscher et al., 2021; Fraser et al., 2022; Kuchler et al., 2022; Varshney and Socher, 2020) or, more specifically, mortality rates (Elgar et al., 2020). Others have focused on social distancing behaviour and rule compliance (Barrios et al., 2021; Borgonovi and Andrieu, 2020; Hao et al., 2021; Wu, 2021). At present, relatively few studies have focused on vaccination uptake (Walkowiak et al., 2022), although many have acknowledged the transferability of these concepts to vaccine willingness:

> Social capital is likely to remain relevant even after vaccines are widely available because the willingness to get vaccinated is a public good just as the willingness to practice social distancing. (Bartscher et al., 2021, p. 13)

As such, it is worth exploring some of the main findings from these previous studies. Drawing from survey data, Wu studies the multidimensional impacts of social capital on COVID-19 behaviours such as compliance with restrictions in China's Hubei province (Wu, 2021). Wu finds that on an individual level, cognitive dimensions such as trust and norms have the largest impact on COVID-19

rule compliance, by facilitating cooperation and fostering a sense of "self-sacrifice for the common good" (Wu, 2021, p. 45–46). Structural social capital was found to impact COVID-19 rule compliance most at a macro level, at which level social networks aid community mobilisation of resources in times of crisis. Specifically in relation to COVID-19 vaccination uptake, several scholars in the field of psychology have also underlined the need to focus on "common interests and identity", as well as providing clear resources from a "trusted source" in order to persuade individuals to inoculate (Drury et al., 2021). Hartley and Jarvis (2020) refer to the concept of community capacity to describe collective action via non-government and non-profit organisations. Community capacity is distinguished by a lack of (1) formal organisational structures, (2) centralised financial or coordinating resources, and (3) organised leadership (Hartley and Jarvis, 2020; Lau, 2020). While their study focuses on vaccination spread in Hong Kong, it provides clear insight into the ability of communities to cope without formal assistance. Similarly, Rawat and Wu (2020) found that community level social capital determines rule compliance among citizens in Singapore. In this way, community-based organisations work as the bridge or "middlemen" between formal institutions and the public (Lau, 2020, p. 1060). This research therefore points towards community working as a vital social resource that is able to "supplement" the role of formal institutions during crisis situations (Lau, 2020, p. 1065).

2.3 Literature Review: Conclusions

This study views social capital as a fluid concept, whereby social capital held at an individual level can have ripple effects or "macroconsequences" in a community's resilience (Lin and Erickson, 2008). As has been displayed, social capital theory continues to hold merit when studying the nuances of social relations, particularly if applied to the fields of public health and community resilience. However, further conceptualisation based on bottom-up perspectives is needed to use social capital heuristically. The aim of the research is not to test one set theory of social capital but rather to elicit *emic* perspectives on the value of social relations. By doing so, I hope to contribute to the growing literature on social capital, offering culturally sensitive and localised studies grounded in social-anthropological and sociology theory. Likewise, given the limitations of this study, community resilience only serves as a contextualising concept and will not be explored in the depth seen by

previous scholars such as Aldrich and his collaborators (Aldrich, 2012; Aldrich and Meyer, 2015). Future ethnographies incorporating participant observation are key to unlocking the larger picture of community-level resilience and the role of social capital. Instead, this thesis focuses on COVID-19 vaccination uptake — acting as an albeit limited but nevertheless enlightening proxy for community resilience. This approach will be particularly insightful as it will provide an opportunity to apply the intersection of social capital and community resilience in the context of a new terrain which has yet to be deeply explored, namely, the COVID-19 pandemic.

2.3.1 Research Objectives

Obj 1: Identify how information is shared about the COVID-19 vaccine among minority communities.

Obj 2: Examine which sources of information hold greater social capital than others among minority communities and why this may be.

Obj 3: Explore *emic* perspectives on social capital and its role in public health resilience at a community level.

3

Research Methodology and Data Analysis

3.1 Research Paradigm

The epistemological assumptions underpinning this research draw from social-anthropological approaches to social science research. By its nature, social anthropology implies an interpretivist paradigm that preferences "thick description", incorporating both contextual and subjective factors into its analysis (Geertz, 1973). Due to this approach, the research is inspired by traditional ethnographic methods, which seek to gain a deep understanding of a group's shared culture, conventions and social dynamics. However, given the practical limitations of this research — namely, the ongoing COVID-19 pandemic, timeframe of research and financial logistics — the research will not follow a

strict ethnographic approach but rather draw from "patchwork ethnography" (Günel et al., 2020). Indeed, while the epistemological foundations of the research remain grounded in social anthropology, the analysis incorporates research from interdisciplinary fields, including sociology, cultural anthropology, psychology and behavioural sciences.

Ethnography itself refers to the methodological practice of immersing oneself within the culture or society of interest, usually while employing participant observation and other qualitative methods of analysis (Simpson and Coleman, 2017). With the COVID-19 pandemic, anthropologists have found themselves unable to go into the field due to border restrictions and the contagious nature of the virus. As such, researchers have needed to adapt to this new challenge to conduct academic research from afar (Ghosh, 2020). Patchwork ethnography situates its foundations in "the acknowledgement that recombinations of "home" and "field" have now become necessities" (Günel et al., 2020). In addition, patchwork ethnography is particularly suited to early career stage researchers, given the strict time restrictions and limited funding available (Ghosh, 2020; Nagar, 2014). As such, the qualitative mechanisms used within the research are designed around fragmentary yet rigorous data.

3.1.1 Positionality

Positionality refers to an individual's worldview and how this worldview is adopted into the research project at hand. One of the epistemological assumptions of the interpretivist paradigm is that many realities "can be articulated based on the values, standpoints, and positions of the author" (Daly, 2007, p. 33). When articulating one's positionality, it is necessary to employ a reflexive approach that incorporates "explicit self-consciousness and self-assessment" regarding how an individual's ethics, social values and competencies may affect their findings (Holmes, 2020, p. 2). Before presenting these findings, I acknowledge that they are only one possible interpretation of these individuals' experiences based on my standpoint as a Western-educated, white woman from the UK. Particularly due to my limited knowledge of Georgian, Armenian and Azerbaijani, my position felt somewhat distanced from those participating in the research. With this comes certain benefits, including the ability to detach from the cultures in focus. However, my interpretation is also limited by my outsider perspective on the social norms, cultural values and codes which are expressed in these three different communities.

Focus Group:	**S-J**	**KK**	**MA**
Ethnic minority community	Yes	Yes	No
Religious minority community	Somewhat*	Yes	Yes
Remote location	Yes	Somewhat*	Yes
Low vaccination rates prior to CIPDD project*	Yes	Yes	No
Approx. # people vaccinated during CIPDD project	689	5	12

Table 3.1: Case Studies: Most Similar Systems Design

3.2 Research Design and Case Selection

This research paper takes three case studies as a design frame, employing focus groups as the primary method for data collection. Drawing from the Manchester School of anthropology, a case study here references the content of the observer's field notes prior to any deliberate analysis or selection for presentation in some analysis (Mitchell, 2006). The case study presented is the CIPDD Mobile Booth Vaccination Project, with three sub-case studies further elicited throughout the research process: (1) the Georgian-Azerbaijani community of Kvemo Kartli, (2) the Georgian-Armenian community of Samtskhe-Javakheti, and (3) the Georgian Muslim community from Mountainous Adjara. Each of these communities was the subject of a Black Sea Trust-funded vaccination project facilitated by the Tbilisi-based NGO, the Caucasus Institute for Peace, Democracy and Development.

These regions were chosen by an NGO representative at the CIPDD, who has been interviewed as part of this research (Manana, Interview 2). For the most part, these areas offered insight in accordance with a Millean Most Similar Systems Design (MSSD) (Table 3.1). A notable difference, however, is previous vaccination rates: according to preliminary research undergone by Interviewee 2, ethnic minority communities living in Kvemo Kartli and Samtskhe-Javakheti showed the lowest rates of vaccination uptake within the country. However, the religious minority community of Mountainous Adjara slightly differed in that they had higher rates of vaccination on average prior to the commencement of the project. Given the interpretivist nature of this research, the inner complexities of each community's specific contextual background are able to be explored in greater depth than positivist research may warrant.

3.2.1 Focus Groups

This research is largely based on qualitative fieldwork obtained in March 2022. The main data collection method for this study is three focus groups with twenty (N=20) young volunteers working on the CIPDD Mobile Vaccination Booth project (Appendix A.2). Focus groups are planned discussions designed to elicit group interaction and "obtain perceptions on a defined area of interest in a permissive, nonthreatening environment" (Krueger and Casey, 2000, p. 5). A focus group aims to encourage participant discussion and to observe interactions among participants. The two focus groups were conducted in the areas of interest for this study, one in Akhaltsikhe (Samtskhe-Javakheti) and one in the Marneuli municipality (Kvemo Kartli). Due to unsafe road conditions caused by heavy snowfall and the remote nature of Khulo (Mountainous Adjara), the third focus group was conducted in Tbilisi. Participants were given the option to speak in Georgian, Russian or English, with the majority of conversation occurring in Georgian. Live interpretation was utilised in all focus groups. Participants were aged between 17 and 29 and were all vaccinated against COVID-19. A full focus group schedule can be found in Appendix G.

3.2.2 Semi-structured interviews (SSIs)

In addition to the focus groups, three (N=3) interviews were also employed (Appendix A.1). Two interviewees were stakeholders employed to work on the project in a professional capacity, while a third interviewee worked at a Javakheti-based news outlet (JNews) that collaborated with the CIPDD project to raise awareness. This second phase of data collection took place from May to August 2022. Two interviews were conducted remotely via Zoom. A third interview involved sending written questions via Facebook, which were then followed-up with further questions based on the responses. A full interview schedule can be found in Appendix H.

Sampling

Given the scope of this research and its unfunded nature, non-probability sampling methods were employed. By working in collaboration with the CIPDD, potential subjects were identified from the Mobile Vaccination Booth Project based on convenience, judgement and logic. Focus was placed on

those who were involved in the project in the capacity of local community volunteers, and therefore had experience collaborating with the CIPDD while also being well integrated into their local regions. These participants were able to provide an in-depth insight into their perceived reality on the ground in each community. Interviews were also based on snowball sampling and served to give an institutional, and thus more formalised, perspective on the CIPDD vaccination project. For further information, please see Appendix A.

3.3 Data Analysis

This thesis takes an inductive research approach, aiming to discover concepts and generate novel empirical data rather than test or replicate theory as seen in more positivist approaches. Using Atlas.ti qualitative analysis software, I was able to carry out the analysis of my primary data, which consisted of generating codes based on thematic content analysis (Woolf and Silver, 2017). The first stage of the approach was to transcribe all focus groups and interviews, digitalise my fieldwork diary and carry out preliminary thematic content analysis. The initial data analysis phase then informed my further research of relevant literature, after which point the second phase of thematic content analysis began to produce the codes which form the basis of this research (see Table 3.2).

Code	Code Group
Foreign Influence (sub-codes: Azerbaijan, Russia, Turkey, Western (EU/US), Armenia)	Boundaries
Expert versus Non-Expert Knowledge (sub-codes: disinformation, anti-vax, scientific knowledge)	Boundaries
Linguistic Knowledge (sub-codes: English, Georgian, Azerbaijani, Armenian, Russian)	Boundaries
Integration (sub-codes: identity, '1+4 programme', generational difference)	Boundaries
Geographical Features (sub-codes: remoteness, rural, borderlands)	Boundaries
In-group/out-group (sub-codes: conforming behaviour, derogating behaviour)	Norms
Othering (sub-codes: religious identity, ethnic identity, gender)	Norms
Informality (sub-codes: gossip, *birzha*, *chaykhana*, dialect, social media)	Norms
Strong Trust (sub-codes: family networks, friendship networks, neighbours, religious trust, political trust, scientific trust)	Trust
Mistrust (sub-codes: disinformation, conspiracy theories, anti-vax, country-specific)	Trust

TABLE 3.2: Codes groups from thematic content analysis

3.4 Limitations

First and foremost, there are limitations when conducting research in a non-fluent language, including how it affects a researcher's positionality (see: Positionality), the possibility of missed cultural nuances and misinterpretations of meaning. SSIs were conducted in English and Russian, which was the second language of both participants. This may have affected their ability to express themselves, although both held solid capabilities in the language. In focus groups, participants were given the option to speak in Georgian, English or Russian. A combination of simultaneous and consecutive interpretation was utilised. Two interpreters were present at each focus group as a means of reducing translation fatigue. In order to raise comfort levels, chosen interpreters had each been involved in the CIPDD project in some capacity and were well-trusted by participants. Interpreters were also consulted during the transcription process in order to translate quotes accurately. Occasional grammatical or lexical edits are made to the verbatim quotes to ensure comprehension. In these cases, the square bracket ([]) will be employed.

Secondly, due to the nature of the CIPDD project, Georgian-Armenian voices are not represented directly in the same capacity as the other two communities. As focus groups were conducted with the project volunteers, this disparity soon became clear in the data collection process: while volunteer groups from Kvemo Kartli and Mountainous Adjara were representatives of the ethnic and religious minority communities with which they worked, the volunteer group in Samtskhe-Javakheti was made up of ethnically-Georgian participants. On the one hand, this became an important factor to explore in discovering the low vaccination uptake in this region throughout the project. However, an unfortunate consequence was a lack of representation for Georgian-Armenian communities in this study. As such, I made the decision to reach out to a Georgian-Armenian journalist from the Javakheti region who is deeply involved with these communities. While her responses alone cannot speak for the Georgian-Armenian communities of Samtskhe-Javakheti as a whole, it was important to include her insight, nonetheless. Future studies would deeply benefit from speaking with a wider sample of those from Georgian-Armenian communities in Samtskhe-Javakheti.

Finally, a clear limitation in my research is time spent "in the field". Unfortunately, the main

research trip to Khulo was cancelled due to adverse weather conditions occurring at the time and concerns relating to COVID-19. While efforts were made to rearrange this trip, it was not possible to visit during the intended research period. Similarly, the time spent in both the Marneuli and Akhaltsikhe districts was limited to short research trips over several days. In light of this, the research does not profess to be a true ethnographic study but simply draws from the underlying foundations of ethnographic research. Participant observation was occasionally employed but does not form the basis of this study's research methods. Future studies would profoundly benefit from greater time spent in the field. That being said, my 6-months spent at the CIPDD in Tbilisi gave me a unique insight into the processes of working with these communities from an institutional perspective. Moreover, qualitative research alone is often insufficient to make population-level summaries. Despite this, the theoretical implications of this study still hold merit for future research.

4

Anthropological Perspectives on Vaccine Uptake

Reflections from Focus Groups with Young Volunteers

> People were talking to each other and we were spreading news, like gossiping, chatting and so on, but mostly it was disinformation.
>
> *Merab, 17, Mountainous Adjara*

My first question to the young volunteers from Mountainous Adjara was a simple question on their information sources: "Where [do] you receive information about COVID-19?". Merab, a student and the youngest of all participants taking part in this study, was the first to respond: "Mostly, social media". Soon after, he continued on to describe the reliance on personal networks to receive information at the early stages of the pandemic, although was sure to highlight the unreliability of this

FIGURE 4.1: Vaccination information campaign in the villages of Khulo, Mountainous Adjara

information. Whether Merab felt this information was unreliable at the time or simply in hindsight was unclear to me. Already, a few minutes into the focus group, I had jotted down several dimensions of information diffusion that felt wholly integral to understanding the reaction from their community to the COVID-19 pandemic and the key issue of vaccination uptake: informality, disinformation, social media...

In this chapter, each of these topics will be discussed within the lens of three overarching — but interrelated — themes: boundaries, norms and trust. These three themes explore the contextual factors that underpin vaccination uptake among three different communities across Georgia, examining how the varying nature and quality of the networks and relationships led to very different results for each volunteer group (Claridge, 2018*a*; Nahapiet and Ghoshal, 1998). Drawing from cultural and social anthropological theory, as well as insights from the fields of human behavioural science and psychology, I seek to analyse the key issues raised during my focus groups with volunteers working in religious and ethnoreligious minority communities during the CIPDD Mobile Vaccination Booths project. By doing so, I hope to provide several factors which determine the levels of success across each volunteer group in encouraging vaccination uptake within their community. The results from these

focus groups will be reinforced by both the findings from expert-level interviews and scholarly research relevant to each topic. The first of these sections will draw from the sociological and anthropological notion of boundaries, covering the role of identity, belonging and integration. Section 4.2. will build on the concepts introduced in Section 4.1., while incorporating human behavioural theory to understand the role of norms and sanctions in vaccination uptake. Finally, the issue of trust will receive close attention in Section 4.3., considering the concept of high-trust networks, mistrust, and the influence of religion.

4.1 An Issue of Boundaries?

> Before, we were living as a compact together. So-called, isolated from the different Georgian society. We didn't have the relation to the other Georgian communities, but today it's totally different.
>
> *Aslan, 21, Kvemo Kartli*

Aslan, a young Georgian-Azerbaijani from the Marneuli municipality of Kvemo Kartli, speaks confidently for the group about how their shared experiences of integration into Georgian society have evolved over the past decade. Speaking in fluent Georgian, Aslan describes the positive impact greater integration has had on the livelihoods of him and his community. There was a clear sense of pride in their Georgian nationality among the Georgian-Azerbaijani participants, where their ethnic identity and nationality no longer served as a hurdle in the way it had done previous to the introduction of several integration policies. "The Georgian language is not a barrier", Aslan later adds. Others in the group nod along in affirmation. It is this word — "*barrier*" — that demonstrates the social practice underpinning their responses: implicit in this discussion is the young volunteers' of Kvemo Kartli experience of boundary-crossing.

The concept of boundaries has become paramount to understanding the role of symbolic resources in identity construction, maintenance, and contestation (Lamont and Molnár, 2002; Mosiashvili, 2021). More specifically, the boundary approach examines social differences and the notion of "belonging" within different social groups, whether that be based on ethnic, gender or professional dimensions, to name but a few (Lamont and Molnár, 2002). Within social capital studies, boundaries relate to the relational dimension of social capital by exploring senses of identity and belonging (Nahapiet and Ghoshal, 1998). These boundaries of collective identity are enforced through "symbolic codes of distinctions" between those located inside and outside of a group (Kirvalidze, 2021, pg. 15). As such, this section seeks to demonstrate how stronger feelings of shared identity and belonging

Figure 4.2: A lady from a village in the Marneuli municipality receives a vaccination, November 2021

played a vital role in the efficacy of the CIPDD vaccination project (Nahapiet and Ghoshal, 1998; Ntontis et al., 2020). By doing so, it will reveal the complex ways in which boundaries are bridged or reinforced and the implications of this upon the outcomes of COVID-19 vaccination uptake among ethnic and religious minority communities in Georgia, delving into topics such as linguistic integration, remoteness, and cross-border identities.

4.1.1 The Expert and the Laymen

In the introduction to this thesis, Georgia's experience with COVID-19 was described as a pandemic of three phases: phase one (roughly, March-September 2020) was seen as a success story according to domestic and international media, whereas phase two (roughly September 2020-February 2021) offered a much bleaker picture. Since then, Georgia has struggled with its third phase, which has been characterised by regular waves and a vaccine-hesitant population. With this in mind, it would not be unreasonable to assume that the pandemic was handled much better during the first phase than in subsequent phases, an assumption somewhat confirmed by the project coordinator of the CIPDD vaccination project:

> We changed the Prime Minister during this whole process. The first Prime Minister [1] was more or less clear about the necessity of first regulations and then vaccines. And the second one [2], he postponed his vaccine up to the very last and then, during Omicron, he even said that now you don't need to get the vaccine anymore. "It's fine", and this kind of thing.
> (**Manana, CIPDD representative**)

When speaking with the young volunteers during each focus group, however, their responses challenged the idea that the pandemic was handled much better in the first phase. Instead, many participants suggested that the COVID-19 pandemic suffered from an information deficit from the very beginning. Often focus group participants referred to the pandemic as if it were split into a "*then*" versus "*now*" dichotomy, in which most appeared to view the first stage of the pandemic as the time of the most significant confusion across the country. Given the uncertainty felt, the public reaction was to catastrophize: "*People thought it was the end of the world*" (Tamro, 24, Samtskhe-Javakheti). Needless to say, this reaction to the COVID-19 pandemic was, of course, not Georgia-specific but a worldwide emotional response of panic and fear[3]. Despite this, there was a sense among the focus groups that this reaction was borne out of shortcomings in the governmental information campaigns. Some participants pointed to how it was challenging to keep up with the rapidly changing information during the early stages of the pandemic:

> At the beginning of the pandemic, it was really, I don't know- a really big mess, because... even the world didn't know what was the COVID-19. And there [were] a lot of guesses and there [were] a lot of doctors who were making statements that this is COVID-19, and a couple of days later the information was changing in a different way.
> (**Tamaz, 25, Samtskhe-Javakheti**)

Similarly, others referred to the information as being unclear, confusing and, in some cases, unconvincing:

[1] Giorgi Gakharia served as the 14th Prime Minister of Georgia from 8 September 2019 until his resignation on 18 February 2021.
[2] Irakli Garibashvili has served as the current Prime Minister of Georgia since 22 February 2021
[3] See, for example, on India: Kadam and Atre (2020); on Poland: Dymecka et al. (2021); on the Philippines: Nicomedes and Avila (2020).

> For the first stage, [...] our community wasn't believing government because [...] they didn't have good PR until our death amount got raised to 400 people per day.
> (**Natela, 18, Mountainous Adjara**)

> To be honest, there wasn't really very much information in Georgian. It was generally statistics and this kind of information, but nothing really important about COVID.
> (**Tamro, 24, Samtskhe-Javakheti)**

Both Tamro and Natela raise an important issue. Their specific reference to the prevalence of statistical information during the early stages of the pandemic, alongside the failings in public relations ("*PR*") from the government, demonstrate a boundary between the expert and the non-expert.

Boundaries are essential to understanding the diffusion of knowledge across different social spheres (Bowker and Star, 1999; Lamont and Molnár, 2002; Star and Griesemer, 1989). On the one hand, boundaries imply a sense of exclusion, where the symbolic barrier acts as a partition between different groups — the so-called 'network ties' that form structural social capital (Nahapiet and Ghoshal, 1998). For instance, the term "boundary-work" was first coined by the sociologist Thomas F. Gieryn (1983), in reference to the difficulty delineating between what is considered *scientific knowledge* and what is considered *non-scientific knowledge*. According to Gieryn (1999), scientists have attempted to delineate "rhetorical boundaries" between this knowledge as a form of social control and epistemic authority (Lamont and Molnár, 2002). This phenomenon is particularly evident in Tamro's response. Although Tamro is an intelligent and politically engaged youth leader, her expertise does not lie in data analysis — much like the vast majority of the global population. As such, the general public may feel excluded from the conversation surrounding COVID-19. Furthermore, boundaries should also be considered the conditions for "communication, exchange, bridging, and inclusion" (Lamont and Molnár, 2002). According to this interpretation of boundaries, Natela's point regarding public relations is crucial. While participants generally understand that information during the first stage of the pandemic was unclear in part due to the novel nature of the virus, they also view the government response as failing to adequately communicate their expertise coherently to the wider public. This indicates that bridging social capital between the formal and informal spheres is somewhat weak.

4.1.2 Ethno-linguistic Boundaries

Expanding upon the idea of weak vertical bridging ties, various studies have shown that a significant barrier to the integration of ethnic minorities in Georgia is knowledge of the Georgian language, especially in relation to communication between non-Georgian speaking minorities and state institutions (Netherlands Institute for Multiparty Democracy & OSCE High Commissioner on National Minorities, 2017; Veloy-Mateu, 2016; Wheatley, 2009). This boundary between state and ethnic minorities is exacerbated within tight-knit communities, where there is little interaction with Georgian speakers on a day-to-day basis. These communities therefore exhibit a strong form of bonding ties, in which their homogeneity is reinforced by cognitive features of social capital such as their abilities — in this case, their knowledge of certain languages (Nahapiet and Ghoshal, 1998; Putnam, 2000). In this way, the issue for these communities was not whether or not the information was available in Georgian but rather whether they were able to understand the Georgian language:

> I can say that I had problems with not knowing the state language. When I did not speak Georgian, it was very difficult for me to interact with state institutions, documentation. I did not watch Georgian TV channels and was almost unaware of what was happening inside the country.
> (**Anahit, Georgian-Armenian Journalist**)

The CIPDD was aware of the need to bridge this gap during the vaccination project, therefore created leaflets in Georgian, Armenian and Azerbaijani for volunteers to disseminate throughout their target communities (Appendix B.3):

> When we started to write this project, generally, the vaccination process was very slow. But what from what I have heard from the media and, you know, [the] general public, it was the slowest in the regions where either with religious where the language was a barrier. So people didn't get the information that was provided [...] by the state or, you know, different media outlets or NGOs or international organisations.
> **(Manana, CIPDD representative**)

Volunteers from Samtskhe-Javakheti also noted the challenges faced by Georgian-Armenian ethnic minority communities, particularly in the Akhalkalaki municipality:

> I was personally involved with meetings with ethnic minorities. [...] And in this region, we have ethnic minorities whose first language is Russian or Armenian and they're getting information in Russian or Armenian language, so the problem was even the sources of information [were] not enough for us at all.
> (**Tamro, 24, Samtskhe-Javakheti**)

This was further mentioned by Keti, who explained that it was a complex process to find resources that were not in English or Russian (Appendix E.1). Although not part of this community themselves as ethnic Georgians, Tamro and Keti could acknowledge the increased barriers faced by Georgian-Armenian citizens in bridging the expert/non-expert boundary. Similarly, when responding to the question "*Do you trust these different groups (politicians, scientists)?*", Murad, a 21-year-old Georgian-Azerbaijani student from the Marneuli municipality of Kvemo Kartli, explained how levels of trust in these groups are dependent on the language knowledge of each person:

> It depends on who has the accessibility of what. For example, grandma and grandpa can listen to Georgian TV channels, but they have no level of language. And they cannot get information from these special briefings or from Amiran Gamkrelidze [...] For them, of course, the most important and the most popular way of getting information is neighbours and very trustworthy ones. They may have social media too but cannot understand what the Prime Minister Gakharia and today's Prime Minister said.
> (**Murad, 21, Kvemo Kartli**)

Here, Murad brings up a number of points. First and foremost, he points to the generational difference in language knowledge, where the older generation — the "*grandma(s) and grandpa(s)*" of the community — do not tend to understand Georgian, unlike the younger generations who are more likely to be linguistically integrated, including the participants of this focus group. Consequently, the older generation cannot acquire information about the COVID-19 pandemic from formal channels, such as the official state briefings by the Georgian Head of Government or Head of the National Centre for Disease Control (NCDC) Amrian Gamkrelidze. According to Murad, the older generation instead relied on "*very trustworthy*" neighbours in order to acquire information about the pandemic.

The question, therefore, arises as to why the younger generation appears to be better integrated

into Georgian society than the older generation, particularly in the Kvemo Kartli region. The answer to this appears to be related to a number of reforms in minority policy over the past couple of decades. According to the Kvemo Kartli focus group, the most significant of these reforms was the so-called "1+4 programme", officially known as the Affirmative Action Policy:

> The positive side started from 2010 when this 1+4 programme started. [...] Ruslan and Gurban were the first generation of this programme, and they started entering the Tbilisi-based universities, Georgian-based universities, and not [universities] abroad, for example, Turkey or Azerbaijan.
> (**Murad, 21, Kvemo Kartli)**

Introduced in 2010, the 1+4 programme allocates a quota for non-Georgian-language students to pursue their chosen undergraduate course upon completion of a one-year Georgian language programme (Tabatadze and Gorgadze, 2017; Tabatadze et al., 2020). For the young Georgian-Azerbaijani participants, the 1+4 programme is viewed in a highly positive light, allowing young ethnic minorities the ability to integrate into Georgian society:

> With this ethnic and religious identity, we can improve Georgian identity in general. We are now integrated. Not assimilated, but integrated.
> (**Aslan, 21, Kvemo Kartli)**

> I was not integrated into Georgian society until in 2012, on the advice of my teacher, I entered a Georgian university. Being from an ethnic minority helped me get into university more easily. I studied the Georgian language for a year, and then I chose a profession and studied my speciality for four years. And in the process of gradually learning the Georgian language and culture, I integrated into Georgian society.
> (**Anahit, Georgian-Armenian Journalist**)

The topic of assimilation versus integration is one of great debate within the fields of minority policy. Assimilation holds the linguistic implication of *similarity*, whereby minority groups prioritise the majority culture over their own culture (Schneider and Crul, 2010, p. 1144). Alternatively, integration assumes that a process of change occurs for both the minority and majority groups. Here, it is clear that boundaries are not static: they can move, modify and newly emerge depending on different processes and social practices (Mosiashvili, 2021). This dual change was acknowledged by Murad:

> This ethnic and religious identity has negative and positive sides. [...] Before they launched these centres and these organisations, and before these programmes, [like] 1+4, it's not popular to get to know people in Georgia [...] We started studying and working and doing activities, and with these activities already, Georgian society got to know the information about the Azerbaijani community. (**Murad, 21, Kvemo Kartli)**

In this way, the young volunteers from the Georgian-Azerbaijani community were able to boundary cross through their Georgian-language acquisition — not only as a means of communication but also as a way to comprehend Georgian societal norms that are dominated by ethnic Georgian culture (Mosiashvili, 2021). Despite this, according to these participants, the norms of Georgian-Azerbaijani culture remain well-ingrained in their communities. As such, ethnically-Georgian society learnt to understand the particular needs of the Georgian-Azerbaijani communities in a parallel integration strategy. These ideas are further confirmed through research into inter-ethnic boundary construction by Ana Kirvalidze (2021). Through interviews with young people from ethnic minority communities in Georgia, Kirvalidze notes what she calls the "double character of the boundary construction mechanism" (Kirvalidze, 2021, p. 22). By this, she refers to the boundary crossing experiences of these young people who are able to balance what respondents consider to be "modern values" through their Georgian education, alongside their ethnic traditions which are more closely attached to their private family sphere. In turn, their ethnic identities are able to coexist with their Georgian national identity through the construction of public and private boundaries. Boundary crossing through language acquisition helps understand how the young Georgian-Azerbaijani volunteers were able to gain success with the Mobile Vaccination Booths Project. Focus group respondents were vocal about their successful integration into Georgian society, with many regularly emphasising their participation in the 1+4 programme: in doing so, they appeared equally proud of their Georgian nationality and their Azerbaijani ethnicity. In this way, the volunteers acted as a 'bridge' between the formal sphere — such as the CIPDD — and the informal sphere of personal relations within their community — a community that, on the whole, remained largely detached from these formal spheres in Georgia.

A point worth raising is the relative integration of the Georgian-Armenian communities of Samtskhe-Javakheti. While the CIPDD collaborated with the relative minority groups of focus in

Kvemo Kartli and Mountainous Adjara, the volunteers from Samtskhe-Javakheti stood out as being ethnically Georgian — therefore, not members of the minority community with which they were working. Although the reasons for this decision remain somewhat unclear, both the volunteers and organisers at CIPDD pointed to the difficulty in engaging Georgian-Armenian communities in these projects (*"They are even [...] less involved in Georgian day-to-day life."* — **Manana, CIPDD representative**). Similarly, Manana raised an interesting point regarding the 1+4 programme:

> One of our volunteers, she was telling [me] about her story. [She] is an Armenian [and] when she decided to go to Tbilisi to study and not to Armenia, it was a huge, huge, huge conflict within the family, and nobody could get it. Like, why? Why, what's the reason? And when [...] she went to her first class, this language learning class, she said that there were 25 people there and 24 were Azeris[4], and she was the only one from Samtskhe.
>
> (**Manana, CIPDD Representative**)

Although only anecdotal, this story does align well with the admission statistics for the 1+4 programme. During the period 2010-2019, a total of 8,163 university entrants, 5,510 (67.5%) Azerbaijani and 2,653 (32.5%) Armenian fellows were enrolled in the one-year Georgian language programme (Tabatadze et al., 2020). This is disproportionate to the general population: although Azerbaijanis are the largest ethnic minority group in Georgia, registering at 6.3% in 2014, the Armenian population closely follow at 4.5% (National Statistics Office of Georgia, 2014). Based on these results, it can be theorised that one influencing factor for the disparity in the success of the CIPDD project is the higher rates of Georgian language acquisition and relative integration within Georgian society in Kvemo Kartli, as compared to those living in Samtskhe-Javakheti. At the time of writing, there is not yet a complete study looking into why ethnic Armenian populations seem to be somewhat left behind regarding minority integration. Nilsson (2009, p. 144) previously touched upon the concept of threat perceptions as an obstacle, finding that many Georgian-Armenians living in the Javakheti area view the promotion of the Georgian language as a "road to assimilation" through which their ethnic identity is threatened. This perceived threat is rooted in previous experiences of assimilation, with

[4]Manana uses the term 'Azeris' here to refer to Georgian-Azerbaijanis.

many noting that they felt pressured to change their Armenian surnames to more Georgian-sounding names to better their chances of employment (Nilsson, 2009, p. 145). Although published prior to the reforms in affirmative action policy, the perceptions of the Georgian state as a threat may remain in the psyche of many Georgian-Armenians, making boundary crossing a source of contention.

4.1.3 The Forgotten Borderlands

Thus far, this section has dealt with boundaries in their symbolic function. Spatial dimensions, however, provide both a material and symbolic experience of boundaries, where the boundary demonstrates a "concrete, local, and powerful experience of the state" (Lamont and Molnár, 2002). First and foremost, it is necessary to consider the concept of remoteness. Remoteness is a product of connectivity — or more accurately, a lack thereof. However, remoteness must be considered both non-static and relational, whereby it is not determined solely by geography but also through socially constructed ideas of connection (Gohain, 2019; Harms et al., 2014). In their analysis of remoteness, Martin Saxer and Ruben Andersson (2019, p. 140) approach the concept as "a social and political process rather than a primordial condition". In doing so, they emphasise the active process of remoteness making, whereby uneven forms of connectivity may shift alongside different dimensions, including economic and political factors (Saxer and Andersson, 2019). As Gohain (2019, pg. 218) states: "The topographical and material go hand in hand with discursive and symbolic to produce remoteness".

The COVID-19 pandemic is a crucial example of the fluidity of remoteness: travel restrictions have shifted levels of connectivity on local, regional and national scales, as well as the pandemic's severe impact on the Georgian economy, leaving many communities further marginalised. Localised quarantine measures had a particular impact on the Marneuli municipality during the first phase of the pandemic due to a large outbreak of the virus, with further lockdowns soon reaching further afield throughout the nation. Moreover, all three communities in this study can be considered remote, in line with Saxer and Anderson's framework (2019). Firstly, the CIPDD centred its efforts on rural areas with small populations, volunteers and local coordinators visited 58 villages across the targeted regions. Secondly, the municipalities of Khulo (Adjara), Akhaltsikhe and Akhalkalaki (Samtskhe-Javakheti) are particularly characterised by mountainous terrains and harsh climates making access difficult in

the winter season. Finally, the economies of these areas are largely based on low productivity sectors such as agriculture, with Samtskhe-Javakheti being one of the poorest regions by GDP per capita in the country. This final point proved to be a consideration for both the Georgian government and the volunteers in encouraging vaccination uptake (Appendix E.1). Several participants from Samtskhe-Javakheti and Kvemo Kartli discussed the influence of a state-run financial incentive scheme[5] for pensioners to get vaccinated:

> The next [reason people decided to vaccinate] is this 200 lari benefit from the state. Mostly in the old generation, because this benefit and this gift by the state was for [pensioners].
> (**Murad, 21, Kvemo Kartli**)

> The economic [and] financial condition of society directly impacts the vaccination process. Because of poverty in society, they agree to this 200 Lari financial benefit from the government for vaccination. Yeah, we can say that without poverty, it depends. And during this pandemic period, many people lost their jobs and they were in very bad conditions, so apparently, money is the greatest [influence].
> (**Mariam, 18, Samtskhe-Javakheti)**

> In Kvemo Sarali, it's a village name in this municipality, one woman [said] that "If you give me 200 lari cash, I will get vaccinated right now".
> (**Ramazan, 22, Kvemo Kartli**)

Despite this, financial incentives alone failed to raise vaccination rates to the required rate necessary for long-term resilience against COVID-19 ("*There were many events, they gave money to those who were vaccinated, etc., but this did not change anything.*" — **Anahit, Georgian-Armenian Journalist**). Therefore, other factors must be considered.

Territorial borders further reinforce the construction of spatial boundaries. Although the concept

[5]Two schemes were attempted by the Georgian government to bolster vaccination uptake. The first was implemented between September 13 and December 31 2021, during which time the government introduced a 2.8 million GEL scheme that entered vaccinated citizens into a weekly lottery. Despite this, vaccination rates remained low. The second scheme — here discussed by participants — was announced on 8 November 2021 and posited that pensioners who received the vaccination before 1 January 2022 would receive a 200 GEL bonus. This scheme enjoyed more success, with a 38% increase in vaccinations for those over the age of 60 (Lebanidze and Kandelaki, 2021).

of 'borders' has previously been dismissed as failing to deal with social and symbolic dimensions that underpin boundary work, this approach fails to consider the effects of physical borders on different societies (Fassin, 2011; Grassiani and Swinkels, 2014; Smolnik et al., 2017). By delineating territorial borders, nation-states construct 'imagined communities' [6] based on the "objectives of different ethnic and national projects involving members of the same collectivity or people outside it" (Yuval-Davis and Stoetzler, 2002, p. 330). However, territorial borders are not necessarily 'imagined' in the way intended by those who drew them: the experiences of those living along borders may be wholly different (Yuval-Davis and Stoetzler, 2002, p. 321–22). In this way, those residing in these borderlands may encounter complex performances of engagement with their spatiality (Khalvashi, 2015; Mühlfried, 2014). Each of the regions included in this research shares a border, whether it be with Turkey (Adjara and Samtskhe-Javakheti), Armenia (Samtskhe-Javakheti and Kvemo Kartli) or Azerbaijan (Kvemo Kartli). In turn, the experiences of all three regions exist beyond the nation-state boundaries (Smolnik et al., 2017, p. 559). For those living within the Marneuli municipality of Kvemo Kartli, this experience of living on the spatial margins of the nation had a surprising effect. For the Georgian-Azerbaijani communities, a key motivation for receiving the COVID-19 vaccination was the ability to cross the Georgian-Azerbaijani border:

> They really needed to cross the border. And they would not be allowed to do it otherwise. And, they just plainly had to do it because [...] they're very close to their families that live in Azerbaijan. [...] They just had to do it.
> (**Manana, CIPDD Representative)**

This point was also raised in the focus group, in which participants listed crossing the border as one of the reasons — although not necessarily the main reason — they decided to vaccinate.

While the prologue of this thesis outlined personal doubts about the depth of border-crossing

[6] 'Imagined communities' refer to the Andersonian understanding of the nation. Anderson posits that nations are socially-constructed political communities which are "inherently limited in scope and sovereign in nature". Anderson further states: "Communities are to be distinguished, not by their falsity or genuineness, but in the style in which they are imagined" (Anderson, 1991).

in its social anthropological capacity, when reflecting on these insights, these doubts prove premature. Border-crossing practices demonstrate the salience of the Georgian-Azerbaijani experience of citizenship as borderland citizens. For the Georgian-Azerbaijani communities of Marneuli, the border represents a liminal space between two areas of belonging that form an imagined idea of 'home' (Anderson, 1991). This is visible in how Georgian-Azerbaijani communities appeared to follow the regulations relevant to Azerbaijan, as well as — or perhaps, instead of — the regulations relevant to Georgia. In turn, the border holds a dual effect: the symbolic function impacts the cultural norms of these communities, while the regular interaction with the border creates a formalised function of adherence to the vaccination rules. Conversely, the Georgian-Armenian communities of Samtskhe-Javakheti were described as less likely to cross the border during the winter. Moreover, in cases where Georgian-Armenian ethnic minorities did wish to cross into the Armenian border, informal mechanisms came into play to avoid regulations:

> Armenian-Georgians do not cross the border in the winter. The Armenian site border didn't allow [Georgian citizens] to cross into the country without this COVID pass. But they had this solution that they pay 1500 dram- [...] It's about 70 lari. There was a case when someone told us that "I will make the document in Russian, I will not have a problem." Making the document means you will not have the vaccine, but you are making the document.
>
> (**Tamro, 24, Samtskhe-Javakheti**)

The Georgian-Armenian communities of Samtskhe-Javakheti are, therefore, not forced to engage formally with their borderland citizenship in the same way as the Georgian-Azerbaijani communities of Kvemo Kartli. In turn, their experience of borderland citizenship remains primarily symbolic, affecting their cultural norms and practices in an informal capacity.

Finally, the region of Adjara has a long history of marginality within the Georgian nation. Tamta Khalvashi describes this relationship as "doubly peripheral": while Georgia itself is marginalised through its contested geographical framing between Europe and Asia, Adjara is also a "partial outsider within this margali[s]ed landscape [due to its] distinct Muslim borderland heritage" (Khalvashi, 2015, p. 192). Historically, proximity to the Turkish border has led to sentiments of suspicion towards the Adjarian population and their belonging founded upon narratives of Ottoman and Turkish

imperialism (Colmorgen, 2020). Furthermore, Adjara's Muslim heritage is framed in line with this perception of Turkey, whereby Islam is viewed as a 'temporary' state of disconnection from Georgia's Western and Orthodox idea of Self (Colmorgen, 2020; Kakachia and Minesashvili, 2015; Khalvashi, 2015; Tsintskiladze, 2019). Consequently, the remoteness of Mountainous Adjara is reinforced by the spatial dimensions of existing on the margins of the Georgian nation, as well as its Muslim heritage. This remoteness evidently impacted their physical access to facilities and infrastructure:

> We only have one *marshrutka* in the whole region [...] it is going at 8 in the morning and we have one per day. The roads in the villages are not good.
> (**Nana, 17, Mountainous Adjara**)

> [The] main problem is the lack of infrastructure in hospitals. We don't have good system of hospitals. [...] And mostly people were hesitating because of known conditions in there.
> (**Natela, 18, Mountainous Adjara**)

In this way, the experience described by the focus group demonstrates the material repercussions of an area vulnerable to being overlooked during the COVID-19 pandemic: a forgotten borderland (Intagliata and Naskidashvili, 2017).

Figure 4.3: Volunteers speak with residents of remote villages in the Khulo municipality

4.1.4 Conclusion: Boundaries

The experience of boundaries within each community can help paint a picture of differing vaccination uptake before and during the CIPDD Vaccination Project. For Georgian society as a whole, the lack of expert knowledge regarding epidemiology rendered much of the initial information about the pandemic difficult to follow. As such, many members of the public turned to alternative sources that better aligned with this identity of the 'non-expert', from close family and friendship networks to foreign sources of information. In the ethnic minority communities of the Samtskhe-Javakheti and Kvemo Kartli regions, this expert/non-expert boundary was further exacerbated by the lower levels of Georgian language knowledge. However, integration policies such as the '1+4 programme' have proven to counteract this linguistic barrier in the Marneuli municipality of Kvemo Kartli, where the younger generation bridge the gap between their community and wider Georgian society. In addition, each of these community's experience peripherality through their identity outside the ethnically-Georgian Orthodox archetype, further exacerbated by their physical location as remote borderlands. In this way, the experiences of these communities during the COVID-19 pandemic and their complex relationship with the vaccine are — on the whole — not adequately accounted for. In turn, these communities must boundary cross in order to remain resilient. If unable to do so, they risk being forgotten.

4.2 An Issue of Norms?

> Their parents were going to vaccinate, but one neighbour came as a guest and criticised the parents: "Why are you going to get vaccinated, why [did] you decide this?".
>
> *Tamaz, 25, Samtskhe-Javakheti*

Tamaz — a 25-year-old journalist from the Akhaltsikhe municipality of Samtskhe-Javakheti — sounds ever-so-slightly frustrated as he recounts yet another story of vaccination hesitancy. Soon after, he goes on to describe how first-hand anecdotes from neighbours, friends and family somehow had the very opposite effect in some cases: "*While I was watching who was getting vaccinated, [most of them] got immediately vaccinated [...] after they saw that their family members, or [their] neighbour's neighbour got vaccinated*". As Tamaz responds to a question concerning how information about the pandemic is spread between communities in his region, he raises a vital dimension underpinning his experiences: the power of social norms, customs, and behaviours.

Human behaviour is largely influenced by perceived notions of what others are doing or what others view with approval or disapproval — otherwise referred to as social norms (Cialdini and Goldstein, 2004; Rimal and Lapinski, 2015; Van Bavel et al., 2020). Social norms are a further feature of relational social capital and focus on the expectation of common behaviours: the informal social sanctions that underpin social interactions and encourage conformity (Claridge, 2018*a*; Khey, 2014; Nahapiet and Ghoshal, 1998). Within the fields of behavioural sciences and social psychology, these social norms have been distinguished into two dominant types: descriptive norms, which describe the common behaviour among a certain group, and injunctive norms, referring to the assumed social pressure to follow these behaviours (Cialdini and Goldstein, 2004; Cialdini et al., 1991; Cialdini and Trost, 1998). According to these typologies, descriptive norms influence human behaviour by triggering a belief that a "common" behaviour is normal, beneficial and effective. Injunctive norms, on the other hand, are linked to an individual's desire for social approval and lead to behaviours that are

FIGURE 4.4: Volunteers speak with the Georgian-Armenian residents of Samtskhe-Javakheti

performed as a means to gain "social rewards and retribution" (Cialdini and Goldstein, 2004; Cialdini et al., 1991). This section demonstrates how these social norms and sanctions are enforced throughout the COVID-19 vaccination project, offering an insight into how this multi-level phenomenon can lead to both positive and negative ripple effects.

4.2.1 In-Group Favouritism vs Out-Group Derogation

While speaking with young volunteers from the Samtskhe-Javakheti region, the topic of social norms quickly became an implicit point of discussion. Despite being locals to the region, all volunteers working in the Akhaltsikhe and Akhalkalaki municipalities were ethnically Georgian — the only volunteer group not to be members of their target minority community. In turn, this appeared to contribute to the clear distance felt between the volunteers and those they spoke to within the remote villages of Samtskhe-Javakheti. Participants relayed their experiences when speaking with locals, during which they would see the influence of different social expectations in play. Tamro, a 24-year-old ethnically

Georgian volunteer from Akhaltskihe, noted the propensity for these groups to use sarcasm in order to ridicule the volunteers:

> I had a case when someone was really interested but, if in the *birzha*[7] [...] , someone would start to have some ironic discussion with us and everyone agreed to the one person. And if anybody had a question, they [became] shy because of this.
> (**Tamro, 24, Samtskhe-Javakheti**)

It is important to reemphasise that Armenian and Georgian populations have long lived alongside one another as fellow citizens in this region (Appendix C). Despite this, both populations are largely isolated from one another, thus creating strong in-group norms of bonded ties among marginalised Georgian-Armenian communities. For many years, Georgian-Armenians living in Javakheti were able to resist central control by establishing informal self-governance strategies, further bolstered by the nationalist Javakh activist movement (Berglund et al., 2021; Blauvelt and Berglund, 2016). However, by the mid-1990s, this situation began to change, during which time influential Armenian were co-opted into formalised state structures in return for their political allegiance (Berglund et al., 2021, p. 120). This created what Berglund et al. (2021, p. 120) term "a double-bind" — Javakheti-based Georgian-Armenians now struggled to protest for their autonomy while the Georgian government still struggled to impose Georgianisation policies on these populations. As a result, many Georgian-Armenians in Javakheti continue to hold negative associations with the legacy of linguistic integration and cultural assimilation.

Moreover, the perceived higher social standing of one dominant individual within the group had a ripple effect which caused others in the group to conform to his opinion. Insights from social psychologists Leslie M. Janes and James M. Oslon 2010 may help to explain the psychological roots of this behaviour. Their study shows that the feeling of apprehension both motivates conformity and reduces divergent thinking among individuals, known as "jeer pressure" — a term used to describe

[7] *Birzha* refers to the practice of groups of male teenagers or young men who meet regularly in open spaces (squares, courtyards, basements). Further attention is paid to this phenomenon in the following subsection. The term derives from the Russian *birzha truda* meaning 'labour exchange' (Curro, 2015).

the concern felt by an observer of ridicule that they might also become a target of ridicule (Janes and Olson, 2010). Keti, a 21-year-old ethnically Georgian student from Akhaltsikhe, described similar difficulties in engaging the Georgian-Armenian communities of Javakheti:

> There are some men gathering like in the village on key streets, you know like *birzha*, and [...] someone may want to ask something but they [are] shy.
> **(Keti, 21, Samtskhe-Javakheti)**

Within this setting, the pressure to conform seemed to dissuade an individual to engage with the volunteers, despite his initial reaction being that of interest. Here, this individual appeared to fear acting contrary to perceived societal norms and sought to avoid the increased embarrassment that comes in reaction to deviating from these social expectations. It is possible to understand the hesitancy of the men to ask questions under the lens of jeer pressure. Tamro later talked of her frustration when faced with this derogation:

> It was really hard to be somewhat motivated when we were in the villages [...] Most of them had really straight opinions that they didn't want to get [the vaccine] and they wouldn't get it.
> (**Tamro, 24, Samtskhe-Javakheti**)

Conversely, the phenomenon of in-group compliance may also have a positive influence on COVID-19 vaccination uptake. While the 'ripple effect' witnessed among the group of men in Samtskhe-Javakheti generated anti-vaccination tendencies, it may also have the opposite effect in scenarios whereby the dominant member of a social group holds pro-vaccination attitudes. Davit, a paediatrician and one of the medical professionals working on the CIPDD vaccination project, referred to this phenomenon as "*ts'amkheduri*" — literally translating to "imitative", understood better as the act of being a 'copy-cat' (Appendix E.1). Some participants from Mountainous Adjara detailed how they used shared codes and language — typical features of *cognitive* social capital (Nahapiet and Ghoshal, 1998) — to encourage engagement:

> The most influential thing that we did in our strategy was that we were telling people that we were meeting on the way or in houses that we were from here, we were from Khulo. From this moment, they became very trusting of us and, for example, if it will be guys from another region or Tbilisi,

> they will listen but they did not want to hear. But [...] we were from the same [place], we were local guys. (**Nana, 17, Mountainous Adjara**)]
>
> I have, for example, a strategy that I was talking in the same language they were used to talking. For example, in the same dialect. We have dialects here in Khulo and I was talking in the same dialect. And they [...] were like seeing it is very familiar to them and it was very good strategy. (**Natela, 18, Mountainous Adjara**)

In this way, cognitive features of social capital were used to create or reinforce relational social capital — for example, norms, trust and belonging — between the volunteers and the locals with whom they were speaking. Although vaccination uptake remained fairly low during the project itself, the volunteers spoke highly of their ability to spread legitimate information to these communities by drawing on these tactics.

Figure 4.5: Volunteers speak with Georgian-Armenian locals in the villages of Samtskhe-Javakheti

Similarly, various participants across the focus groups described the regular occurrence of a type of chain-reaction effect among their close family networks (Appendix E.1). This quick proliferation

of pro-vaccination sentiment was apparent across all three regions but most evident within Kvemo Kartli, where this "*stimulus*" (**Murad, 21, Kvemo Kartli**) was imperative to the high vaccination rates seen during the project. Social pressure also came from the so-called 'fear of missing out', as Murad explained the efficiency of Georgia's COVID-19 'Green' Pass in encouraging young people to get vaccinated:

> Young people were not allowed to attend events at the clubs and restaurants [...] They were crazy and, in the end, got vaccinated.
> (**Murad, 21, Kvemo Kartli**)

In these cases, the perception of what constitutes the *common* behaviour has shifted: by not getting vaccinated, an individual may fear becoming ostracised and made part of the out-group. As such, norms related to in-group/out-group behaviour are proven to have both positive and negative effects on vaccination uptake depending on the perception of the dominant member or group within a community.

4.2.2 Gender Norms in Patriarchal Spheres

When walking through the streets of the Akhaltsikhe one day in early March, I noted a group of men who had congregated on a street corner. "*Birzha*?" I asked one of my friends, a local to the area. My friend confirmed that what I was viewing was indeed *birzha*. "*Go speak to them if you want!*" my friend told me. For some reason, however, I did not want to intrude. Perhaps it was due to my rudimentary Georgian skills; however, my friend assured me that she would be happy to interpret for me. On reflection, the primary reason for my hesitation was the fact that I, as a woman, did not feel that this was my space to enter. A dimension that should not be overlooked when examining the influence of norms is that of gender. When observing the gender makeup of each volunteer group involved in the CIPDD vaccination project, a clear gender imbalance could be seen within the groups. While the volunteers were predominantly young women in both the Samtskhe-Javakheti and Mountainous Adjara groups, the volunteers from Kvemo Kartli were almost entirely young men. This was equally reflected in the focus groups (Table 4.1).

Although it is difficult to conclude why this gender imbalance arose among the volunteer groups,

Focus Group:	Samtskhe-Javakheti	Kvemo-Kartli	Mountainous Adjara	**Total**
No. Participants	6	10	5	20
of which men	1	9	1	12
of which women	5	0	4	9

Table 4.1: Gender composition of focus group participants

it is much more feasible to examine its impact on the outcomes of the vaccination project. As has been mentioned, the most successful group within the project was by far the volunteers based in Kvemo Kartli, where just under 700 people received vaccinations as part of the campaign. By contrast, less than 20 people cumulatively were vaccinated in the other two regions. One explanatory factor could be the prevalence of patriarchal norms within Georgian, Armenian and Azerbaijani cultures (Abrahamyan et al., 2018). These gender norms are seen through the informal spaces of information sharing:

> The most acceptable way for [the older] generation was neighbours, *birzha* and tea houses - *chaykhana*. Whoever knows something, *he* will be a leader of discussion in the tea houses.
> (**Murad, 21, Kvemo Kartli**, *emphasis added*)

The social phenomenon of *birzha* is one of several informal practices specific to Georgian society. *Birzha* refers to a form of male street socialisation, which became prominent during the Soviet period and continues into post-Soviet Georgian society despite a number of reforms under former President Mikheil Saakashvili attempting to counteract such informal practices (Curro, 2017*a*,*b*). Often associated with criminal activity, *birzha* is described as a "school of the street": a site for young men to learn the social norms and customs attached to manhood (Curro, 2019, p. 66). *Birzha* remains largely underresearched, with the exception of several insightful studies by Constanza Curro (2015; 2017*a*; 2017*b*; 2018; 2019) Evgeniya Zakharova (2010), Tinatin Khomeriki (2022) and Frederiksen's work on contemporary brotherhoods (2013). While *birzha* is most heavily associated with the younger men living in urban areas, similar social practices occur among the older generations and in rural zones (Curro, 2017*a*, p. 69). During my time travelling around the rural areas of Georgia — including parts of Akhaltsikhe and Marneuli — I regularly encountered gatherings of older men on the streets or in parks, sometimes playing a game of chess or backgammon (*nardi*), other times simply engaging in

conversation. In many cases, my Georgian friends would refer to these gatherings as *birzha*, therefore viewing *birzha* as any form of male street socialisation. Although these informal practices do not exactly fit with Curro's (2018) definition of *birzha*, they were likewise seen as a masculine social norm for discussion, debate and information diffusion within the informal sphere.

Similarly, *chaykhana* describes the practice of 'teahouses" seen throughout Central Asia, Iran and Azerbaijan. Each *chaykhana* holds its own specific customs; however, a unifying feature is that they are a private and informal space where men are able to gather and exchange ideas. In this way, the *chaykhana* is likewise a masculine space for information diffusion, much like *birzha*. During the CIPDD project, both practices were cited by volunteers in Samtskhe-Javakheti and Kvemo Kartli as key sites for spreading information about the vaccine. In this way, both spaces became strategic mechanisms for informal networking:

> *Birzha* is the places in the villages: the crowd, [places] full of [a] crowd. The social place to meet each other and to have discussions or to play or something. And *birzha* was one of our key locations. (**Tamro, 24, Samtskhe-Javakheti**)

Informal practices such as *birzha* and *chaykhana* are strongly tied honor culture and notions of brotherhood (*dzmak'atsoba*) , which are regulated by a number of norms (Curro, 2017*a*; Frederiksen, 2013). As such, inclusion within these spaces is conditional on compliance with these of honor, unconditional trust, loyalty, reciprocity and 'manliness' (Curro, 2017*a*; Frederiksen, 2013; Zakharova, 2010). As previously demonstrated, the Samtskhe-Javakheti group discussed their struggle with being accepted within informal spaces of street socialisation. While the in-group/out-group dimension was discussed in relation to their ethnic identities — that is to say, the volunteers were ethnically-Georgian rather than Armenian — another contributing factor may have been gender. The masculine nature of these informal spaces means that it is much easier for men to enter them, as seen with the success of the male-dominated Kvemo-Kartli volunteer group. By contrast, the women-dominated groups in Samtskhe-Javakheti — and, to some extent Mountainous Adjara — had much lower levels of success. As such, men could be said to hold greater social capital in that their status as men in patriarchal communities allows them greater access to these informal networks.

Figure 4.6: Volunteers speak with a group of Georgian-Armenian men playing *nardi* in Samtskhe-Javakheti

4.2.3 Compliance and Legacies of Shame

Norms of compliance warrant further examination that takes into consideration the complex experiences of citizenship of each community. Of the three communities in focus, the Georgian Muslim community of Khulo stood out as the most willing to vaccinate prior to the commencement of the CIPDD project ("*When we started this project in was almost 90% [of] people already got vaccinated.*" — **Merab, 17, Mountainous Adjara**). For the project coordinator, it was this higher vaccination willingness that drew her to take the project to Mountainous Adjara. In a nation that has shown such high levels of vaccination hesitancy, the apparent willingness of the population of Khulo to inoculate prior to even starting the CIPDD project stands out as an exceptional case.:

> As for Adjara, I knew that Muslim Georgians had actually had less problems getting the vaccine, and I was also kind of intrigued by that and wanted to see what was happening there.
> (**Manana, CIPDD Representative**)

When speaking to Interviewee 2, reference was made to Islam as a commonality among more vaccine-willing populations in Georgia:

> I've heard generally during [the] pandemic that all the Muslim leaders were very pro not only vaccination but also all the regulations. [...] the Muslim population, they were very, very calm and very understanding, both Georgians and non-Georgian Muslims.
> (**Manana, CIPDD Representative**)

Indeed, Nana confirmed that the driving force behind vaccination uptake in Khulo was their local imams:

> We are mostly, in Khulo, Muslims. And in this case, our imams [...] got training. They had projects from UNICEF and after prayers in mosques, our imams told us that: "You should vaccinate" and they were very loyal about this.
> (**Nana, 17, Mountainous Adjara**)

For the project coordinator, the reasons behind these higher levels of compliance and vaccination uptake among Muslim communities remained unanswered. Yet, from her perspective, theology itself was not the cause (*"As much as I know Islam or Christianity, there is no theological explanation there."* — **Manana, NGO Representative**). Contrary to this, there may be a theological reason underpinning this higher level of acceptance. Pro-vaccination attitudes among Muslim organisations were expressed prior to the ongoing COVID-19 pandemic (Thinane, 2022). Accordingly, the COVID-19 vaccination is deemed Halal[8] in line with the teachings of the Qur'an. Mardian et al. (2021), for instance, claim that according to Sharia law (Islamic law), vaccination is encouraged given that the preservation of life is tied to the preservation of Islam. This law was briefly referenced by Sopho (*"If you are practicing Islam, to kill a person, it's impossible by Islam."* — **Sopho, 29, Mountainous Adjara**). In this way, vaccines are even permitted in cases where the ingredients may be Haram[9] (Mardian et al., 2021; Sholeh and Helmi, 2021).

Further insight is found when norms of compliance interact with boundaries. As noted in section 4.1, boundaries examine the margins of socially constructed groupings. These boundaries are

[8] Halal refers to anything permissible by Islamic law.
[9] Haram refers to anything forbidden or proscribed by Islamic law.

particularly pertinent in the remote Muslim communities of Khulo, where spatial dimensions with the social and political. According to Petra Colmorgen's framework of 'Othering', Muslim Georgian and other Muslim minorities within Georgia are the objects of internal and indirect othering (Colmorgen, 2020). Colmorgen contends that since the fall of the Soviet Union, the perception of the Georgian Self has been framed in relation to two ideational concepts: Westernness and Orthodoxy[10]. Nationalism in Georgia holds a distinctly ethno-religious character, in which 'Georgianness' (*kartveloba*) is tied to religious adherence to Orthodox Christianity. Although this 'ethnodoxy' — that is to say, the widespread belief that "a group's ethnic identity [is linked] to its dominant religion" (Karpov et al., 2012, p. 644) — has existed long before the collapse of the Soviet Union, state-building practices in the post-Soviet period have extensively relied on Georgian nationalism. As such, Georgia has increasingly identified itself within religious terms, thus rendering the identities of ethnically Georgian and religiously Muslim incompatible within this framework (Pelkmans, 2014, p. 440). Indeed, in a 2021 survey by CRRC-Georgia, 79% of respondents agreed that the GOC is the foundation of Georgian identity (CRRC-Georgia, 2021).

In turn, 'Othering' has been used as a tool for nation-building, whereby the Georgian Self is identified by its distinct differences. 'Othering' implies a level of insecurity for certain citizens, as seen with the Muslim minorities of Georgia who are considered "foreign" to Georgian national identity (Balci and Motika, 2007; Kahraman, 2021; Khalvashi et al., 2011). Here, the 'us versus them' dichotomy is an unstable state, whereby the inclusion of some of 'us' is conditional according to certain conditions (Hackl, 2022, p. 991). Within this understanding of conditional citizenship, minorities may feel pressure — as well as be expected — to perform what is viewed as 'good citizenship' in order to prove their 'Georgianness' (Hackl, 2022; Kahraman, 2021). A deeper insight into the performance of citizenship among Muslim Georgians can be seen through Tamta Khalvashi's ethnographic work. Khalvashi (2015) finds that the long-standing legacies of shame felt among these communities — imposed by the dominant Christian Georgian population — have constituted affective experiences

[10]Here referring to Christian Orthodox in the form of the Georgian Orthodox Church.

borne out of these conditions of peripherality, in which the physical geography of these communities also influences the "bodies and minds" of those living at the border. Most notable is the promotion of mass conversion of Muslim Georgians to Orthodox Christianity during the early 1990 — a policy of assimilation that has thus reinforced the narrative that Muslim Georgians must adhere to the majority identity to be accepted as 'complete' Georgians (Kahraman, 2021; Khalvashi, 2015). Vaccine uptake thus serves as a mechanism for counteracting these legacies of shame, in accordance with the idea of the "model minority" (Hackl, 2022).

The notion of shame may also be applied to the performances of citizenship by the Georgian-Azerbaijani communities of Kvemo Kartli, who are likewise predominantly Muslim (both Sunni and Shia). Indeed, there was a palpable level of discomfort among some participants from the Kvemo Kartli when the focus group was asked: "What role does your ethnic and your religious identity play in your daily life?". This question seemed to arise a defensiveness among several participants, with 22-year-old Ramazan quick to state:

> We live in Georgia and we are Georgians. It doesn't matter what ethnic or religious identity we have.
> (**Ramazan, 22, Kvemo Kartli**)

This defensiveness in response to a question about their experiences as minorities exemplifies the possibility of underlying feelings of shame attached to holding minority status. Similarly, the lengthy discussion regarding the merits of integration into Georgian society with these participants pointed toward a desire to perform citizenship in line with the limitations of the 'model minority'. As mentioned in section 4.1.2 the 1+4 programme appeared a great source of pride for many participants from the Kvemo Kartli focus group. During our introductions, several participants felt it was important to highlight their participation in this programme instead of describing themselves as simply students. Participation in the 1+4 programme, therefore, is viewed as a way of performing 'good' citizenship. Likewise, the high vaccination uptake rates during the CIPDD project may allude to further performance of 'model behaviour'. However, there is an essential difference to uncover between Georgian-Azerbaijanis and Muslim Georgians — while both communities represent minorities within

the Georgian nation, the pressure to perform as a 'good citizen' does differ . Due to the 'ethnodoxy' of Georgian nationalism, Georgian society views the Muslim faith as incompatible with Georgian ethnicity. However, while Muslim Georgians from Mountainous Adjara challenge the ethnoreligious understanding of Georgianness, Georgian-Azerbaijanis pose less ambiguity. Being ethnically Azerbaijani, Georgian-Azerbaijanis have a more comfortable relationship with the state regarding their Muslim identity (Kahraman, 2021). As such, legacies of shame most likely do not account entirely for the higher vaccination rates in Marneuli but may still play a contributing role.

Looking finally at the Armenian-Georgian ethnic minorities from Samtskhe-Javakheti, legacies of shame do not seem to be present to the same degree as Muslim communities in Georgia. Indeed, this may help to understand the lower levels of compliance to vaccine regulations and refusal to vaccinate in these communities. A clear difference is religion: Georgian-Armenians are predominantly Christian, following the faith taught by the Armenian Apostolic Church. While prejudice has existed in reference to the Armenian faith in Georgia, the religious foundations do not hold the same ties to Turkish or Ottoman legacies as Islam in Georgia (Gurchiani, 2017). Moreover, a sense of religious kinship does exist to some extent, whereby Armenians and Georgians view one another as "ancient brotherly Christian nations" (Evers, 2003, p. 313). Given this, it is fair to assume that narratives of 'Othering' take a different form in regards to ethnically Armenian citizens of Georgia. As noted in Section 4.1.3, boundary crossing remains somewhat contentious among Armenian minorities in Georgia. This may, in part, be a consequence of the legacies of threat that appear to hold more significant predominance among Armenian communities than that of shame. A 2006 report suggested that Georgian-Armenians feel resentful that they cannot use Armenian in public life due to fears of 'Georgianization' (International Crisis Group, 2006). Furthermore, threats to the Armenian people are reinforced by the enduring legacy of the 1915 massacres of 1.5 million Armenians by Ottoman Turks, widely known as the Armenian Genocide (Margaryan, 2008). In this way, fears of population control via the COVID-19 vaccination allude to collective trauma instilled in the Armenian cultural memory:

> And also [some people said] that even the COVID-19 is [an] artificial virus and [the West] made it because- they made it to kill the population.

(**Tamro, 24, Samtskhe-Javakheti**)

(Quoting locals in Javakheti:) "After the vaccination, I will live only two years" [...] And the elderly complained that it was directed against them, that they would die if they were vaccinated.
(**Anahit, Georgian-Armenian Journalist**)

The different levels of compliance to COVID-19 regulations, and consequently vaccine uptake, demonstrate the complexity that comes with the experience of citizenship as a minority in Georgian — a predominantly ethnically Georgian and religiously Orthodox nation. While similarities may be present among their legacies in reference to assimilation policies, the CIPDD Vaccination Project is a testament to the fact that a 'one-size-fits-all' approach is insufficient in acknowledging the needs of different minority groups and finding solutions to these problems.

4.2.4 Conclusion: Norms

Social norms demonstrate the complexity attached to vaccination uptake within ethnic and religious minority communities in Georgia. Similar to findings in the field of community resilience in disaster scenarios, these relational features of social capital bear both positive and negative effects depending on the modes in which they are employed. On the one hand, bonding social capital through in-group social norms, including via informal practices such as *birzha* and *chaykhana*, provided the CIPDD volunteers with an opportunity to effectively disperse information regarding the vaccine throughout a community. However, due to the "bonding ties" (Aliyev, 2015*b*; Putnam, 2000) of these spaces, the opposite effect can occur when the volunteers were considered 'outsiders' — most evidently seen in Samtskhe-Javakheti — whether that be for ethnic, religious, linguistic or gendered reasons. This section further examined the experience of these communities as said 'outsiders' within a nationalising state that has been dominated by the ethnonationalist notion of 'Georgianness' (*kartveloba*). The COVID-19 pandemic has shown that effective and inclusive integration policies are valuable and necessary mechanisms for creating vital bridging links between formal structures and minority communities, whereby these bridging ties can generate far-reaching impacts on the resilience of these communities. Despite this, these integration policies must take into consideration the unique histories of each minority group, while acknowledging the legacies of ethnodoxy that have dominated Georgian

integration policy thus far.

4.3 An Issue of Trust?

> They trusted the neighbour's expertise.
>
> *Keti, 21, Samtskhe-Javakheti*

For Keti, a 21-year-old student from Samtskhe-Javakheti, this was likely a passing phrase: a small addition to a larger conversation. Yet, when looking at my field notes, I had written down this phrase and underlined it several times: for me, these few words embodied the heart of this research. Keti's remark followed a story told by Tamaz about the chain reaction caused by his mother's decision to vaccinate. While social norms and ideational boundaries offered useful insight into the in-group behaviour described by Keti and Tamaz, another feature of social capital seemed to underpin their experiences: the notion that the 'neighbour' is viewed as the 'expert' pointed toward something essential to explore. Unable to ignore the inherent juxtaposition in Keti's words, I quickly noted down one word next to her quote: *trust*.

Trust is one of the main indicators of social capital, insofar as there exists a common conflation whereby trust and social capital are often considered one in the same phenomenon. While this research does not adhere to this approach, it has found that trust is paramount in vaccination uptake against COVID-19. As such, this section will pay particular attention to the dimensions of trust —- and mistrust — pervading Georgian society to better understand the power of social relations in vaccine uptake. Furthermore, it will examine the fundamental role trust plays in facilitating partnership and communication both horizontally among the general public and vertically between the informal and formal spheres within the COVID-19 pandemic. As Jakovljevic et al. (2020) note: "The link between dis/trust, mis/ information and non/cooperation has feedback effects propelling a vicious circle of inconfidence, suspiciousness, conspiracy theories, non-compliance and non-cooperation [...] which make health crisis impossible to be contained." Georgia provides a strong case study for the role of trust in pandemic responses due to the persistence of closely bonded kinship and friendship networks, as well as Soviet legacies of mistrust that have created conditions for a heavier reliance on informality (Aliyev, 2014*b*; Howard, 2002). In addition, religious trust will be examined more closely

due to its specific role among the Georgian Muslim communities of Mountainous Adjara.

Figure 4.7: Volunteers speak with local fruit vendors in the villages of Samtskhe-Javakheti

4.3.1 From Information Vacuum to Infodemic

While a lack of information can undoubtedly account for some cases of vaccination hesitancy, it does not paint a complete picture as to why those who have received information continue to be unwilling to vaccinate. Described as an "infodemic" by WHO Director-General Tedros Adhanom Ghebreyesus, the COVID-19 pandemic has seen the rapid transmission of false information, conspiracy theories and anti-vax rhetoric mainly via social media platforms (Solomon et al., 2020; Tagliabue et al., 2020; Zarocostas, 2020). Indeed, the influence of social media on vaccination attitudes was clear when speaking with the volunteers from Samtskhe-Javakheti and Mountainous Adjara:

> For locals [...], they always try to get the information from the Facebook by scrolling and there is a lot of misinformation.
> (**Tamaz, 25, Samtskhe-Javakheti**)

> Our whole family [was] watching TV, but my mother was influenced by anti-vaxxer attitudes, and I asked why and she told that it was because of social media.
> (**Natela, 18, Mountainous Adjara)**

Social media platforms such as Facebook, OdnoKlassniki and Twitter allow for free and easy direct access to vast quantities of content, which is often unverified and properly sourced (Cinelli et al., 2020). Nino, a 20-year-old student based in Akhaltsikhe, explained how the lack of information from the government during the early stages of the pandemic left Georgians vulnerable to false information about the virus:

> In the first stage of the pandemic, there is a lack of information and we are so-called "victims of disinformation". We did not know what is right and what is fake.
> (**Nino, 20, Samtskhe-Javakheti**)

Disinformation — defined as "the manipulation of information that purposefully aims to mislead and deceive" (Allan et al., 2018) — poses dangerous implications for public health. This danger is exacerbated by the expert/non-expert boundary that makes it difficult for many public members to differentiate between reliable and unreliable sources of information. For the participants from Samtskhe-Javakheti, this appeared to be a significant point of trouble for the residents of local communities, in which the sudden influx in information has led to a sense of being overwhelmed, further exacerbated by the expert/non-expert boundary discussed in Section 4.1.1:

> The [least trustworthy was] information that was spread on the internet pages, because I didn't know what was checked information or disinformation, a piece of disinformation. In the websites, there was different information.
> (**Nino, 20, Samtskhe-Javakheti**)

> [Locals] don't have these competencies to find out [if] it's fake or it's valid information.
> (**Tamro, 24, Samtskhe-Javakheti**)

While the terms are often used interchangeably, *dis*information holds slightly different connotations than the term *mis*information. Misinformation deals with the cases of unconscious bias and unintentional human error, whereas disinformation is seen to be intentionally "misleading information

that has the function of misleading" (Fallis, 2014, 2015). Focus group participants often used the term disinformation to refer to any form of information that was viewed as misleading, rarely differentiating between information that was intentionally deceptive or unintentionally deceptive. Participants of these focus groups are unlikely to be aware of this subtle differentiation, particularly given most spoke in Georgian throughout the focus group where *dezinpormatsia* is used as a catch-all phrase to describe both concepts. However, the conflation between the two terms does raise the matter of how this information is perceived, with most false information being framed as intentionally deceptive. Nana, for instance, spoke of a story in which a relative 'trolled' others:

> I have relative [who] was vaccinated and he took one video. He was trolling, like "I got vaccine and when I have [a] light bulb and I'm taking this to my vaccinated hand, it's going to light [up]". [...] He took a video and it [became] viral. Most of my relatives are anti-vaxxers and they believed that it was real thing, that from [your] hand comes electricity or something like this. [...] I was trying to make sure everyone [knew] that it was not true and it was a troll, but they still are believing [it] now, unfortunately.
>
> (**Nana, 17, Mountainous Adjara**)

The choice to refer to this social media post as "*trolling*" is an important one. Trolling — a form of disinformation — refers to the posting of or interacting with content from human-operated social media accounts in an insincere manner (Phillips, 2015). By claiming her relative was trolling, Nana acknowledges that this was a conscious decision for an ulterior motive, the nature of which remains unclear.

Russian disinformation was also raised as a pervasive issue in the Samtskhe-Javakheti focus group. The reliance on Russian-language sources was cited as relatively common among Georgian-Armenians living in the region, correlating with CRRC data which found 95% of ethnically-Armenian respondents to possess either an intermediate or advanced level of Russian (Appendix D.6):

> I also want to say that they monitor both Armenian and Russian TV channels. Georgian TV channels are watched in families where they understand Georgian, but in Akhalkalaki the majority does not know Georgian.
>
> (**Anahit, Georgian-Armenian Journalist**)

Focus groups participants in Akhaltsikhe perceived Russian information sources as a hindrance to their success in encouraging vaccination uptake among Georgian-Armenian minority communities:

> You couldn't trust the information because it was full of fake [news] and there [were] some kind of theories that you're gonna die [...]. Generally, the topics [were] in Russian. The websites [were] ending in .ru[11]. Even some of these websites, which [were] Russian websites, had information in Georgian- the same information in Georgian language, the same fake information.
> (**Tamro, 24, Samtskhe-Javakheti**)

These comments from Tamro align with the negative perception of the Russian state among Georgian citizens. A recent GFSIS report found that roughly half of the population holds a negative attitude towards the Russian state, with many holding the perception that Russian media spreads disinformation about Georgia, particularly with reference to the 2008 Russo-Georgian War[12] (Khoshtaria et al., 2021). It is important to reemphasise that the volunteers working in Samtskhe-Javakheti were not Georgian-Armenians themselves, thus their perceptions of information sources accessed by this community came from an outsider's perspective. More specifically, their positionality as young, politically-active, ethnic Georgians meant their views on Russian information sources would likely to be negative due to their mistrust of the Russian state. While Tamro's perception of Russian disinformation is not hardly unfounded, with plentiful scholarly attention being paid to disinformation campaigns seeking to undermine pandemic management in democratic states (Gozalishvili, 2021; Hoyle et al., 2022; Sługocki and Sowa, 2021), it is worth centring on the nuances of mistrust.

Florian Mühlfried's ethnographic work on mistrust provides rich contextualisation to the various attitudes of toward the Russian state and, beyond this, the vaccine (Mühlfried, 2018, 2019, 2021). Rather than viewing mistrust as the direct opposite of trust, Mühlfried perceives mistrust as an engaged practice of maintaining a level of distance toward something or someone. In this way, mistrust

[11] .ru denotes the country code top-level domain for the Russian Federation.
[12] It is worth noting that this data was collected before Russia invaded Ukraine on 24th February 2022. In light of the war, recent data collected by the CRRC in collaboration with the NDI suggest a favour deterioration of public opinion towards the Russian government. See Appendix **??** for further details.

may hold a strategic purpose when applied to certain contexts. For example, Giordano and Kostova (2003) argue that mistrust serves as a comping mechanism to deal with the hardships incurred among postsocialist societies who generally display low institutional trust. For instance, conspiracy theories (Appendix E.2) also serve as an alternative form of political engagement, allowing for the development of "alternative political communities" (Pelkmans, 2018, p. 174). According to Tamro, the foundations of "alternative political communities" can be seen among Georgian-Armenian communities in Javakheti:

> There was [...] many discussions about Sputnik, the Russian vaccination and these ethnic minorities were telling us that if the vaccination is good enough, why don't we have Sputnik? They really trusted the Russian Federation and [...]if there was the Russian Federation's vaccine, they didn't trust it, the government of Georgia. And they were saying [...] it's kind of a business [...] and that's why want us to make the vaccination. It's all about the global Western politics. And also, even the COVID-19 is [an] artificial virus and [...] they made it to kill the population.
> (**Tamro, 24, Samtskhe-Javakheti**)

The vaccine has therefore become a "hinge object" — an object or idea that enables polarised communities to "better specify their worldview in opposition to one another" (Rughiniş and Flaherty, 2022, p. 10). By this account, mistrust should not be seen in opposition to trust. Instead, mistrust of certain social norms can lead to community-making practices among trusted peers.

4.3.2 He said, God said

The role of religious faith deeply overlaps with the concept of trust. First and foremost, trust can be considered a necessary component of faith in that religious belief necessitates a strong level of trust in the truth of its teachings. Indeed, the phrases "faith in God" and "trust in God" are often used interchangeably, displaying the widely accepted connection between the two concepts (Moser, 2010; McCraw, 2015). Di Somma (2022) further outlines the linguistic history of the terms within Greco-Roman tradition, finding there was previously no clear distinction between faith and trust, with one term employed to describe both concepts (*pistis* in ancient Greek and *fides* in Latin). Furthermore, the relationship between religious participation and general vaccination attitudes — not limited to

COVID-19 vaccinations — has been the subject of multiple studies, with results varying across religious denominations (Corcoran et al., 2021; Galang, 2021; Lahav et al., 2022; Omidvar Tehrani and Perkins, 2022). Upon commencing this research, I was acutely aware of the influence of the Georgian Orthodox Church on vaccination hesitancy in wider Georgian society. Several news outlets had reported that members of the clergy had displayed anti-vax sentiments publicly, linking the COVID-19 vaccine to the devil and claiming it will "enslave humans, control people, subdue them" (Dzamukashvili, 2021; Snip, 2020). Volunteers in Samtskhe-Javakheti brought up these stories of the GOC's anti-vax tendencies during the focus group ("*The priest said that we cannot advise you to vaccinate.*" — **Keti, 21, Samtskhe-Javakheti)**, pointing to a negative correlation between religious trust and vaccination uptake. As one of the most trusted institutions in Georgia, the GOC's role in vaccination uptake served as an interesting — if not concerning — case study of the influence of religion on trust in public health resilience. However, among religious minority communities in Georgia, the GOC would likely have very little impact on vaccination attitudes. As such, I wished to explore whether religious trust followed similar patterns among Muslim and Armenian Apostolic believers.

FIGURE 4.8: Vaccination process in the villages of Kvemo Kartli, November 2021

The stories among Georgian-Azerbaijani and Georgian-Armenian communities were not clear-cut. Although all participants from the Georgian-Azerbaijani community identified as Muslim, religion

did not become a discussion point among the focus group even when prompted. Instead, the focus remained on their relative integration as *ethnic* minorities rather than *religious* minorities in Georgia. An explanation for this may be related to the lower levels of religious practice among Muslim communities in Kvemo Kartli. According to research conducted by the Human Rights Education and Monitoring Center (2018), religiosity in this region is complex and demonstrates significant generational differences. For instance, the younger generation was found to practice their religion more strictly than the older generation. However, many younger people were found to abstain from performing religious rituals at all, with others viewing religious celebrations as primarily cultural traditions (Zviadadze and Jishkariani, 2018). Turning to the Georgian-Armenian communities of Samtskhe-Javakheti, the role of the Armenian Apostolic Church was also far from straightforward but for different reasons. According to Anahit, a vaccinated member of the AAC, religious leaders did not spread anti-vax disinformation as seen by the GOC:

> In our society, [...] *some* of our clergy have been vaccinated. Our church and faith are very liberal. In any case, I have not heard from our clergy that they preach not to be vaccinated.
> (**Anahit, Georgian-Armenian Journalist**, *emphasis added*)

However, Anahit's response implies that while clergy members of the AAC were not telling their followers *to avoid vaccinating*, they were not necessarily telling them *to vaccinate* either. This is further supported by the fact that Armenia has the lowest vaccination rate in the South Caucasus region, with only around a third of the country's population fully vaccinated as of August 2022 (Appendix D.1) .

By far, the most fascinating insight came from the Georgian Muslim volunteers living in the Khulo municipality. In this case, religious trust was actually found to encourage higher vaccination rates among its residents. According to the volunteers, this was thanks to many local imams expressing pro-vaccination sentiments during religious services, therefore actively encouraging believers to get vaccinated:

> Mostly in Khulo, people have the greatest trust in imams and if imams tell you something they can change your whole mind because of it, because mostly imam have great influence on the community.

> More than doctors.
> (**Sopho, 29, Mountainous Adjara**)

> It caused the generation of our mothers and grandfathers and grandma to be influenced after this imam spoke about the vaccination. They start to vaccinate as well.
> (**Nana, 17, Mountainous Adjara**)

> In Khulo, imams were viewed as the bridge between the word of God (Allah) and those of the Muslim faith (*'So, [imams] used God's words and I think they improved this process."* — **Sopho, 29, Mountainous Adjara**).

As such, believers' faith in God played a vital role in vaccination uptake. Considering Khulo served as an outlier in vaccination uptake within Georgia, with the vast majority of its residents being vaccinated prior to the CIPDD vaccination project, religious trust in the form of faith in God may help to explain such a great disparity. In addition, Sopho offered a compelling addition:

> Young people trust doctors, but young people [also] have a big trust in imams. So, there is one main direction between the young people and the old people. If old people speak to young family members, it's like the imam's words. So, imam said, God said.
> (**Sopho, 29, Mountainous Adjara**)

Here, Sopho describes the role of young people in the Georgian Muslim communities of Khulo. According to her account, young people are greatly respected within the community due to their high levels of religious faith and close relationships with their imams. As such, young people serve to spread the teachings of their imams to close family members of the older generation who may be unable to easily attend services. By doing so, they too are spreading the word of God: "*imam said, God said*". Such points to the value not only in religious trust but also in trust toward those closest around you.

4.3.3 Kinship and Friendship Networks of Trust

A common theme across all three focus groups was the reliance on close personal relations — so-called, "bonding ties" (Aliyev, 2014*a*; Putnam, 2000) — in obtaining information about the COVID-19 pandemic. During the CIPDD vaccination project, one of the most important factors that spurred the

high levels of vaccinations within the Marneuli municipality was the use of tight-knit family networks. Brothers, Aslan and Huseyn, described the initial apprehension their family felt when one of the brothers decided to vaccinate:

> When Aslan, my brother, got vaccinated, at home, there was a fight about this. But then, I just gave them my COVID pass, meaning I did already this without any consideration.
> (**Huseyn, 20, Kvemo Kartli**)

> And after this, our father soon said: "Yeah, I will do it"."
> **(Aslan, 21, Kvemo Kartli**)

Similar sentiments were expressed by participants from both Samtskhe-Javakheti group and Adjara:

> When [COVID-19] touched relatives' families or their own families, they start after this to believe.
> (**Natela, 18, Mountainous Adjara**)

> The most powerful motivation for the people was their relatives or family members get vaccinated and they could touch the person who got vaccinated and they're still alive and doing okay. It was very powerful.
> (**Tamro, 24, Samtskhe-Javakheti**)

> I tried to spread truthful information about both the disease and the vaccine in my family and environment. Having been vaccinated, I myself wanted to be an example for my surroundings and motivate them to also get vaccinated, for example, thanks to my recommendation, my mother-in-law and her sister were vaccinated.
> **(Anahit, Georgian-Armenian Journalist**)

These findings support previous research on the prevalence of informal networks as sources of social capital within the South Caucasus. The concept of 'informal networks' has a number of definitions. Newman defines informal networks as "a set of people or groups of people with some pattern of contacts or interactions between them" (Newman, 2003, p. 174). According to Rose (1998, p. 149), informal networks refer to "face-to-face relationships between a limited number of individuals who know each other and are bound together by kinship, friendship, or propinquity". Furthermore, Aliyev (2015*a*, p. 330) defines informal networks as "the circles of individuals assisting or cooperating

with each other for their mutual benefit". At the core of each definition is the emphasis on strong ties between groups of individuals, reminiscent of Granovetter's weak tie theory (Granovetter, 1973). Huseyn Aliyev's 2014*a* extensive research into informal practices found that the vast majority of these informal networks are based on the long tradition of "kinship networks" within the post-communist South Caucasus region, which largely pre-date its more recent Soviet past. These networks of trust are based upon higher degrees of intimacy than other interpersonal relations and are usually display a level of rigidity in their membership which makes them hard to enter into from the outside.

Similarly, many focus group participants cited close friendship networks as holding an integral function in encouraging vaccination willingness. One participant, Ali from Kvemo Kartli, described how the very fact that his close friends had been inoculated was reason enough for him to do so:

> If we decided to get vaccinated at home, our parents had questions: "Why did you decide to do this?". And then I answered them: "Aslan and Murad already got vaccinated, and why not us?".
> (**Ali, 19, Kvemo Kartli**)

These friendship networks also included neighbours, who were seen as key sources of information about the pandemic situation. This was particularly prevalent among the elderly population:

> For [the elderly members of the community], of course, the most important and the most popular way of getting information is neighbours and very [trustful] ones.
> (**Murad, 21, Kvemo Kartli**)

> When you were starting to ask them,"How do you know this? Do you have any examples or anything like this?", they were saying, ""I don't know, someone said, this. . . " Neighbours, mothers, parents... We had an example when [we were] trying to explain to someone that they needed to get the vaccine [...] — it was a man in the middle age — and he said that "My cousin died after the vaccination" [...] When I ask[ed] if he had anything else, then he said that this person had a cancer.
> (**Tamro, 24, Samtskhe-Javakheti)**

As is seen by Tamro's addition, these high-trust networks can work in both positive and negative ways. Due to the fact that strongly bonded networks are able to quickly proliferate information among their tight-knit communities of trust, they are a vital resource for dissemination pro-vaccination beliefs.

On the other side to this, the opposite may occur when anti-vaccination beliefs are present:

> When we were going to get vaccinated, our parents and family members said that if you get vaccinated then your fertility [would be] already negative.
> (**Murad, 21, Kvemo Kartli**)

> When I asked who was vaccinated from [...] 15 young people, they said it was only 3 people, even though they had very authentic information. But they were not vaccinated. From 15 it was only 3 [people]. And when we asked "What [is] the reason [...] you are not vaccinated?", they told us that [...] the main reason [was] our parents, because they are trying to get us to avoid this vaccination.
> (**Mariam, 18, Samtskhe-Javakheti**)

During the Samtskhe-Javakheti focus group, a small summary given by one of the translators caused all participants to laugh in confirmation of the widespread nature of this form of information dissemination:

> In Georgia, we have one joke. When someone wants to confirm information, they are like: "My cousin's daughter is working in Ministry of Health and she told us [this] information", and this is [the] main source. *Someone's someone is working in something.*
> (**Translator B, *emphasis added***)

This also points to the power of anecdotal evidence. A clear case of this is the widespread impact of the death of Megi Bakradze, a nurse from Akhaltsikhe who passed away due to hospital negligence following an allergic reaction caused by the AstraZeneca vaccine. This unfortunate event was brought up by all three focus groups — on one occasion by both the Mountainous Adjara and Kvemo Kartli groups, and on two occasions by the Samtskhe-Javakheti group. Further, Megi Bakradze's death has regularly been cited as a reason for widespread distrust toward the COVID-19 vaccine (Chkareuli, 2021; Kincha, 2021*b*). Given this case occurred within Akhaltsikhe, the level of proximity may also have caused an even stronger emotional reaction from those living in Samtskhe-Javakheti.

In this way, it was vital that volunteers had access to these closely bonded networks in order to gain success during the CIPDD project. Indeed, the very fact that the Kvemo Kartli volunteers were so ingrained into these communities proved to be the ultimate factor in the large number of

vaccinations seen in the Marneuli municipality:

> We had a more established partner there. Yeah, we already they have been working there by that time for six years and they have already gained some, you know, trust — the capital — trust among the population.
>
> (**Manana, CIPDD representative**)

By contrast, due to their rigid in-group structure, it was very difficult for the ethnically-Georgian volunteers to gain the sufficient levels of trust to access the private spheres of Georgian-Armenian kinship and friendship networks.

4.3.4 Conclusion: Trust

Underpinning the decision to vaccinate or not is the complexities of trust. Trust — a component of relational social capital — is reinforced by ideational boundaries of belonging and social norms of in-group/out-group behaviour. For the ethnic and religious minorities communities included in this study, trust worked in similar ways yet had very different outcomes depending on a number of contextual factors. Firstly, excessive amounts of conflicting information available during the COVID-19 pandemic — particularly online — has caused many living in Georgia to rely on trust as a way of deducing what they perceive to be true. In Samtskhe-Javakheti, the took the form of communities of mistrust towards the Georgian government in preference, leading to the proliferation of Russian disinformation among the Georgian-Armenian community. In Mountainous Adjara, religious trust proved paramount to vaccination uptake. While previous research has failed to come to a consensus regarding the role of religious trust in vaccination uptake, this study has shown that among certain communities — such as the Georgian Muslim community of Mountainous Adjara — the interrelation between trust and faith can have extraordinary results in encouraging vaccination uptake. Above all, the results from this research point to the vital importance of close personal networks in the dissemination of information relating to the COVID-19 vaccine, as shown by the contrasting results seen between the three volunteer groups.

5

Three Lessons for Social Capital Theory

In the proceeding chapter of this thesis, three central elements emerged as important contextual factors for the outcomes of the CIPPD Mobile Vaccination Booth project. Driven by the responses of various actors involved in the project, these themes — ***boundaries***, ***norms*** and ***trust*** — and the interaction between them offered *emic* perspectives on social relations and practices within these three marginalised communities. Firstly, boundaries explored the relative integration of each community within a Georgian nation so heavily rooted in ethnodoxy-driven ideas of *kartveloba*. Norms then delved into the importance of in-group/out-group behaviour within these communities and how this shaped the experience of the different volunteer groups working within their relative regions. Finally, trust highlighted the power of closely bonded networks of (mis)trust in vaccination uptake during the

COVID-19 pandemic. In this chapter, I take a more theoretical approach based on these results in order to come to a cohesive conclusion on the value of social capital in vaccination uptake among ethnic and religious minority communities in Georgia.

Inspired heavily by Nahapiet and Ghosal's (1998) tripartite framework on structural, cognitive and relational dimensions of social capital , I find three key lessons for the future development of social capital theory. These lessons each point to the imperative function of *informality* in the dissemination of information among ethnic and religious minority communities in Georgia. As marginalised communities, each has developed forms of symbolic resistance through informal practices in order to remain resilient in the face of inadequacies within the formal sphere (Aliyev, 2015*b*; Curro, 2017*a*; Polesea and Rekhviashvili, 2017). Often considered from a purely economic standpoint, informality is a multifaceted concept that equally finds its place in the social realm through informal networks. In Georgia, these socially-grounded informal practices have evolved over time, particularly in reaction to the negative perceptions attached to informality in more recent years. Institutional reforms, particular under former President Mikheil Saakashivili, sought to eradicate informality throughout Georgia (Aliyev, 2014*b*; Curro, 2017*b*; Rekhviashvili, 2015). Yet, while these reforms were able to lessen the role of reciprocity-driven informality within the formal sphere, they failed to eradicate the deep-rooted practices of informal networking.

5.1 Lesson 1: Informal-Formal Linkage

This research finds that bridging links between informal and formal spheres are often weaker among marginalised communities in Georgia. This is most evident in the two ethnic minority communities, primarily on account of clear ethnolinguistic boundaries – although integration policies introduced over the past decade do appear to be aiding the closing of this gap within some communities. Given these weak direct links, the CIPDD chose to 'stagger' its approach to the Mobile Vaccination Booth project by connecting with local organisations (Appendix B.2), who were then able to connect with local community volunteers. This grassroots approach, in turn, transformed the relatively weak direct link between the formal and informal spheres into an indirect link via several stronger direct connections

(Figure 5.1). These findings support previous research which has found that NGOs within Georgia regularly rely on informal networking as a resilience-making tactic (Aliyev, 2015*a*). The vibrancy of the informal sphere within the South Caucasus, alongside Soviet legacies of mistrust towards public organisations, has created weaknesses within the formal civil society sector within Georgian (Aliyev, 2015*b*; Howard, 2002). As such, informality trust-based networks serve as imperative tools to counteract these deficiencies. In this way, the CIPDD was able to blur the boundaries between the informal and the formal, whereby the volunteers worked as the bridge between the target communities and formalised structures (Lau, 2020). It is worth noting that the lack of ethnolinguistic barriers and increased compliance in reaction to legacies of shame among the Georgian Muslim communities of Mountainous Adjara contributed to higher vaccination rates prior to the commencement of the CIPDD project. As such, the informal-formal linkage was stronger among this community prior to the project.

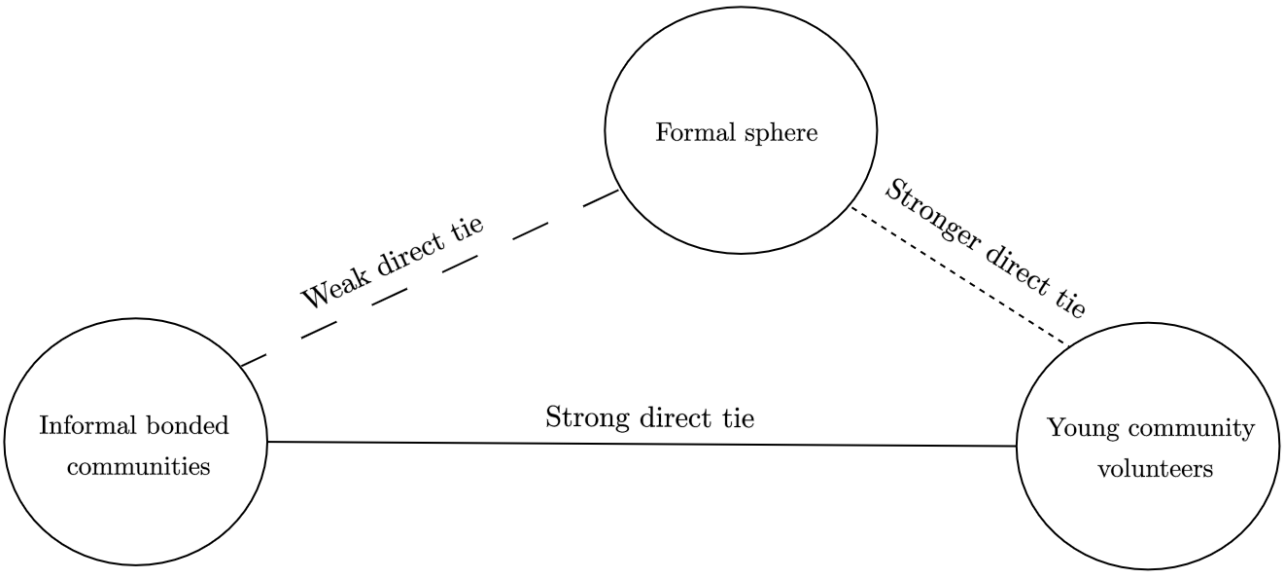

Figure 5.1: Ideal-Type Informal-Formal Linkage Model

5.2 Lesson 2: Generational Social Capital

Generational differences in social capital also prove critical to vaccination uptake at a community level. As the most vulnerable strata of society to the negative health effects of COVID-19, elderly citizens are

one of the most vital members of society to vaccinate. Despite this, the elderly generation have consistently been some of the least informed and most isolated members of society during the pandemic. Within the older generations[1] across all three communities, bonding social capital (Putnam, 2000) — intra-group ties among those with similar identities — appeared most prevalent, which therefore impacted in-group conventions during the COVID-19 pandemic. Among the two ethnoreligious minority communities, this reliance on bonding ties was a product of lower levels of integration into the Georgian formal structures, particularly in relation to ethnolinguistic boundaries. This was seen most clearly among the Georgian-Armenian communities of Akhalkalaki and, to a slightly lesser extent, Akhaltsikhe, where vaccination uptake remained very low (N=5) during the project. Arguably, these low levels of integration were further shown by the very fact that the CIPDD turned to volunteers that were not from the Georgian-Armenian community themselves due to the apparent difficulty in engaging with Georgian-Armenians from Samtskhe-Javakheti as a formal organisation. Spatial dimensions also contributed towards strong bonding ties in rural and remote areas, whereby physical access and borderland identities negatively affect the availability of key resources, such as easily accessible hospitals and suitable road infrastructure. Likewise, these spatial dimensions worked in parallel with legacies of 'Othering' towards these communities to create symbolic barriers of interaction. Traces of this marginalisation was also seen among the Georgian Muslim communities of the Khulo municipality, where the older generations remain somewhat distanced from formalised Georgian spheres.

Overall, the high levels of bonding social capital witnessed within ethnic and religious minority communities mean structural social capital is low. Most people living in these communities have smaller networks with fewer ties, with the majority of these ties remaining within their own ethnoreligious (in the case of Georgian-Armenian and Georgian-Azerbaijani communities) or religious (in the case of the Muslim population in Mountainous Adjara) minority communities. In this way, vertical bridging social capital (Putnam, 2000) — in other words, ties with formalised institutions, such as local government, NGOs, and the national government — is weakest among the elderly population

[1]While it is difficult to pinpoint an exact age range, those who took part in the study often made reference to the elderly (such as, their grandparents' generation and older), as well as their parents' generation.

within ethnic and religious minority communities. However, the results of this research demonstrate how the younger generations are better equipped to traverse these social boundaries. While the elderly suffers from low levels of vertical ties with the formal sphere, young community leaders are key to bridging the gap. Particularly in the case of the Marneuli municipality, integration policies such as the'1+4 programme' have played an integral role in boundary-crossing between the Georgian-Azerbaijani ethnic minority groups and the rest of Georgian society. However, that is not to say that bonding social capital was not highly present among the younger generation. In fact, bonding social capital played an imperative role in creating a 'ripple effect' phenomenon, whereby close-knit bonded ties interacted with the bridging social capital maintained by the young volunteers to proliferate pro-vaccination sentiment. These findings fall in line with research in the field of resilience studies regarding the multifaceted nature of bonding social capital (Aldrich, 2012; Aldrich and Meyer, 2015). Structural factors alone, however, fail to explain the difference in vaccination uptake across the three communities, given that all three volunteer groups received the same training and resources, as well as were able to speak with these communities face-to-face. For further explanation, it is necessary to turn to the strategies employed by these young volunteers.

5.3 Lesson 3: Informal Mechanisms and Spaces

The final major finding relates to strategies of information dissemination, focusing on informal spaces and mechanisms utilised by the young volunteers throughout the CIPDD project. As discussed in the previous two lessons, the CIPDD was better able to build structural social capital by enlisting local voices, which in turn led to increased success in the project overall. Despite this, the results of the CIPDD vaccination project varied significantly between regions. I argue that this is a product of different levels of relational social capital between the volunteers and their target communities, as well as the effectiveness of cognitive social capital in generating this relational social capital (Figure 5.2). Reminiscent of Bourdieusian theories on fields (*champs*) and habitus (Bourdieu, 1977), volunteers employed different cognitive practices according to the relative space of socialisation. Here, four spaces are explore:

5.3.1 The *Home*

In private informal settings, relational social capital is already high due to the close bonding ties built on high-trust kinship networks. In this way, trust may be drawn upon to encourage certain behaviours or actions in line with the perceived in-group norms. During the CIPDD vaccination project, this was most evident in the stories told by those from the target communities about the 'chain reaction' caused by the decision of close family and friends to vaccinate. Therefore, volunteers employed cognitive social capital — both implicitly or explicitly — to foster greater relational social capital, such as trust, norms and obligations. Relational social capital proved particularly useful among the Georgian-Azerbaijani communities of the Marneuli municipality, where volunteers were already well-integrated into their local communities and therefore held greater trust among its residents. Gender also played an important role here as it allowed the largely male-led volunteer group to gain access to private masculine spaces of information dissemination, such as *chaykhana*. Similar in-group practices were seen among the Georgian Muslim communities of Mountainous Adjara, mainly based upon norms of religious behaviour. However, these private informal spaces were largely unavailable to the volunteers in Samtskhe-Javakheti due to their status as the out-group, primarily on account of their unfamiliarity and non-membership in the Georgian-Armenian communities with whom they encountered.

5.3.2 The *Internet*

The Internet and, more specifically, social media networks fall somewhere between the formal and informal. As spaces for communication, much of the interaction that takes place bridges this gap, with interactions between the general public and formal organisations made more immediate and accessible (Greenhow and Lewin, 2016). Likewise, formal institutions often adopt informal mechanisms in order to engage the wider public. These boundary-crossing processes were seen by all three volunteer groups, who utilised Facebook pages and groups[2] to spread information about their ongoing activities

[2]These were: 'Khulo LAG - Khulo Local Development Group' Facebook Page (6,439 followers) and Facebook Group (1,626 members); Akhaltsikhe Adult Education Centre Facebook Page (3,200 followers), and; NTI - New Thinking Institute Facebook Page (3,894 followers) and Group (3,320 members). All follower and member counts as of 28th June 2022.

for the Mobile Vaccination Booth project. The most effective use of social media came from the Marneuli-based group, which posted regular updates about the CIPDD Project in both Georgian and Azerbaijani languages, including videos of locals receiving vaccines (see Appendix F). In this way, the volunteers successfully capitalised on social media as a cognitive mechanism of shared language to improve information dissemination among their community.

5.3.3 The *Place of Worship*

Similarly, religious spaces are complex in their degree of formality. During the Soviet period, public practice of religion was officially banned in Georgia, thus relegating religious practices to the informal sphere (Serrano, 2010). Following Georgia's independence, the religious sphere soon enjoyed greater formalisation within the public sphere, with Orthodox Christianity becoming a core component of the national Self. However, Georgia's complex and often adversary relationship with Islam has rendered it closer to the private informal sphere. In this way, the Georgian Muslim populations of Mountainous Adjara interact with their religion through close bonded networks with strong relational social capital based on cognitive features of shared beliefs, purposes and values (Nahapiet and Ghoshal, 1998). As such, the encouragement from their religious leaders to vaccinate had powerful repercussions in the proliferation of pro-vaccination sentiment even prior to the commencement of the CIPDD project. Therefore, strong-trust ties with their imams — and therefore, God (Allah) — were the most influential factor in vaccination uptake in the Khulo municipality.

5.3.4 The *Street*

Where relational social capital is not as high — as seen most evidently in Samtskhe-Javakheti — cognitive social capital may be employed to encourage the development of these strong trust networks. The use of cognitive social capital was most evident in the strategies employed by volunteers on the street. Practices of *birzha* remain common among Georgian citizens and were mentioned explicitly as strategic focal points for the volunteers in Kvemo Kartli and Samtskhe-Javakheti. Further reference was also made to the power of gossip in the proliferation of information, whereby volunteers sought to find "the biggest gossiper" to help spread their message. Each young volunteer group seemed to

understand the value in these street socialisation practices, thus carefully adopted strategies which capitalised on this public space of informality. In some cases, this proved a highly successful strategy: for example, in Mountainous Adjara, the use of local dialects and colloquialisms served as useful cognitive features to reinforce their shared understandings between the volunteers and the local residents of the Khulo municipality. In other cases, volunteers gained less success: for example, the volunteers of Samtskhe-Javakheti were viewed as the out-group both in private (the 'home') and public (the 'street') informal spaces due their lack of shared identity with the target communities.

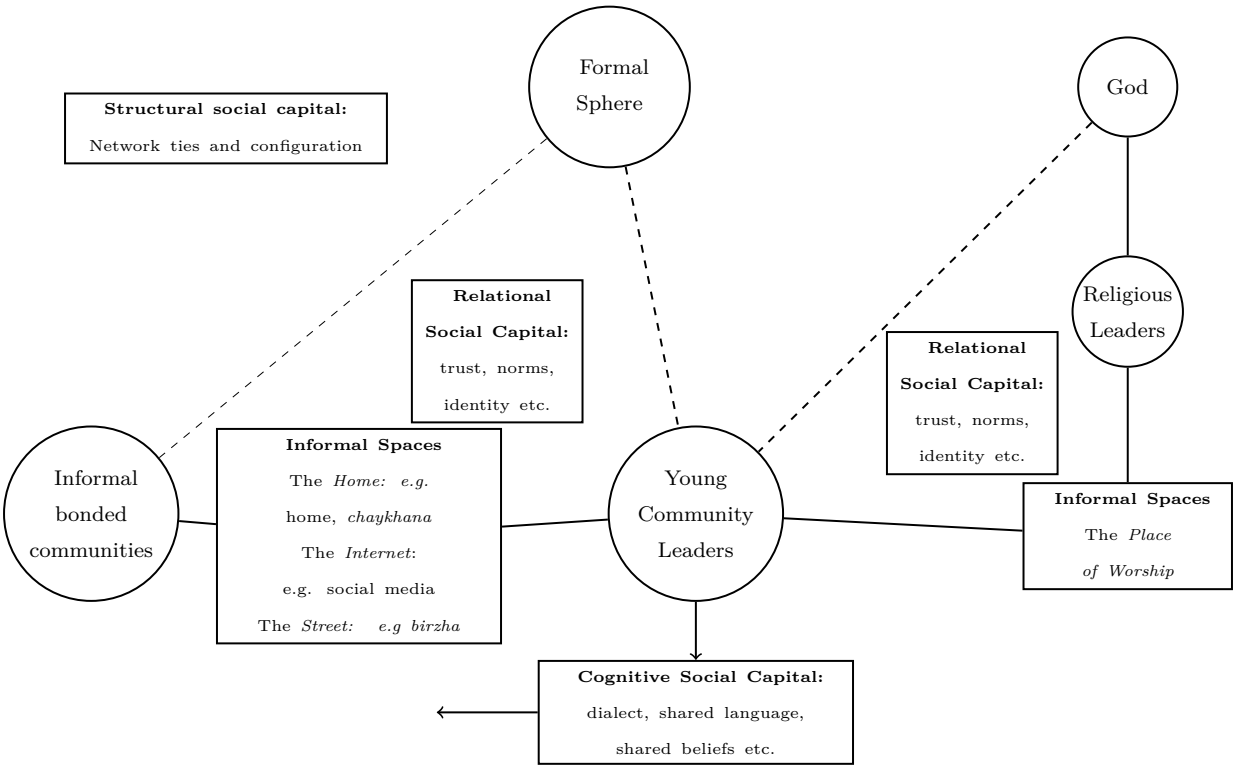

Figure 5.2: Information Dissemination Model based on Nahapiet and Ghosal's (1998) tripartite framework

6

Conclusion

6.1 Informality as Community Resilience

This thesis started upon the assumption that the underlying reason for disparities in COVID-19 vaccination uptake across three communities was somehow rooted within the social realm. For this reason, I was drawn to the complex world of social capital theory in the hope of finding the missing puzzle piece. In doing so, I have found that Nahapiet and Ghosal's (1998) tripartite framework best aligns with the mechanisms at play within these communities. Three dimensions of social capital — the structural, cognitive and relational — each work to reinforce one another, allowing for the proliferation of information among trusted networks. While it was beyond the scope of this research to generate a

concrete social capital theory, this thesis sought to provide rich empirical data exploring the experiences of community volunteers in the Mobile Booths for Vaccination project run by the CIPDD. For future development of social capital theory grounded in *emic* perspectives of social relations, researchers would benefit from long-term ethnographic studies.

The three case studies examined throughout this thesis offered different outcomes based on the interaction between these dimensions. Firstly, the Muslim Georgian community of Mountainous Adjara demonstrated stronger ties with formal structures based on cognitive dimensions, such as shared language and ethnicity. This in turn encouraged vaccination uptake at an earlier phase prior to the commencement of the CIPDD project. Relational social capital based on faith was also shown as the main determinant in vaccination uptake within this community, in which the pro-vaccination stance of their local religious leaders had powerful ripple effects. Furthermore, social capital interacted with "legacies of shame" due to internal 'Othering' practices within Georgia, therefore causing peripheral affects in the form of greater rule compliance and vaccination uptake as a performance of citizenship (Colmorgen, 2020; Khalvashi, 2015).

Where one or more of these dimensions is weak, social relations are likely to suffer as a consequence. This was evident in Samtskhe-Javakheti. Here, the Georgian-Armenian community are largely isolated from ethnically-Georgian society, leading to weak vertical "bridging ties" (Putnam, 2000) between the formal and the informal spheres. Despite the efforts of the local community volunteers, their lack of cognitive social capital — that is to say, shared understandings and language, primarily on account of their 'outsider' status within the community as ethnic-Georgians — resulted in the volunteers being unable to build the required relational social capital (e.g., trust and in-group norms) that would encourage vaccination uptake.

The opposite effect took place in the Marneuli municipality. Although the Georgian-Azerbaijani community of Kvemo Kartli holds many of the same characteristics as the Georgian-Armenian community in terms of integration — namely, weak informal-formal linkage, low levels of linguistic integration and close-knit bonded networks — the results of the CIPDD project differed entirely. The volunteers were well-integrated into their community as Georgian-Azerbaijani citizens, creating higher levels of

relational social capital. Their strong knowledge of their community also allowed them to successfully draw upon cognitive features leading to almost 700 people getting vaccinated as a result.

As is often the case when delving into the nuances of social behaviours, a single conclusion cannot account for the rich complexities attached to vaccination uptake among three different communities. Despite this, one phenomenon emerged as a vital in the success of the CIPDD Project: *informality*. As previous research has noted, informality through strong bonding ties such as close-knit kinship and friendship networks is an essential coping mechanism for many communities that are left reliant on self-sufficiency to survive (Aldrich, 2012; Aliyev, 2015*b*). Long viewed in solely negative terms, informality is a resilient mechanism in and of itself, thus still persists today among minority communities in Georgia as a "private safety net", particularly in times of increased vulnerability, such as the COVID-19 pandemic (Aliyev, 2015*c*). In this way, informality should not be viewed as wholly negative but rather as a neutral phenomenon that may hold both positive and negative outcomes (Horak et al., 2020; Rekhviashvili, 2015). By adopting grassroots-driven strategies that acknowledge the vibrancy of informal practices within marginalised communities, researchers, policy-makers and civil society actors may themselves better understand the value in those they know.

References

Abrahamyan, M., Mammadova, P. and Tskhvariashvili, S. (2018), 'Women challenging gender norms and patriarchal values in peacebuilding and conflict transformation across the South Caucasus', *Journal of Conflict Transformation, Caucasus Edition* **3**(1), 46–71. 53

Adger, W. N. (2003), 'Social capital, collective action, and adaptation to climate change', *conomic Geography* **79**(4), 387–404. 16

Aldrich, D. P. (2012), *Building Resilience*, University of Chicago Press: Chigago, IL. 12, 16, 17, 20, 79, 87

Aldrich, D. P. and Meyer, M. A. (2015), 'Social capital and community resilience', *American behavioral scientist* **59**(2), 254–269. 16, 17, 18, 20, 79

Aliyev, H. (2014*a*), 'Civil society in the South Caucasus: Kinship networks as obstacles to civil participation', *Southeast European and Black Sea Studies* **14**(2), 263–282. 7, 70, 72

Aliyev, H. (2014*b*), 'The effects of the Saakashvili era reforms on informal practices in the Republic of Georgia', *Studies of Transition States and Societies* **6**(1), 19–33. 62, 76

Aliyev, H. (2015*a*), 'Examining the use of informal networks by NGOs in Azerbaijan and Georgia', *Journal of Civil Society* **11**(3), 317–332. 71, 77

Aliyev, H. (2015*b*), 'Informal networks as sources of human (in)security in the South Caucasus', *Global Change, Peace & Security* **27**(2), 191–206. 7, 60, 76, 77, 87

Aliyev, H. (2015*c*), Institutional transformation and informality in Azerbaijan and Georgia, *in* J. Morris and A. Polese, eds, 'Informal Economies in Post-Socialist Spaces: Practices, Institutions and Networks', Palgrave Macmillan: Basingstoke, Hampshire, pp. 51–69. 87

Aliyev, H. (2015*d*), 'Post-soviet informality: towards theory-building', *International Journal of Sociology and Social Policy* **35**(3/4), 182–198. 7

Allan, I., Althuis, J., Averin, A., Conci, G., Dooley, S., Duffy, E., Gray, D., Haiden, L., Ilbury, M., Kantovich, N. et al. (2018), 'Fake news: A roadmap'. Accessed: 2022-03-08.
URL: *https://issuu.com/natostratcomcoe* 64

Anderson, A. R. and Jack, S. L. (2002), 'The articulation of social capital in entrepreneurial networks: a glue or a lubricant?', *Entrepreneurship & regional development* **14**(3), 193–210. 15

Anderson, B. R. (1991), *Imagined Communities: Reflections on the Origin and Spread of Nationalism*, Verso: London, UK. 43, 44

Avetisyan, A., Giyasbayli, H. and Kincha, S. (2021), 'Covid-19 vaccine access in the South Caucasus'. Accessed: 2022-03-08.
URL: *https://eu.boell.org/en/2021/06/14/covid-19-vaccine-access-south-caucasus-countries-armenia-azerbaijan-and-georgia* 5

Balci, B. and Motika, R. (2007), 'Islam in post-Soviet Georgia', *Central Asian Survey* **26**(3), 335–353. 57

Barrios, J. M., Benmelech, E., Hochberg, Y. V., Sapienza, P. and Zingales, L. (2021), 'Civic capital and social distancing during the Covid-19 pandemic', *Journal of Public Economics* **193**, 1–11. 18

Bartscher, A. K., Seitz, S., Siegloch, S., Slotwinski, M. and Wehrhöfer, N. (2021), 'Social capital and the spread of Covid-19: Insights from European countries', *Journal of Health Economics* **80**, 1–15. 18

Berglund, C., Dragojevic, M. and Blauvelt, T. (2021), 'Sticking together? georgia's "beached" Armenians between mobilization and acculturation', *Nationalism and Ethnic Politics* **27**(2), 109–127. 49, xii

Blauvelt, T. K. and Berglund, C. (2016), 'Armenians in the making of modern Georgia', *Armenians in post-socialist Europe* pp. 69–85. 49

Borgonovi, F. and Andrieu, E. (2020), 'Bowling together by bowling alone: Social capital and covid-19', *Social science & medicine* **265**, 1–12. 18

Bourdieu, P. (1977), *Outline of a theory of practice*, Cambridge University Press: Cambridge, England. 14, 79

Bourdieu, P. (1986), The forms of capital, *in* J. G. Richardson, ed., 'Handbook of theory and research for the sociology of education', Greenwood, New York, pp. 241–258. 9, 10, 11, 12, 14

Bourdieu, P. and Wacquant, L. J. (1992), *An invitation to reflexive sociology*, University of Chicago Press: Chicago, IL. 9

Bowker, G. and Star, S. L. (1999), 'Sorting things out', *Classification and its consequences* **4**. 35

Chkareuli, T. (2021), 'The tragic death that hindered Georgia's covid vaccination campaign'. Accessed: 2022-03-08.
URL: *https://www.rferl.org/a/georgia-covid-death-reaction/31575499.html* 5, 73

Chkhartishvili, M. and Kadagishvili, S. (2011), 'Georgian nationalism in the nineteenth century: Values, ideals, symbols kartuli natsionalizmi metskhramet'e sauk'uneshi: makhasiateblebi, ideebi, simboloebi', *Proceedings of the Institute of Georgian History at the Faculty of Humanities* **4**, 426–435. 6

Cialdini, R. B. and Goldstein, N. J. (2004), 'Social influence: Compliance and conformity', *Annual review of psychology* **55**(1), 591–621. 47, 48

Cialdini, R. B., Kallgren, C. A. and Reno, R. R. (1991), A focus theory of normative conduct: A theoretical refinement and reevaluation of the role of norms in human behavior, *in* 'Advances in experimental social psychology', Vol. 24, Elsevier, pp. 201–234. 47, 48

Cialdini, R. B. and Trost, M. R. (1998), 'Social influence: Social norms, conformity and compliance.'. 47

Cinelli, M., Quattrociocchi, W., Galeazzi, A., Valensise, C. M., Brugnoli, E., Schmidt, A. L., Zola, P., Zollo, F. and Scala, A. (2020), 'The covid-19 social media infodemic', *Scientific reports* **10**(1), 1–10. 64

CIPDD (2022), 'dasrulda p'roekt'i - mobiluri jgupebi vaktsinatsiisatvis'. Accessed: 2022-03-08. **URL:** *https://www.cipdd.org/* iii

Claridge, T. (2004), Social capital and natural resource management. Unpublished thesis. 10, 12

Claridge, T. (2018*a*), 'Dimensions of social capital-structural, cognitive, and relational', *Social Capital Research* **1**, 1–4. 15, 30, 47

Claridge, T. (2018*b*), 'Explanation of the different levels of social capital: individual or collective', *Social Capital Research* . 13

Claridge, T. (2018*c*), 'Functions of social capital–bonding, bridging, linking', *Social capital research* **20**, 1–7. 17

Coleman, J. S. (1988), 'Social capital in the creation of human capital', *American journal of sociology* **94**, S95–S120. 10, 12

Coleman, J. S. (1990), 'Commentary: Social institutions and social theory', *American sociological review* **55**(3), 333–339. 12

Colmorgen, P. (2020), 'The friends so far, the foes so near? ambiguities of Georgia's othering', *Ideology and Politics Journal* **2**(16), 108–128. 45, 57, 86

Constantine, T. (2020), 'Coronavirus success story: The nation of Georgia'. Accessed: 2022-03-08. **URL:** *https://www.washingtontimes.com/news/2020/apr/22/coronavirus-success-story-the-nation-of-georgia/* 3

Corcoran, K. E., Scheitle, C. P. and DiGregorio, B. D. (2021), 'Christian nationalism and COVID-19 vaccine hesitancy and uptake', *Vaccine* **39**(45), 6614–6621. 68

Corsín Jiménez, A. (2011), 'Trust in anthropology', *Anthropological Theory* **11**(2), 177–196. 13

CRRC (2021), 'Online data analysis'. **URL:** *https://caucasusbarometer.org/en/* xviii, xix, xx

CRRC (2022), 'Online data analysis'. Accessed: 2022-03-08.
URL: *https://caucasusbarometer.org/en/* 8, xxi

Curro, C. (2015), 'Davabirzhaot! Conflicting claims on public space in Tbilisi between transparency and opaqueness', *International journal of sociology and social policy* . 49, 53

Curro, C. (2017*a*), 'A critical assessment of informal practices as resistance: the case of birzha in Georgia', *Caucasus Survey* **5**(1), 65–84. 53, 54, 76

Curro, C. (2017*b*), From goods to emotions: The transformation of informal practices in the Republic of Georgia, *in* 'The Informal Economy', Routledge, pp. 139–156. 53, 76

Curro, C. (2018), Birzha (Georgia), *in* A. Ledeneva, ed., 'https://eecmd.org/publication/integration-of-national-minorities-in-georgia/', FRINGE: London, UK, pp. 303–305. 53, 54

Curro, C. (2019), 'Between the public and the private', *Socialism, Capitalism and Alternatives* p. 66. 53

Daly, K. J. (2007), *Qualitative methods for family studies and human development*, Sage. 22

Davenport, S. and Daellenbach, U. (2011), "belonging' to a virtual research centre: exploring the influence of social capital formation processes on member identification in a virtual organization', *British Journal of Management* **22**(1), 54–76. 15

Dolfsma, W. and Dannreuther, C. (2003), 'Subjects and boundaries: Contesting social capital-based policies', *Journal of Economic Issues* **37**(2), 405–413. 10

Drury, J., Carter, H., Ntontis, E. and Guven, S. T. (2021), 'Public behaviour in response to the covid-19 pandemic: understanding the role of group processes', *BJPsych open* **7**(1). 19

Dymecka, J., Gerymski, R. and Machnik-Czerwik, A. (2021), 'Fear of COVID-19 as a buffer in the relationship between perceived stress and life satisfaction in the Polish population at the beginning of the global pandemic', *Health Psychology Report* **9**(2), 149–159. 34

Dzamukashvili, S. (2021), 'Georgia's initial success at containing Covid-19 is now a distant memory'. Accessed: 2022-03-08.
URL: *https://emerging-europe.com/news/georgias-initial-success-at-containing-covid-19-is-now-a-distant-memory/* 68

Elgar, F. J., Stefaniak, A. and Wohl, M. J. (2020), 'The trouble with trust: Time-series analysis of social capital, income inequality, and COVID-19 deaths in 84 countries', *Social science & medicine* **263**, 113365. 18

Evers, F. (2003), 'Economic issues and ethnopolitical tension: The example of the region of samtskhe-javakheti in Georgia', *European Yearbook of Minority Issues Online* **3**(1), 307–324. 59

Fallis, D. (2014), 'The varieties of disinformation', *The philosophy of information quality* pp. 135–161. 65

Fallis, D. (2015), 'What is disinformation?', *Library trends* **63**(3), 401–426. 65

Fassin, D. (2011), 'Policing borders, producing boundaries. the governmentality of immigration in dark times', *Annual Review of anthropology* **40**(1), 213–226. 43

Foley, M. W. and Edwards, B. (1997), 'Editors' introduction: Escape from politics? social theory and the social capital debate', *American Behavioral Scientist* **40**(5), 550–561. 10

Foley, M. W. and Edwards, B. (1999), 'Is it time to disinvest in social capital?', *Journal of public policy* **19**(2), 141–173. 11

Fraser, T., Page-Tan, C. and Aldrich, D. P. (2022), 'Social capital's impact on covid-19 outcomes at local levels', *Scientific reports* **12**(1), 1–15. 16, 17, 18

Frederiksen, M. D. (2013), *Young men, time, and boredom in the Republic of Georgia*, JSTOR. 53, 54

Galang, J. R. F. (2021), 'Science and religion for COVID-19 vaccine promotion', *Journal of Public Health* **43**(3), e513–e514. 68

Geertz, C. (1973), 'Chapter 1/thick description: Toward an interpretive theory of culture', *The Interpretation of Cultures: Selected Essays, New York, Basic Books* . 21

Ghosh, B. (2020), 'Doing digital ethnography during the covid-19 pandemic - banhishikha ghosh'. Accessed: 2022-03-08.
URL: *https://doingsociology.org/2020/12/20/digital-ethnography-during-the-covid-19-pandemic-banhishikha-ghosh/* 22

Gieryn, T. F. (1983), 'Boundary-work and the demarcation of science from non-science: Strains and interests in professional ideologies of scientists', *American sociological review* pp. 781–795. 35

Gieryn, T. F. (1999), *Cultural boundaries of science: Credibility on the line*, University of Chicago Press. 35

Giordano, C. and Kostova, D. (2003), The social production of mistrust, *in* 'Postsocialism', Routledge, pp. 86–104. 67

GNTA (2020), 'Georgian tourism in figures: Structure and industry data 2020'. Accessed: 2022-03-08.
URL: *https://gnta.ge/statistics/* 4

Gohain, S. (2019), 'Selective access: or, how states make remoteness', *Social Anthropology/Anthropologie sociale* **27**(2), 204–220. 41

Gozalishvili, N. (2021), 'The contested triangle of disinformation, democratization and populism in georgia', *Policy Memo* (42). 66

Granovetter, M. S. (1973), 'The strength of weak ties', *American journal of sociology* **78**(6), 1360–1380. 12, 72

Granovetter, M. S. (1985), 'Economic action and social structure: The problem of embeddedness', *American Journal of Sociology* **91**(3), 22–45. 12, 14

Grassiani, E. and Swinkels, M. (2014), 'Introduction: Engaging with borders', *Etnofoor* **26**(1), 7–12. 43

Greenhow, C. and Lewin, C. (2016), 'Social media and education: Reconceptualizing the boundaries of formal and informal learning', *Learning, media and technology* **41**(1), 6–30. 80

Günel, G., Varma, S. and Watanabe, C. (2020), 'A manifesto for patchwork ethnography'. Accessed: 2022-03-08.
URL: *https://culanth.org/fieldsights/a-manifesto-for-patchwork-ethnography* 22

Gurchiani, K. (2017), 'How soviet is the religious revival in Georgia: Tactics in everyday religiosity', *Europe-Asia Studies* **69**(3), 508–531. 59

Hackl, A. (2022), 'Good immigrants, permitted outsiders: conditional inclusion and citizenship in comparison'. 57, 58

Hanifan, L. J. (1916), 'The rural school community center', *The Annals of the American Academy of Political and Social Science* **67**(1), 130–138. 9

Hao, F., Shao, W. and Huang, W. (2021), 'Understanding the influence of contextual factors and individual social capital on american public mask wearing in response to covid–19', *Health & Place* **68**, 1–9. 18

Harms, E., Hussain, S., Newell, S., Piot, C., Schein, L., Shneiderman, S., Turner, T. and Zhang, J. (2014), 'Remote and edgy: New takes on old anthropological themes', *HAU: Journal of Ethnographic Theory* **4**(1), 361–381. 41

Hartley, K. and Jarvis, D. S. (2020), 'Policymaking in a low-trust state: legitimacy, state capacity, and responses to COVID-19 in hong kong', *Policy and Society* **39**(3), 403–423. 19

Holmes, A. G. D. (2020), 'Researcher positionality–a consideration of its influence and place in qualitative research–a new researcher guide.', *Shanlax International Journal of Education* **8**(4), 1–10. 22

Horak, S., Afiouni, F., Bian, Y., Ledeneva, A., Muratbekova-Touron, M. and Fey, C. F. (2020), 'Informal networks: Dark sides, bright sides, and unexplored dimensions', *Management and Organization Review* **16**(3), 511–542. 87

Howard, M. M. (2002), 'The weakness of postcommunist civil society', *Journal of democracy* **13**(1), 157–169. 62, 77

Hoyle, A., Powell, T., Cadet, B. and van de Kuijt, J. (2022), Web of lies: Mapping the narratives, effects, and amplifiers of russian covid-19 disinformation, *in* 'COVID-19 Disinformation: A Multi-National, Whole of Society Perspective', Springer, pp. 113–141. 66

Intagliata, E. and Naskidashvili, D. (2017), 'Forgotten borderlands. guria and adjara survey project'. 45

International Crisis Group (2006), 'Georgia's Armenian and Azeri minorities'.

URL: *https://www.crisisgroup.org/europe-central-asia/caucasus/georgia/georgia-s-armenian-and-azeri-minorities* 59

Jakovljevic, M., Bjedov, S., Mustac, F. and Jakovljevic, I. (2020), 'Covid-19 infodemic and public trust from the perspective of public and global mental health', *Psychiatria Danubina* **32**(3-4), 449–457. 62

Janes, L. M. and Olson, J. M. (2010), 'Is it you or is it me? contrasting effects of ridicule targeting other people versus the self', *Europe's Journal of Psychology* **6**(3), 46–70. 49, 50

Kadam, A. B. and Atre, S. R. (2020), 'Negative impact of social media panic during the COVID-19 outbreak in india', *Journal of travel medicine* **27**(3), taaa057. 34

Kahraman, A. (2021), 'Azeris and muslim ajarians in georgia: The swing between tolerance and alienation', *Nationalities Papers* **49**(2), 308–325. 57, 58, 59

Kakachia, K. and Minesashvili, S. (2015), 'Identity politics: Exploring Georgian foreign policy behavior', *Journal of Eurasian Studies* **6**(2), 171–180. 45

Karpov, V., Lisovskaya, E. and Barry, D. (2012), 'Ethnodoxy: How popular ideologies fuse religious and ethnic identities', *Journal for the scientific Study of Religion* **51**(4), 638–655. 57

Khalvashi, T. (2015), *Peripheral Affects: Shame, Publics, Andperformance on the Margins of the Republic of Georgia*, Faculty of Social Sciences, University of Copenhagen, Department of Anthopology. 43, 44, 45, 57, 58, 86, xiv

Khalvashi, T., Batiashvili, N., Komatsu, H., Karasar, Ş., Dadabaev, T. and Kurmangaliyeva-Ercilasun, G. (2011), 'Can muslim be a Georgian?'historic overview of discourse on Georgian 'essence', *Central Eurasian Studies: Past, Present and Future* pp. 241–248. 57

Khey, D. N. (2014), 'Informal Sanctioning', *The Encyclopedia of Theoretical Criminology* pp. 1–3. 47

Khomeriki, T. (2022), 'Modernising security: Vernacular (in) securities in the public space of tbilisi after the rose revolution', *Caucasus Survey* **1**(aop), 1–26. 53

Khoshtaria, T., Zubashvili, N., Mzhavanadze, N., Metreveli, E., Bilanishvili, G. and Emukhvari, K. (2021), 'Attitudes and perceptions towards russia in Georgia'. Accessed: 2022-03-08.
URL: *https://gfsis.org.ge/publications/view/3088* 66

Khutsishvili, K. (2020), 'What Georgia can teach the world about confronting covid-19'. Accessed: 2022-03-08.
URL: *https://www.opensocietyfoundations.org/voices/the-world-can-learn-from-georgias-experience-with-covid-19* 3

Kincha, S. (2021*a*), "fatal negligence' behind death of Georgia nurse following vaccination'. Accessed: 2022-03-08.
URL: *https://oc-media.org/fatal-negligence-behind-death-of-georgia-nurse-following-vaccination/* 5

Kincha, S. (2021*b*), 'Fears of vaccine hesitancy grow after nurse dies in Georgia'. Accessed: 2022-03-08.
URL: *https://oc-media.org/fears-of-vaccine-hesitancy-grow-after-nurse-dies-in-georgia/* 73

Kirvalidze, A. (2021), 'Dual boundaries: The mechanism of boundary construction operating in interethnic settings in georgia', *Rev. Eur. Stud.* **13**, 14. 32, 39

Krueger, R. and Casey, M. (2000), *Focus Groups: A Practical Guide for Applied Research, 3rd edn*, SAGE Publications, Thousand Oaks, CA. 24

Kuchler, T., Russel, D. and Stroebel, J. (2022), 'Jue insight: The geographic spread of covid-19 correlates with the structure of social networks as measured by facebook', *Journal of Urban Economics* **127**, 1–13. 18

Kyne, D. and Aldrich, D. P. (2020), 'Capturing bonding, bridging, and linking social capital through publicly available data', *Risk, Hazards & Crisis in Public Policy* **11**(1), 61–86. 16

Lahav, E., Shahrabani, S., Rosenboim, M. and Tsutsui, Y. (2022), 'Is stronger religious faith associated with a greater willingness to take the covid-19 vaccine? evidence from israel and japan', *The European Journal of Health Economics* **23**(4), 687–703. 68

Lamont, M. and Molnár, V. (2002), 'The study of boundaries in the social sciences', *Annual review of sociology* pp. 167–195. 32, 35, 41

Lau, P. Y. F. (2020), 'Fighting COVID-19: Social capital and community mobilisation in hong kong', *International Journal of Sociology and Social Policy* **40**(9/10), 1059–1067. 19, 77

Lebanidze, B. and Kandelaki, S. (2021), 'From top to flop: Why Georgia failed at pandemic resilience'. Accessed: 2022-03-08.
URL: *https://gip.ge/publication-post/from-top-to-flop-why-Georgia-failed-at-pandemic-resilience/* 8, 42

Ledeneva, A. V. (2014), 'The ambivalence of blurred boundaries: Where informality stops and corruption begins?', *RFIEA Perspectives* **12**(hiver), 19–22. 17

Lin, N. (2001*a*), Building a network theory of social capital, *in* N. Lin, K. Cook and R. S. Burt, eds, 'Social Capital: Theory and Research', Aldine de Gruyter: New York, pp. 3–29. 12, 16

Lin, N. (2001*b*), *Social Capital: A Theory of Social Structure and Action*, Cambridge University Press. 12

Lin, N. and Erickson, B. H. (2008), 'Theory, measurement, and the research enterprise on social capital', *Social capital: An international research program* pp. 1–24. 12, 19

Lomsadze, G. (2021), 'Coronavirus in Georgia 'five times worse than india''. Accessed: 2022-03-08.
URL: *https://eurasianet.org/coronavirus-in-georgia-five-times-worse-than-india* 4

Mardian, Y., Shaw-Shaliba, K., Karyana, M. and Lau, C.-Y. (2021), 'Sharia (islamic law) perspectives of covid-19 vaccines', *Frontier in Tropical Diseases* **2**, 1–8. 56

Margaryan, S. (2008), 'Preservation of identity through integration: the case of Javakheti Armenians', *MIGRATION, SOCIETY AND LANGUAGE* p. 52. 59

Mauss, M. (1954), 'The gift: forms and functions of exchange in archaic society', *London: Cohen & West* . 13, 14

McNay, L. (1999), 'Gender, habitus and the field: Pierre bourdieu and the limits of reflexivity', *Theory, culture & society* **16**(1), 95–117. 14

Mitchell, J. C. (2006), 'Case and situation analysis', *The Manchester School: Practice and ethnographic praxis in anthropology* pp. 23–42. 23

Mosiashvili, M. (2021), Official state language acquisition as a boundary crossing - experiences of young georgian azerbaijanis. Unpublished Master's thesis (Central European University). Results presented at the 7th Annual CRRC Conference 2022. 32, 38, 39

Mühlfried, F. (2014), *Being a State and States of Being in Highland Georgia*, Berghahn Books: Brooklyn, NY. 43

Mühlfried, F. (2018), *Mistrust–Ethnographic Approximations*, Transcript Verlag: Bielefeld, Germany. 13, 66

Mühlfried, F. (2019), *Mistrust: A global perspective*, Springer. 13, 66

Mühlfried, F. (2021), 'Suspicious surfaces and Affective Mistrust in the South Caucasus', *Social Analysis* **65**(3), 1–21. 13, 66

Nagar, R. (2014), *Muddying the waters: Coauthoring feminisms across scholarship and activism*, University of Illinois Press. 22

Nahapiet, J. and Ghoshal, S. (1998), 'Social capital, intellectual capital, and the organizational advantage', *Academy of management review* **23**(2), 242–266. 14, 15, 30, 32, 33, 35, 36, 47, 50, 76, 81, 83, 85

Nakagawa, Y. and Shaw, R. (2004), 'Social capital: A missing link to disaster recovery', *International Journal of Mass Emergencies and Disasters* **22**(1), 5–34. 16

Narotzky, S. (2007), 'The project in the model: reciprocity, social capital, and the politics of ethnographic realism', *Current Anthropology* **48**(3), 403–424. 13

Narotzky, S. and Moreno, P. (2002), 'Reciprocity's dark side: Negative reciprocity, morality and social reproduction', *Anthropological Theory* **2**(3), 281–305. 13

National Statistics Office of Georgia (2014), '2014 General Population census - National Statistics Office of Georgia'. Accessed: 2022-03-08.
URL: *https://www.geostat.ge/en/modules/categories/568/2014-general-population-census* 7, 40, xii

Netherlands Institute for Multiparty Democracy & OSCE High Commissioner on National Minorities (2017), 'Integration of national minorities in Georgia'. Accessed: 22-03-08.
URL: *https://eecmd.org/publication/integration-of-national-minorities-in-georgia/* 36

Newman, M. E. (2003), 'The structure and function of complex networks', *SIAM review* **45**(2), 167–256. 71

Nicomedes, C. J. C. and Avila, R. M. A. (2020), 'An analysis on the panic during covid-19 pandemic through an online form', *Journal of affective disorders* **276**, 14–22. 34

Nilsson, N. (2009), 'Obstacles to building a civic nation: Georgia's Armenian minority and conflicting threat perceptions', *Ethnopolitics* **8**(2), 135–153. 7, 40, 41

Nodia, G. (2009), 'Components of the Georgian national idea: An outline', *Identity studies in the Caucasus and the Black Sea Region* **1**, 84–101. 6

Nodia, G. (2022), 'Crisis as a new normal - lessons learned from Georgia's year of troubles'. Accessed: 2022-03-08.
URL: *https://www.cipdd.org/* 4

Ntontis, E., Drury, J., Amlôt, R., Rubin, G. J. and Williams, R. (2020), 'Endurance or decline of emergent groups following a flood disaster: Implications for community resilience', *International Journal of Disaster Risk Reduction* **45**. 33

OC Media (2020*a*), 'Coronavirus live updates: Georgian PM : Country to reopen for international tourism in july'. Accessed: 2022-03-08.
URL: *https://oc-media.org/coronavirus-live-updates-7-may/* 4

OC Media (2020*b*), 'Georgia goes into lockdown'. Accessed: 2022-03-08.
URL: *https://oc-media.org/georgia-goes-into-lockdown/* 4

OCHA and UN RC/HC Georgia (2020), 'Covid-19 Georgia: Situation report # 13 as of 17 july 2020 - Georgia'. Accessed: 2022-03-08.
URL: *https://reliefweb.int/report/georgia/covid-19-georgia-situation-report-13-17-july-2020* 4

Omidvar Tehrani, S. and Perkins, D. D. (2022), 'Public Health Resources, Religion, and Freedom as Predictors of COVID-19 Vaccination Rates: A Global Study of 89 Countries', *COVID* **2**(6), 703–718. 68

Our World in Data (2022), 'Total COVID-19 vaccine doses administered per 100 people'. Accessed: 2022-03-08.
URL: *https://ourworldindata.org/grapher/covid-vaccination-doses-per-capita* xvii

Pelkmans, M. (2014), 'Paradoxes of religious freedom and repression in (post-)Soviet contexts', *Journal of Law and Religion* **29**(3), 436–446. 57

Pelkmans, M. (2018), Doubt, suspicion, mistrust ... semantic approximations, *in* F. Mühlfried, ed., 'Mistrust–Ethnographic Approximations', Transcript Verlag: Bielefeld, Germany, pp. 169–178. 67

Phillips, W. (2015), *This is why we can't have nice things: Mapping the relationship between online trolling and mainstream culture*, MIT Press: Cambridge, MA. 65

Polesea, A. and Rekhviashvili, L. (2017), 'Introduction: Informality and power in the South Caucasus', *Caucasus Survey* **5**(1), 1–10. 76

Poortinga, W. (2006), 'Social relations or social capital? Individual and community health effects of bonding social capital', *Social Science & Medicine* **63**(1), 255–270. 18

Portes, A. (1998), 'Social capital: Its origins and applications in modern sociology', *Annual review of sociology* **24**(1), 1–24. 12

Putnam, R. D. (1995), 'Bowling alone: America's declining social capital', *Journal of Democracy* **6**(1), 65–78. 12

Putnam, R. D. (2000), *Bowling alone: The collapse and revival of American community*, Simon and Schuster: New York, United States. 7, 11, 17, 36, 60, 70, 78, 86

Putnam, R. D., Leonardi, R. and Nanetti, R. Y. (1993), *Making democracy work: Civic traditions in modern Italy*, Princeton University Press Princeton: NJ, USA. 11

Quarantelli, E. and Dynes, R. (1977), 'Response to social crisis and disaster', *Annual Review of Sociology* **3**(1), 23–49. 16

Rawat, S. and Wu, A. M. (2020), 'Why social capital is essential in the fight against Covid-19'. Accessed: 2022-03-08.
URL: *https://www.policyforum.net/why-social-capital-is-essential-in-the-fight-against-covid-19/* 19

Rekhviashvili, L. (2015), 'Marketization and the public-private divide: Contestations between the state and the petty traders over the access to public space in Tbilisi', *International Journal of Sociology and Social Policy* **35**(7/8). 76, 87

Rhodes, J. (2012), 'The ties that divide: Bonding social capital, religious friendship networks, and political tolerance among evangelicals', *Sociological Inquiry* **82**(2), 163–186. 17

Rimal, R. N. and Lapinski, M. K. (2015), 'A re-explication of social norms, ten years later', *Communication Theory* **25**(4), 393–409. 47

Ritchie, H., Mathieu, E., Rodés-Guirao, L., Appel, C., Giattino, C., Ortiz-Ospina, E., Hasell, J., Macdonald, B., Beltekian, D. and Roser, M. (2022), 'Coronavirus pandemic (covid-19)', *Our World in Data* . Accessed: 2022-03-08.
URL: *https://ourworldindata.org/coronavirus* 5

Rönnerstrand, B. (2013), 'Social capital and immunisation against the 2009 a(H1N1) pandemic in sweden', *Scandinavian Journal of Public Health* **41**(8), 853–859. 18

Rose, R. (1998), *Getting things done in an anti-modern society: social capital networks in Russia*, Vol. 6, World Bank Washington, DC. 71

Rughiniş, C. and Flaherty, M. G. (2022), 'The social bifurcation of reality: Symmetrical construction of knowledge in science-trusting and science-distrusting discourses', *Frontiers in Sociology* **7**, 782851. 67

Sadri, A. M., Ukkusuri, S. V., Lee, S., Clawson, R., Aldrich, D., Nelson, M. S., Seipel, J. and Kelly, D. (2018), 'The role of social capital, personal networks, and emergency responders in post-disaster recovery and resilience: a study of rural communities in Indiana', *Natural hazards* **90**(3), 1377–1406. 16

Sakurai, M. and Chughtai, H. (2020), 'Resilience against crises: COVID-19 and lessons from natural disasters', *European Journal of Information Systems* **29**(5), 585–594. 18

Saxer, M. and Andersson, R. (2019), 'The return of remoteness: insecurity, isolation and connectivity in the new world disorder', *Social Anthropology/Anthropologie sociale* **27**(2), 140–155. 41

Schneider, J. and Crul, M. (2010), 'New insights into assimilation and integration theory: Introduction to the special issue', *Ethnic and Racial Studies* **33**(7), 1143–1148. 38

Serrano, S. (2010), 'De-secularizing national space in Georgia', *Identity studies in the Caucasus and the Black Sea Region* **2**, 5–20. 81

Sholeh, M. A. N. and Helmi, M. I. (2021), 'The Covid-19 vaccination: Realization on halal vaccines for benefits', *Samarah: Jurnal Hukum Keluarga dan Hukum Islam* **5**(1), 174–190. 56

Silagadze, G. (2021), 'Datablog: Data suggests Georgia has handled the pandemic poorly'. Accessed: 2022-03-08.
URL: *https://oc-media.org/features/datablog-data-suggests-georgia-has-handled-the-pandemic-poorly/* 4

Simpson, B. and Coleman, S. (2017), 'Ethnography. Glossary of Terms'. Accessed: 2022-03-08.
URL: *https://www.discoveranthropology.org.uk/about-anthropology/glossaryofterms.html* 22

Sługocki, W. and Sowa, B. (2021), 'Disinformation as a threat to national security on the example of the COVID-19 pandemic', *Security and Defence Quarterly* . 66

Smart, A. (1993), 'Gifts, bribes, and guanxi: A reconsideration of Bourdieu's social capital', *Cultural anthropology* **8**(3), 388–408. 13, 14

Smart, A. and Hsu, C. L. (2017), Corruption or social capital? tact and the performance of guanxi in market socialist china, *in* 'Corruption and the Secret of Law', Routledge, pp. 167–189. 13

Smith, S. S. and Kulynych, J. (2002), 'It may be social, but why is it capital? the social construction of social capital and the politics of language', *Politics & society* **30**(1), 149–186. 10

Smolnik, F., Weiss, A. and Zabanova, Y. (2017), 'Political space and borderland practices in Abkhazia and Adjara: exploring the role of Ottoman legacies and contemporary Turkish influences', *Eurasian Geography and Economics* **58**(5), 557–581. 43

Snip, I. (2020), 'Majority of Georgians may reject covid-19 vaccine, new survey suggests'. Accessed: 2022-03-08.
URL: *https://www.opendemocracy.net/en/odr/majority-georgians-may-reject-covid-19-vaccine-new-survey-suggests/* 68

Solomon, D. H., Bucala, R., Kaplan, M. J. and Nigrovic, P. A. (2020), 'The "Infodemic" of COVID-19', *Arthritis & Rheumatology* **72**(11), 1806–1808. 63

Star, S. L. and Griesemer, J. R. (1989), 'Institutional ecology, translations and boundary objects: Amateurs and professionals in berkeley's museum of vertebrate zoology, 1907-39', *Social studies of science* **19**(3), 387–420. 35

Szreter, S. and Woolcock, M. (2004), 'Health by association? Social capital, social theory, and the political economy of public health', *International journal of epidemiology* **33**(4), 650–667. 17, 18

Tabatadze, S. and Gorgadze, N. (2017), 'Affirmative action policy in admissions system of higher education of post-Soviet Georgia', *Journal of Applied Research in Higher Education* . 38

Tabatadze, S., Gorgadze, N. and Gabunia, K. (2020), 'Study of the higher education minority quota system policy in Georgia, 2010-2019.', *Online Submission* . 38, 40

Tagliabue, F., Galassi, L. and Mariani, P. (2020), 'The "pandemic" of disinformation in COVID-19', *SN comprehensive clinical medicine* **2**(9), 1287–1289. 63

Thinane, J. S. (2022), 'Religious perspectives on vaccination: Mandatory Covid-19 vaccine for SA churches', *Pharos Journal of Theology* **103**. 56

Tsai, W. and Ghoshal, S. (1998), 'Social capital and value creation: The role of intrafirm networks', *Academy of management Journal* **41**(4), 464–476. 14

Tsintskiladze, I. (2019), 'European Integration and Identity Issues in Georgia'. Accessed: 2022-03-08.
URL: *https://psage.tsu.ge/index.php/Easternstudies/article/view/120* 45

Van Bavel, J. J., Baicker, K., Boggio, P. S., Capraro, V., Cichocka, A., Cikara, M., Crockett, M. J., Crum, A. J., Douglas, K. M., Druckman, J. N. et al. (2020), 'Using Social and Behavioural Science to support COVID-19 Pandemic Response', *Nature Human Behaviour* **4**(5), 460–471. 47

Varshney, L. R. and Socher, R. (2020), 'COVID-19 growth rate decreases with social capital', *MedRxiv* . 18

Veloy-Mateu, S. (2016), 'The Armenian Minority in the Samtskhe-Javakheti Region of Georgia: Civic integration and its barriers policy paper'. 36

Walkowiak, M. P., Domaradzki, J. and Walkowiak, D. (2022), 'Better late than never: Predictors of delayed COVID-19 vaccine uptake in Poland', *Vaccines* **10**(4), 528. 18

Walsh, C. C. (2011), Gardening together: Social capital and the cultivation of urban community, PhD thesis, Case Western Reserve University. 13, 14

Wheatley, J. (2009), 'The integration of national minorities in the Samtskhe-Javakheti and Kvemo Kartli provinces of Georgia'. Accessed: 2022-03-08.
URL: *https://www.ssoar.info/ssoar/handle/document/10694* 36, x

WHO (2019), 'Ten threats to global health in 2019'. Accessed: 2022-03-08.
URL: *https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019* 5

Woolcock, M. and Narayan, D. (2000), 'Social capital: Implications for development theory, research, and policy', *The World Bank Research Observer* **15**(2), 225–249. 12, 17

Woolf, N. H. and Silver, C. (2017), *Qualitative Analysis Using ATLAS.ti: The Five-Level QDATM Method*, Routledge: London, UK. 25

Wu, C. (2021), 'Social capital and covid-19: a multidimensional and multilevel approach', *Chinese Sociological Review* **53**(1), 27–54. 18, 19

Yuval-Davis, N. and Stoetzler, M. (2002), 'Imagined boundaries and borders: A gendered gaze', *European journal of women's studies* **9**(3), 329–344. 43

Zakharova, E. (2010), 'Street Life in Tbilisi as a Factor of Male Socialization', *Laboratorium: Russian Review of Social Research* **2**(1), 182–204. 53, 54

Zarocostas, J. (2020), 'How to fight an infodemic', *The lancet* **395**(10225), 676. 63

Zviadadze, S. and Jishkariani, D. (2018), 'Identity issues among Azerbaijani population of Kvemo Kartli and its political and social dimensions'. Accessed: 2022-03-08.
URL: *https://socialjustice.org.ge/en/products/identobis-problematika-kvemo-kartlis-azerbaijanelebshi-da-misi-politikuri-da-sotsialuri-ganzomilebebi* 69, x

A

Participant Information

A.1 Interviewee Information

Davit - Interviewee 1: General Practitioner (GP), worked as a medical consultant and led training on CIPDD Mobile Booth Vaccination Project, Male, 32-years-old, Georgian.

Manana - Interviewee 2: CIPDD representative, organised locations and secured funding for CIPDD Mobile Booth Vaccination Project, Female, [AGE], Georgian.

Anahit - Interviewee 3: Journalist at Jnews[1] and member of Georgian-Armenian community of Akhalkalaki, Female, 28-years-old, Georgian-Armenian[2].

Note: Interviews 1 and 2 were both carried out via Zoom between May-June 2022. Conversations were held in English. Verbal consent was gained and recorded from both participants. Interview 3 was carried out via Facebook in August 2022. Questions and responses were given in written form. Conversations were held in Russian. Written consent was gained. All three interviewees names have been changed in order to protect their anonymity.

[1] Jnews publishes news and in-depth reports from the Javakheti Region in Russian and Armenian. In addition, Jnews collaborated with the CIPDD Vaccination Project to respond to frequently asked questions regarding the vaccination through an article which can be read here (in Russian): https://jnews.ge/?p=90550

[2] The Georgian-Armenian identity refers to ethnically-Armenian Georgian citizens and should not be confused with migrant communities of Armenian citizens living in Georgia.

A.2 Focus Group Coding

ID	Pseudonym	Age	Gender	Occupation	Focus Group	Identity	Religion
G1-P1	Tamaz[1]	25	M	Journalist	Samtskhe-Javakheti	Georgian	GOC
G1-P2	Ana	19	F	Student	Samtskhe-Javakheti	Georgian	GOC
G1-P3	Keti[1]	21	F	Student	Samtskhe-Javakheti	Georgian	GOC
G1-P4	Nino	20	F	Student	Samtskhe-Javakheti	Georgian	GOC
G1-P5	Mariam	18	F	Teacher	Samtskhe-Javakheti	Georgian	GOC
G1-P6	Tamro	24	F	Youth worker	Samtskhe-Javakheti	Georgian	GOC
G2-P1	Huseyn[2]	20	M	Student	Kvemo Kartli	Georgian-Azerbaijani*	Muslim
G2-P2	Ali	19	M	Student	Kvemo Kartli	Georgian-Azerbaijani	Muslim
G2-P3	Yusif	21	M	Student	Kvemo Kartli	Georgian-Azerbaijani	Muslim
G2-P4	Ramazan	22	M	Student	Kvemo Kartli	Georgian-Azerbaijani	Muslim
G2-P5	Aslan[2]	21	M	Student	Kvemo Kartli	Georgian-Azerbaijani	Muslim
G2-P6	Murad	21	M	Student	Kvemo Kartli	Georgian-Azerbaijani	Muslim
G2-P7	Eldar	21	M	Student	Kvemo Kartli	Georgian-Azerbaijani	Muslim
G2-P8	Ruslan	29	M	Teacher	Kvemo Kartli	Georgian-Azerbaijani	Muslim
G2-P9	Gurban	30	M	NGO worker	Kvemo Kartli	Georgian-Azerbaijani	Muslim
G3-P1	Nana	17	F	Student	Mountainous Adjara	Georgian	Muslim
G3-P2	Elene	17	F	Student	Mountainous Adjara	Georgian	Muslim
G3-P3	Natela	18	F	Student	Mountainous Adjara	Georgian	Muslim
G3-P4	Merab	17	M	Student	Mountainous Adjara	Georgian	Muslim
G3-P5	Sopho	29	F	NGO worker	Mountainous Adjara	Georgian	Muslim

[1] Note: Tamaz and Keti are cousins.
[2] Note: Huseyn and Aslan are brothers.

Table S1: Focus Group Coding

(a) **Note on Georgian-Azerbaijani identity***: The Georgian-Azerbaijani identity refers to ethnically-Azerbaijani Georgian citizens and should not be confused with migrant communities of Azerbaijani citizens living in Georgia.

(b) **Note on pseudonym selection**: While each participant was given a code, the use of these codes within social anthropological research can render the study impersonal and disconnected from the participant. In order to maintain anonymity, I have opted to employ pseudonyms. All pseudonyms are based on popular names according to each participant's ethnicity given the significant role this plays in their experiences of the COVID-19 pandemic in Georgia.

(c) **Note on location** The first two focus groups (Samtskhe-Javakheti and Kvemo Kartli) were held at the respective offices of the collaborating local organisations. The third focus group (Mountainous Adjara) was held in Tbilisi, at the CIPDD offices.

B

CIPDD Mobile Booth for Vaccination Project Overview

B.1 Summary of Project

The following summary can be found on the CIPDD website (CIPDD, 2022). The text has been translated from Georgian into English by the author (Rhiannon Segar):

The project has been completed - "Mobile Booths for Vaccination"

From October 1, 2021 to April 1, 2022, the Caucasus Institute for Peace, Democracy and Development with the support of the Black Sea Trust for Regional Cooperation is implementing a project (Mobile Booths for Vaccination) in the municipalities of Marneuli, Akhaltsikhe and Khulo. In order to implement the project, the Caucasus Institute for Peace, Democracy and Development actively cooperates with local organisations.

Goals of the project:

- Dissemination of information about available vaccines against COVID-19 in Georgia
- Dispelling baseless myths with scientific arguments
- Registration of those interested via the vaccination portal
- If necessary, arranging consultation with a doctor
- Sending medical teams to screen applicants on site
- In all three regions, mobile groups consist of young volunteers, who are led by local coordinators. Firstly, they will be trained on the COVID vaccine and proper communication techniques with the population.

- Groups will visit 18 villages in each municipality (54 villages in total) for at least one day.
- In Kvemo Kartli and Samtskhe-Javakheti, priority will be given to those villages where the ethnically Armenian or Azerbaijani population is compactly settled and, due to the language barrier, information spreads even more slowly.
- Volunteers will set up a tent in each village, invite everyone to talk, answer their questions and hand over an information brochure (in the appropriate language) that was produced as part of the project. They will be treated with hot tea and coffee.
- In all three municipalities, there will also be information meetings with teachers, which aim to: provide information about the vaccination; on the correct communication techniques of teachers with students on this topic.
- An incentive lottery will also be held among vaccinated or registered teachers, one teacher in each municipality will receive a bookstore voucher.
- At the end of the project, volunteers will participate in a summative evaluation seminar in Tbilisi, where they will share their experiences and impressions with each other. Based on their opinions, a small document will be created that will outline a possible strategy for promoting vaccination.

B.2 Collaborating Organisations

The CIPDD collaborated with three local organisation over the duration of the Mobile Booth for Vaccination project. These organisations were as follows:

1. **Khulo Local Action Group** (Khulo LAG), based in Khulo, Adjara
2. **New Thinking Institute** (NTI), based in Marneuli, Kvemo Kartli
3. **Akhaltsikhe Adult Education Centre**, based in Akhaltsikhe, Samtskhe-Javakheti

B.3 Informational leaflets (Figures S1, S2 & S3)

B.3.1 Translation of leaflets

The coronavirus pandemic can be defeated by the joint efforts of people. The safest, most effective, and fastest way to do this is through mass vaccination. The vaccine teaches the body to recognize the coronavirus and fight it. If a large portion of the population is immune to the coronavirus, the frequency of its transmission will drop sharply, and fewer people will get sick.

An umbrella protects a person from getting wet in the pouring rain. But it still cannot guarantee complete dryness. Consequently, fully vaccinated people are more protected from infection, although they can get sick with coronavirus. But unlike others, they will have a milder course of the disease and, for the most part, will not require hospitalization. There are currently 3 vaccines available in Georgia:

- **Pfizer** (USA)
- **Sinovak** (China)
- **Sinopharm** (China)

Pregnant women and people over 16 years of age (16 to 18 years of age with parental consent) can be vaccinated with the Pfizer vaccine. The AstraZeneca vaccine is approved in the most countries in the world, 181, and people over 45 can be vaccinated with it. Sinopharm and Sinovak are vaccines created according to traditional methodology, and 7.3 billion doses of them have already been administered worldwide. **Baseless, fake stories are being circulated about vaccines and vaccinations every day. In order not to be mistaken, trust only official sources!**

Figure S1: Informational leaflet in Georgian language created by the CIPDD

Figure S2: Informational leaflet in Armenian language created by the CIPDD

Figure S3: Informational leaflet in Azerbaijani language created by the CIPDD

C

Short Descriptions of Communities in Focus

Kvemo Kartli: The Georgian-Azerbaijani Community

Kvemo Kartli is located in the southern part of eastern Georgia, bordering Azerbaijan and Armenia. The CIPDD project focused its attention on Marneuli— one of the six municipalities that make up Kvemo Kartli. The Marneuli municipality is largely populated by Georgian-Azerbaijani[a] communities, totalling 83.7% of the population according to the most recent census (CITE). Ethnic-Azerbaijani populations have long lived within Georgia, with some scholars tracing their roots as far back as the eleventh century when the first nomadic Turkic tribes entered Georgia (Wheatley, 2009). In terms of religion, Georgian-Azerbaijanis are largely Muslim, the majority following the Shi'ite branch, while a significant portion of the population is Sunni. However, many Georgian-Azerbaijanis make little distinction between the two branches in reality (Wheatley, 2009).

For the Georgian-Azerbaijani youth of Kvemo Kartli, the discussion of their national belonging has increasingly entered into public discourse, with many actively resisting cultural erasure and 'Othering' by the dominant ethnic Georgian society and exclusionary state policy (Zviadadze and Jishkariani, 2018). In terms of their identity, previous interviews with these communities show that Georgian-Azerbaijani youth tend to identify deeply with Georgia as their motherland, while Azerbaijan is rather seen as their ancestral home (Zviadadze and Jishkariani, 2018). In this way, the top-down concept of the Georgian nation differs from that imagined by many of those living within it. In general, the residents of most villages with dominant Georgian-Azerbaijani populations have limited day-to-day interactions with ethnic Georgians, although there have been shifts toward greater integration over the past decade.

In the first phase of the pandemic, the Marneuli and Bolnisi municipalities were some of the most affected areas after over 137,000 people tested positive in March 2020. This led to 56-days of strict quarantine measures for the two municipalities, meaning they were unable to travel outside of their communities during this time. Statistical data of the exact vaccination rates in Marneuli is currently unavailable to the public, however, only 15% of respondents who identify as ethnically-Azerbaijani were found to be vaccinated as of data collected between December 17, 2021 and January 31, 2022 (Figure S4).

[a] Many studies refer to this community as the 'Azeri' population of Georgia. However, a study by the Human Rights Education and Monitoring Center found that many Georgian-Azerbaijanis view the term 'Azeri' as describing the ethnic-Azerbaijani population residing in Azerbaijan. Instead, most prefer the term 'Georgian-Azerbaijanis' (in Azerbaijani: *Gürcistan Azərlləri*) to refer to themselves, often shortened to the term '*Graz*', both indicating their Georgian citizenship status and distinction from the Azerbaijani population of Azerbaijan and Azeri migrant populations living in Georgia (Zviadadze and Jishkariani, 2018).

FIGURE S1: Marneuli Municipality

Samtskhe-Javakheti: The Georgian-Armenian Community

Samtskhe-Javakheti is located in southern Georgia and borders both Armenia and Turkey. Distinguished by a long history of cultural diversity, Samtskhe-Javakheti, the largest ethnic group living in the region is the Georgian-Armenian population, who account for 50.52% of the total population. Armenian culture can be traced back to Georgia as far back as its ancient foundations as a nation, however, many historians believe the vast majority of the Georgian-Armenian populations settled in the Samtskhe-Javakheti region following the Russo-Ottoman War of 1828-1829 (Berglund et al., 2021).

For the most part, Georgians and Armenians have lived peacefully together in the region. Nonetheless, toward the end of the 1980s and early 1990s, tensions between the Armenian community of Javakheti and the ethnically-Georgian population led to the Javakheti movement — a movement supporting autonomy for the Javakheti region (Berglund et al., 2021). Several factors, including a lack of support from Armenia, conflicting and disorganised campaigns, and a legacy of peaceful relations with ethnic Georgians, would cause the Javakh movement to later subdue. It should be noted that several controversial 'Georgianisation' policies were also put in place by the government from the mid-1990s onwards, including the merging of the Armenian-dominated Javakheti with the Georgian majority Samtskhe under the Shevardnadze government. Religiously, the vast majority of Georgian-Armenians are Christians and belong to the Armenian Apostolic faith, with a significant number of Armenian Catholics also living in Samtskhe-Javakheti (National Statistics Office of Georgia, 2014).

Volunteers on the CIPDD project primarily focused on two of the six municipalities within Samtskhe-Javakheti: Akhaltsikhe and Akhalkalaki. Akhaltsikhe, part of the historical Samtskhe region, ethnic Georgians make up 68% of the population, with ethnic Armenians accounting for 31%. Akhalkalaki is one of two municipalities — the other being neighbouring Ninotsminda — that form what is collectively known as Javakheti. Here, ethnic Armenians form 92.9% and 95% of the population in Akhalkalaki and Ninotsminda, respectively. Akhalkalaki is a mountainous and remote municipality, making it isolated from the rest of the country, particularly during the winter season when it experiences heavy snowfall. Vaccination uptake has consistently remained low among Georgian-Armenian communities, with a CRRC poll finding that only 14% of respondents who identify as Armenian saying they would vaccinate against COVID-19 during the early phases of the CIPDD project (Figure S5).

FIGURE S2: Akhaltsikhe Municipality

FIGURE S3: Akhalkalaki Municipality

Mountainous Adjara: The Georgian Muslim Community of Adjara

The third and final community in focus will be the ethnic Georgian Muslim communities of Mountainous Adjara. The Autonomous Republic of Adjara is located in the south-western area of Georgia, lying north of Turkey on the Black Sea. Between 1627 and 1878, Adjara was part of the Ottoman Empire, which consequently led to the majority of its population converting to Islam (Khalvashi, 2015, p. 2-3). In the latter part of the nineteenth century, Adjara would become part of Georgia once more under the Russian Empire and later the Soviet Socialist Republic of Georgia (Khalvashi, 2015). Notably, the Treaty of Kars — signed in 1921 by Soviet and Turkish officials — grants Adjara autonomous status as a means of protecting the identity of the Muslim populations of Adjara. Despite this, the nationalising strategies of predominantly Christian society have led to the marginalisation of these communities, resulting in the mass conversion of many from Adjara to Orthodox Christianity following Georgia's independence from the Soviet Union (**?**)

The CIPDD project focused its attention on the Khulo municipality, located in the mountainous eastern part of the Autonomous Republic of Adjara. Here, the vast majority of the population continues to identify as Muslim (Sunni branch). While the previous two communities were distinct in their ethnic identity, it should be reiterated that the Muslim Georgian communities of Mountainous Adjara are ethnically Georgian. While it is not uncommon to see reference to these communities as 'Adjarians', this analysis chooses to employ the term 'Muslim Georgian communities of (Mountainous) Adjara' as to highlight the ethnically Georgian identity of these communities, which have regularly been subject to 'Othering' practices. Unlike the previous two communities, the Muslim Georgian community of Adjara was unique in its higher rates of vaccination uptake against the COVID-19 pandemic prior to the commencement of the CIPDD project. As will be explored within the main body of this thesis, the explanation for these higher rates of vaccination cannot be explained by one factor alone. Instead, a number of contextual factors — including the marginalisation of a Muslim identity which has continually been put at stake — contribute to this phenomenon.

FIGURE S4: Khulo Municipality

D

External Quantitative Data

D.1 Vaccinations against COVID-19 per 100 people

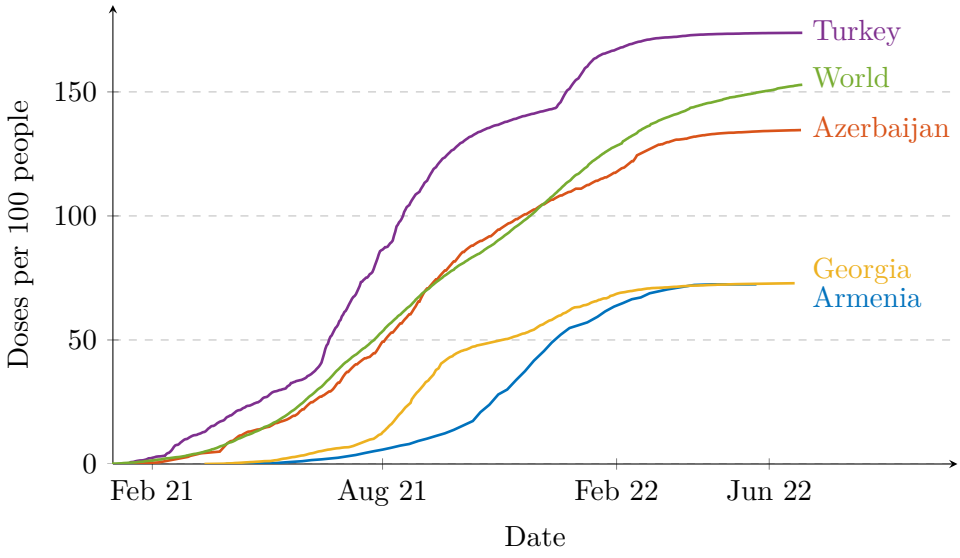

FIGURE S1: Vaccinations against COVID-19 per 100 people // (Our World in Data, 2022)

D.2 Vaccine intention in December 2021, country-wide

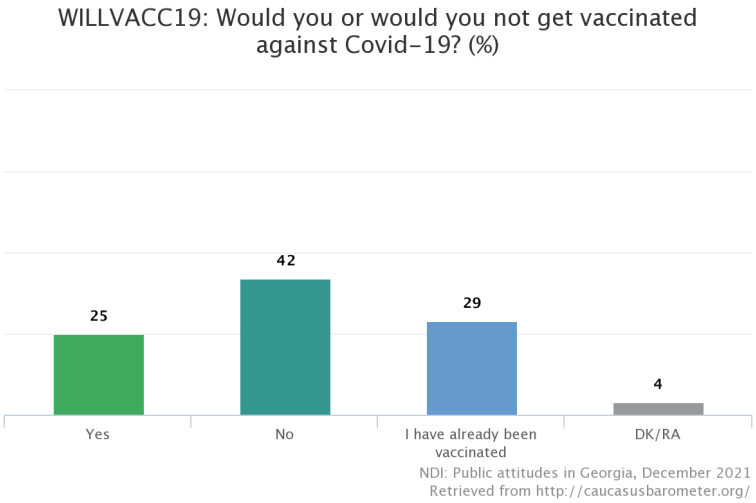

Figure S2: Vaccination willingness across Georgia // NDI: Public attitudes in Georgia, CRRC (2021)

D.3 Knowledge of Vaccination Process

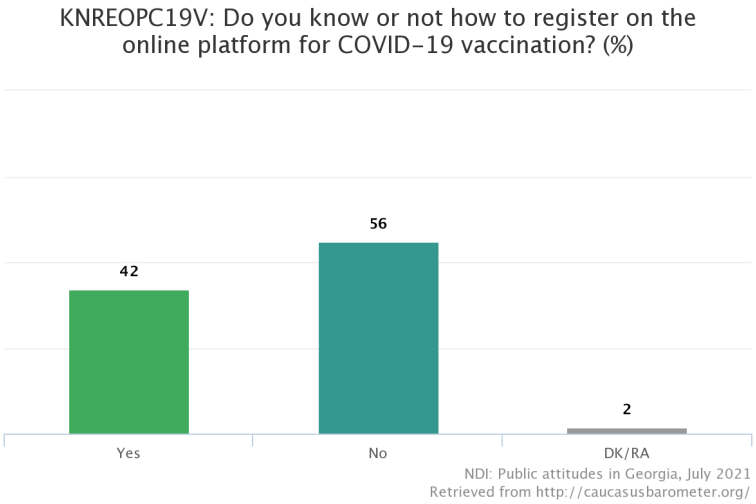

Figure S3: Knowledge of Vaccination Process (July, 2021) // NDI: Public attitudes in Georgia, CRRC (2021)

D.4 Vaccination uptake by ethnicity

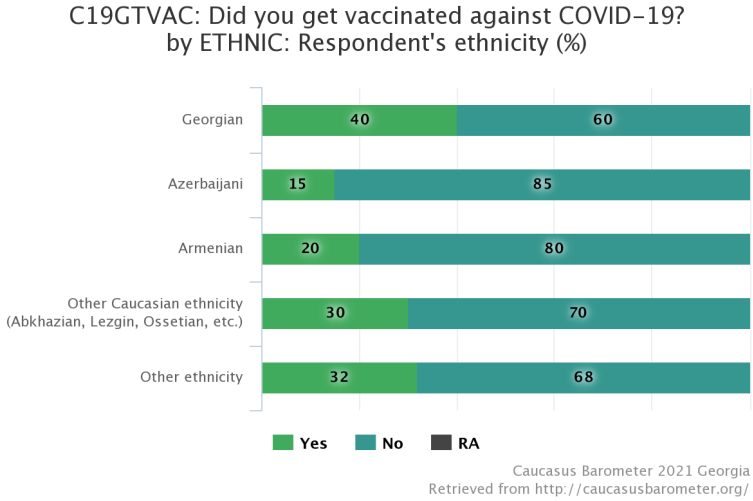

FIGURE S4: Vaccination uptake by ethnicity // Caucasus Barometer, CRRC (2021)

D.5 Vaccination intention by ethnicity

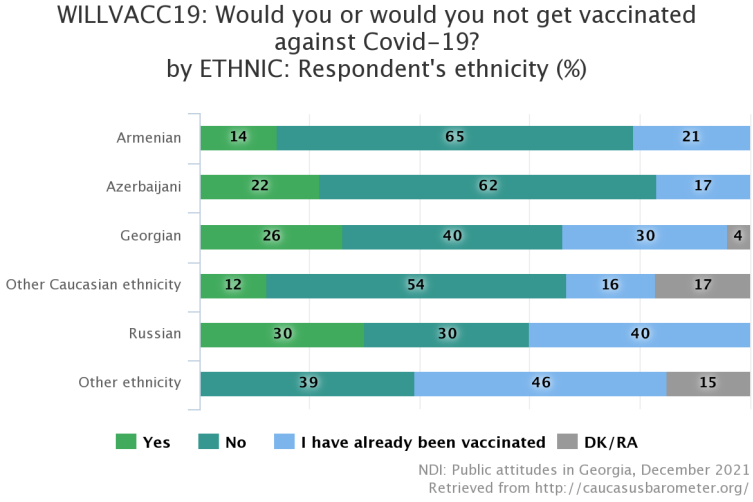

FIGURE S5: Vaccination intention by ethnicity (December 2021) // NDI: Public attitudes in Georgia, CRRC (2021)

D.6 Knowledge of Russian Language

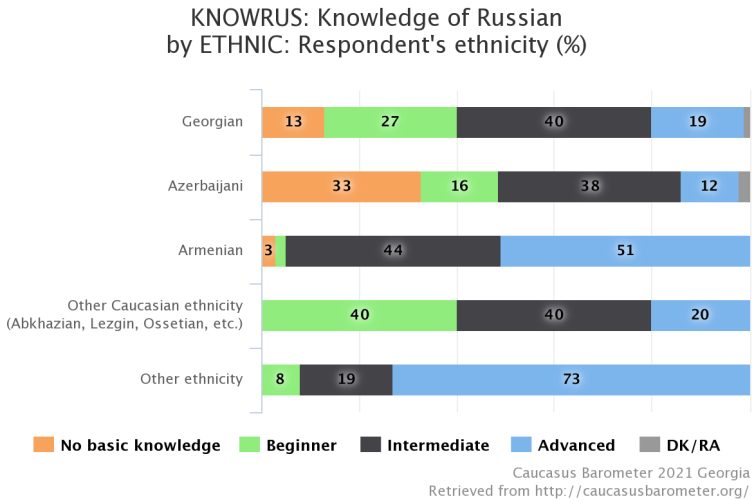

Figure S6: Knowledge of Russian language by ethnicity // Caucasus Barometer, CRRC (2021)

D.7 Opinion towards Russian government

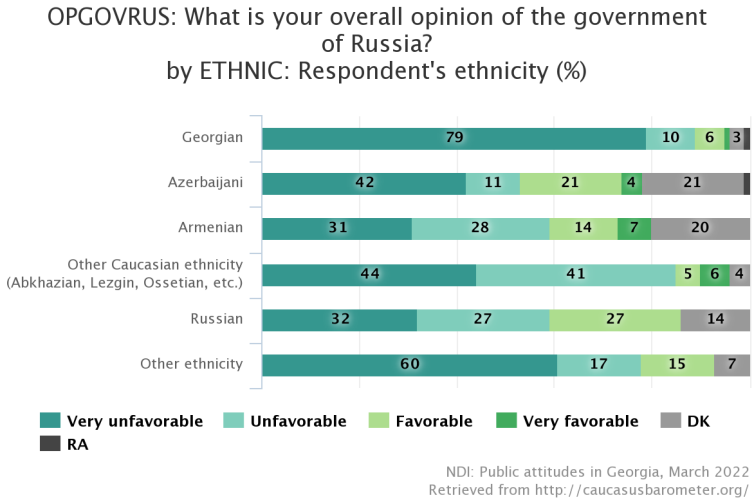

Figure S7: What is your overall opinion of the government of Russia? // NDI: Public attitudes in Georgia, CRRC (2022)

E

Additional Data

E.1 Additional Quotes from Thematic Content Analysis

Theme	**Illustrative Participant Quotes**	**Pseudonym, Age, Gender:**	**Focus Group /Interview**
Chain Reaction Effect	"Facebook users got the information from social media, for example, Radio Marneuli site. Radio Marneuli is a local media radio and they have a Facebook page too. And [the] Facebook page was the most popular, and if they have this Facebook account, they got information from Radio Marneuli [in] Georgian and Azerbaijani. And if they did not have [Facebook], for example, the older generation, we read, or read to them, and share this."	Ali, 19, M	Kvemo Kartli
	"My mum was the first one who got vaccinated at her job and everyone around [...] they were like: [...] "you're gonna be feeling really bad in a couple of months, a couple of days". And my mum was really fine. A couple of months later, one lady was [an] anti-vaxxer, she got vaccinated. And after, another and another. That works because they saw that it's okay."	Tamaz, 25, M	Samtskhe-Javakheti
	"We call it "*ts'amkheduri*". So basically, when you see someone doing it, you also want to do it [...] Family members vaccinated, for example, when [my wife] got vaccinated, her mother and brother also vaccinated"	Davit, 28, M	Interviewee 1

Lack of Information at the beginning of the pandemic	"In the first stage of the pandemic, there was a lack of information about the pandemic and then of course, about vaccines. And mostly for the middle-aged generation, because they get generally information from TV channels, not Facebook or social media. And because of this language issue, they mostly watched the Azerbaijani TV and Turkish TV, not Georgian. And I can add that, Azerbaijan TV channel had no information in our community's languages too, in the first stage. [...] Then it changed into the problems of the filters of [this information], because then they have a lot of information from the Azerbaijani and Turkey TV channels, but without any filter. And what myths were [on] Azerbaijan[i] TV and what myths were [on Turkish] TV channels, they know everything, all the myths, but cannot choose the right and this information."	Aslan, 21, M	Kvemo Kartli
	"And I can add that, Azerbaijan TV channel had no information in our community's languages too, in the first stage."	Aslan, 21, M	Kvemo Kartli
	"Yeah, we did not know what is right and what is fake. I had no information about this in the first stage [...] And, I started searching the informational sources."	Tamaz, 25, M	Samtskhe-Javakheti
Availability of resources in different languages (Infodemic)	"In the beginning of the pandemic, [it] is very difficult to get information in Georgian language because I started to check and search and click on the websites which had this information, but there is only in a foreign language, maybe English language. And Russian also. [...] And, not in Georgian. In my case, of course, I can read and understand English and maybe other languages. But in other cases, they may not know this."	Keti, 21, F	Samtskhe-Javakheti
	"The grandparents' generation whose main language was Russian- they still use Russian TV channels [...] as a main source of information."	Keti, 21, F	Samtskhe-Javakheti
	"The main part was that [the Georgian-Armenian communities] can't understand Georgian language and they didn't have access to anything in Georgian. Most of them [...] didn't understand anything. And they were getting the information from Russian channels and everything they were listening to, to the televisions, they trusted the information and they couldn't get the information in Georgia or even from the self-government in the villages. And some people thought that to get [the] vaccination, you have to pay for this. And we had this kind of cases that they thought there was a cost."	Tamaz, 25, M	Samtskhe-Javakheti

	"If the highest rate of daily vaccinations was 128, it would have been 200 if the doctors* were Azerbaijani speakers: because they were interested in, for example, special disasters and medicines and terms, some doctoral terms, and because there was not a doctor to communicate that. There were translators [...] between the patient and these doctors — they were all in Georgian. This is [a] common problem, for example, [the] Georgian Red Cross society, I was a member. They still have this problem because I was an Azerbaijani-speaking member of this group and doctors were, maybe Russian speaking, in general, Georgian."	Murad, 21, M	Kvemo Kartli
Reaction to state-led financial incentives to vaccinate	"This is like [the] biological thesis by Darwin that the strong will be alive, because when the government decides to give these financial benefits in the amount of 200 lari for pension[ers]. These people already started thinking that "Yeah, right. We are right. This is the main plan of the state: that we will get vaccinated and die. And only the new generation will be alive instead of us, and this is their main aim."	Murad, 21, M	Kvemo Kartli
	This is about my friend's grandma, who was against the vaccination. But she said we have no flour at home or oil, and after getting vaccinated and getting this 200 lari we can. "I am very afraid of the vaccine but we don't have this meal [...] at home so I should." The idea is that this economic situation — collapse — conditions of each family really makes sense in this vaccination; it influenced all this situation in that way.	Keti, 21, F	Samtskhe-Javakheti

Table S1: Illustrative quotes from thematic content analysis

E.2 Conspiracy Theories and Myths about COVID-19 Vaccination

The COVID-19 vaccine...	KK	MA	S-J	Total:
...will cause death	2	0	7	**9**
... is used for population control	3	0	3	**6**
... inserts microchips/5G connection/other technology into you	2	2	1	**5**
... will cause fertility problems	1	2	2	**5**
...causes neurodevelopmental disorders or mental health issues: (e.g. autism, schizophrenia, memory problems)	0	1	1	**2**
...causes or worsens other health problems	1	0	1	**2**
...will alter your DNA	0	1	0	**1**
...will lead to religious damnation	0	0	1	**1**
... is part of a human experiment	0	0	1	**1**
... is linked to Muslim agenda	0	0	1	**1**
... is linked to a Western agenda/George Soros	0	0	1	**1**
Total:	9	6	19	**34**

TABLE S2: Conspiracy theories and myths about the vaccination against COVID-19 by frequency of mentions

F

Social Media Posts

F.1 Translation of S1

Dear Friends, we want to tell you about our vaccination campaign. Within the framework of the project, the youth of our organisation have been visiting the villages of Marneuli for several days now, registering the desired villagers for vaccination. After registration, the Mobile Brigade comes to the village and vaccinates those who register with the type of vaccine they want. We would like to inform you that our young people will continue the registration campaign tomorrow, November 15, from 11:00 to 17:00 in the yard of Sadakhli House of Culture. The Mobile Group for Vaccination, a regional partner of our organization in Marneuli, is implemented by the Caucasus Institute for Peace, Democracy and Development with the financial support of the Black Sea Regional Cooperation Trust.

F.2 Translation of S2

Dear friends, the pandemic campaign launched by our organization continues successfully. Today we supported those who want to be vaccinated in the center of Sadakhli village, 51 villagers were vaccinated. Tomorrow we will help those who want to be vaccinated in Demiya Gorarkhi village of Marneuli Municipality from 10:00 to 17:00. Those who want to be vaccinated can also come from the surrounding villages. The Mobile Group for Vaccination project, which is a regional partner of our organization in Marneuli, is implemented by the Caucasus Institute for Peace, Democracy and Development with the financial support of the Black Sea Regional Cooperation Trust Organization.

Note on Translations:

All translations have been completed by the author (Rhiannon Segar) with the assistance of a native speaker.

Figure S1: Facebook post by New Thinking Institute about the Mobile Booth for Vaccination Project

Figure S2: Facebook post by New Thinking Institute about the Mobile Booth for Vaccination Project

G

Focus Group Schedule

Focus Group Script

(**Introduction**) My name is Rhiannon, and I am a master's student at Ilia State University and the University of Glasgow. I'm going to lead our discussion today. I will be asking you questions and then encouraging and moderating our discussion. My research assistants Rusudan (Ruso) and [Anna/Foki] will help with interpreting.

(**Purpose**) The reason we're here today is to gather your opinions and attitudes about issues related to your experiences with the COVID-19 pandemic. The results of this focus group will be published as part of my MA thesis on informality and information during the COVID-19 pandemic.

(**Timeline**) This focus group should take between 60 and 90 minutes.

(**Ethics**) Before we proceed, I want to remind you that all of your answers will be kept confidential, and your name will not be used in any reports that come out of this study. We will ask all participants to respect each other's confidentiality. In addition, you may refuse to answer any questions and withdraw from the study at any time. Please just let me know if you would like to skip anything I ask. If you have any questions at any point during our conversation, please don't hesitate to ask me. We can also stop at any point if you feel you do not want to continue with the conversation.

(**Consent to record**) I also would like you to know this focus group will be tape-recorded. The identities of all participants will remain confidential. The recording allows us to revisit our discussion for the purposes of developing my research paper. No names will be attached to the focus groups and the tapes will be destroyed as soon as they are transcribed.

[**Yes**/Great, let's get started]

[**No**//I completely understand, but I want to reassure you that the only reason I am taping these interviews is because it is so difficult to write your responses down while talking to you. The information from this interview is confidential, the files will be password protected on my computer and only myself, my supervisors and research assistant will have access to them. Also, the resulting interview transcripts will have all identifying information removed from them. So, would it be okay if I recorded our conversation?]

[**Yes**/Thank you so much. Let's get started.]

[**No**/Okay, no problem. Let's get started.]

Category	**Examples of possible questions**
A. Demographics	A.1. Please introduce yourself: name, age and occupation
	A.2. Tell me about your religious and/or ethnic identity
	A.3. What role does your religious beliefs and/or ethnic identity play in your daily life?
B. Social Capital	B.1. Since the outbreak of COVID-19, have you seen your close friends and family more, less or about the same?
	B.2. Do you trust politicians?
	B.3. Do you trust scientific leaders?
	B.4. Do you trust your neighbours?
	B.5. In general, would you say the following groups are trusted among [YOUR COMMUNITY]? (NGOs, the government, the Prime Minister (Irakli Garibashvili), Scientific and/or medical professionals, family, friends, neighbours)
	B.6. Who do you include when you think of your neighbours?
	B.7. Who or what is your main source of information about current affairs?
	B.8. Tell me about formal civic life in [LOCATION]. Would you say there are many clubs or associations?
C. Community Resilience	C.1. Do you identify with a community? How do you define the term "community"?
	C.2. In general, can the majority of people in this community be trusted?

	C.3. Have you observed new forms of solidarity among your community since the outbreak of the COVID-19 pandemic?
	C.4. Since the outbreak of the COVID-19 pandemic, have there been any efforts by the community to overcome a problem?
	C.5. Who are the main leaders in this community?
	C.6. How are decisions made within this community? What is the role of the community leaders? How are community members involved?
	C.7. Is there anything about your community that really worries you when thinking about effectively responding to the COVID-19 pandemic?
	C.8. Over the COVID-19 pandemic, have you received any help or support from your neighbours? What about family?
	C.9. Over the COVID-19 pandemic, have you received any help from the government, including financial assistance such as grants?
	C.10. How would you describe the relations between members of the community?
D. Information Sources	D.1. Where do you receive information about the COVID-19? Does this differ from the rest of the population, in your opinion?
	D.2. Do you trust the information you read about COVID-19?
	D.3. Are you aware of the current regulations in place in Georgia? How did you learn about these regulations?
	D.4. What do you think about the current regulations in the country?
	D.5. Would you say people follow the current regulations?
	D.6. Do you believe most people are aware of current regulations?
	D.7. Do people believe that COVID-19 is real? Do people believe it is a serious threat to people's health?
	D.8. Have you come across any misinformation about the COVID-19 pandemic, including about vaccinations?
E. Vaccination attitudes	E.1. Have you been vaccinated against COVID-19?
	E.2. If yes, were you hesitant to do so? Which vaccine?

	E.3. If no, why not?
	E.4. What do you think is the most common reason people are hesitant to get vaccinated in Georgia?
F. Handling of the pandemic in Georgia	F.1. How would you assess the government's handling of the COVID-19 pandemic?
	F.2. Are there any social or economic safety nets/provisions the government has put in place over the pandemic?
	F.3. How do you feel about the future of the pandemic situation in Georgia?

TABLE S1: Focus Group Questions

Closing:

(**Final Remarks**) I appreciate the time you took for this interview. Do you have any final remarks, questions, or queries?

(**Final Actions**) I should have all the information I need. Would it be alright to contact you if I have any further questions? Thank you very much for your help.

H

Interview Schedule

Interview Script

(**Introduction**) My name is Rhiannon, and I am a master's student at Ilia State University and the University of Glasgow.

(**Purpose**) I would like to ask you some questions about your attitudes, knowledge, and experience of the COVID-19 pandemic.

(**Motivation**) I am hoping to learn more about the role of networks, trust, and informality in Georgia during the ongoing pandemic for my MA thesis.

(**Timeline**) This interview should take between 40 and 60 minutes. Are you available to respond to some questions at this time?

(**Ethics**) Before we proceed, I want to remind you that all of your answers will be kept confidential, and your name will not be used in any reports that come out of this study. In addition, you may refuse to answer any questions. Please just let me know if you would like to skip anything I ask. If you have any questions at any point during our conversation, please don't hesitate to ask me. We can also stop the conversation at any point if you feel you do not want to continue with the interview.

(**Consent to record**) I would like to audio record this discussion, so that I can listen more closely and not have to write notes throughout our conversation. Would it be okay for me to record our discussion?

[**Yes**/Great, let's get started]

[**No**//I completely understand, but I want to reassure you that the only reason I am taping

these interviews is because it is so difficult to write your responses down while talking to you. The information from this interview is confidential, the files will be password protected on my computer and only myself, my supervisors and research assistant will have access to them. Also, the resulting interview transcripts will have all identifying information removed from them. So, would it be okay if I recorded our conversation?]

[**Yes**/Thank you so much. Let's get started.]

[**No**/Okay, no problem. Let's get started.]

Category	**Examples of possible questions**	**Probes**
A. Demographics	A.1. Please introduce yourself: name, age and occupation. A.2. Please tell me about your religious and/or ethnic identity. A.3. Please explain your role in the CIPDD vaccination project.	
B. Social Capital	B.1. In general, would you say the following groups are trusted among Georgians? *(NGOs, the government, the Prime Minister (Irakli Garibashvili), Scientific and/or medical professionals, family, friends, neighbours)* B.2. In your opinion, does trust in these groups differ among ethnic or religious minority groups?	
C. Information Sources	C.1. Where do you receive information about COVID-19? Does this differ from the rest of the population, in your opinion? C.2. Do you trust the information you read about COVID-19? C.3. Are you aware of the current regulations in place in Georgia? How did you learn about these regulations? C.4. What do you think about the current regulations in the country? C.5. Do you follow the current regulations? C.6. Do you believe most people are aware of current regulations?	*Which sources? Social media, mainstream media, friends, family etc.* *If no, why not?* *Do they follow them?*

	C.7. Do you believe that COVID-19 is real? Do you believe it is a serious threat to people's health? C.8. Have you come across any misinformation about the COVID-19 pandemic, including vaccinations?	*Explain the nature of this misinformation. Who do you believe is responsible for the disinformation?*
D. Vaccination Attitudes	D.1. Have you been vaccinated against COVID-19? D.2.a. If yes, were you hesitant to do so? Which vaccine? D.2.b. If no, why not? D.3. What do you think is the most common reason people are hesitant to get vaccinated in Georgia? D.4. What are the main strategies to encourage vaccination?	*Elicit whether they had a preference of vaccine and why.* *How do they differ across each community in the CIPDD project?*
E. Handling of the pandemic in Georgia	E.1. How would you assess the government's handling of the COVID-19 pandemic? E.2. What would you say is the biggest challenge for the Georgian government in terms of the COVID-19 pandemic? E.3. What social or economic safety nets/provisions has the government put in place over the pandemic? Have they been effective? E.4. Do you believe the ongoing political situation has had an impact of the government's handling of the pandemic? E.5. How do you feel about the future of the pandemic situation in Georgia?	*This question may provide further explanation of the political crisis in Georgia.*

Closing:

(**Final Remarks**) I appreciate the time you took for this interview. Do you have any final remarks, questions, or queries?

(**Final Actions**) I should have all the information I need. Would it be alright to contact you if I have any further questions? Thank you very much for your help.

I

Ethical Approval

University of Glasgow
School of Social & Political Sciences

School Ethics Forum for Non-Clinical Research Involving Human Subjects

Notification of Ethics Application Outcome – UG and PGT Student Applications

Application Details

Undergraduate Student Research Ethics Application ☒ Postgraduate Student Research Ethics Application ☒

Application Number: PGT/SPS/2021/170/IMCEERS

Applicant's Name: Rhiannon Segar

Project Title: Social Capital and COVID-19: Information and Informality in Georgia

Application Status: Fully Approved

Date of Review: 21/02/2022

Start Date of Approval 03/03/2022 End Date of Approval 30/09/2022

NB: Only if the applicant has been given approval can they proceed with their data collection from the date of approval.

Fully approved
Means that the applicant can proceed with data collection with effect from the date of approval.

Amendments required
Where amendments are required by reviewers, applicants must respond in the relevant boxes below to the recommendations of the School Ethics Forum and provide this as an 'Amendments Response' document to explain the changes made to the application as well as amending the documents, as relevant. Changes to the application form or supporting documents should be highlighted either in block highlight or in red coloured text to assist the reviewers. All amended application documents should then be sent to the ethics administrator by the Supervisor for the approval of the SEF before data collection can proceed.

Rejected
If your application is Rejected a new application must be submitted to the School Ethics Forum. The reviewer feedback below will indicate whether a similar future project is likely to be supported. Where recommendations are provided, they should be responded to and this document provided as part of the new application. A new reference number will be generated. The new application forms should be signed off and submitted to the ethics administrator by the Supervisor.

REVIEWER MAJOR RECOMMENDATIONS	APPLICANT RESPONSE

FIGURE S1: Ethical Approval Confirmation