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The Importance of Informal Ties: COVID-19 Vaccination Uptake within Ethnic Minority Communities in Georgia

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Abstract:

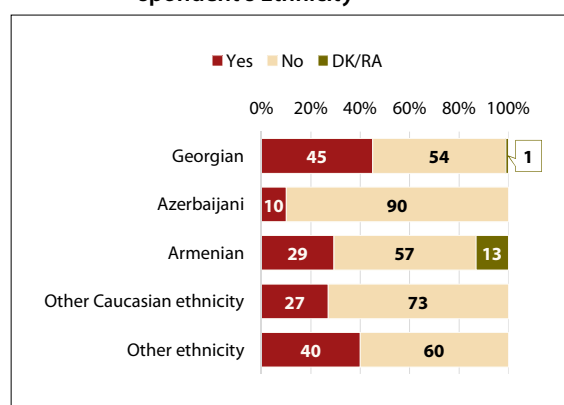
The COVID-19 pandemic has demonstrated the multifarious roles of information. While the interconnected nature of the globe has seen the rapid transmission of knowledge, disinformation has continued to spread in parallel. In Georgia, the transfer of information is distinguished by high levels of ‘bonding’ social capital within society. The prevalence of informal networks—characterised by the dual-phenomenon of close in-group ties and out-group mistrust—has deeply impacted Georgians’ attitudes and practices throughout the pandemic, from issues including compliance with regulations to beliefs regarding the severity of the virus itself. As such, this article examines the role of these informal forms of social capital and their impact on the dissemination of information during the COVID-19 pandemic, focusing particular attention on community-level mechanisms in two ethnic minority communities: (1) the Georgian-Armenian community of Samtskhe-Javakheti and (2) the Georgian-Azerbaijani community of Kvemo Kartli.

Introduction: Information, Informality and Vaccination Hesitancy

As of October 2022, only 34.4% of Georgia’s total population has been fully vaccinated (Ritchie et al., 2022). The issue, however, is not one of vaccine capacity—currently, the Pfizer, AstraZeneca, Sinopharm and Sinovac vaccines are all available to the public. Instead, the issue is one of information. As of July 2021, a Caucasus Research Resource Centers/ National Democratic Institute survey found that only 42% of Georgians knew how to register for vaccination (CRRC, 2021). These figures are even starker when broken down by ethnicity: only 29% of ethnically Armenian respondents and 10% of ethnically Azerbaijani respondents stated they knew how to register (Figure 1). At the same time, there also seems to be a dual perception of information as being *too* readily available, thus overwhelming those hoping to find (what they accept as) credible information. These issues are seemingly exacerbated among ethnic minority communities living in remote areas of the country, where gaining access to both resources and information becomes a much more complex process. Therefore, two questions must be asked: How do marginalised communities gain information about the vaccine? And how do these communities identify which information to trust? The answer to these rests in part with the widespread prevalence of informality.

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, particularly in reaction to the negative perceptions attached to informality in more recent years. Institutional reforms, particularly under former Pres-

Figure 1: KNREOPC19V: Do You Know or Not How to Register on the Online Platform for COVID-19 Vaccination?* by ETHNIC: Respondent’s Ethnicity**



* Question text: If you had the need, do you know or not how to register on the online platform for COVID-19 vaccination?

** Question text: There are a number of ethnic groups living in Georgia. Which ethnic group do you consider yourself a part of? Note: Question was recoded. Answer options ‘Kurd or Yezidi’ and ‘Russian’ were added to other.

Source: NDI, *Public attitudes in Georgia, July 2021*; retrieved from <http://caucasusbarometer.org>

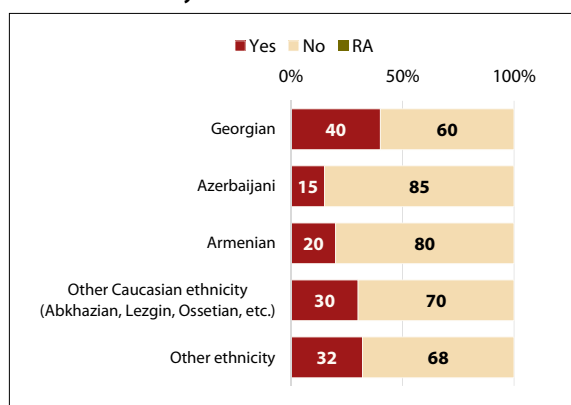
ident Mikheil Saakashvili, sought to eradicate informality throughout Georgia (Aliyev, 2014; Rekhviashvili, 2015). Yet, while these reforms were able to lessen the role of reciprocity-driven informality within the formal sphere (i.e., corruption), they failed to eradicate the deep-rooted practices of informal networking.

As marginalised groups living on the peripheries of the ethnodoxy-driven conception of the Georgian Self, ethnic minority communities have developed forms of symbolic resistance through informal practices to remain resilient in the face of inadequacies within

the formal sphere (Aliyev, 2015b; Curro, 2017; Polese/Rekhviashvili, 2017). This article examines vaccination uptake among two communities: the (1) Georgian-Armenian community of Samtskhe-Javakheti region and (2) Georgian-Azerbaijani community of Kvemo Kartli. This research was carried out in parallel with the 'Mobile Booths for Vaccination Project' led by Caucasus Institute for Peace, Democracy and Development (CIPDD) and supported by the Black Sea Trust for Regional Cooperation.

The project sought to support the vaccination process against COVID-19 for those living in rural areas of Georgia, focusing on communities with significant ethnic and religious minority groups where vaccination uptake was particularly low. Over the 6-month project period, the CIPDD managed to vaccinate nearly 700 residents from the Georgian-Azerbaijani community of Kvemo Kartli. By contrast, only six people were inoculated from the Georgian-Armenian community of Samtskhe-Javakheti. Several lessons were drawn through focus groups with community volunteers working on the project and interviews with civil society actors. Each lesson points to the imperative function of informality in the dissemination of information among ethnic minority communities in Georgia.

Figure 2: C19GTVAC: Did you get vaccinated against COVID-19?* by ETHNIC: Respondent's Ethnicity**



* Question text: Did you get vaccinated against COVID-19?

** Question text: There are a number of ethnic groups living in Georgia. Which ethnic group do you consider yourself a part of? Note: Answer options 'Russian', and 'Yezid or Kurd' were grouped to 'Other'.

Source: NDI, Public attitudes in Georgia, July 2021; retrieved from <http://caucasusbarometer.org>

The Dual Effects of Bonding Social Capital

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). From studies of resilience, 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/ Shaw, 2004). However, further research has shown that social capital may lead to both 'strong benefits and equally strong negative externalities' (Aldrich, 2012: 1) due to the complex nature of the different types of social capital: the so-called 'Janus-faced' effect (Aldrich, 2012; Aldrich/ Meyer, 2015; Fraser et al., 2022).

Informality relates to social capital through the notions of 'bonding' ties. First coined by Putnam (2000), bonding—and its alternative, 'bridging'—describes different ties between individuals. Ethnic minority communities in Georgia often demonstrate high levels of 'bonding' social capital, referring to the close ties among homogeneous individuals, such as family members, close friends and, in some cases, neighbours (Putnam, 2000; Woolcock/ Narayan, 2000). By contrast, bridging social capital—ties between 'broader identities' across cleavages (Putnam, 2000: 23)—tends to be lower. These different ties work in unique ways in moments of crisis or increased stress. For example, bridging social capital ties different communities together, thus playing a positive role in long-term solutions, by improving information and resource dissemination. Bonding social capital may see communities 'band together' in moments of crisis (Aldrich/ Meyer, 2015). However, it may also isolate communities further when resources deplete, meaning they may struggle with long-term recovery strategies.

Building Informal-Formal Bridges

Bridging social capital between informal and formal spheres was found to be weak among the two ethnic minority communities in focus. This is primarily on account of clear ethnolinguistic boundaries—although integration policies, such as the '1+4'¹ affirmative action policy, do appear to be aiding the closing of this gap in more recent years ('The positive side started from 2010 when this 1+4 programme started'²). Low levels of Georgian language knowledge pose a significant barrier to the integration of ethnic minorities in Georgia, especially in relation to communication between non-Georgian speaking minorities and state institutions (Wheatley, 2009).

This boundary between state and ethnic minorities is exacerbated within tight-knit communities, where

1 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/ Gorgadze, 2017).

2 Murad (M-21, i.e., male, 21-years old), Georgian-Azerbaijani, Kvemo Kartli.

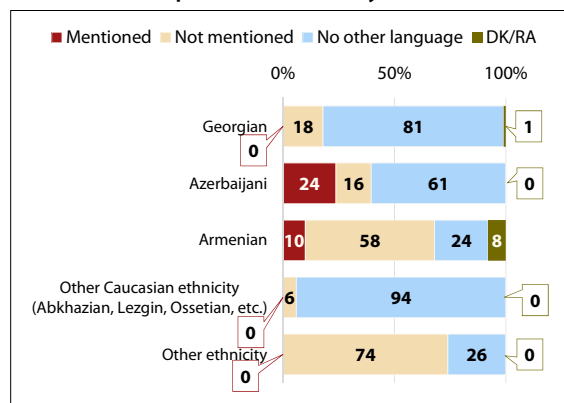
there is little interaction with Georgian speakers on a day-to-day basis ('I can say that I had problems with not knowing the state language. When I did not speak Georgian, it was very difficult for me to interact with state institutions, documentation. I did not watch Georgian TV channels and was almost unaware of what was happening inside the country'³). In turn, these minority communities exhibit a strong form of bonding ties, in which their homogeneity is reinforced through their knowledge — or lack thereof — of certain languages (Nahapiet/ Ghoshal, 1998; Putnam, 2000).

At the earliest stages of the pandemic, the two communities found themselves in an information vacuum due to a lack of resources available in their respective mother tongues ('Most of [the Georgian-Armenian community] didn't understand anything'⁴). Indeed, surveys conducted by the World Health Organization (WHO) found that a lower risk perception was evident among ethnic minorities in Georgia as a result of the low level of information available in Azerbaijani and Armenian (WHO, 2021). While government-led efforts to tackle this gap in non-Georgian language resources were made by late 2021, the widespread presence of disinformation had already bolstered fears of the vaccine, rendering these attempts insufficient. Given these weak direct links, the CIPDD chose to 'stagger' its approach to its vaccination project by connecting with local organisations, 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.

These findings support previous research, which has found that NGOs within Georgia regularly rely on informal networking as a resilience-making tactic (Aliyev, 2015a). As a formal organisation, the CIPDD was also able to collaborate with other organisations within its network, such as the United Nations Development Programme (UNDP). As a result, the UNDP provided mobile vaccination booths to these communities, which had previously had more limited access to the vaccination process due to their rurality/remoteness.

Generational differences also prove critical to vaccination uptake at a community level. As the most vulnerable strata of society to the adverse health effects of COVID-19, elderly citizens count among the most vital members of society to vaccinate. Many respondents pointed to the elderly as being some of the least informed members of their communities during the pandemic due to their low levels of Georgian language knowledge

Figure 3: SECNLANGKA: Second Language Used in Everyday Life—Georgian* by ETHNIC: Respondent's Ethnicity**



* Question text: What other languages other than /interview language/ do you use in your everyday life, such as to talk with your family members, friends and neighbors, or to do business?—Georgian

** Question text: There are a number of ethnic groups living in Georgia. Which ethnic group do you consider yourself a part of? Note: Answer options 'Russian', and 'Yezid or Kurd' were grouped to 'Other'.

Source: NDI, Public attitudes in Georgia, July 2021; retrieved from <http://caucasusbarometer.org>

('It depends on who has the accessibility to what. For example, grandma and grandpa can listen to Georgian TV channels, but they have no level of language'⁵). Ties with formalised institutions—such as local government, NGOs, and the national government—were weakest among the elderly population within these communities.

By contrast, the younger generations were found to be better equipped to traverse these social boundaries. While Georgian language acquisition remains low overall in both communities, programmes such as the '1+4' are causing a shift. In addition, young people tend to have greater access to social media—a crucial space for information proliferation ('[I]f they did not have [Facebook], for example, the older generation, we [...] read to them, and share this'⁶). The combination of linguistic barriers and Internet literacy had the largest impact on the vaccine registration process, which could only be completed via a Georgian-language online portal (Sichinava, 2021; Jikidze, 2022). By recruiting locals to help with this online registration process, the CIPDD was able to blur the boundaries between the informal and the formal, whereby the young volunteers worked as a bridge between the target communities and formalised structures.

Building Trust through In-Group Behaviour

Despite enlisting local voices, the results of the CIPDD vaccination project varied significantly between the two

3 Anahit (F-28) Georgian-Armenian, Samtskhe-Javakheti.

4 Tamaz (M-25), Georgian, Samtskhe-Javakheti.

5 Murad (M-21), Georgian-Azerbaijani, Kvemo Kartli.

6 Ali (M-19), Georgian-Azerbaijani, Kvemo Kartli.

communities. Several influencing factors may account for the complex story around vaccination uptake. Border-crossing habits undoubtedly influenced a higher uptake of vaccines among the Georgian-Azerbaijani community of Kvemo Kartli, who needed to vaccinate in order to cross the Georgian-Azerbaijani border what they usually do during the winter period. Government-led financial incentives⁷ also played a significant role in bolstering uptake among the elderly in both communities, yet these incentives alone had only marginal results in raising vaccination rates among these communities more widely (“They gave money to those who were vaccinated, etc., but this did not change anything”⁸). Furthermore, disinformation regarding Western vaccines appeared more pervasive among the Georgian-Armenian communities, who were cited as being more heavily reliant on Russian sources (“There were [...] many discussions about Sputnik, the Russian vaccine, 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”⁹). What these insights show is that the disparity in vaccination uptake cannot be explained by one factor alone. However, the most pervasive factor underlying any decision whether to vaccinate is the concept of trust.

While alternative influences cannot be dismissed, a strong contributing factor in the effectiveness of the CIPDD project was the different nature and quality of relationships between the volunteers and their target communities (Nahapiet/ Ghosal, 1998). Here, the vital role of social capital in vaccination uptake cannot be overlooked as vaccination uptake appeared to closely correlate with the level of trust each volunteer group held within their community. Although the CIPDD collaborated with volunteers from the Georgian-Azerbaijani minority group in Kvemo Kartli, the volunteers from Samtskhe-Javakheti stood out as being ethnically Georgian—and therefore, not members of the Georgian-Armenian minority community. Despite the efforts of the volunteers in Samtskhe-Javakheti, the lack of shared understandings and language resulted in the volunteers being unable to build the required trust and in-group norms that would encourage vaccination uptake.

Consequently, the volunteers in Samtskhe-Javakheti did not have strong access to informal spaces of information dissemination, primarily due to their ‘outsider’ status within the community. The use of informal practices, such as birzha¹⁰, proved imperative to quickly spreading information within these communities. Despite this, the volunteers in Samtskhe-Javakheti regularly encountered issues when trying to engage the Georgian-Armenian communities through birzha (“I had a case when someone was really interested but, if in the birzha [...], someone would start to have some ironic discussion with us [and] if anybody had a question, they [became] shy because of this”¹¹). In this way, in-group norms led to a chain reaction, which one medical professional working on the project referred to as ‘ts’amkheduri’¹²—understood as the act of being a ‘copycat’. This led to the proliferation of anti-vaccination tendencies among the Georgian-Armenian population. Factors behind this include higher levels of mistrust toward Georgian formal institutions and the prevalence of anti-Western disinformation from Russian sources among Georgian-Armenian communities.

However, this chain reaction had the opposite effect in scenarios in which the dominant member of a social group held pro-vaccination attitudes. For both groups, birzha and similar informal spaces were fundamental strategic mechanisms (“[B]irzha was one of our key locations”¹³ “The most acceptable way for [the older] generation was neighbours, birzha and tea houses”¹⁴—“chaykhana”¹⁵). However, the most significant difference was that the volunteers from Kvemo Kartli were well-integrated into their community as Georgian-Azerbaijani citizens, resulting in higher levels of trust and shared cultural codes. Their robust knowledge of their community also allowed the volunteers to successfully draw upon shared attitudes, beliefs, and cultural codes. This difference was also acknowledged by one of the project officers at the CIPDD: “We had a more established partner there. [T]hey had been working there by that time for six years and they had already gained some, you know, trust—the [social] capital—trust among the population.”¹⁶

7 The most successful scheme 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 saw a 38% increase in vaccinations for those over the age of 60 (Lebanidze/ Kandelaki, 2021).

8 Anahit (F-28), Georgian-Armenian, Samtskhe-Javakheti.

9 Tamro (F-24), Georgian, Samtskhe-Javakheti.

10 Birzha refers to the practice of groups of male teenagers or young men who meet regularly in open spaces but is used more flexibly among focus group participants to refer to any form of informal male street socialisation (Curro, 2015).

11 Tamro (F-24), Georgian, Samtskhe-Javakheti.

12 Davit, (M), Medical Professional.

13 Tamro (F-24), Georgian, Samtskhe-Javakheti.

14 Chaykhana describes the practice of meeting over tea seen throughout Central Asia, Iran and Azerbaijan, usually taking the form of an informal space where men gather and exchange ideas over tea.

15 Murad (M-21), Georgian-Azerbaijani, Kvemo Kartli.

16 Manana, (F), CIPDD Representative.

In addition, it is worth noting the influence of gender. In Samtskhe-Javakheti, all but one volunteer were women; by contrast, the vast majority of volunteers in Kvemo Kartli were men. Both *birzha* and *chaykhana* are strongly tied to honour culture and notions of brotherhood (*dzmak'atsoba*), which are regulated by several norms, such as unconditional trust, loyalty, reciprocity and 'manliness' (Curro, 2017; 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, 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, likely aiding the success of the male-dominated Kvemo Kartli volunteer group.

The Home: Private Informal Spaces

Finally, a common theme was the reliance on close personal relations in obtaining information about the COVID-19 pandemic. One of the most important factors that spurred the high levels of vaccinations within Kvemo Kartli was the use of tight-knit family networks ('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.'¹⁷). Similarly, many focus group participants cited close friendship networks as having an integral function in encouraging vaccination willingness ('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, why not us?"'¹⁸). These friendship networks also

included neighbours, often seen as key sources of 'expertise'¹⁹ about the pandemic situation.

These networks of trust are based upon higher degrees of intimacy than other interpersonal relations, usually displaying a level of rigidity in their membership, rendering them difficult to enter from the outside. As such, it was vital that volunteers had access to these closely bonded networks to have success during the CIPDD project. Indeed, the very fact that the Kvemo Kartli volunteers were so integrated into these communities proved to be the ultimate factor in the large number of vaccinations seen in Kvemo Kartli. By contrast, the rigid in-group structure meant it was near-impossible for the ethnically Georgian volunteers to gain sufficient levels of trust to access the private spheres of Georgian-Armenian kinship and friendship networks.

Conclusion: Informality as a Resilience-Making Practice

Long viewed in solely negative terms, informality is a resilient mechanism in and of itself. As such, informality 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, 2015c). In the two communities in focus, informality works through strong 'bonding' ties such as close-knit kinship and friendship networks to proliferate information among their communities about the COVID-19 vaccine. In this way, informality should not be viewed as wholly negative, but rather as a neutral phenomenon that may make possible both positive and negative outcomes (Horak et al., 2020; Rekhviashvili, 2015). However, in order to encourage these positive outcomes, future civil society actors and policymakers must pay close attention to this dual effect when creating grassroots-led community-level strategies.

Note

All focus groups and interview participants have been given pseudonyms in order to protect their anonymity. Full participant information found in: Segar, R. (2022). *The Value in Those You Know: Dimensions of Social Capital in COVID 19 Vaccination Uptake among Ethnic and Religious Minority Groups in Georgia* (Master's thesis). University of Tartu, Tartu, Estonia. Available at: <http://hdl.handle.net/10062/86753> (accessed 25 October 2022).

About the Author

Rhiannon Segar is a recent graduate of the International Master's programme in Central and East European, Russian and Eurasian Studies (IMCEERES) at the University of Glasgow, in collaboration with Ilia State University and the University of Tartu. Specialising in Caucasian Studies, her MA research centred on the role of social capital and informal networks in COVID-19 vaccination uptake in Georgia, paying particular attention to the experiences of ethnic and religious minority communities.

17 Huseyn (M-20), Georgian-Azerbaijani, Kvemo Kartli.

18 Ali (M-19), Georgian-Azerbaijani, Kvemo Kartli.

19 Ketil (F-21), Georgian, Samtskhe-Javakheti.

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