



SI-PANDA 2024/2025

Behavioural insights and health

Online survey results

1st round of the survey (March 2024)

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INTRODUCTION

The COVID-19 pandemic demonstrated that understanding people's attitudes and behaviours is key to effectively implement interventions to prevent or reduce virus transmission. Despite the long history of behavioural theories and research, behavioural insights were a relative latecomer to the process of managing the COVID-19 pandemic, remaining at the periphery rather than at the centre of the response to the crisis (De Vries, Stok, De Valk, & De Bruin, 2023).

In order to better understand people's behaviour in the context of a pandemic crisis, the National Institute of Public Health (NIJZ) conducted the SI-PANDA survey between December 2020 and March 2023. This explored the experience and impact of the COVID-19 pandemic on the lives of the Slovenian population. 26 iterations of the survey were conducted, focusing on adherence to recommended measures to control the spread of SARS-CoV-2, such as vaccination against COVID-19, use of masks and following safety distance. The survey also provided insights into changes in lifestyle, as well as physical and mental health of the Slovenian population during the pandemic. We also looked at people's attitudes towards vaccination and the reasons for their hesitancy. Later, we also monitored the consequences of surviving SARS-CoV-2 infection (post-COVID syndrome or long COVID).

Have we learnt any lessons from the COVID-19 pandemic? Are we prepared for a possible new infectious disease pandemic or other type of crisis? Will we engage more with the potential of behavioural science knowledge and insights in the next crisis situation? Does Slovenia differ from other countries in attitudes and preparedness for a possible new pandemic? These are just few questions that we will try to answer with a new set of the SI-PANDA survey, this time called The Behavioural Perspective and Health.

The "SI-PANDA: The Behavioural Perspective and Health" survey will take place in 2024 and 2025, with a total of four rounds, implemented every six months (March and September 2024, and March and September 2025). This is an international study conducted in collaboration with the Dutch National Institute for Public Health and the Environment (RIVM), the Spanish National Institute of Public Health Carlos III (ISCIII) and the Department of Health of the Irish Government, allowing international comparison of results.

The survey explores individuals' physical and mental health in relation to a potential crisis situation, adherence to healthy habits (such as hand hygiene and coughing), lifestyle, management of cold symptoms and preparedness in the event of a new pandemic or crisis situation.

It is an online survey among the members of the online panel. Approximately 1,500 adults aged 18 to 74 years (inclusive) take part in each round. The survey is conducted by Valicon on behalf of the National Institute of Public Health. The data will be analysed at the NIJZ and international comparisons between the participating countries in the first round of the survey will be made by Ipsos in collaboration with the Dutch RVIM

The survey will provide valuable insights into people's health-related behaviours and habits, which will be useful for designing strategies to improve public health and prevent the spread of infectious diseases, as well as for future crisis response.

Head of the survey: Ada Hočevar Grom, MD, specialist

METHODOLOGICAL NOTES

The online survey will be conducted in 4 rounds, starting in March 2024. The survey rounds will be carried out every six months. Data for Slovenia are analysed at the NIJZ.

Selected panel members are invited to the online survey, which takes place through the online panel. Each survey round involves a representative sample of about 1,500 adults aged 18 to 74.

The questionnaire for “The Behavioural Perspective and Health” survey was developed in collaboration with the Dutch RVIM, and includes some questions used in previous surveys conducted by the National Institute of Public Health, as well as questions developed by members of the research team and their collaborators according to current needs.

The data presented in the report are weighted by gender, age groups and statistical region.

The report presents data from the **1st round** of the **SI-PANDA 24/25** online survey, which took place in March 2024 on a sample of 1,522 adult Slovenian residents, aged 18 to 74.

Surveys carried out so far:

[1st round – March 2024](#)

KEY FINDINGS

➤ **Pandemic preparedness**

Just over a half of the respondents (51.9%) consider themselves prepared for a possible re-closure of the country due to a new virus. The oldest age group (65–74 years) is the most prepared, while the youngest age group (18–29 years) is the least prepared. 52.5% of respondents think their employers are ready to close the country again, while a quarter (25.1%) think that the government is ready.

➤ **Implementing hygiene measures**

More than half of respondents aged 18–74 years reported that they always wash their hands with soap and water after using the toilet, house cleaning, before eating and after returning home. 37.7% of respondents always wash their hands after coughing, sneezing or blowing their nose. Coughing and sneezing into the elbow was practised by more than half, with younger generations and women being more consistent. The most people used hand sanitizers when visiting a doctor (55.5%), less when visiting a pharmacy (37.8%), and only one fifth when visiting a supermarket or a petrol station. Almost half of respondents stay at home when they have a cold. Most of them (95.7%) would not visit people who belong to vulnerable groups and could become seriously ill as a result of the infection if they had a cold.

➤ **Detecting preparedness for disasters and other emergencies**

The majority of respondents (80.6%) think it is likely that a natural disaster will happen in our immediate vicinity in the next five years. However, more than half consider it unlikely that armed conflicts, terrorist attacks, man-made disasters and outbreaks of highly contagious diseases will occur. More than half would be severely affected emotionally and practically by armed conflict (79.7%) terrorist attacks (67.5%) and natural disasters. Most respondents reported having a first aid kit at home (90.9%), a three-day supply of food and drink (79.2%), and a supply of protective masks and disinfectants (73.4%). Just under a third of respondents have at home all the resources we asked about (food, drink, medicines, first aid kit, cooking water and protective masks and disinfectants).

➤ **Experiencing social support**

The survey data show that just over a half of respondents have moderate social support (54.4%), 26.6% have weak social support and only 19.0% have strong social support.

➤ **Physical health**

On a scale from 0 to 100, where 0 is the worst health they can imagine and 100 is the best health they can imagine, on average the respondents rated their health as 74. 61.5% of the respondents do not have any chronic diseases. In the last 12 months, 65.7% of people needed a medical check-up. Of those who needed a medical check-up, 80.3% had one whenever they needed it.

➤ **Mental health**

18.8% of respondents were stressed or under a lot of pressure on a daily basis, with women and younger people more likely to be stressed. 45.5% of respondents cited work pressures as a cause of stress, 25.9% worried about the health of family and friends, 24.0% about family

problems and 23.3% about uncertainty about their financial situation. More than half manage stress and pressure in their lives with some effort (58.7%). Just over half often or always find ways to relax when they need to (54.5%). According to the survey results, 11.1% of the respondents are at risk of anxiety disorders, which are more prevalent in women and in younger age groups. 10.4% of respondents are likely to have a depressive disorder, 20.0% are likely to have mental health problems, and 69.6% have no mental health problems or have excellent mental health or well-being. Mental health problems were more common among women and people in younger age groups, while good mental health was more common among men and older people.

➤ **COVID-19 infection and its consequences**

Just over half (53.8%) of the respondents reported having been infected with SARS-CoV-2 at least once, with a higher proportion of younger people aged 18–49 years being infected. Following the recovery from COVID-19, the vast majority (74.7%) do not currently experiencing any limitations, pain, anxiety, depression or other symptoms related to covid-19.

➤ **Experiencing the consequences of the pandemic**

The majority of respondents felt that the pandemic had not worsened different areas of their lives. Around one-fifth of respondents felt that the pandemic had even improved family relationships, physical activity and healthy eating, while more than half said that the situation was unchanged. Just under half of the respondents (49.5%) reported that the COVID-19 pandemic had worsened their social contacts with extended family and friends, a third reported that it had worsened their physical activity, and a fifth reported that it had worsened their health, sleep and job security. Around 17.0% also reported that healthy eating and their family relationships had been affected.

➤ **Vaccination**

Just over three quarters (76.5%) of respondents agreed that vaccines are important for children, while a good half agreed that it is important for adults to be vaccinated (53.4%), that vaccines are effective (52.9%) and that they are in line with their beliefs (50.6%).

➤ **Obtaining and trusting health information**

17.3% of respondents searched for health information several times a day or at least once a day on social networks, 16.5% on online media, 13.6% on radio, 13.0% on TV and 10.0% on websites. According to the survey, the most trusted health information was that received from health professionals (on average 4.6 on a scale of 1 to 7, where 1 means "don't trust at all" and 7 means "trust completely"), healthcare institutions (4.1) and the NIJZ (4.0).

Pandemic preparedness

Around half of the respondents (51.9%) said they felt prepared (responses “prepared” and “fully prepared”) for a possible re-closure of the country (lockdown) due to the spread of a new virus. Respondents in the 65–74 age group felt the most prepared, with 59.9% saying they were prepared for such a situation. However, the highest proportion of respondents that felt unprepared were in the 18–29 age group (25.9%) (Figure 1).

The biggest differences in preparedness scores were found in terms of self-reported financial situation – 90.3% of respondents with a very good financial situation felt prepared compared to 37.4% of respondents with poor financial situation. There is also a significant difference in perceived preparedness based on the mental health of the respondents – 56.2% of those without mental health problems felt prepared compared to those likely to have a depressive disorder (35.1%) or likely to have mental health problems (45.8%). In terms of perceived social support, 61.7% of respondents with strong social support felt prepared, compared to 41.0% of those with weak social support.

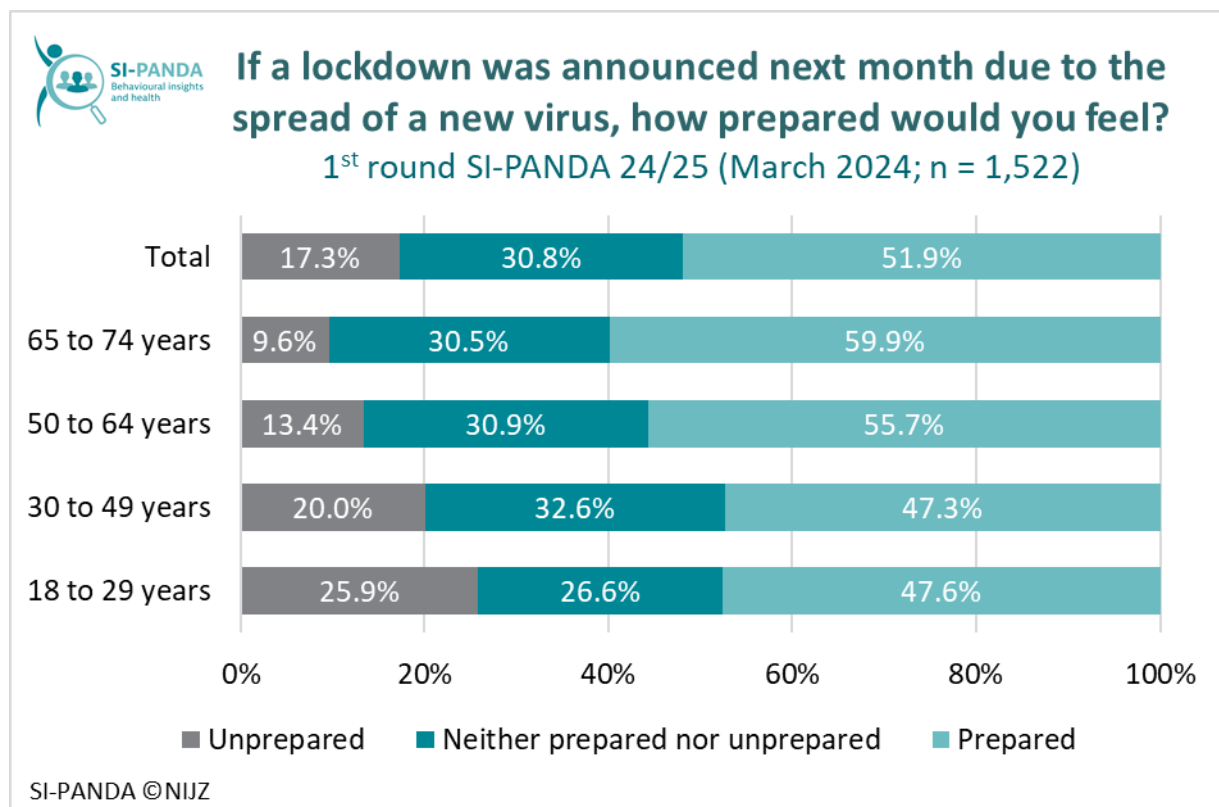


Figure 1: Perception of preparedness for a lockdown due to the spread of a new virus, total and by age group.

We also asked the respondents about their perception of their employer’s and government’s preparedness for a possible closure of the country due to the spread of a new virus. Around half (52.5%) of the employed respondents considered their employer to be prepared for a possible re-closure, while only 25.1% considered the government to be prepared (Figure 2).

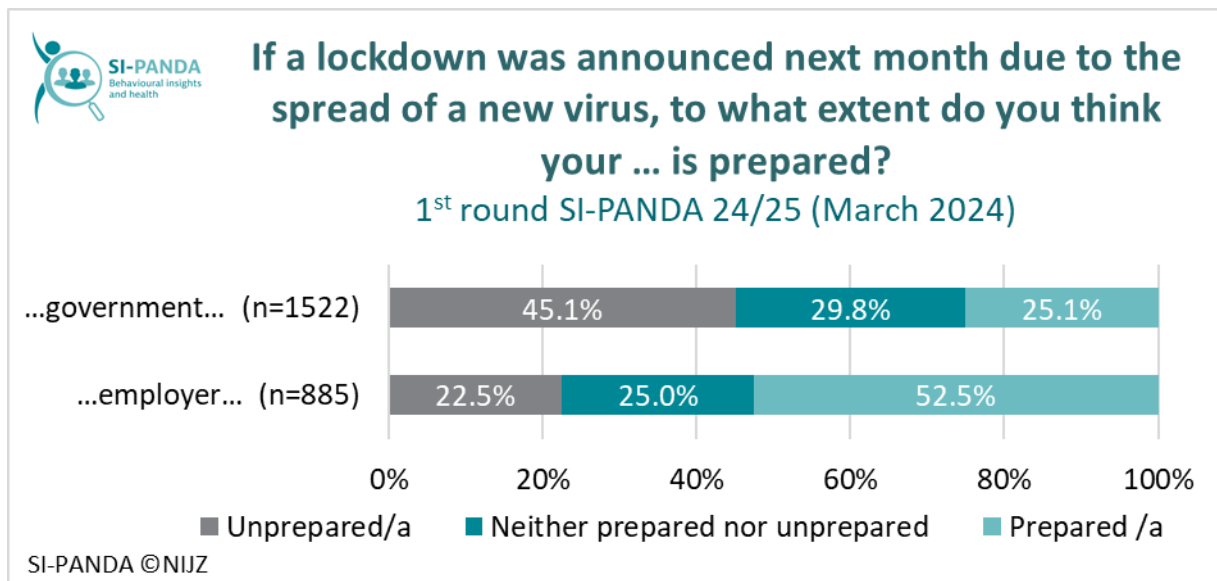


Figure 2: Perception of government and employer preparedness for a lockdown due to the spread of a new virus, total.

In open-ended responses, respondents most frequently cited their past experience with the COVID-19 pandemic as a reason why they felt personally prepared for a re-closure of the country, as this experience had led them to know what to expect and they have adapted to some of the restrictions. Many also stated that they had sufficient supplies at home (food, drinks, medicines and supplies in case of a new pandemic - masks, disinfectants). They also cited being able to work from home or being able to work from home as a reason for being prepared for a new pandemic, as well as being mentally prepared in the event of a closure of the country due to the spread of a new virus. The reasons most often cited for being unprepared for a re-closure were lack of supplies (food, drink, medicines, masks, disinfectants and other essentials), restrictions on movement and socialising, uncertainty about what to expect, not knowing what the virus will be like, or restrictions to prevent the spread of the virus, and many also wrote that you can't be prepared for everything. Other common responses were that they don't think about these things or even don't believe in them, and they also highlighted economic insecurity (having low income, savings or being unemployed) (Table 1).

Table 1: Most common reasons for personal (un)preparedness to re-closure of the country due to the spread of a new virus, analysis of open-ended responses.

	Reasons for preparedness	Reasons for unpreparedness
INDIVIDUAL	<ol style="list-style-type: none"> 1. Past experience (COVID-19 pandemic, knowing what to expect, adapting to restrictions); 2. Supplies (food, drinks, medicines, masks, disinfectants and other supplies); 3. Job flexibility (working from home, remote working); 4. Mental preparedness (stress and anxiety management). 	<ol style="list-style-type: none"> 1. Lack of supplies (food, drinks, medicines, masks, disinfectants and other basic necessities); 2. Restriction of movement and socializing; 3. Uncertainty (one cannot be prepared for everything, nobody knows what's ahead, what virus, what measures); 4. They do not think about these things or do not believe in them; 5. Economic uncertainty (unemployment, low savings and incomes).

In open-ended responses, respondents most frequently cited past experience with the COVID-19 pandemic as a reason for their employer's readiness for a new country closure, saying that this experience had given the employer an understanding of what to expect and that it had adapted to some of the constraints. Many also reported that their employer allows them to work from home and has supplies (mainly disinfectants and masks, but also other equipment). The main reasons given for the employer's unpreparedness were uncertainty (how long the closure would take, what measures would be taken, and that it was difficult to be prepared), and the financial sustainability of the company (at the time of closure, including the purchase of protective equipment). Many felt that the employer was unprepared because the business was such that it did not allow working from home, the type of work was such that they could not afford to close, and a common answer to the question was "I don't know" (Table 2).

Table 2: Most common reasons given by respondents on employer (un)preparedness to re-closure of the country due to the spread of a new virus, analysis of open-ended responses.

	Reasons for preparedness	Reasons for unpreparedness
EMPLOYER	<ol style="list-style-type: none"> 1. Past experience (COVID-19 pandemic, adapted to restrictions); 2. Enabling and implementing work from home (technological solutions for work from home); 3. Supplies (has some disinfectants, masks and other supplies). 	<ol style="list-style-type: none"> 1. Uncertainty (one cannot be prepared for everything, duration of closure, measures ...); 2. Financial sustainability (in the event of closure – activities for the period, purchase of protective equipment); 3. The type of business (nature of work, physical shop, work from home is not possible ...); 4. I don't know.

The main reasons given by respondents in open-ended answers for the government's preparedness to re-close the country were the past experience with the COVID-19 pandemic and learning from the mistakes of the previous pandemic. The reasons given for the government's unpreparedness for a re-closure were most often the bad experience with the previous pandemic, uncertainty, and that the government had other priorities than dealing with the pandemic (Table 3).

Table 3: Most common reasons given by respondents on government (un)preparedness to re-closure of the country due to the spread of a new virus, analysis of open-ended responses.

	Reasons for preparedness	Reasons for unpreparedness
GOVERNMENT	<ol style="list-style-type: none"> 1. Past experience (COVID-19 pandemic); 2. Learning from mistakes. 	<ol style="list-style-type: none"> 1. Bad experience with the previous pandemic; 2. Uncertainty (one cannot be prepared for everything); 3. Government has other priorities.

Implementing hygiene measures

The majority of respondents reported that in the last 7 days they always washed their hands with soap and water after using the toilet (90.4%), cleaning the house (78.5%), before preparing or eating food (73.8%) and after coming home (56.1%). 37.7% of respondents always washed their hands after coughing, sneezing or blowing their nose. In all cases, women always wash their hands more than men (Figure 3).

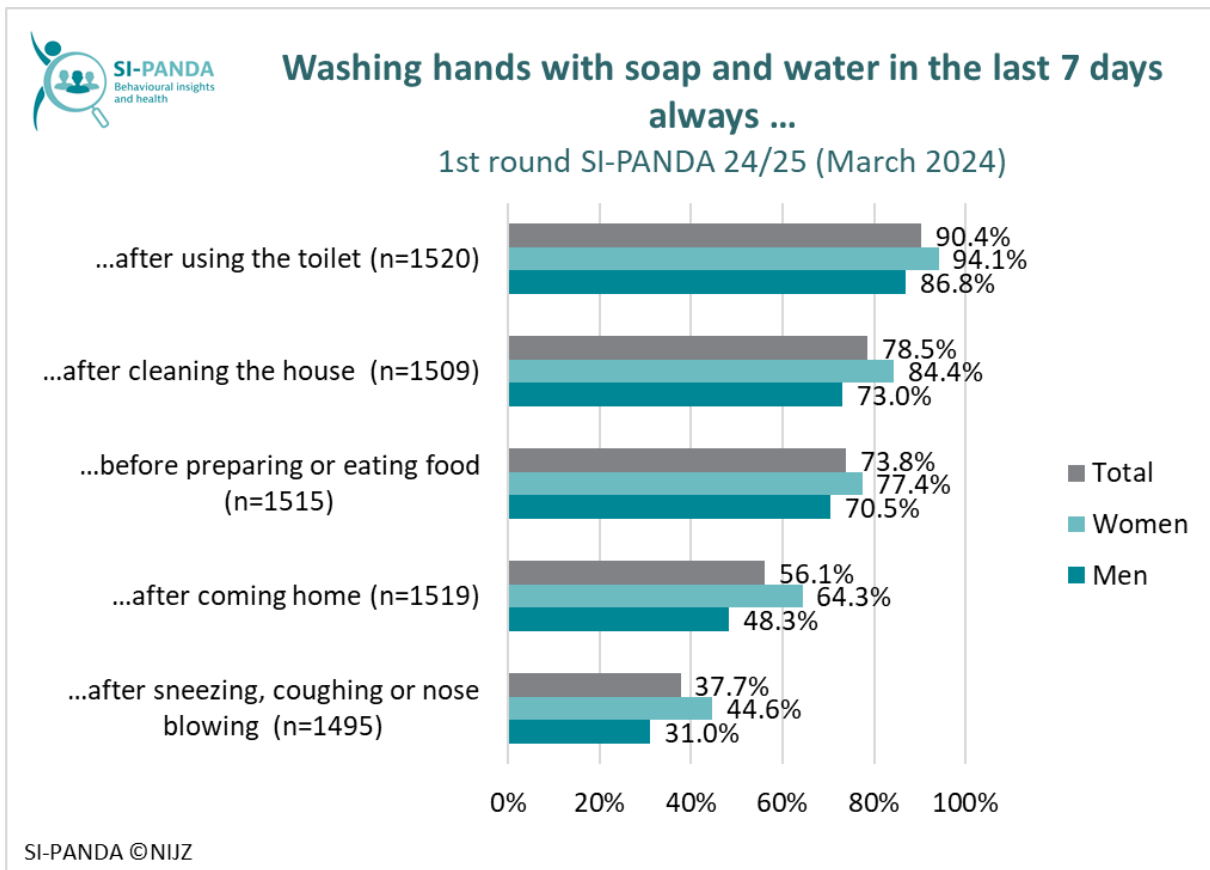


Figure 3: Washing hands with soap and water always in the last 7 days, total and by sex.

More than half of the respondents always or often coughed or sneezed into the elbow instead of the palm of the hand in the last seven days (56.5%), with the youngest age group adhering to this precaution the most (72.2%) (Figure 4). Women coughed or sneezed into the elbow instead of the palm of the hand in 42.3% of cases compared to men (26.3%).

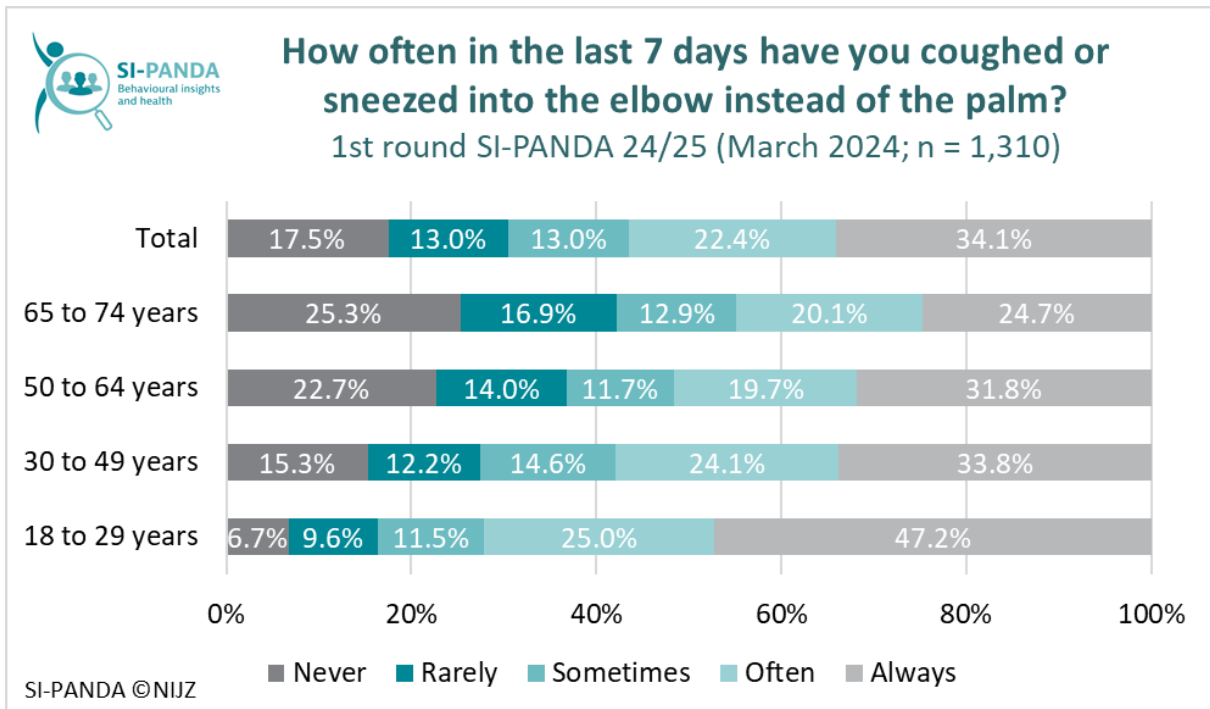


Figure 4: Frequency of coughing and sneezing into the elbow instead of the palm, total and by age group.

Respondents were also asked about their use of hand sanitisers in certain everyday situations in the last 14 days. It turned out that the highest proportion of people (among those who visited a doctor, pharmacy, supermarket, petrol station) used hand sanitisers when visiting a general practitioner (55.5%), less when visiting a pharmacy (37.8%), and only a fifth when visiting a supermarket (21.8%) or using a petrol station (20.8%) (Figure 5). Older and chronically ill people, and those living with people over 70 or in poor health, were more likely to use hand sanitisers.

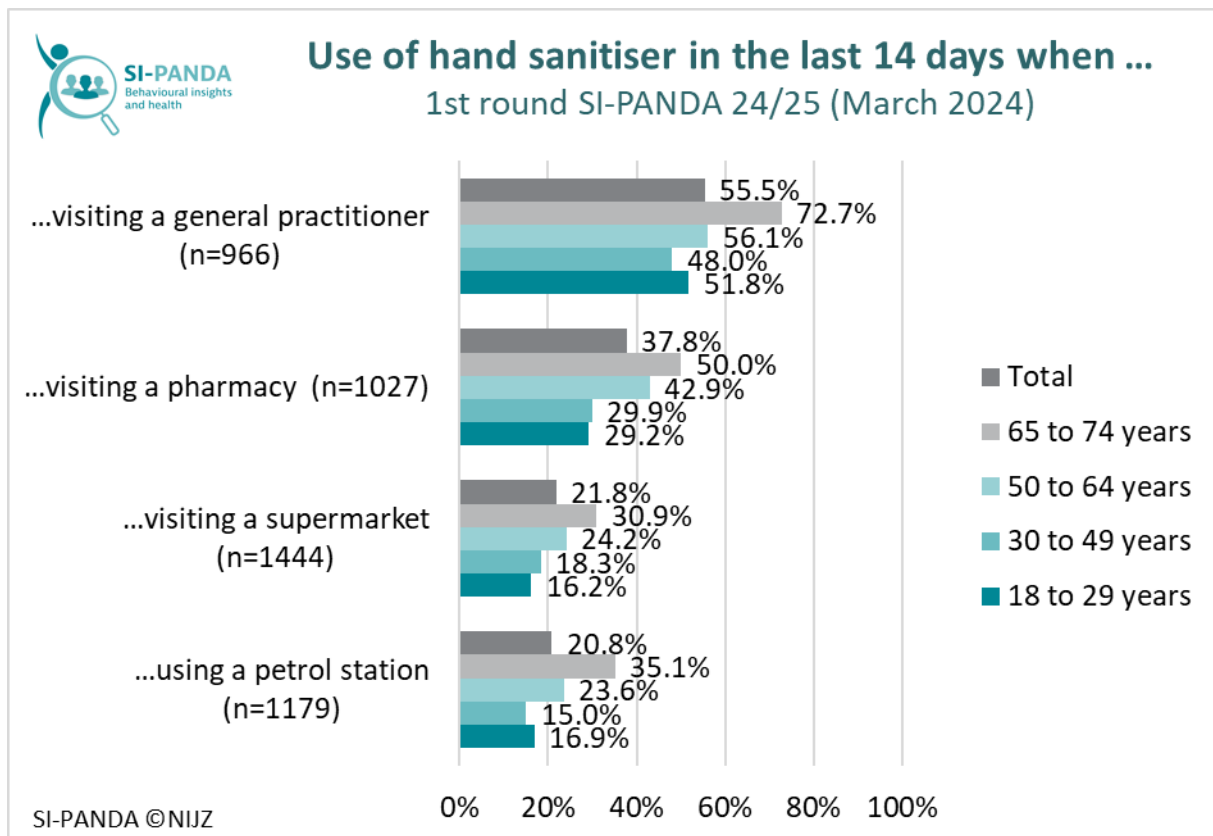


Figure 5: Using a hand sanitiser in the last 14 days, total and by age groups.

When asked whether they go out for errands or to work when they have symptoms of a severe cold or flu, 46.4% of respondents said they do not leave home. Around a third of people go for a walk in such cases, and a further third go to a doctor for a possible check-up. In terms of age groups, the oldest respondents are the most likely to stay at home, while 18–29 year olds are the most likely to go to the doctor or for a walk (Figure 6). The majority of respondents would not visit a person who could become seriously ill if they contracted a respiratory infection (95.7%) if they showed signs of feeling unwell or ill.

When you have signs of a bad cold or flu and feel sick or unwell, do you go to work, errands, for a walk, visit ...?

1st round SI-PANDA 24/25 (March 2024; n = 1,522)

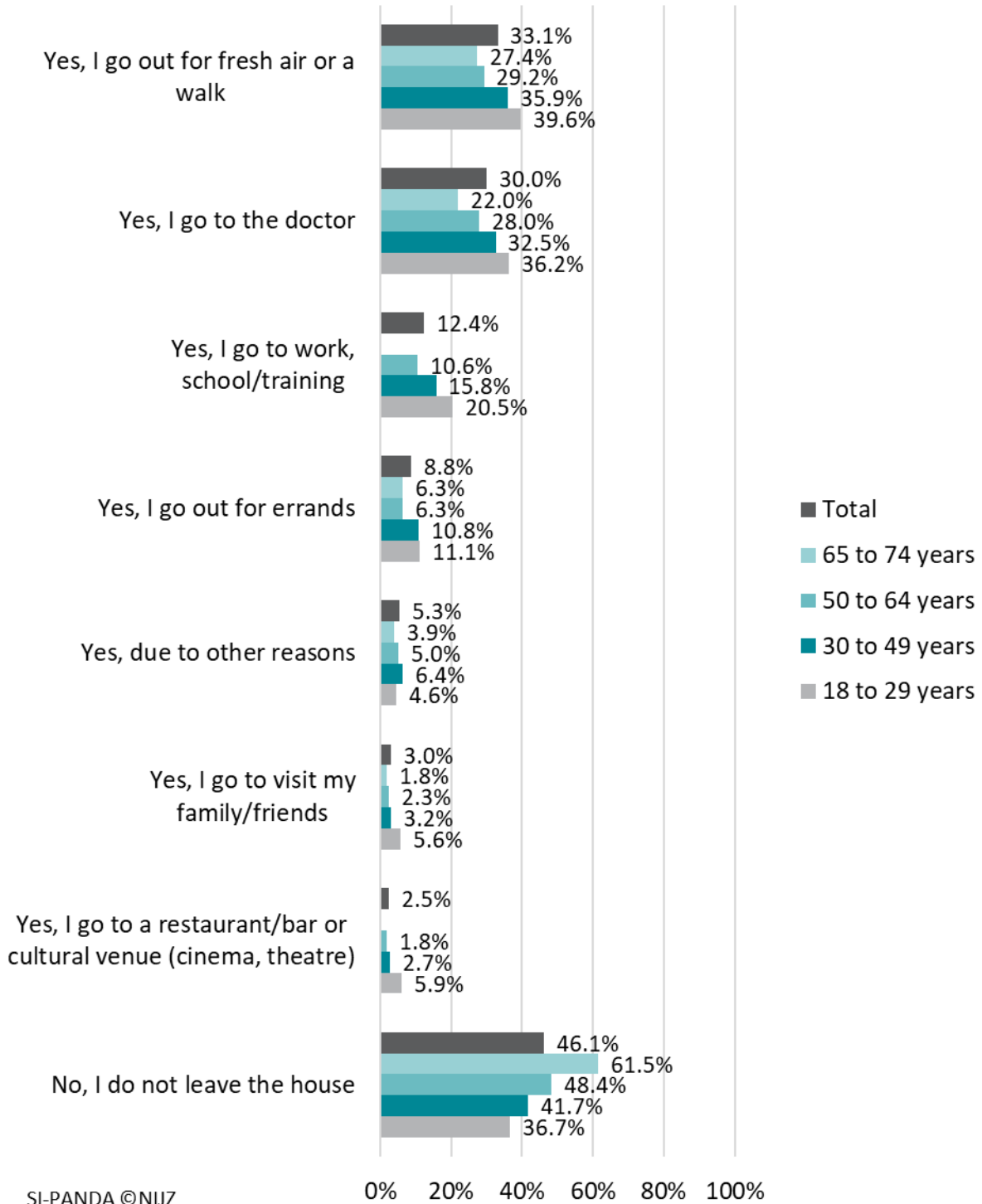


Figure 6: Acting when showing signs of a severe cold or flu and feeling sick or unwell, total and by age groups.

Detecting preparedness for disasters and other emergencies

The majority of respondents report having a first aid kit at home (90.9%), a three-day supply of drinks and food (79.2%) and a supply of protective masks and disinfectants (73.4%). 42.8% of respondents have a three-day supply of water at home for cooking and personal hygiene, 37.9% are registered on public authorities' alert apps to receive public alert messages, and a fifth (19.4%) have attended a first aid course in the last three years. More people aged 50–64 (93.9%) have a first aid kit at home compared to people under 50 (86.3%–89.5%). More people aged 65–74 (90.7%) have a stock of protective masks at home compared to people aged 18–64 (61.2%–79.8%). The highest proportion of 18–29 year-old respondents (32.7%) have attended a first aid course in the last three years, which is probably related to passing the driving test, while only 7.1% of 65–74 year-old respondents have attended a first aid course (Figure 7). More people living alone have a stock of protective masks, disinfectants and soap at home (76.7%) compared to those not living alone (72.9%), and more people living alone are registered on public authorities' alert apps to receive public alert messages (41.8%) than those not living alone (37.3%). More people who do not live alone have a three-day supply of food and drink and a three-day supply of medicines (79.9%), a first aid kit (91.3%), a three-day supply of water for cooking and personal hygiene (43.5%), and have attended a first aid course (20.2%) in the last three years, compared to those who live alone.

Preparedness in case of disaster or other emergencies

1st round SI-PANDA 24/25 (March 2024; n = 1,522)

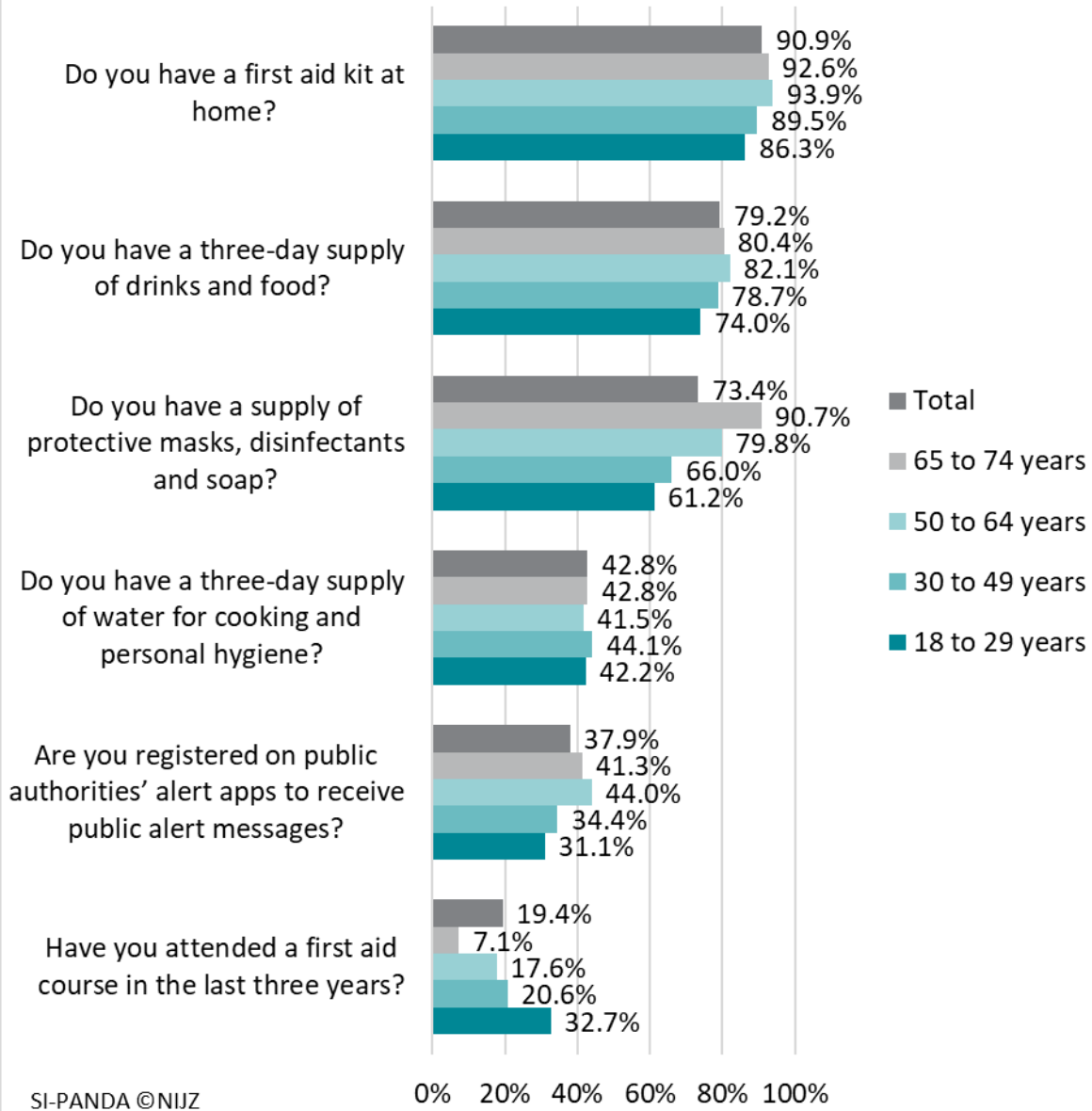


Figure 7: Implementation of disaster and emergency preparedness measures, total and by age groups.

Just under a third (31.5%) of all respondents have a stock of everything we asked for (food, drink, medicines, first aid kit, cooking water and protective masks) at home, with more people living in rural areas (40.3%) compared to those living in suburban (31.5%) or urban areas (21.4%) (Figure 8). More 65–74 year-old respondents (35.4%) than 18–29 year-old respondents (24.5%) have a stock of all of the above at home (Figure 8).

More than one third have three of the listed disaster or emergency items in their home, 21.0% have two of the listed disaster or emergency items in their home, and 8.3% have only one of the listed items in their home. Only 2.5% of respondents do not have any disaster or emergency supplies or items at home.

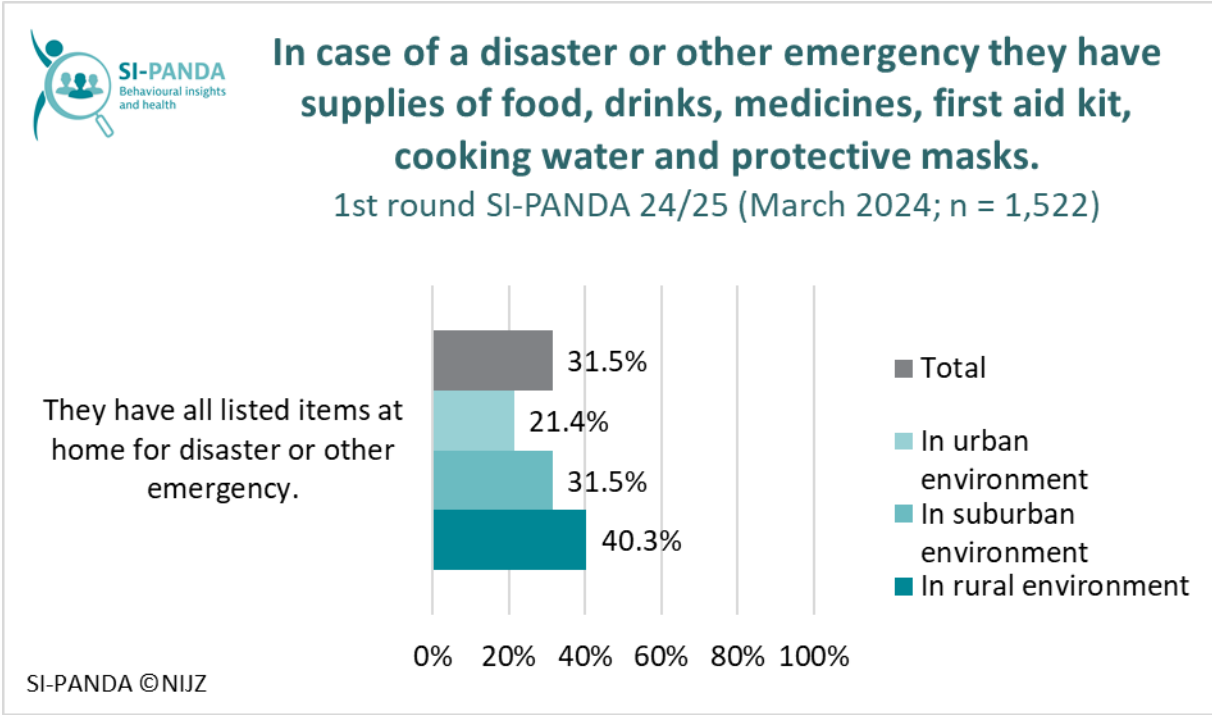
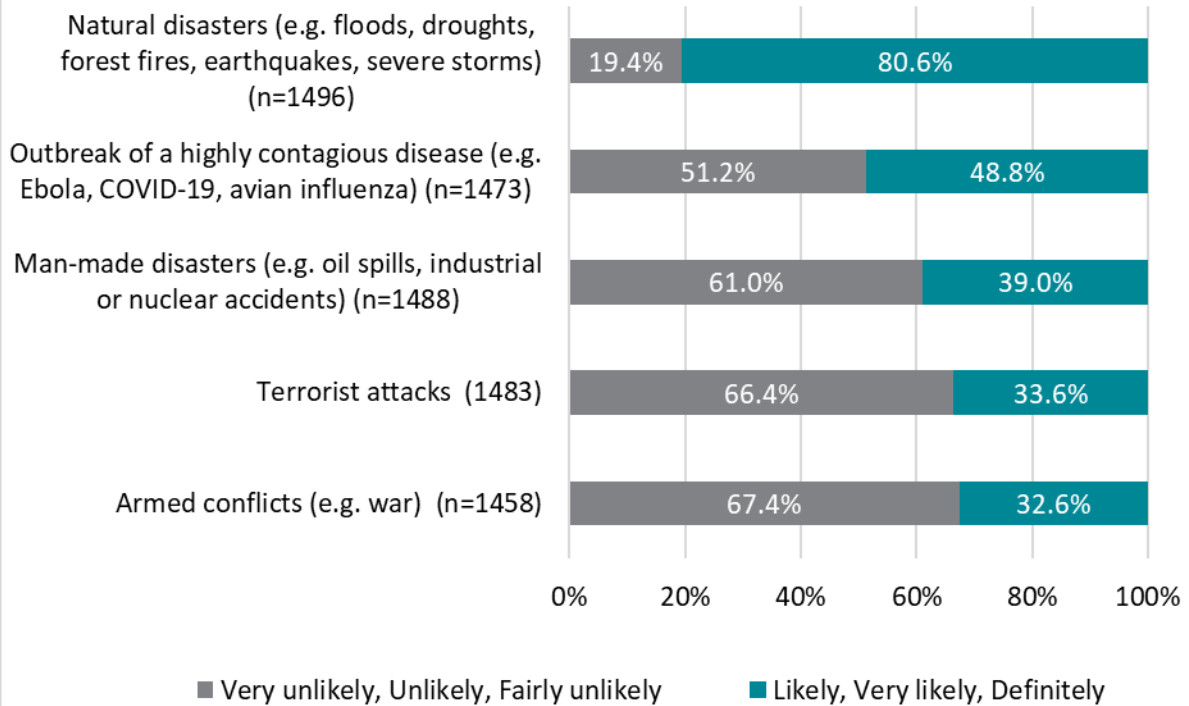


Figure 8: Being stocked up with things to have at home in case of disasters or emergencies, in total and according to the environment in which they live.

The majority of respondents think it is likely (answers ‘Likely’, ‘Very likely’ and ‘Definitely’) that a natural disaster will happen in their immediate vicinity in the next five years (80.6%), while just under a half think it is likely that an outbreak of a highly contagious disease will occur (48.8%). More than half consider it unlikely (answers ‘Very unlikely’, ‘Unlikely’ and ‘Fairly unlikely’) that man-made disasters (61.0%), terrorist attacks (66.4%) and armed conflicts (67.4%) will occur (Figure 9).

How likely do you think it is that the following accidents will happen in your immediate vicinity in the next five years?

1st round SI-PANDA 24/25 (March 2024)



SI-PANDA ©NIJZ

Figure 9: Perceived likelihood of an accident event in the immediate vicinity in the next five years, total.

The majority of people said they would be severely affected (emotionally and practically) by war and armed conflict (79.7%), terrorist attack (67.5%) and natural disasters (53.4%). Man-made disasters would seriously affect 44.4% of respondents, and an outbreak of a communicable disease would affect a good third of them (34.5%) (Figure 10).

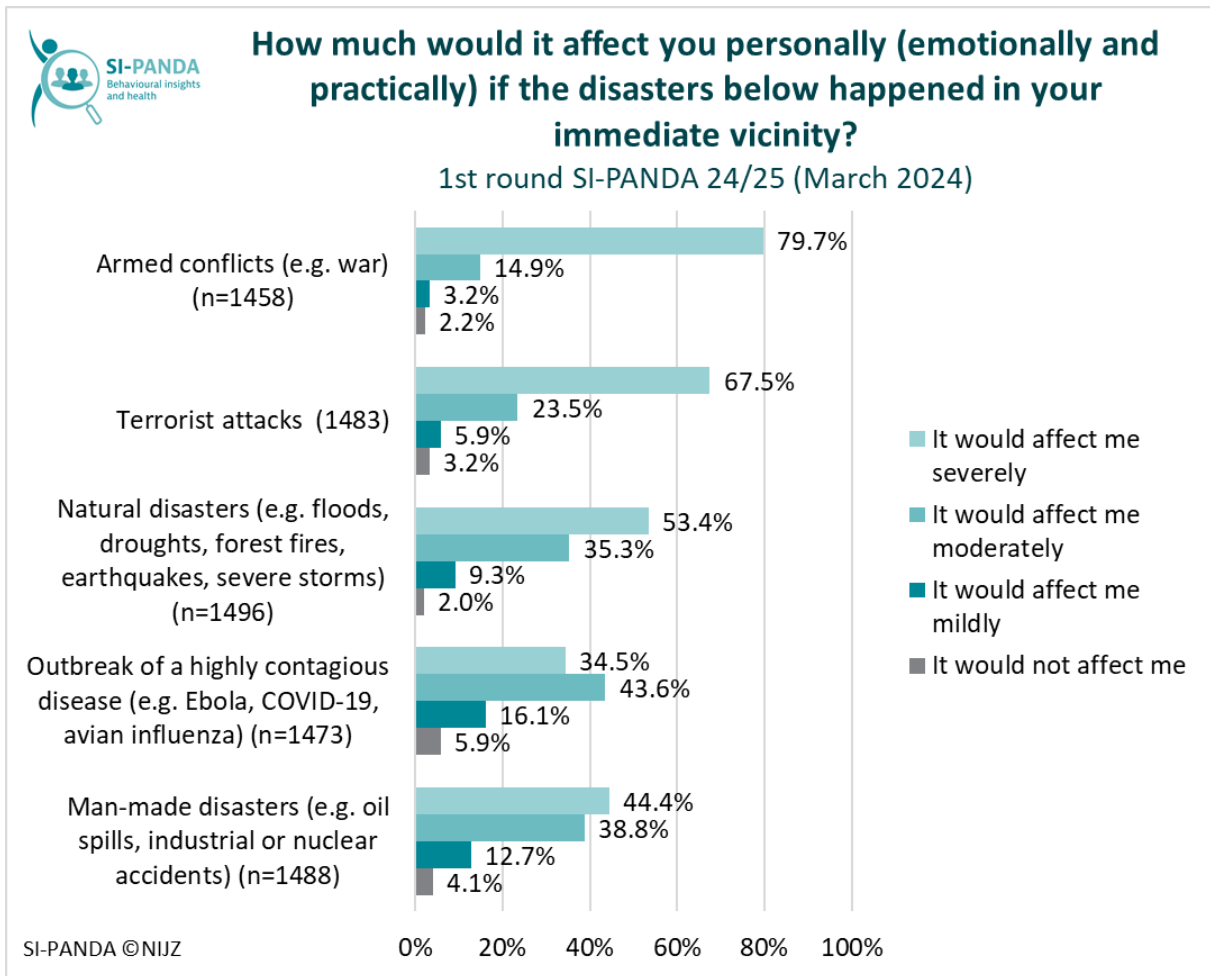


Figure 10: Person affected by a crisis event in the immediate vicinity, total.

Man-made disasters (e.g. oil spills, industrial or nuclear accidents) would have a greater emotional and personal impact on 65–74 year-old respondents (59.5%) than on 18–64 year-old respondents (32.1%–50.3%). An outbreak of a highly contagious disease (e.g. Ebola, COVID-19, avian influenza) would severely affect more respondents aged 50–74 (42.3%–49.2%) than those aged 18–49 (24.4%–28.3%). Natural disasters (e.g. floods, forest fires, earthquakes, severe storms) would severely affect more respondents in the 50–74 age group (58.1%–61.6%) than those in the 18–49 age group (47.8%–48.6%). Terrorist attacks would more severely affect respondents aged 65 to 74 (73.2%) than respondents aged 30 to 49 (62.2%). Armed conflict would more severely affect respondents aged 65 to 74 than those aged 18 to 64 (76.4%–80.2%) (Figure 11). However, all of these disasters and emergencies would affect more women than men (man-made disasters: F = 53.7%, M = 35.6%; outbreak of a highly contagious disease: F = 42.9%, M = 26.5%; natural disasters: F = 66.8%, M = 40.8%; terrorist attack: F = 80.4%, M = 55.0%; armed conflict: F = 86.2%, M = 73.4%).

Being severely practically and personally affected by the following disasters and emergencies

1st round SI-PANDA 24/25 (March 2024)

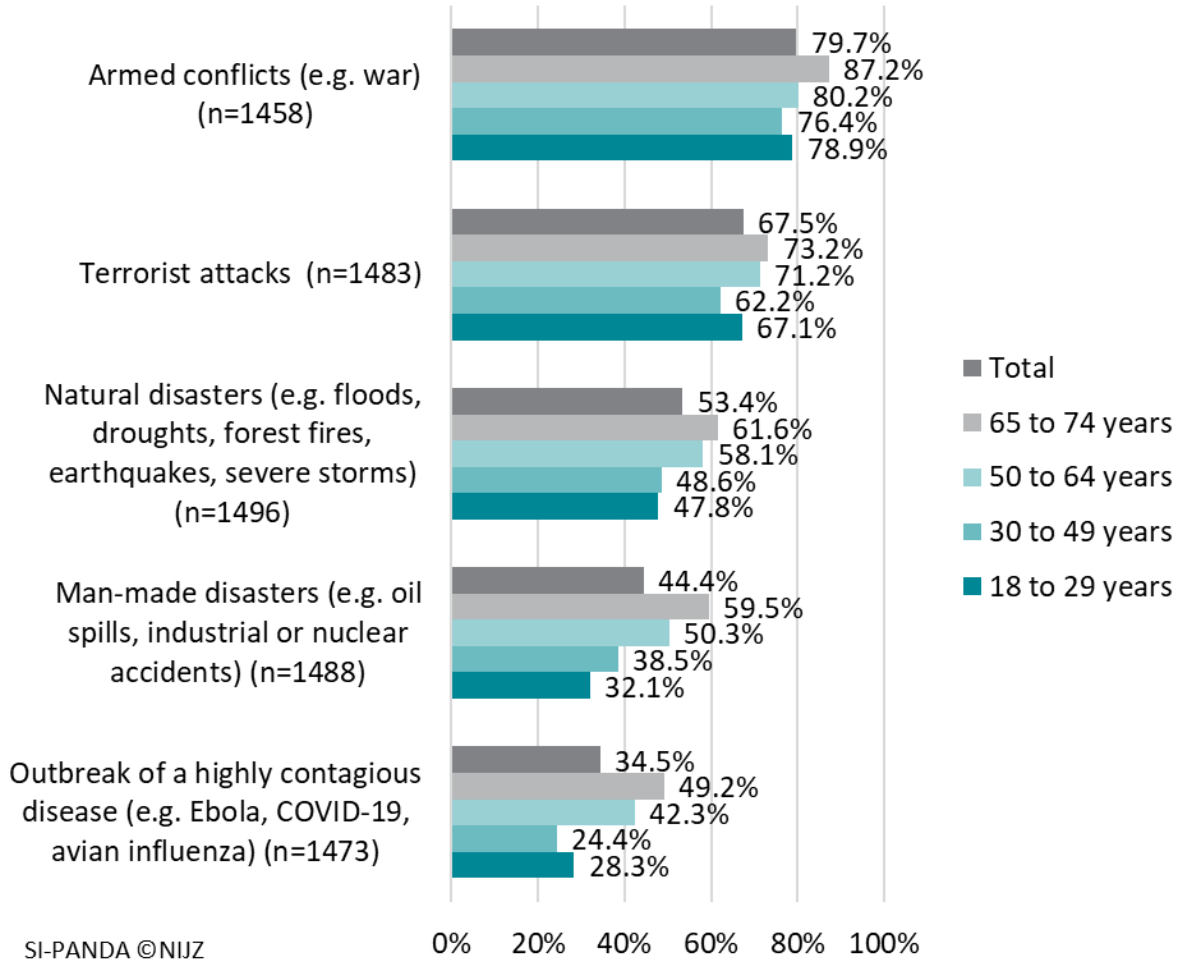


Figure 11: Being severely practically and personally affected by disasters and emergencies in immediate vicinity, total and by age groups.

Experiencing social support

Among the respondents, over a half have moderate social support (54.4%), 26.6% have weak social support and 19.0% have strong social support. Most people with likelihood of a depressive disorder have weak social support (47.6%), compared to those with likelihood of mental health problems (38.4%) and those without mental health problems (20.0%) (Figure 12). Weaker social support is also found among more men (28.9%) compared to women (24.1%) and among more people with secondary education or less (31.2%) compared to those with higher education and more (21.2%).

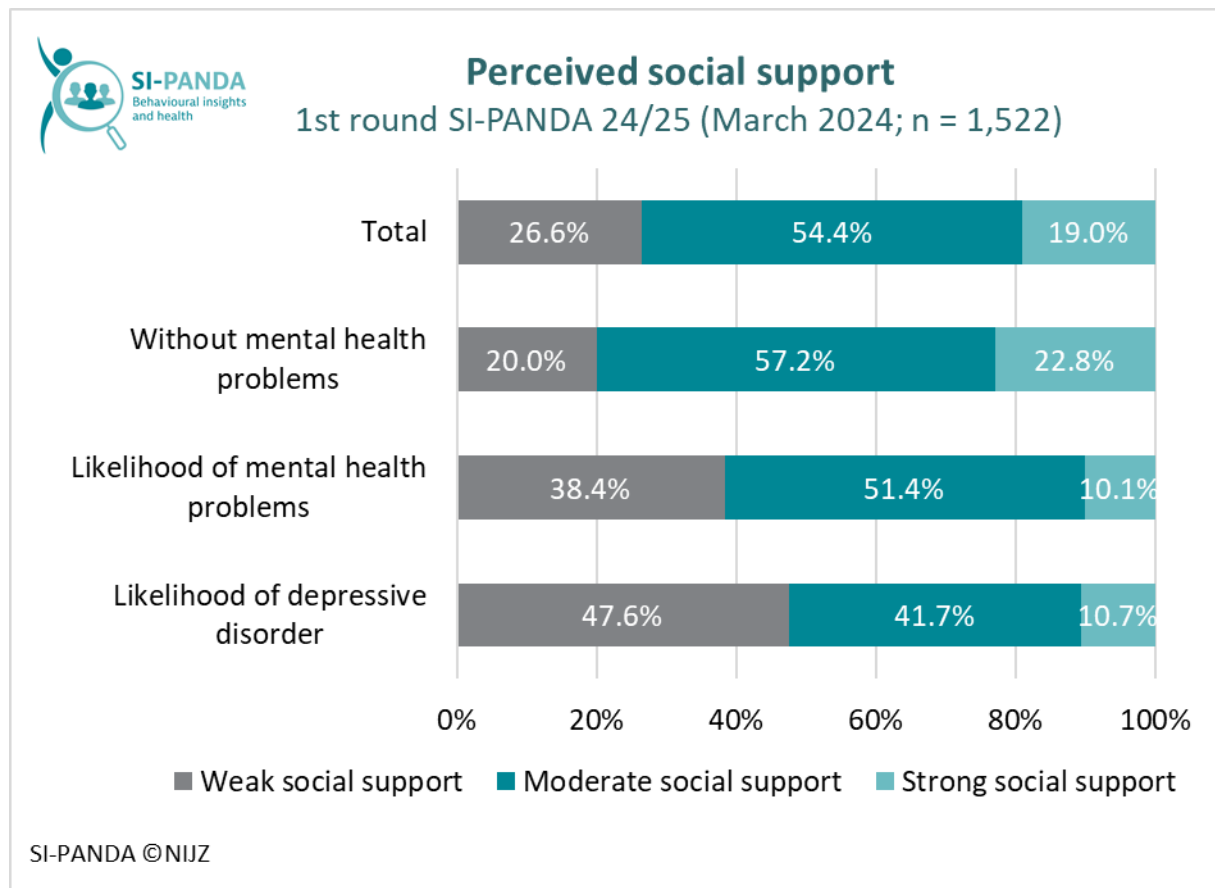


Figure 12: Perceived social support, total and by presence of mental health problems.

Physical health

On a scale of 0 to 100, respondents gave their current health an average score of 74 (Figure 13). Men (average score 75) rated their health higher than women (average score 73), and the score decreased with age. In terms of education, respondents with higher education or more rated their health the highest (average score 77), and in terms of employment status, respondents who were employed (average score 76) rated their health the highest, compared to those who were unemployed (average score 67) or inactive (average score 71). Significant differences in self-rated health were observed with regard to respondents' mental health, with those without mental health problems giving an average score of 78, compared to those with a likelihood of depressive disorder (average score 57) and those with a likelihood of mental health problems (average score 69).

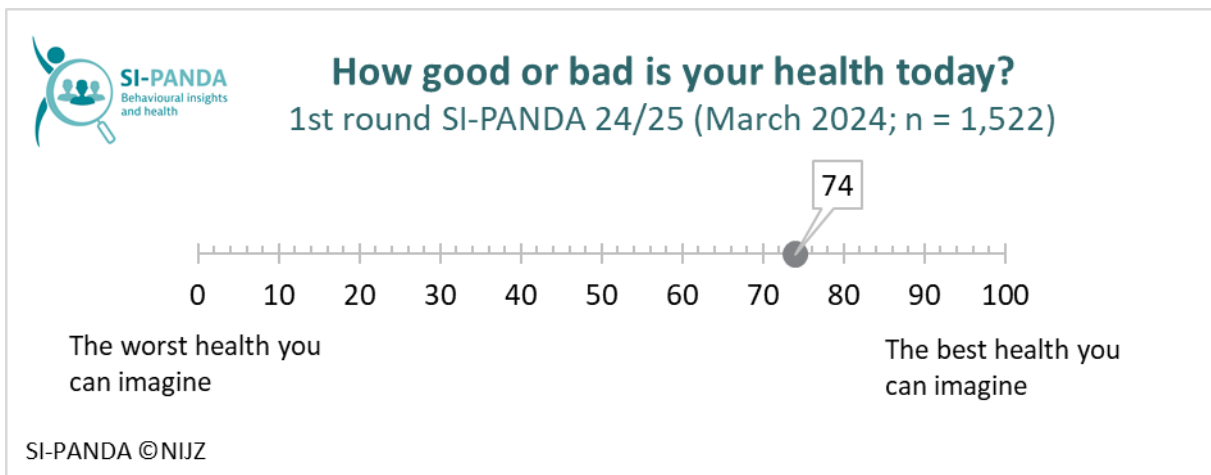


Figure 13: Self-rated health on a scale of 0 to 100, total.

More than half of respondents have no chronic diseases (61.5%) and 38.5 have at least one chronic disease (Figure 14). More respondents aged 65–74 (64.8%) are expected to have at least one chronic disease compared to those aged 18–64 (24.3%–45.5%).

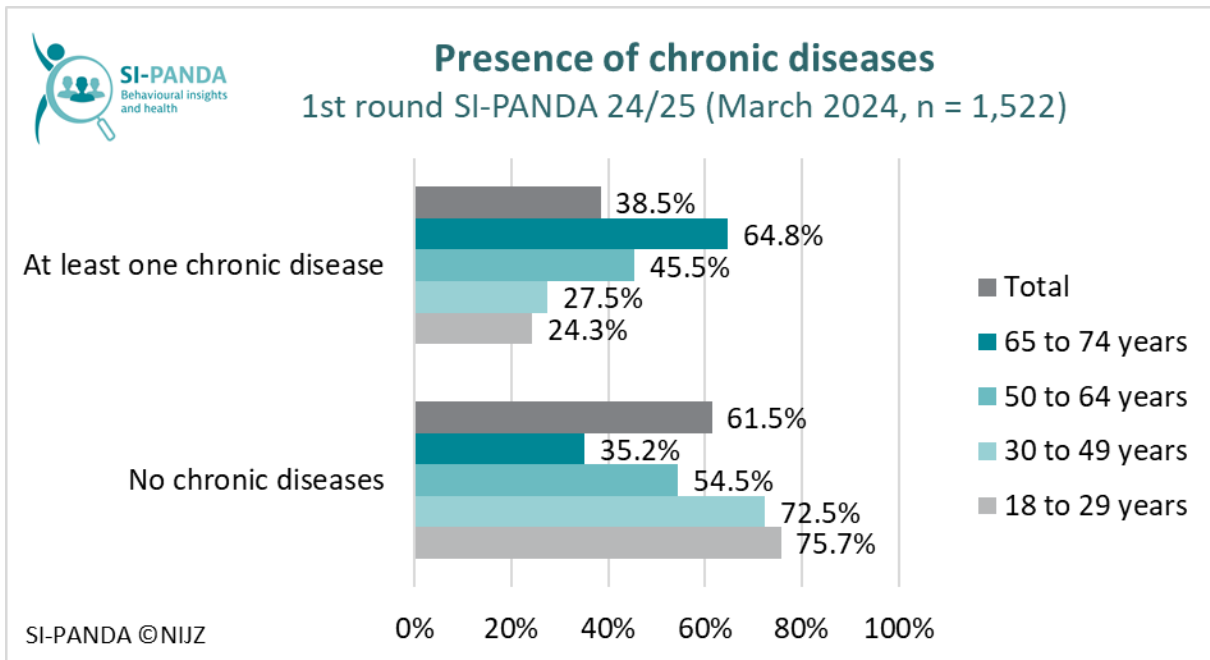


Figure 14: Presence of chronic diseases, total and by age groups.

We asked the respondents if they had ever needed a medical check-up or treatment for themselves in the last 12 months. Around two thirds (65.7%) has needed treatment or a medical check-up, with the highest proportion of respondents in the 65–74 age group (72.2%) (Figure 15).

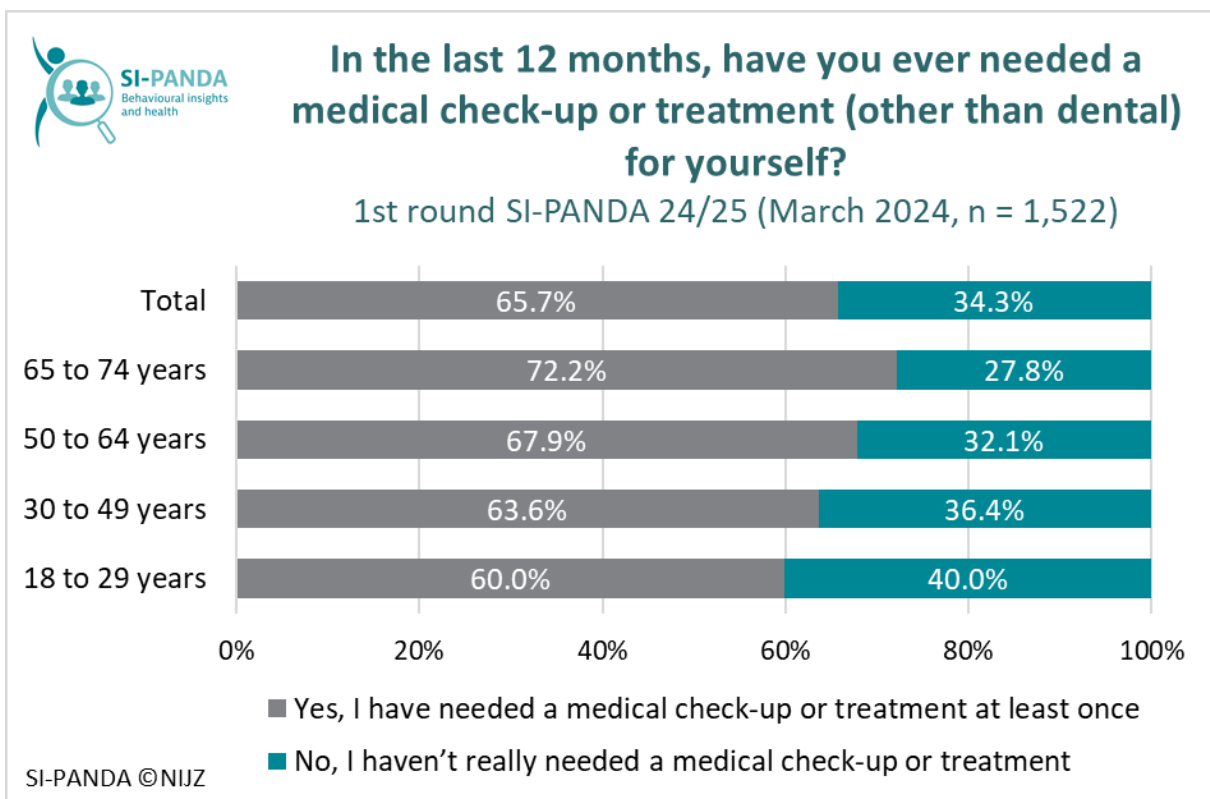


Figure 15: The need for medical check-up or treatment in the last 12 months, total and by age groups.

Respondents were also asked whether they received a medical check-up or treatment every time they needed it. 19.7% said that they had not received a medical check-up or treatment on at least one occasion. The highest proportion (30.0%) was in the youngest age group (18–29 years) (Figure 16). A higher proportion of people with a likelihood of depressive disorder (27.0%) or likelihood of mental health problems (25.0%) reported that they had not receive a medical check-up or treatment on at least one occasion, compared to respondents without mental health problems (16.9%). More respondents with weak social support (25.2%) compared to those strong social support (17.6%) also reported that they did not receive a medical check-up or treatment on each such occasion.

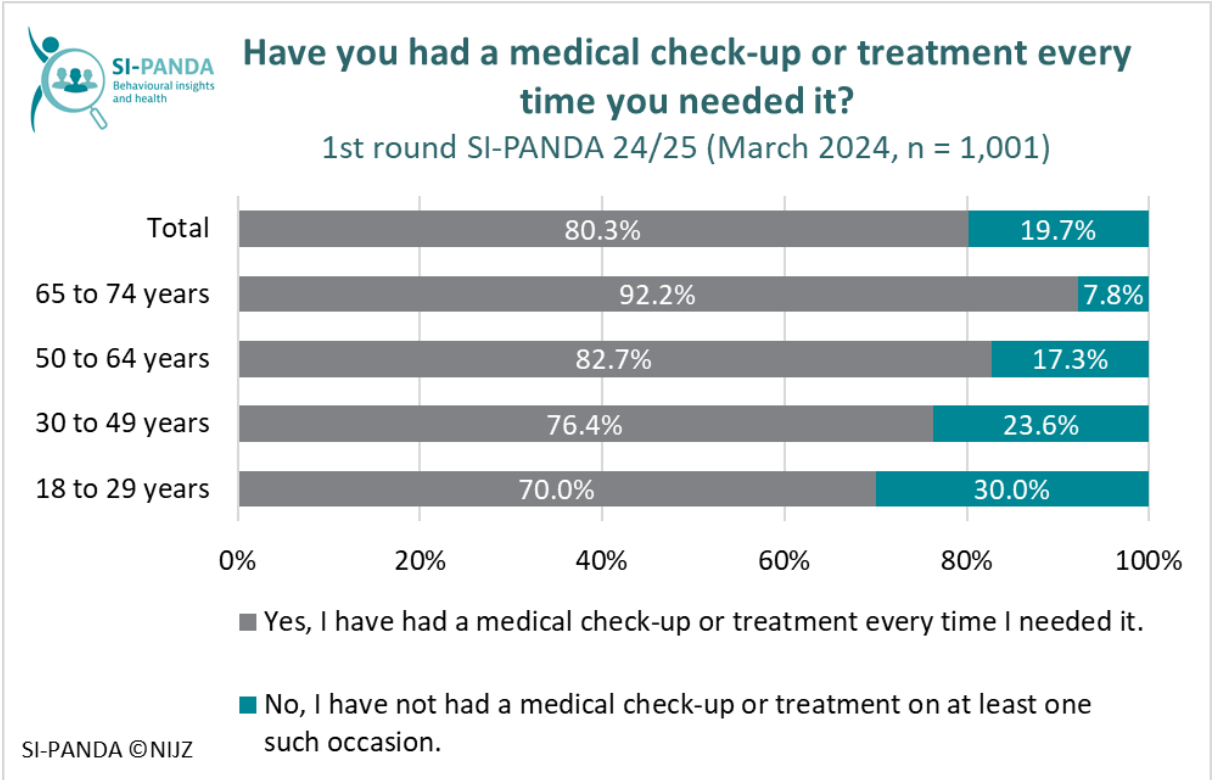


Figure 16: Medical check-up or treatment whenever needed, total and by age groups.

Mental health

Based on the WHO-5 Mental Wellbeing Questionnaire, we divided respondents into three groups according to their perceived risk of mental health problems: a group at increased risk of depression, a group at increased risk of mental health problems (poor wellbeing) and a group with no mental health problems (excellent wellbeing).

According to the survey results, just under a third respondents aged 18 to 74 (30.4%) have poor wellbeing of whom just over a tenth are at risk of depressive disorder (10.4%). The likelihood of poor wellbeing is higher among younger adults aged 18 to 49 (22.3%–28.1%) than among older adults aged 50 to 74 (13.1%–16.5%). The oldest age group, 50–74 years (72.9%–78.4%), has the highest proportion of people with no mental health problems or excellent wellbeing (Figure 17).

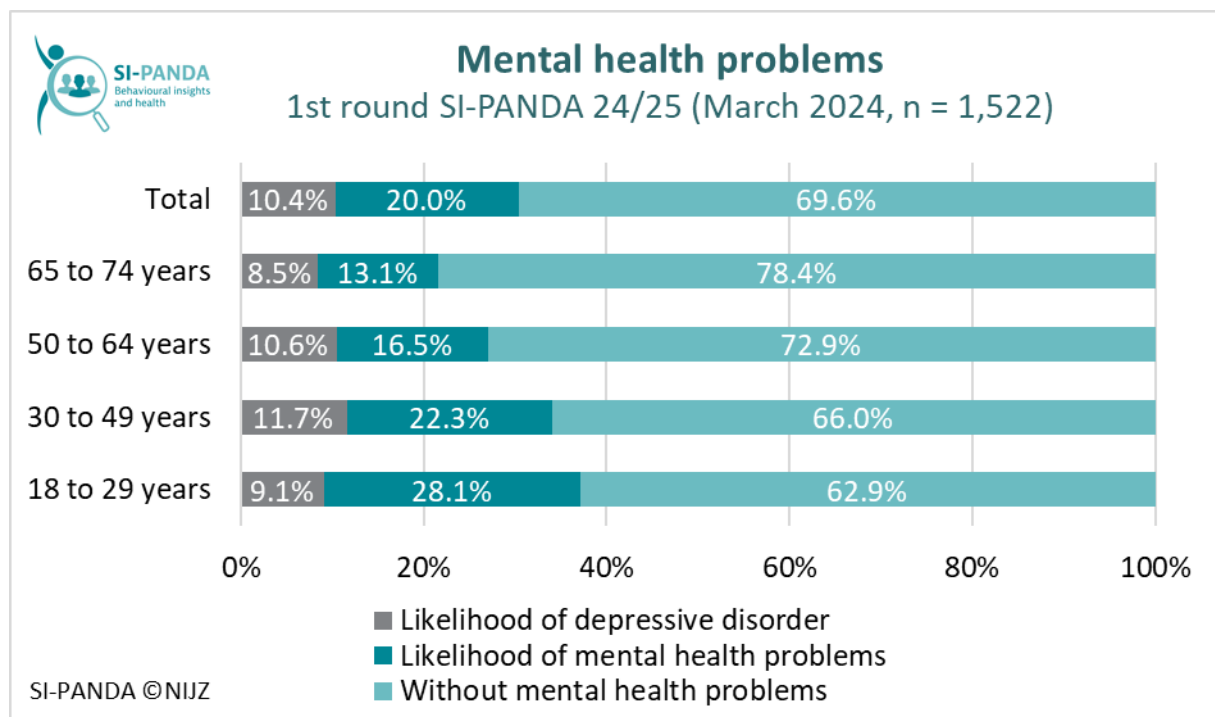


Figure 17: Mental health problems, total and by age groups.

Those with strong social support (83.5%) are statistically more likely to have no mental health problems than those with moderate social support (73.1%) and weak social support (52.4%). The likelihood of having a depressive disorder is highest (18.7%) among those with weak social support (Figure 18) and among women (13.1%; men 7.9%). People with a poor financial situation, who are struggling to manage, are also more likely to have a depressive disorder (27.9%) than those who are doing well financially but need to be careful, or who have a good or very good financial situation (3.1%–12.7%). Depressive disorders are more common among people with at least one chronic illness (15.4%) compared with those without (7.3%), those living alone (14.5%) compared with those not living alone (9.9%), and those living with someone aged 70 or over (13.1%) compared with those not living with someone aged 70 or over (9.8%).

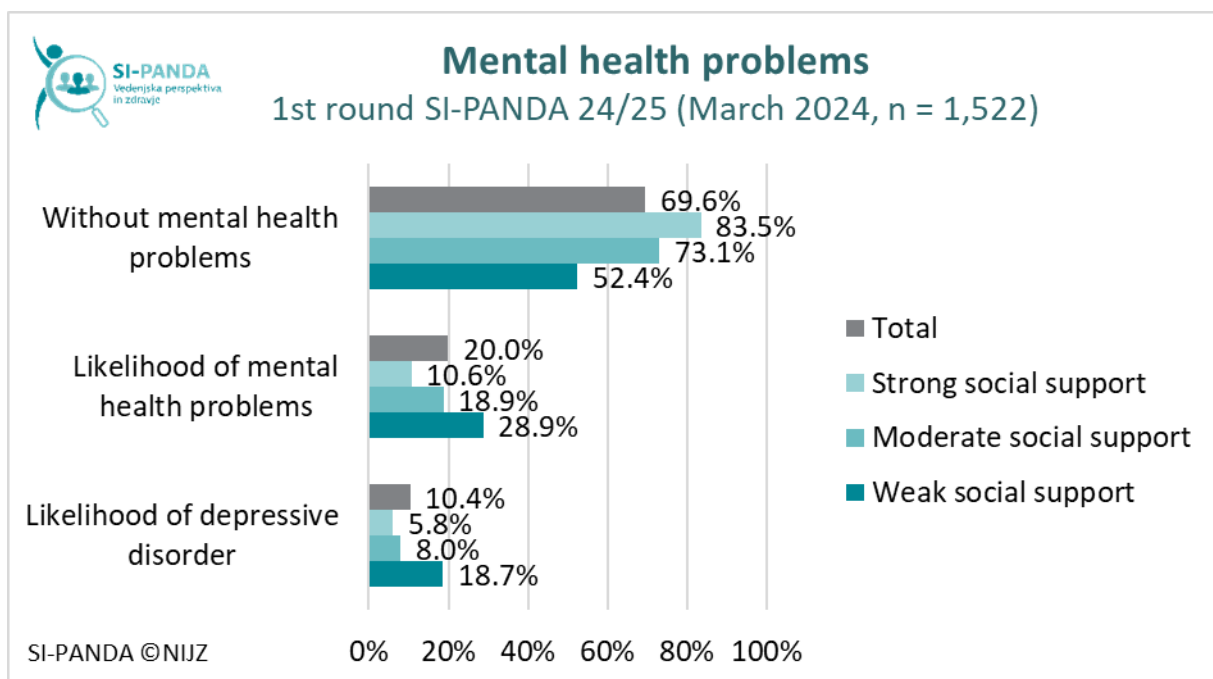


Figure 18: Mental health problems, total and by level of social support.

The percentage of people at risk of having a depressive disorder is between 7.2% and 16.7% according to the results of the SI-PANDA survey from December 2020 to March 2024. According to the results of the SI-PANDA 24/25 survey in March 2024, 10.4% of respondents are at risk of having depressive disorder (figure 19).

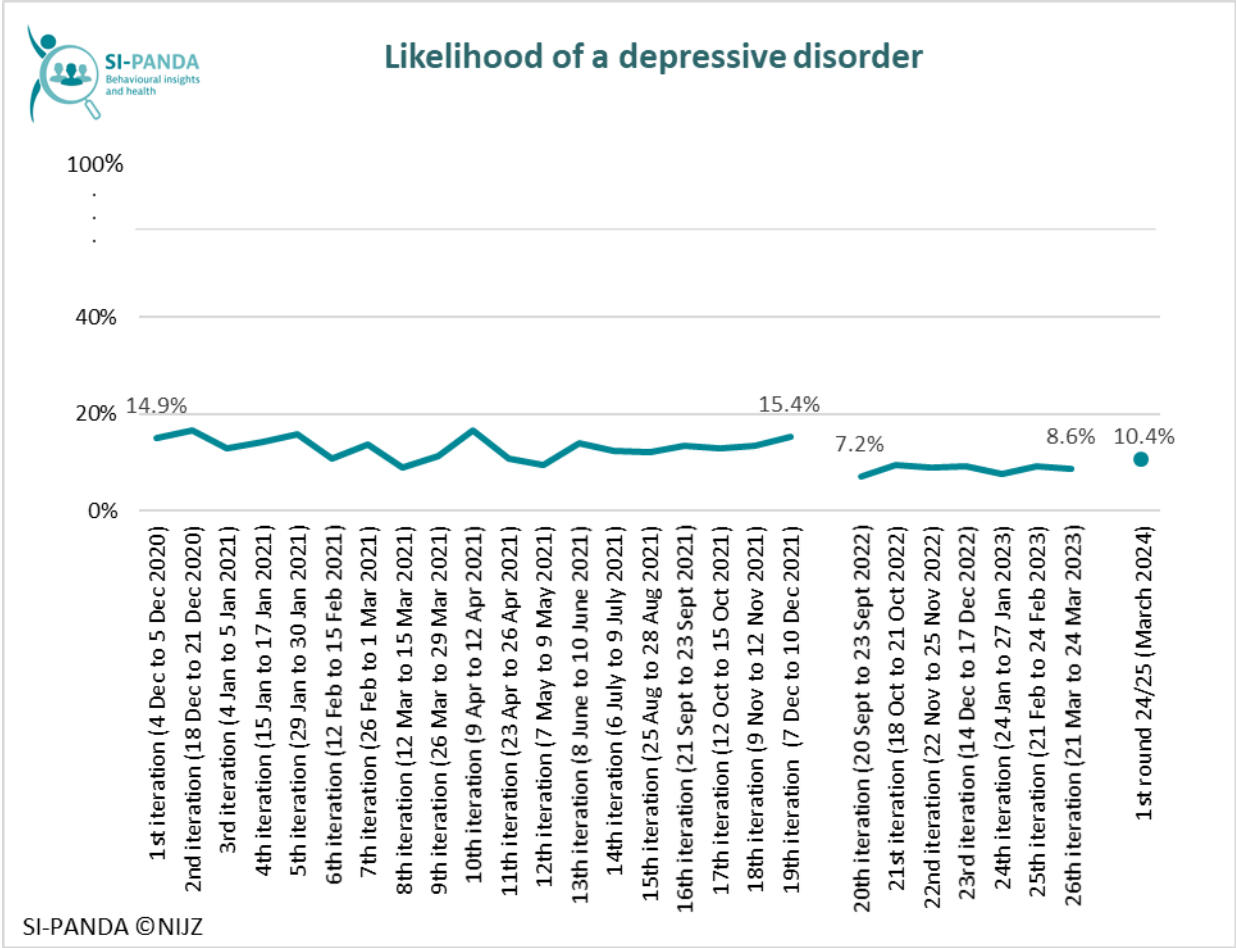


Figure 19: Likelihood of a depressive disorder from 1st to 26th SI-PANDA iteration and at 1st round SI-PANDA 24/24, total.

Experiencing stressful events and anxiety

Just under a fifth of adults (18.8%) have felt stressed or under a lot of pressure often or every day in the last 14 days. 34.5% felt this way occasionally and a third (33.1%) very rarely. Only 13.5% have not felt tense, stressed or under a lot of pressure in the last 14 days. Stress is more common among younger people aged 18–49 (18.0%–20.9%) than among older people aged 50–74 (8.9%–11.5%). More women (16.8%) than men (13.4%) often experience stress, more people with a likelihood of a depressive disorder (46.2%) than those with a likelihood of mental health problems (32.0%) and those without mental health problems (5.5%), and more people with poor financial situation who are struggling to manage (27.1%) than those who are doing well financially but need to be careful or they have good or very good financial situation (10.0%–17.7%). Stress is often experienced by more people with weak social support (24.1%), compared to those with moderate (12.8%) and strong social support (8.8%). Stress is also more likely to be experienced by more people who have at least one chronic illness (20.0%) compared to those who have no chronic illness (12.0%), more people who live alone (18.1%) compared to those who do

not live alone (14.7%), more people who live with someone under 18 (17.7%) compared to those who do not live with someone under 18 (13.8%) and more people who live with someone over 70 (19.1%) compared to those who do not live with someone over 70 (14.0%).

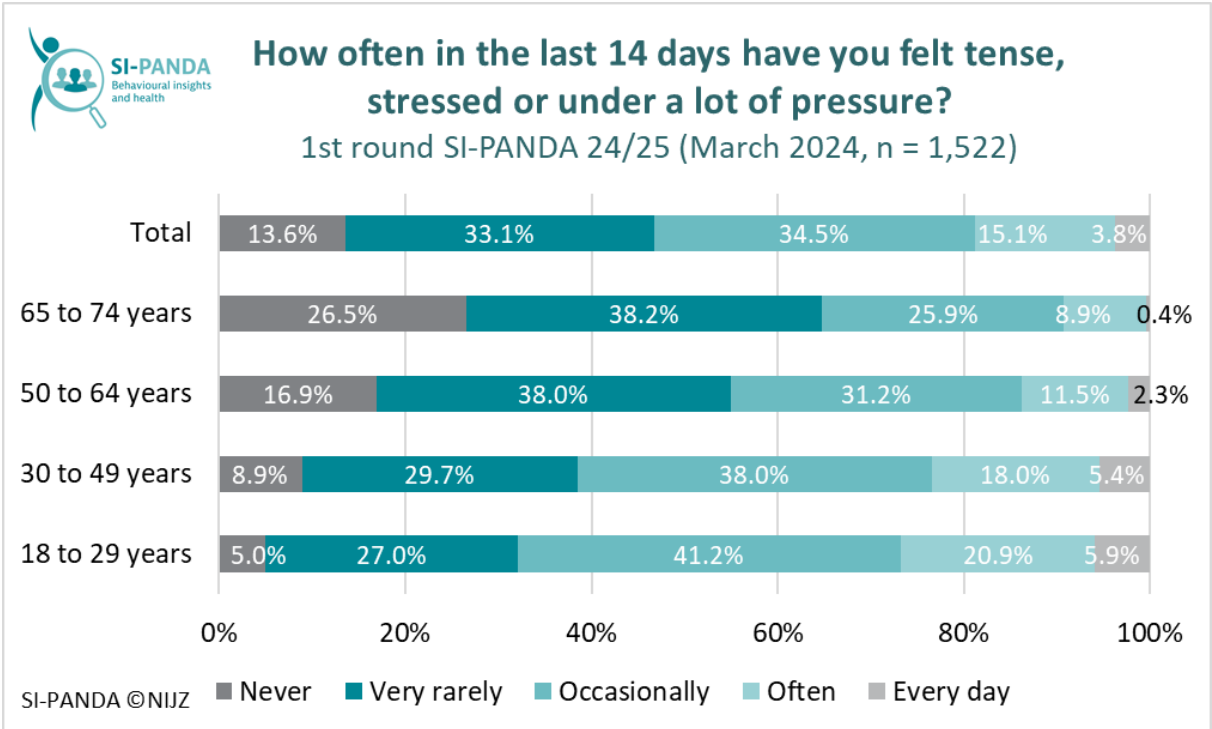


Figure 20: The frequency of experiencing stress in the last 14 days, total and by age groups.

18.8% of 18–74 year old respondents were often or daily stressed or under a lot of pressure, a similar proportion to previous surveys. The proportion of adults who often or every day feel stressed or under a lot of pressure is lowest among older people aged 65–74 (Figure 21). Women and people with weak social support were more likely to report experiencing stress frequently or on a daily basis.

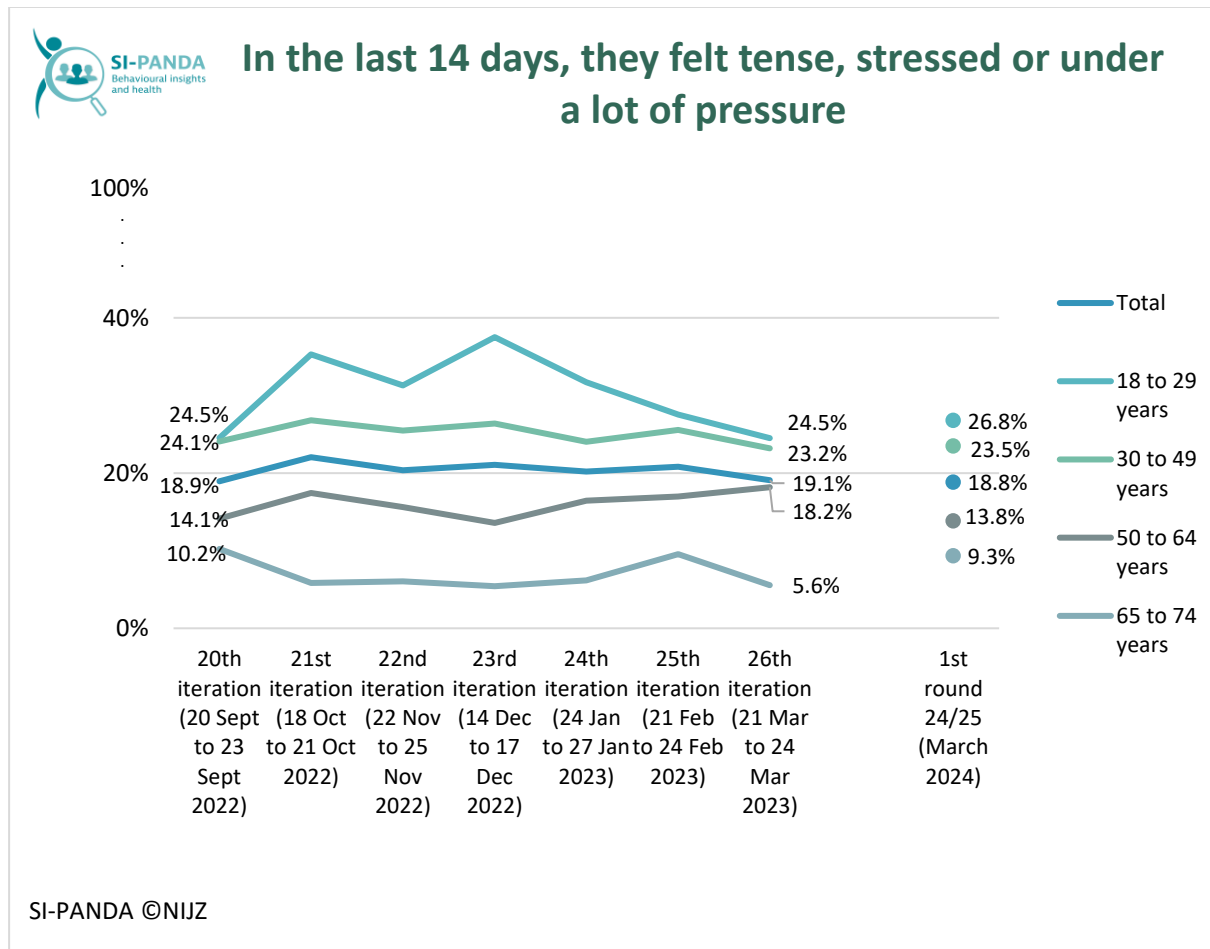


Figure 21: The frequency of experiencing stress in the last 14 days, from 20th to 26th iteration of the SI-PANDA survey and at the 1st round of the SI-PANDA 24/25, total and by age groups.

Most respondents (45.5%) say they feel tense, stressed or under a lot of pressure because of the pressures at work. Around a quarter say it is because of problems in the family (24.0%), concerns about the health of family or friends (25.9%), concerns about their own health (24.5%) and concerns about an uncertain financial future (23.3%). The least stressful are concerns about a possible new pandemic (3.7%) and concerns about a nuclear disaster (3.9%) (Figure 22).

When you feel tense, stressed or under a lot of pressure, what do you think is the cause?

1st round SI-PANDA 24/25 (March 2024, n = 1,522)

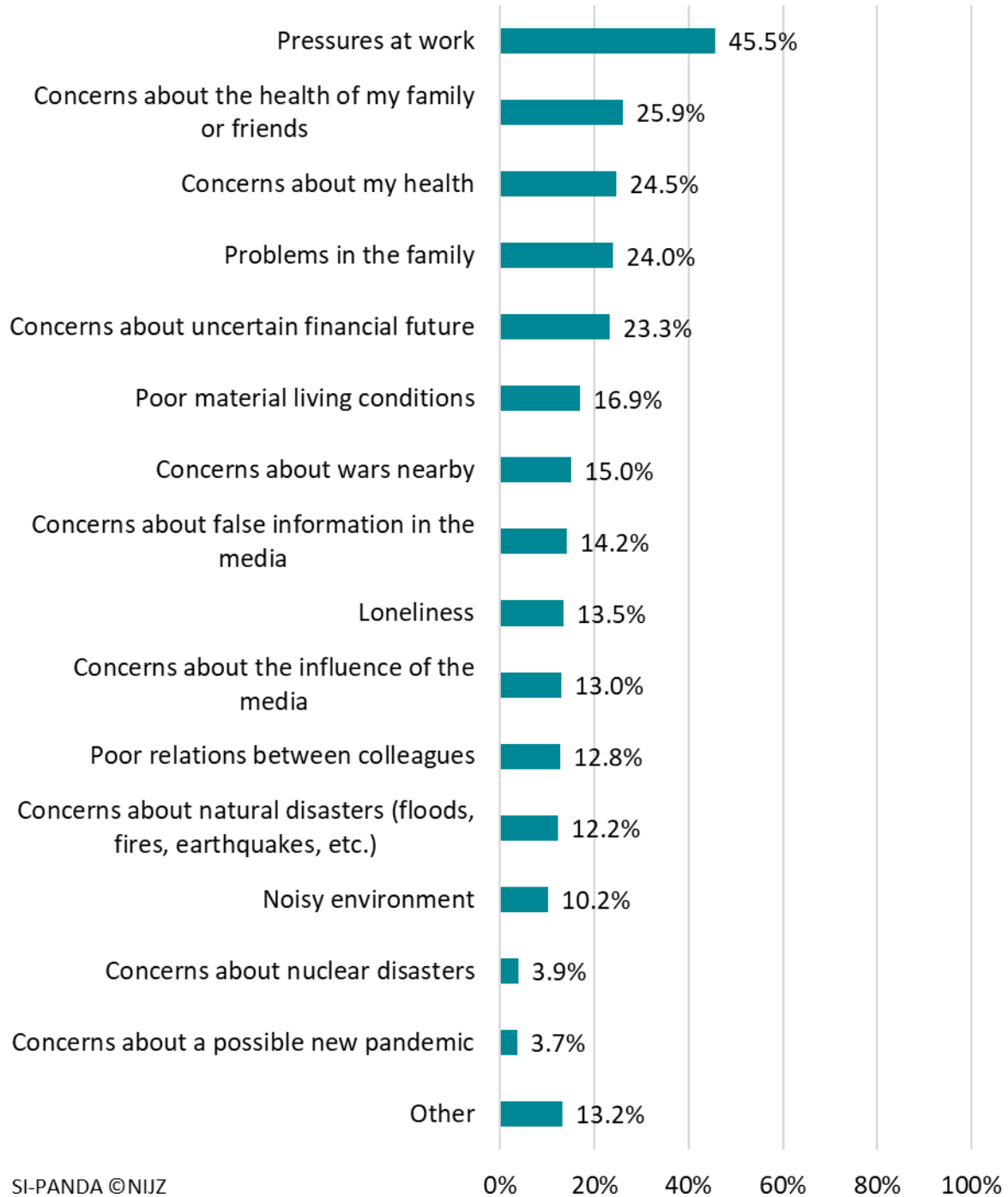


Figure 22: Reasons for experiencing stress, total.

The majority of respondents manage the tensions, stresses and pressures they experience in their lives with some effort (58.7%). Stress is easily managed by a good tenth of younger adults aged 18–29 (11.8%), compared to those aged 50–74 (21.1%–23.5%). However, statistically significantly more people in the 18–49 age group (5.0%–8.2%) manage stress with severe difficulties, compared to older people in the 50–74 age group (2.1%–2.4%) (Figure 23).

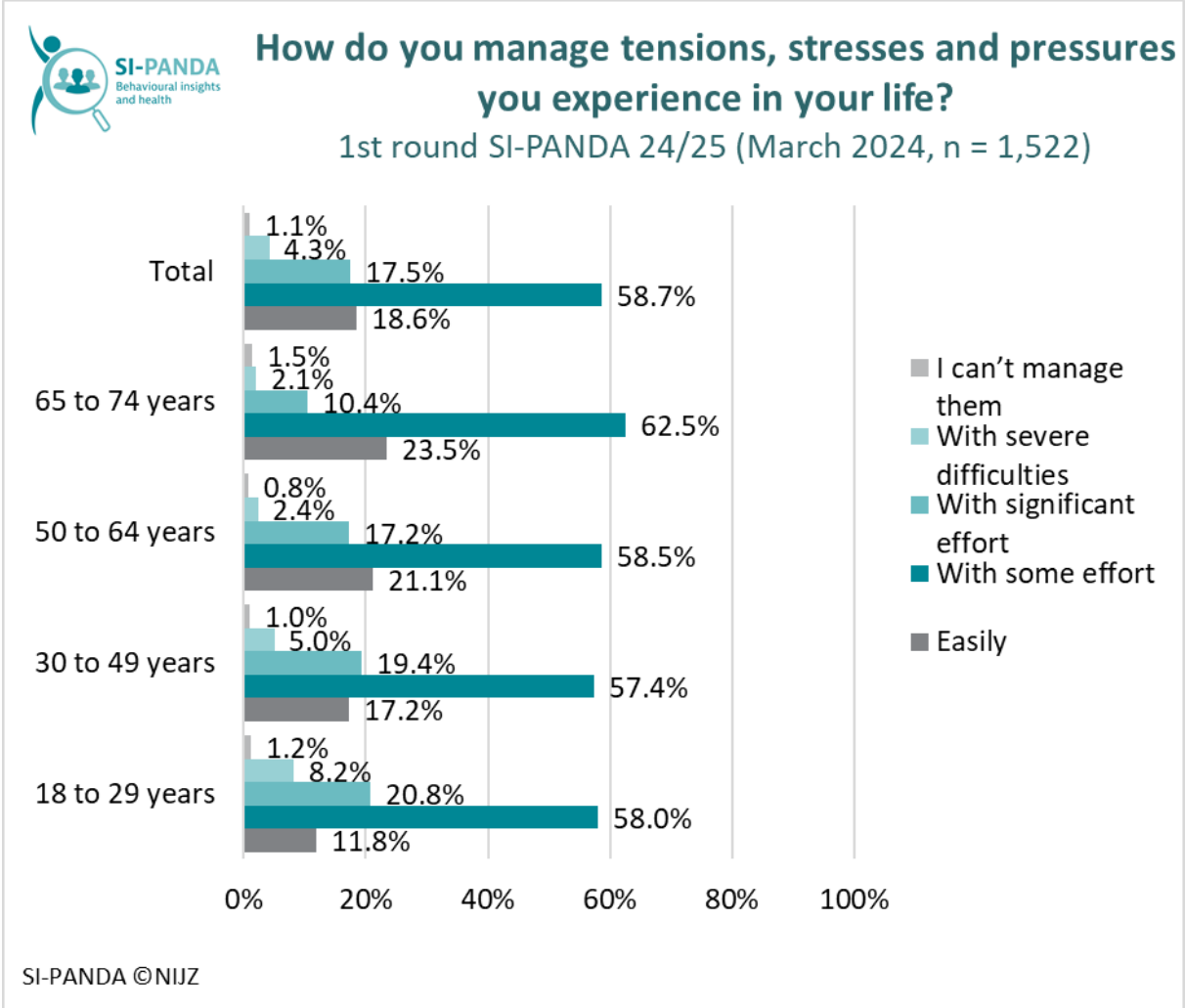


Figure 23: Managing tension, stress and pressure, total and by age groups.

More than half of the respondents (54.5%) can often or always find a way to relax when they need it. A good third (35.3%) find it occasionally, 8.8% very rarely and only 1.5% never. Statistically significantly more people aged 50–74 (15.7%–22.8%) than those aged 18–49 (10.9%–11.9%) always find a way to relax (Figure 24).

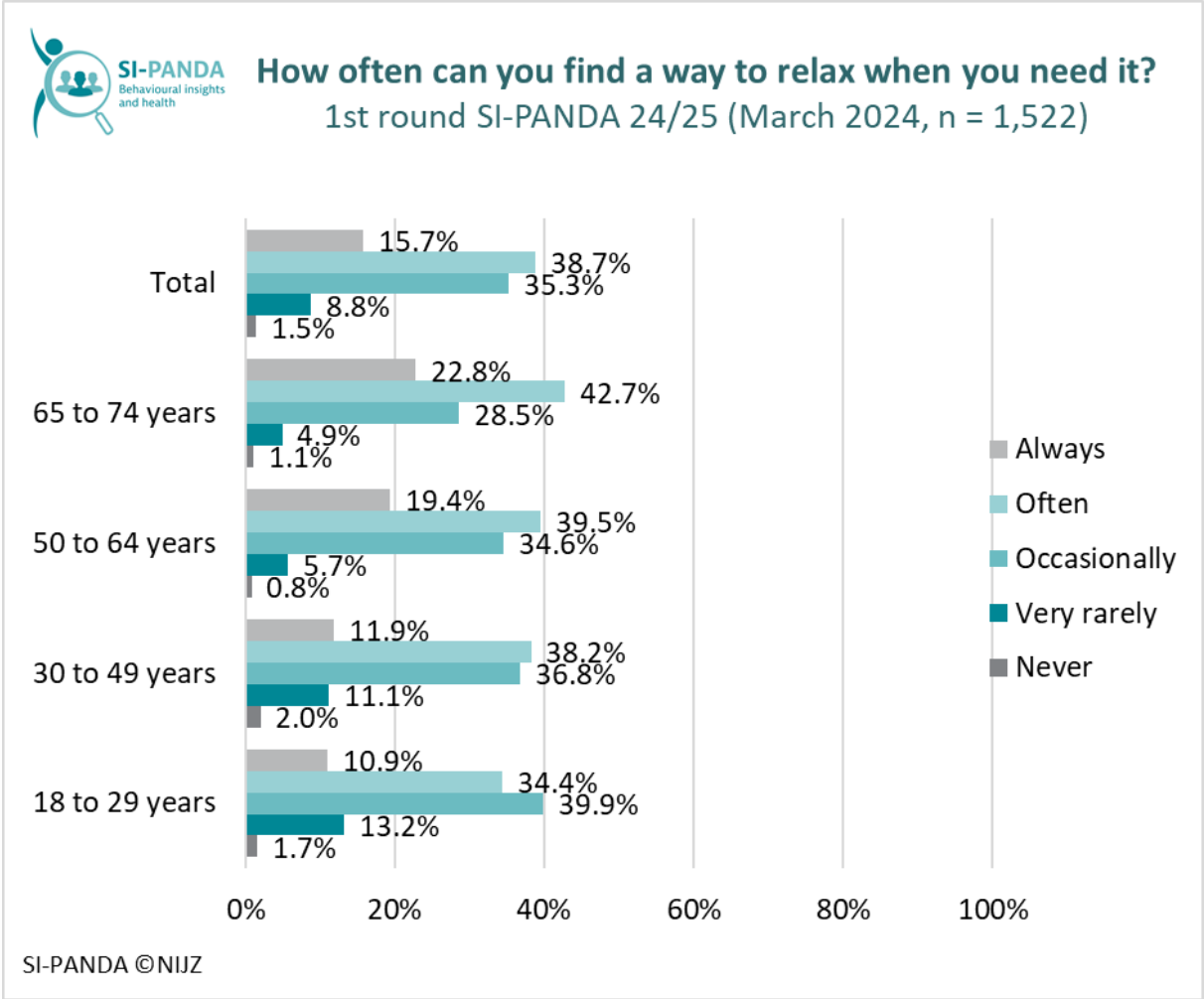


Figure 24: Frequency of finding ways to relax when they need it, total and by age groups.

Experiencing anxiety

We also used General Anxiety Disorder-7 (GAD-7) questionnaire to measure anxiety. We found that the majority of the respondents are not anxious (88.9%), while one tenth (11.1%) are at risk of an anxiety disorder. In terms of age, we find that the youngest 18–29 years olds (18.1%) are at the highest risk of anxiety disorders, compared to 30–74 year olds (7.6%–12.1%) (Figure 25). More women (13.2%) compared to men (9.2%) and more people from Western Slovenia (12.5%) compared to Eastern Slovenia (9.9%) are at risk of anxiety disorders. More people with a poor financial situation who find it difficult to support themselves (31.6%) are also at risk of anxiety disorders compared to those who are doing well financially but need to be careful or have an adequate or good financial situation (5.8%–13.0%). More people with weak social support (20.1%) are also at risk of anxiety disorders, compared to those with moderate and strong social support (5.3%–5.3%). The difference is also statistically significant for those with at least one chronic illness (15.5%) compared to those without (8.4%) and for those living alone (18.2%) compared to those not living alone (10.2%).

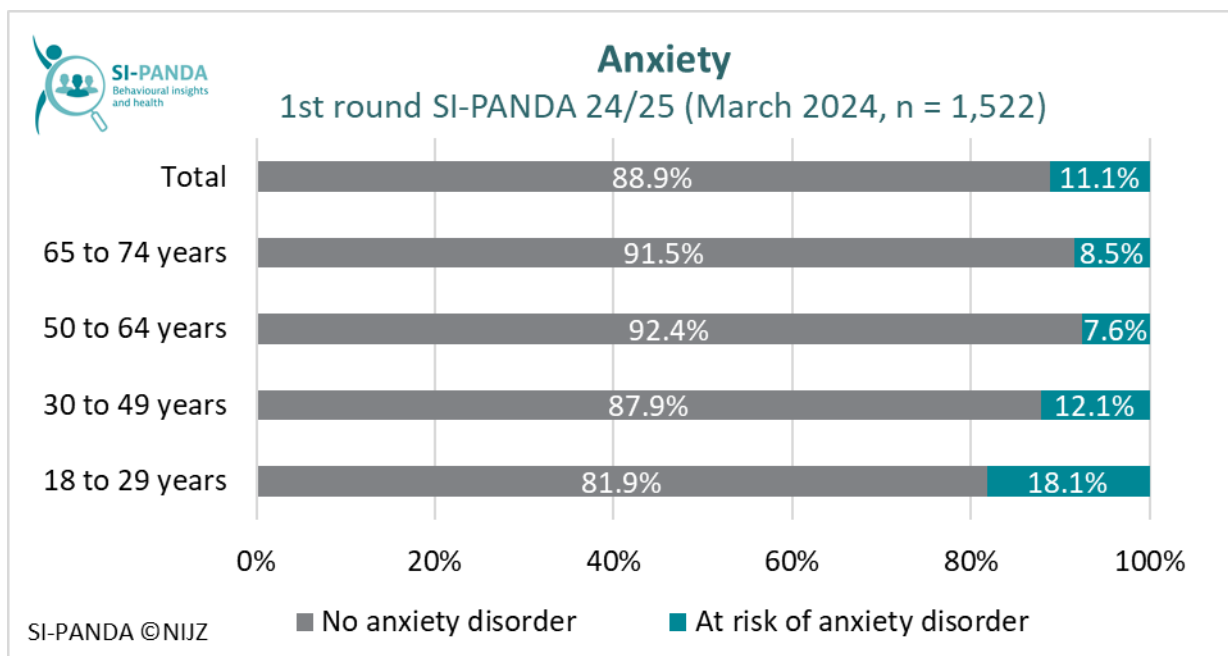


Figure 25: Presence of anxiety symptoms, total and by age groups.

SARS-CoV-2 infection and the consequences of recovered infections

In the SI-PANDA survey conducted in March 2024, 46.2% of people surveyed reported that they had not yet been infected with SARS-CoV-2. Of those infected, 26.7% reported having been infected once, 19.5% reported having been infected twice and 7.6% reported having been infected three or more times (Figure 26). A statistically significantly higher proportion of 18–49 year olds (63.1%–66.8%) had ever recovered from SARS-CoV-2 infection compared to 50–74 year olds (33.4%–46.2%). The 18-29-year-old age group also had the highest proportion of three or more recoveries (12.9%) compared to 40–74 year olds. (3,5 %-9,0 %).

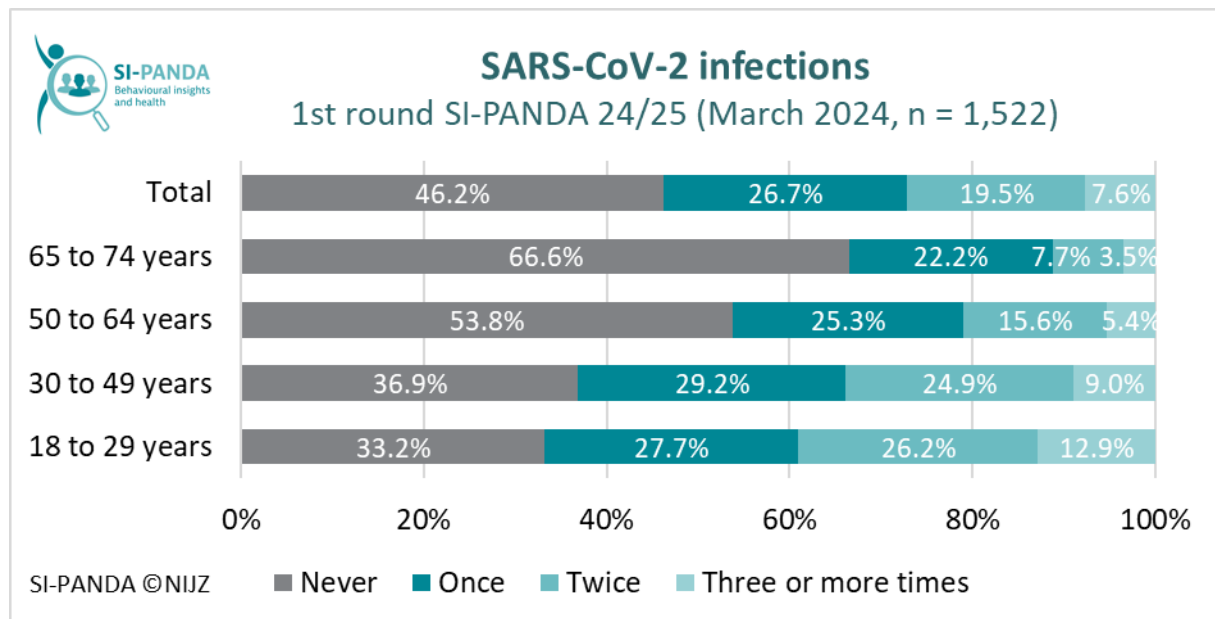


Figure 26: SARS-CoV-2 infections, total and by age groups.

The majority of respondents report that they do not experience any limitations, pain, anxiety, depression or other symptoms related to COVID-19 in their daily life (74.7%), 14.9% experience negligible limitations in their daily life and are able to perform all normal tasks/activities, but symptoms of pain, anxiety, depression still persist. However, 10.4% of the respondents experience varying degrees of limitations in their daily life. Statistically significantly more people with no chronic diseases (81.0%) have no limitations in their daily life after recovering from COVID-19 compared to those with at least one chronic disease (63.2%) (Figure 27).



Assess to what extent recovering FROM covid-19 is currently impacting your life

1st round SI-PANDA 24/25 (March 2024, n = 819)

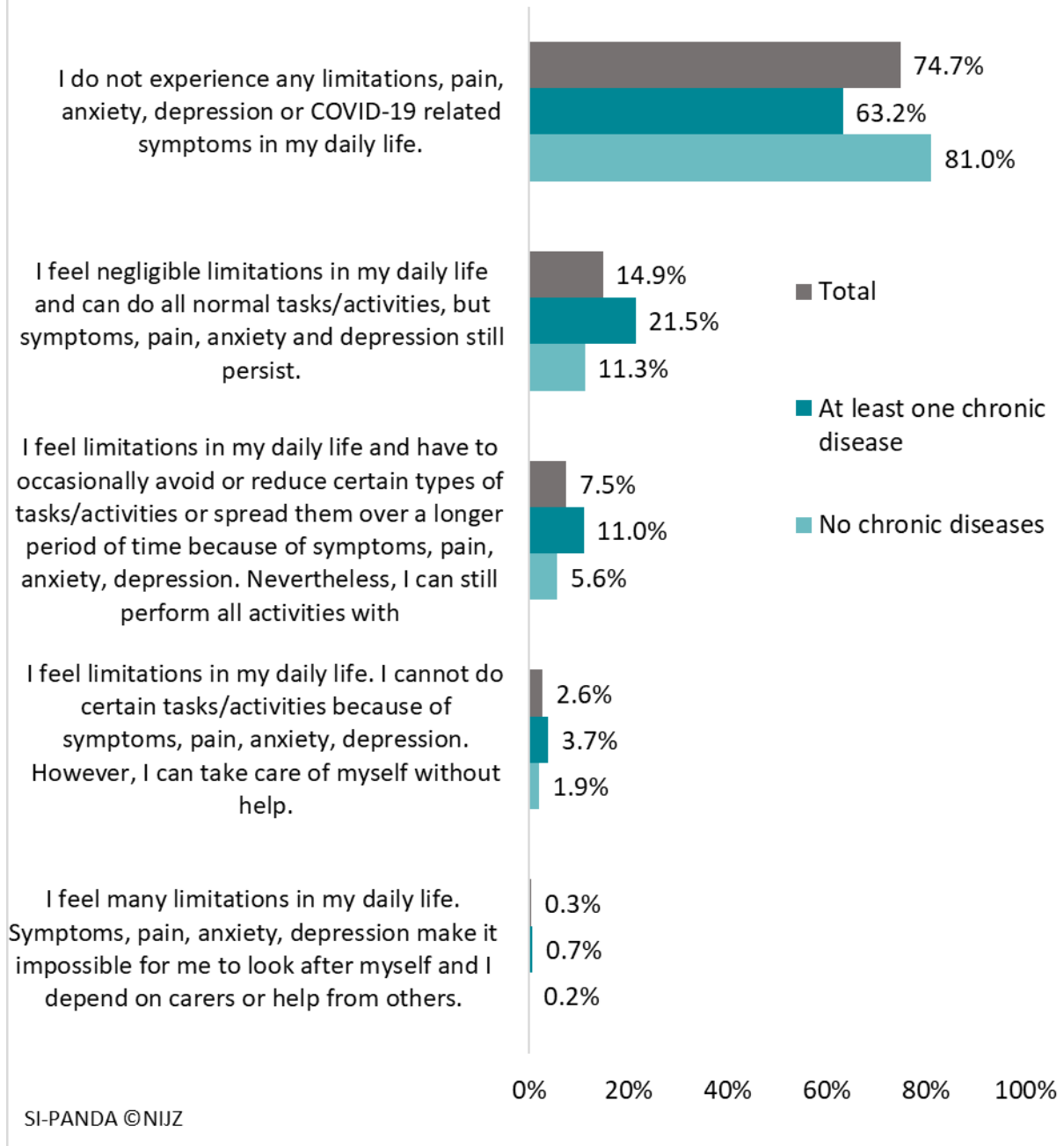


Figure 27: Impact of recovering from COVID-19 on life, total and by presence of chronic pain.

Experiencing the consequences of the pandemic

Respondents were also asked about the impact of the pandemic on different areas of their lives. The majority of respondents felt that the pandemic had not worsened different areas of their lives. Around one-fifth of them thought that the pandemic had even improved family relationships, physical activity and healthy diet, while more than half said that the situation was unchanged. Just under half of the respondents (49.5%) reported that the pandemic had worsened their social contacts with extended family and friends, while a third reported that it had worsened their physical activity (33.5%) and financial security (33.0%). A fifth reported that the pandemic had worsened their health (20.1%), sleep (19.7%) and job security (21.1%) (Figure 28). Women are more likely to say that the pandemic has had a negative impact on family relationships (F = 19.7%; M = 15.3%), job security (F = 23.8%; M = 18.7%), social contacts with extended family and friends (F = 54.4%; M = 44.8%), physical activity (F = 36.8%; M = 30.3%), and their health status (F = 22.9%; M = 17.5%). Comparing the results with the SI-PANDA cross-sectional survey, 72.2% of respondents in the 1st cross-sectional survey (25 January to 31 March 2021) reported that the pandemic had worsened social contacts with extended family and friends, while 59.4% of respondents in the 2nd cross-sectional survey (4 May to 18 July 2021) felt this way. For the other areas, the results were similar in both cross-sectional surveys and in the SI-PANDA 24/25 survey.

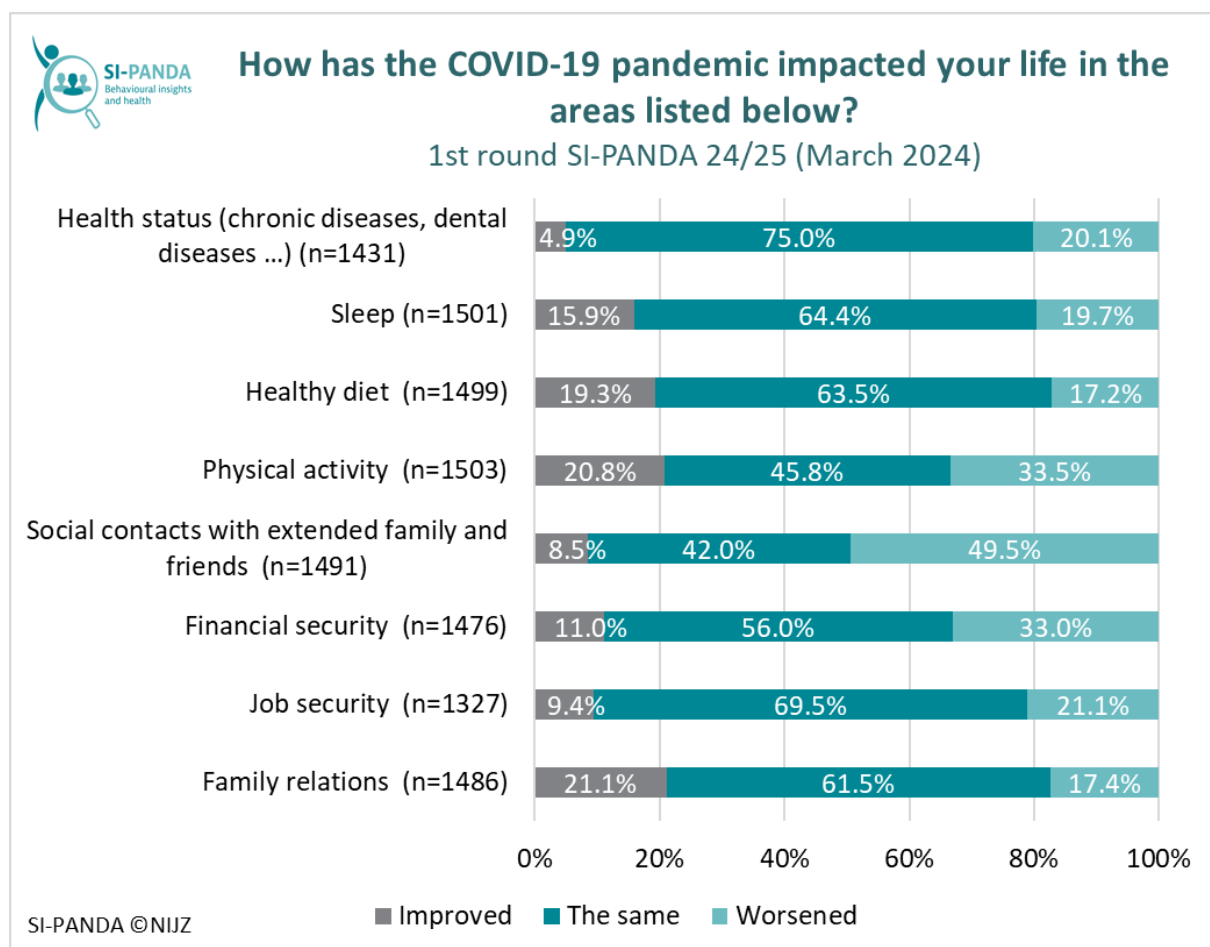


Figure 28: The impact of the pandemic on different areas of life, total.

Vaccination

The majority of respondents agree that vaccines are important for children (76.5%) and that it is important for adults to be vaccinated (53.4%). More than half also agree that vaccines are effective (52.9%) and that they are in line with their expectations (50.6%). However, 42.3% of respondents agree that vaccines are safe. Statistically significantly more men than women agree with all the above statements about vaccines, with the exception of the importance of vaccines for children (Figure 29).

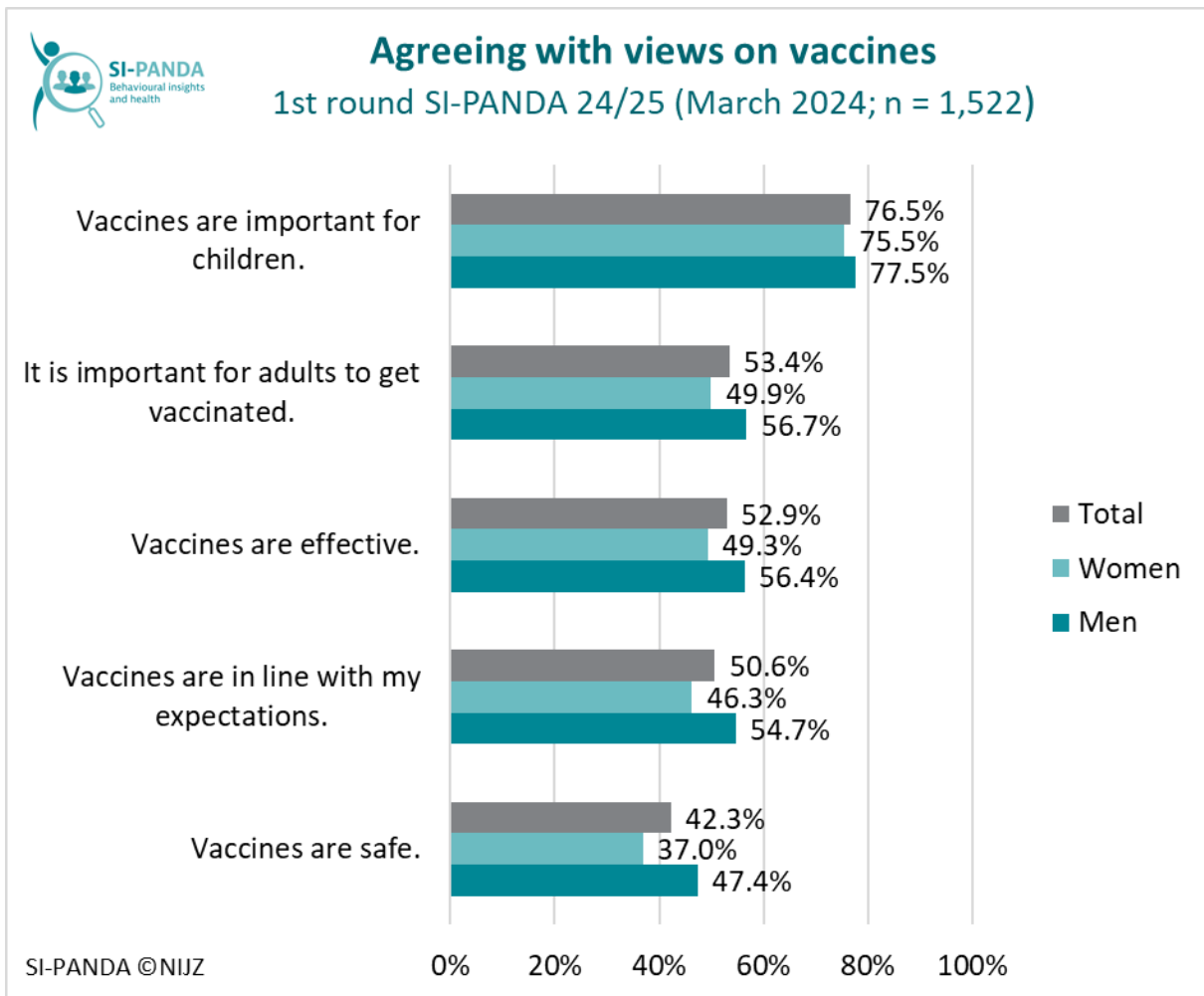


Figure 29: Views on vaccines, total and by sex.

Obtaining and trusting health information

The most common sources of health information used by respondents in the last 30 days (several times a day or at least once a day) were social networks in general (17.3%), online media (16.5%) and radio (13.6%). The highest proportions of people reported never using celebrities and influencers on social networks (79.1%) and health-related podcasts (74.6%) as sources of health information in the last 30 days. On the other hand, a significant proportion of respondents had never used health institutions' websites (60.2%) and health institutions' social networks (58.6%) as a source of health information in the last 30 days (Figure 30).

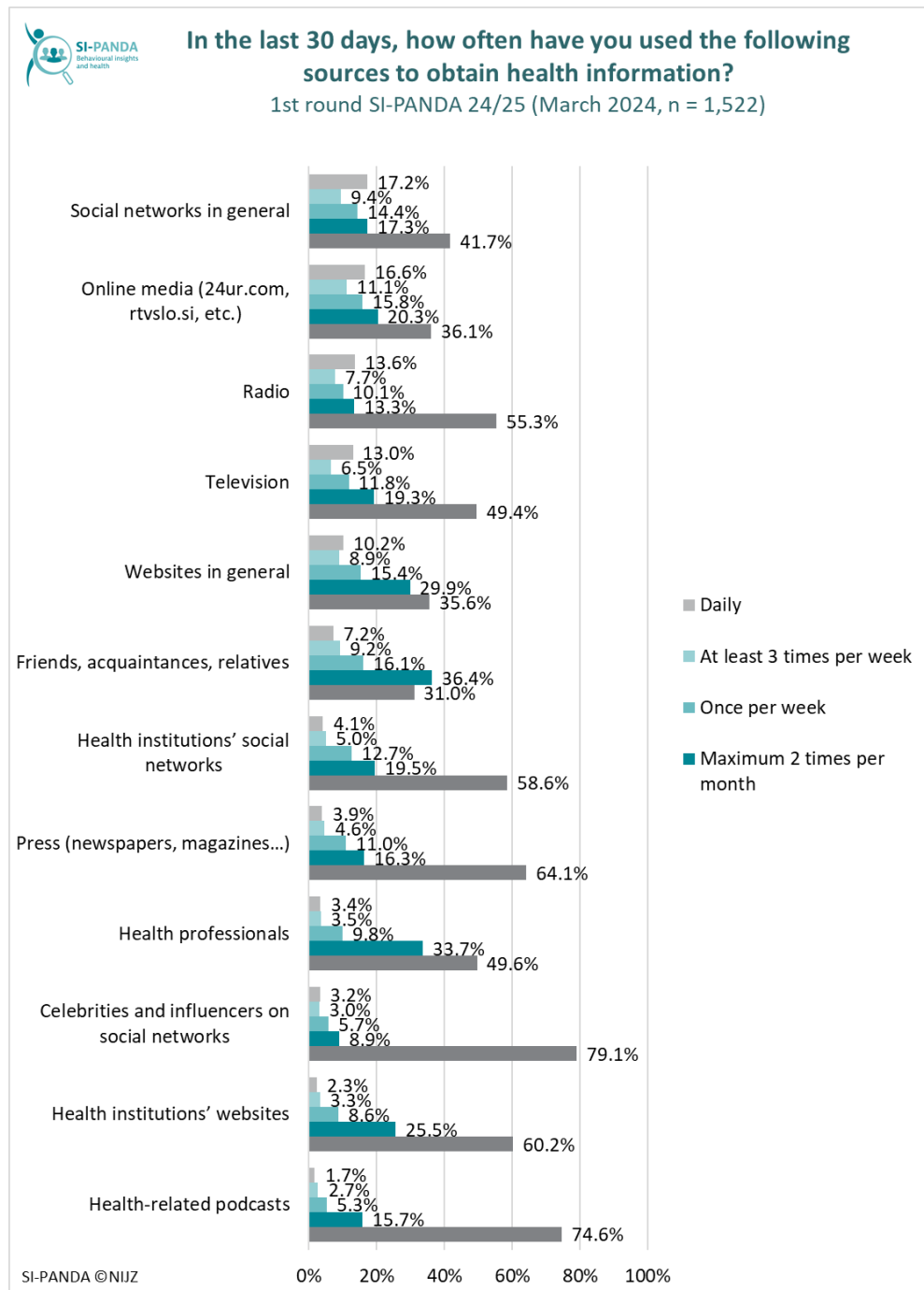


Figure 30: Frequency of use of health information sources in the last 30 days, total.

On a scale of 1 to 7, respondents rated the health information they receive from health professionals as the most trustworthy (4.6), followed by the health institutions' websites (4.1) and the NIJZ (4.0). The least trusted are government and governmental institutions (2.8), social networks in general (2.7) and celebrities and influencers on social networks (2.1) (Figure 31).

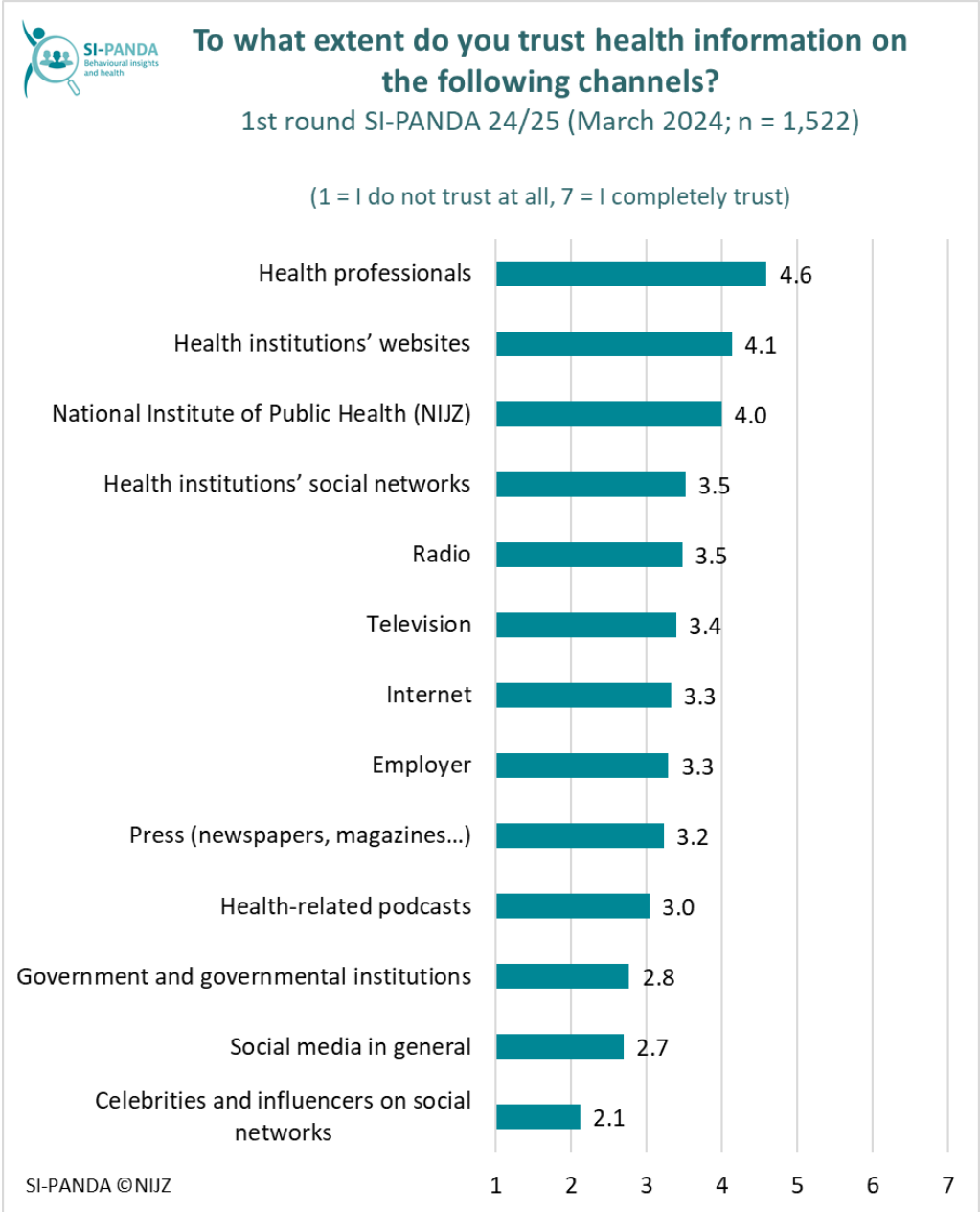


Figure 31: Trust in health information on a scale of 1 to 7, total.

We also asked respondents how difficult or easy they found it to understand, find or use certain health-related information. The highest proportion of people (82.9%) found it easy (answers "very easy" and "easy") to use the information given to them by their doctor to make decisions about their illness. Depending on the age of the respondents, this information can be used in the highest proportion by 65–74 year olds (88.6%) compared to younger respondents. 42.0% of respondents found it difficult (answers "difficult" and "very difficult") to assess when they would need a second opinion from another doctor. 53.6% of respondents found it easy to assess the reliability of information about health risks in the media (television, internet and other media), while 38.2% found it difficult (Figure 32). The latter is most easily assessed by respondents in the 30–49 age group, and most difficult for those aged 65–74. In terms of mental health, this is also the easiest to assess for respondents with no mental health problems (56.3%) and the most difficult for those with a likelihood of depressive disorder (44.0%).

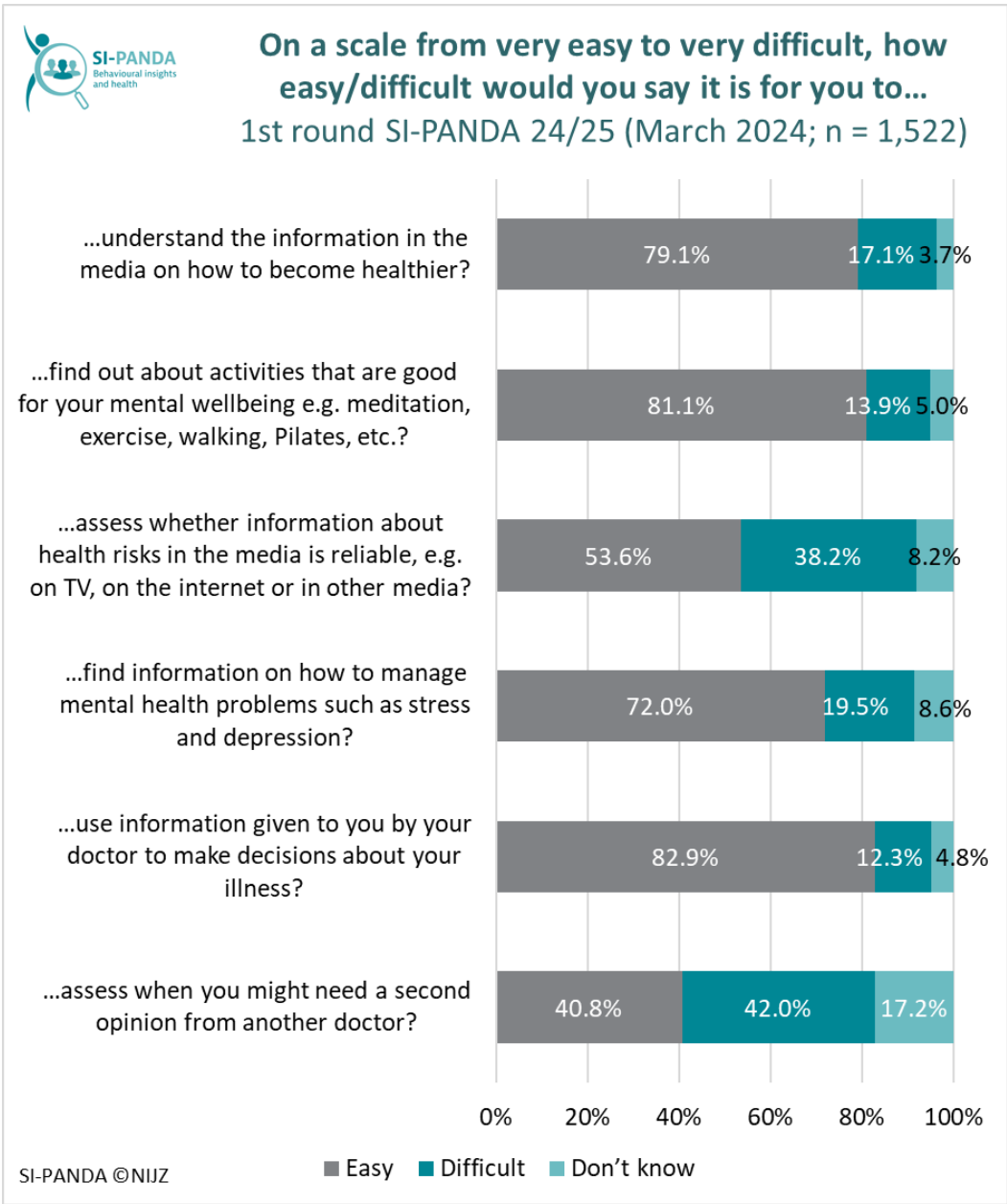


Figure 32: Difficulty of understanding and using health information, total.



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