

Key findings

1. **Life satisfaction and general health:** 51.5% of respondents in Italy were satisfied or very satisfied with life in general. Also, 66.9% reported having good, very good, or excellent health.
2. **Access to health care:** 36.6% of people in Italy were unable to receive treatment some or all of the times they needed care. The most common reason was inability to pay.
3. **Vaccine confidence:** In Italy, 35.6% of adults feel vaccines are safe, effective, important for children, important for adults, and compatible with their personal beliefs.
4. **Childhood vaccines:** The most common reason for not vaccinating children aged 6 years and under was “I did not want my child to be vaccinated.” The most common reason among these parents was not available in the report.
5. **Education:** 7.4% of individuals aged 5–25 years who attended school before the COVID-19 pandemic were no longer in school at the time of the survey. The most common reason was having already graduated (40.8%).
6. **Economic and food security:** 30.3% of people in Italy reported that their current household income was lower than before the COVID-19 pandemic. Moreover, 14.1% of people reported sometimes or often not having enough to eat due to a lack of money (50.6%).
7. **Trust in organizations:** Scientists were the most trusted organization in Italy, while the national government was the least trusted.

Background

These findings provide a valuable snapshot of the challenges faced by Italy in terms of public health, economic security, and trust in institutions. Policymakers can use this information to address these issues, such as improving access to health care, increasing vaccine confidence through better information dissemination, supporting education, and tackling economic and food insecurity. The survey is part of a collaboration between the Institute for Health Metrics and Evaluation (IHME), Meta, LMU Munich, and University of Maryland. Between March and May 2023, more than 621,000 people aged 18 years and older from 21 countries participated in the survey sharing their perception of the pandemic’s impact and where they stand now. 17,487 people responded in Italy.

Why are these findings important?

- This comprehensive survey provides timely and significant insights into global public health, making it a pivotal tool in gathering valuable data.
- The findings yield policy-relevant data on economic, health, and behavioral indicators from each participating country, equipping health leaders with critical insights.
- By complementing findings from the [Global Burden of Disease](#) study, this survey offers a holistic snapshot of a country's health and well-being through self-reported data.

A note on methods and data availability: Survey respondents were invited to participate via advertisements on Facebook. A subset of aggregate survey results is publicly available via the [PRS Data Visualization Tool](#). Additional methodological details regarding how the survey was designed and how data were collected and analyzed are available [here](#). All results shown in this report are weighted estimates of the true population proportions.

Countries surveyed are Argentina, Brazil, Chile, Colombia, Egypt, Germany, India, Indonesia, Italy, Japan, Mexico, Nigeria, Peru, the Philippines, Poland, South Africa, Spain, Türkiye, the United Kingdom, the United States, and Viet Nam.

Countries were selected based on population, Facebook user activity, and public health priorities.

Survey sample demographics from Italy

- **Overall sample size:** 17,487 people.
- **Gender:** 42.4% identified as male, 56.2% as female, and 0.3% as non-binary. The remaining 1.1% of respondents either skipped or selected prefer not to respond for the gender question.
- **Age:** 9.8% were aged 18–29, 44.7% were aged 30–49, and 45.4% were aged 50+.
- **Education:** 11.6% indicated primary school or less as the highest level of education, 59.3% said secondary or trade school, and 29.1% indicated university or graduate studies.
- **Household:** 56.8% live in an urban setting, 17.9% rural, and 25.3% suburban.

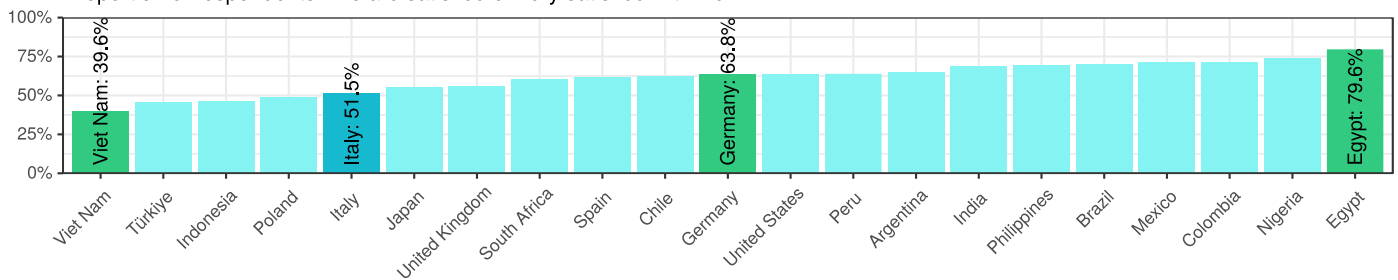
Summary of findings

Life satisfaction and general health

- **Life satisfaction is closely tied to health, finances, and overall well-being. 51.5% of respondents in Italy were either satisfied or very satisfied with life in general.**
- **When asked about their health in general, 66.9% of respondents reported having good, very good, or excellent health.**

How does Italy compare: Life satisfaction

Proportion of respondents who are satisfied or very satisfied with life



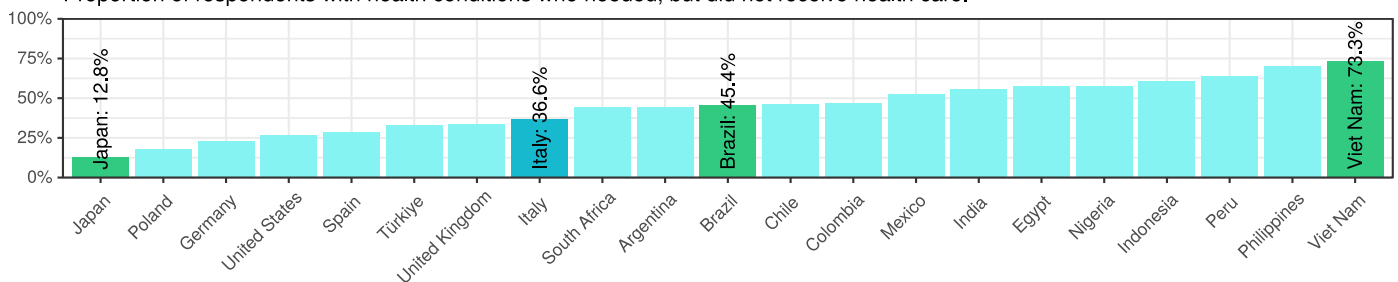
A bar graph showing the percentage of people in 21 countries who were either satisfied or very satisfied with life. Viet Nam was the lowest at 39.6%, Egypt was the highest at 79.6%, and Italy was 51.5%. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Access to health care

- **In Italy, 36.6% of people were unable to receive treatment some or all of the times they needed care.**
- **The most common reason for not receiving care in Italy was inability to pay.**

How does Italy compare: Delayed health care

Proportion of respondents with health conditions who needed, but did not receive health care.



A bar graph showing the percentage of people in 21 countries who needed care for a health condition, but did not receive it. Japan was the lowest at 12.8%, Viet Nam was the highest at 73.3%, and Italy was 36.6%. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Health and wellness insights

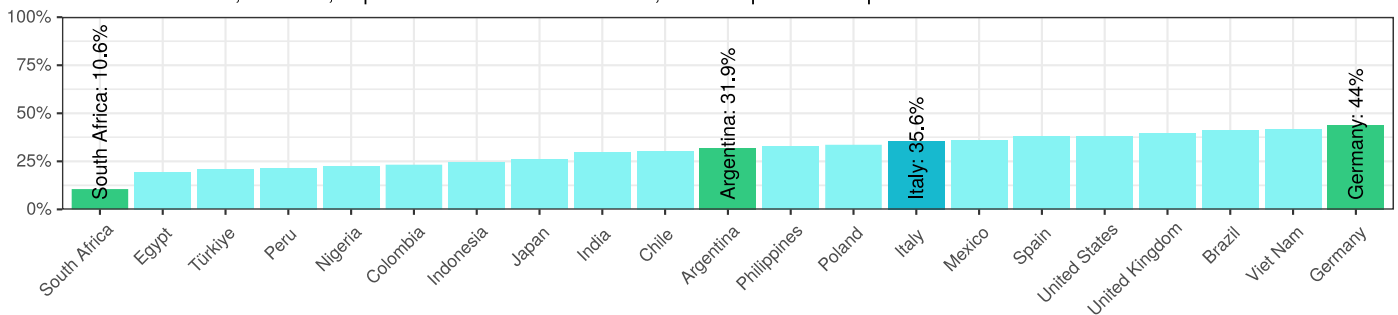
Italy

Vaccine confidence

- Overall, results indicate that vaccine confidence is a cause for concern. In Italy, 35.6% of adults feel vaccines are safe, effective, important for children, important for adults, and compatible with their personal beliefs. Across all countries, vaccine confidence was 30.5%.

How does Italy compare: Vaccine confidence

Are vaccines safe, effective, important for children and adults, and compatible with personal beliefs?



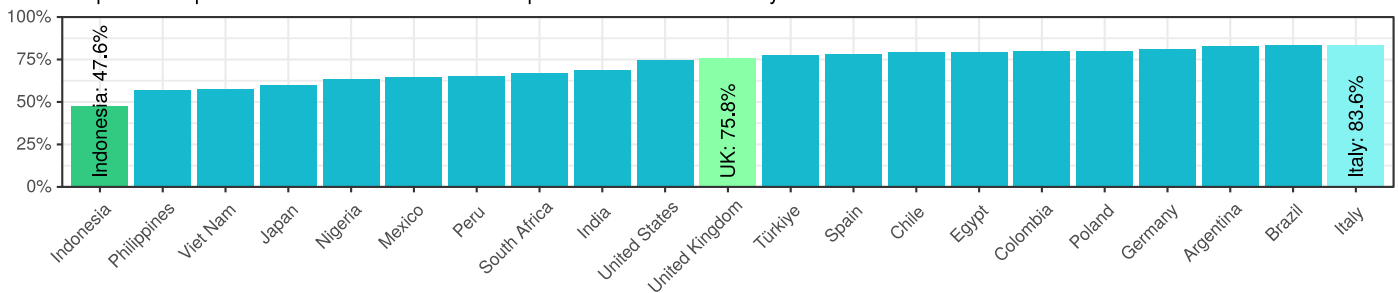
A bar graph showing the percentage of people in 21 countries who said yes to whether vaccines are safe, effective, important for children and adults, and compatible with personal beliefs. South Africa was the lowest at 10.6%, Germany was the highest at 44%, and Italy was 35.6%. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Childhood vaccines

- The survey identified several common barriers to vaccine uptake in Italy. Among parents of children aged 6 years and under who have not received all routine childhood vaccinations recommended for their age, the most cited reason was “I did not want my child to be vaccinated.”

How does Italy compare: Routine childhood vaccines

Proportion of parents of children under 6 who reported their child was fully vaccinated.



A bar graph showing the percentage of people in 21 countries who said that their child under 6 was fully vaccinated. Indonesia was the lowest at 47.6%, Italy was the highest at 83.6%, and Italy was 83.6%. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Health and wellness insights

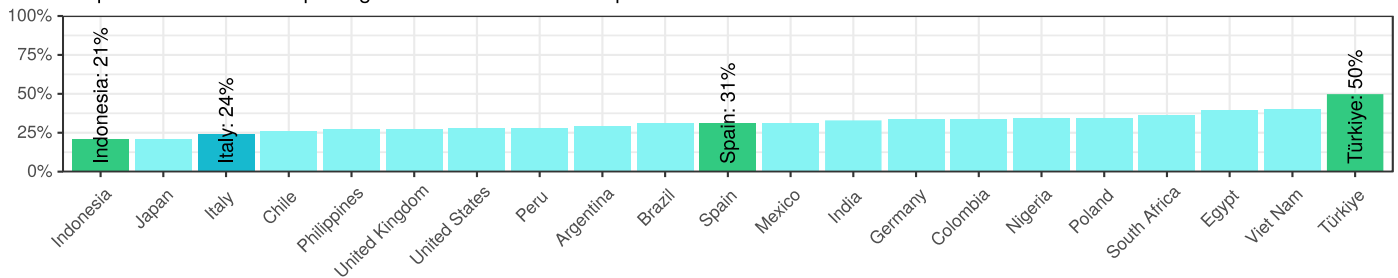
Italy

Education

- **7.4% of individuals aged 5–25 years who attended school before the COVID-19 pandemic were no longer in school at the time of the survey. The most common reason was having already graduated (40.8%).**
- **Among respondents in Italy, 14.7% of students exhibited reading ability that was lower or much lower than expected, and 24.4% of students exhibited math skills that were lower or much lower than expected.**

How does Italy compare: Student math skills

Proportion of students reporting lower math skills than expected.



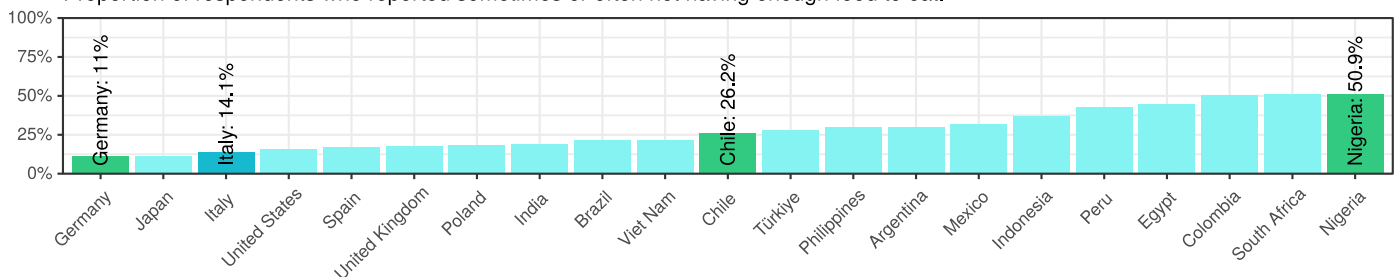
A bar graph showing the percentage of students in 21 countries who reported lower math skills than expected. Japan was the lowest at 21%, Türkiye was the highest at 50%, and Italy was 24.4%. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Economic and food security

- **In Italy, 30.3% of people reported their current household income was lower than before the COVID-19 pandemic.**
- **14.1% of people in Italy reported sometimes or often not having enough to eat. The most common barrier to food security in Italy was a lack of money (50.6%).**

How does Italy compare: Food insecurity

Proportion of respondents who reported sometimes or often not having enough food to eat.



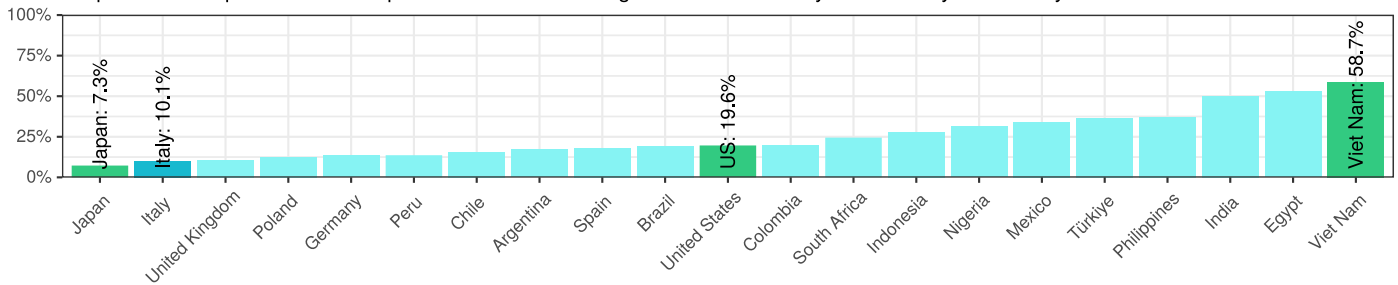
A bar graph of the percentage of people in 21 countries who reported sometimes or often not having enough food to eat. Germany was the lowest at 11%, Nigeria was the highest at 50.9%, and Italy was 14.1%. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Trust in organizations

- Respondents answered questions about how much they trusted governmental and other organizations. Response options were “extremely trustworthy,” “very trustworthy,” “neither trustworthy nor not trustworthy,” “not very trustworthy,” and “not trustworthy at all.”
- Respondents in Italy considered scientists to be the most trustworthy organization at 56.6% and considered national government the least trustworthy, with 51% saying that they were not trustworthy.

How does Italy compare: Trust in national government

Proportion of respondents who reported that the national government was very or extremely trustworthy.



A bar graph showing the percentage of people in 21 countries who felt that the national government was either very or extremely trustworthy. Japan was the lowest at 7.3%, Viet Nam was the highest at 58.7%, and Italy was 10.1%. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

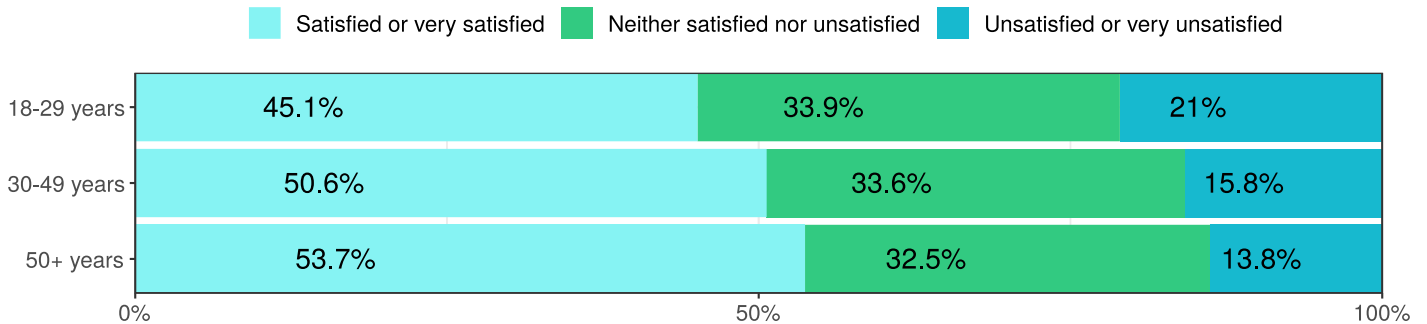
1. Life satisfaction and general well-being

This section includes how satisfied people are with their life and how they rate their general health.

Figure 1.1 Life satisfaction Survey respondents were asked how satisfied they were with their life in general. Response options included *very satisfied, satisfied, neither satisfied nor unsatisfied, unsatisfied, or very unsatisfied*. In general, life satisfaction increases with age.

Italy: Life satisfaction by age

How satisfied are you with your life?

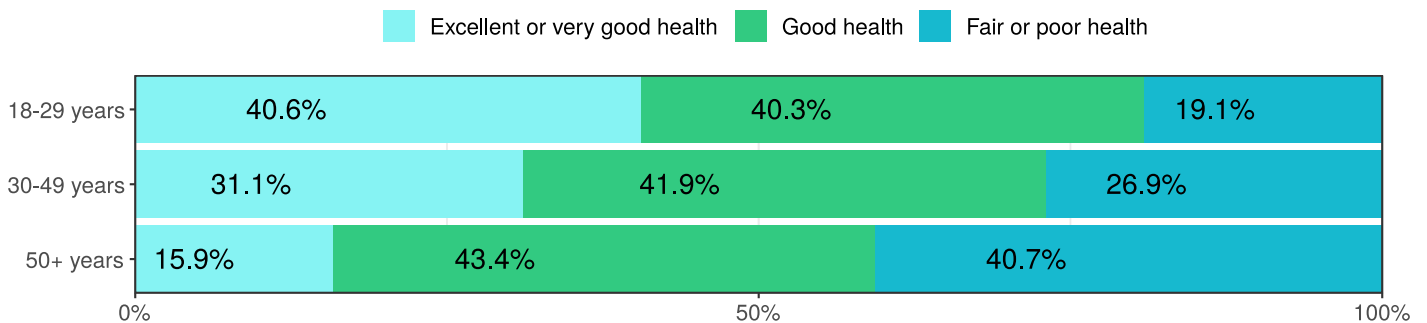


A bar graph of the proportion of people in age groups 18-29 years, 30-49 years, and 50+ years who were either 'satisfied or very satisfied,' 'neither satisfied nor unsatisfied,' or 'unsatisfied or very unsatisfied' with life. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Figure 1.2 General health Survey respondents were asked to rate their overall health. Response options included *excellent health, very good health, good health, fair health, or poor health*.

Italy: General health by age

How would you rate your health?



A bar graph of the proportion of people in age groups 18-29 years, 30-49 years, and 50+ years who either had 'Excellent or very good health,' 'Good health,' or 'Fair or poor health.' Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

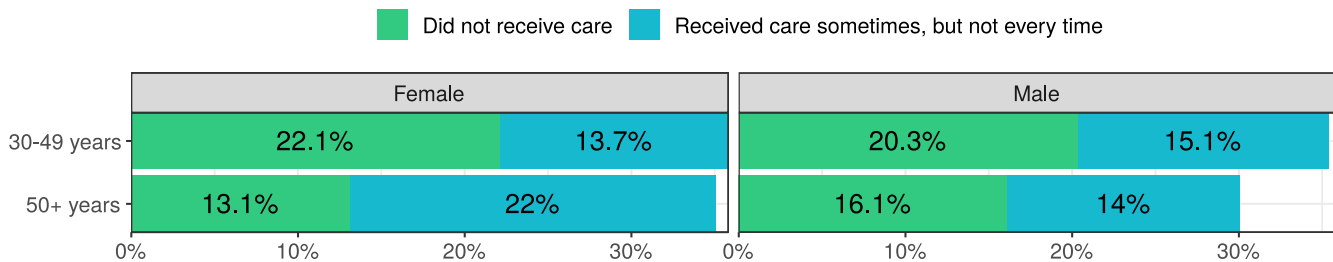
2. Access to health care and support

This section summarizes who delayed seeking medical care during the pandemic and why. It also includes the type of health care support respondents sought and whether it satisfied their needs.

Figure 2.1 Delayed care for existing health conditions, by age and gender. Survey respondents who reported currently needing care for or information about one or more health conditions were asked about their ability to receive care for their condition(s) during the last six months. The figure illustrates the proportion of individuals, by age and gender, who were unable to receive treatment at least some of the time. Proportions are shown with respect to each age/gender group.

Italy: Delayed health care by age and gender

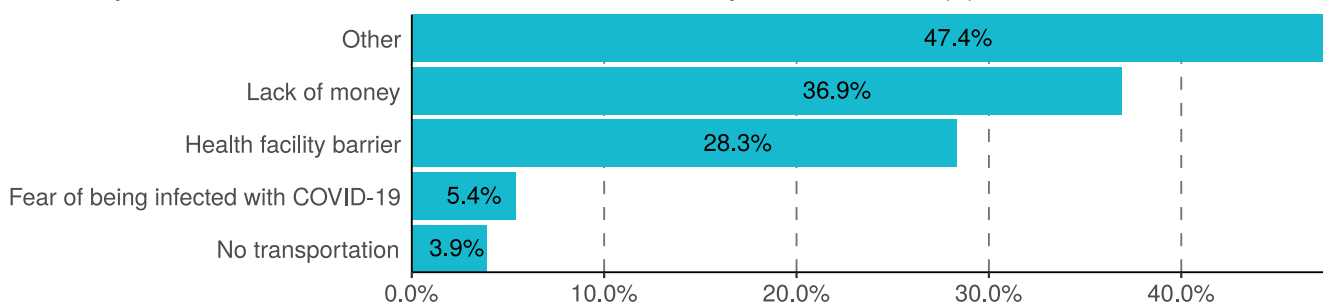
Respondents who needed care but did not receive it all or some of the time.



A bar graph showing the proportion of male and female respondents who experienced delayed health care in age groups 18-29 years, 30-49 years, and 50+ years. Categories with fewer than 50 responses are not shown. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

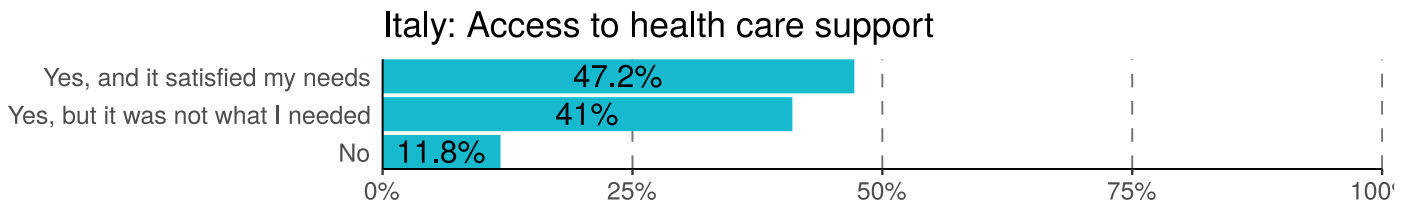
Figure 2.2 Barriers to receiving treatment for existing health conditions. Survey respondents who reported currently needing care for or information about one or more health conditions were asked about their ability to receive care for their condition(s) during the last six months. Respondents who reported that they were unable or only sometimes able to receive care were asked to describe the barriers they encountered. Respondents were allowed to select more than one response. Responses shown are weighted estimates of the true population proportions.

Reasons you were unable to receive treatment for your condition(s)



Categories with insufficient sample size to report include: Partner or family does not approve. Health facility barriers include: health facility closed/not accessible, turned away from health facility, and treatment/tests unavailable

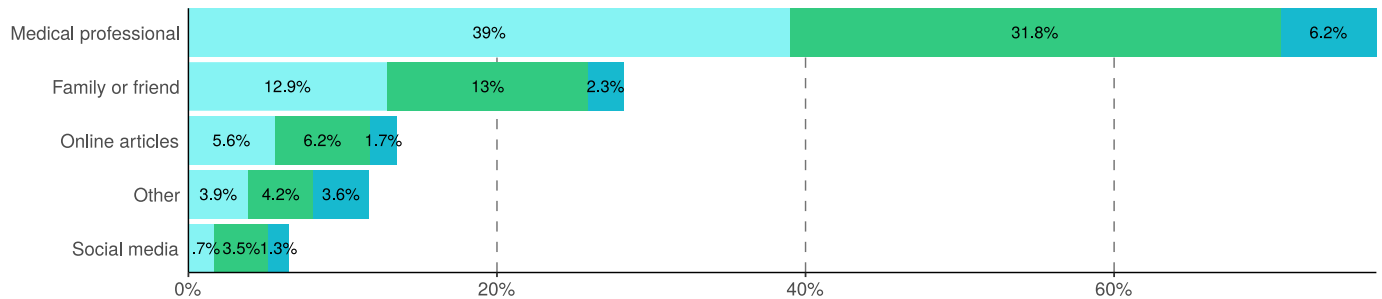
Figure 2.3 Availability of support for health conditions. Respondents with a history of at least one health condition who reported seeking support (informational, emotional, financial, spiritual, or social) for their condition(s) were asked about their ability to find support that met their needs.



A bar graphs of the proportion of respondents with health conditions who either found or did not find the support they needed. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

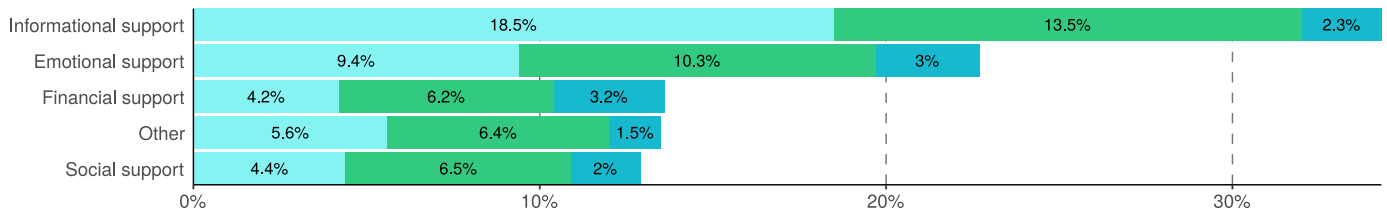
Figure 2.4 Sources of support for health conditions, by availability. Respondents who reported seeking support for their health condition(s) were asked about the resources they utilized (A) and the types of support they sought out (B). Respondents were allowed to select more than one response.

Where health care was sought by need



Categories with insufficient sample size to report include: Support groups (online), Support groups (in person), Community organization, Religious organization.

Types of health care support sought by need



■ No
 ■ Yes, but it was not what I needed
 ■ Yes, and it satisfied my needs

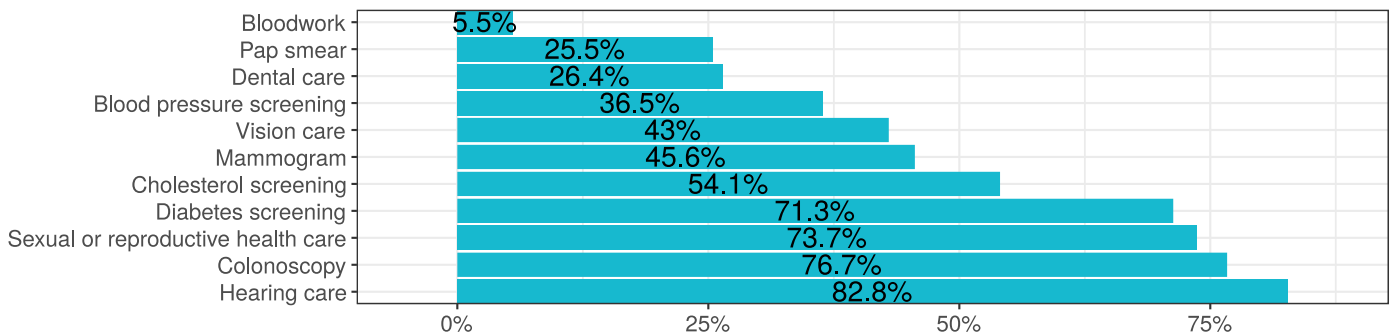
Categories with insufficient sample size to report include: Spiritual support, I did not seek out any support.

Health and wellness insights

Italy

Figure 2.5 History of preventive care, by service. Participants were asked about their history of preventive health services. The response options provided were customized to each respondent’s reported age and gender. Proportions shown for hearing care and colonoscopy are expressed among individuals aged 40 and older, whereas those for sexual and reproductive health care are represented out of individuals aged 39 and younger. Proportions shown for history of mammogram and Pap smear are represented out of all non-male (female + non-binary) respondents.

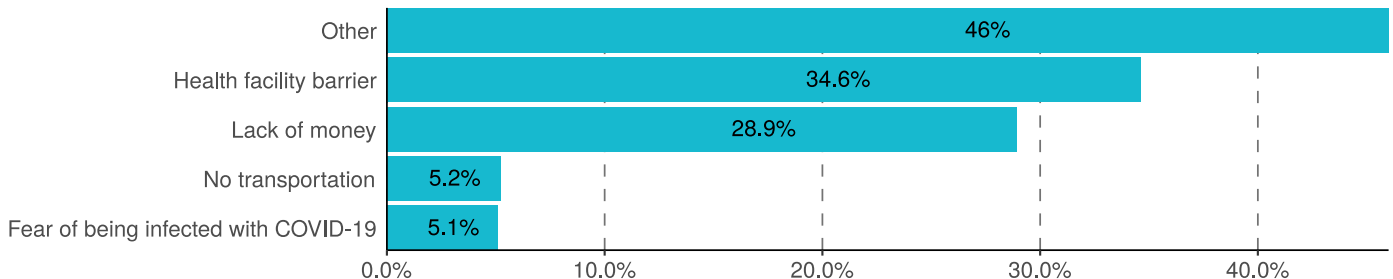
Italy: Percentage of respondents who have never received types of preventive care



A bar graph showing the proportion of respondents who have never received each type of routine health care service. Proportions reflect the population which the service is offered. Proportions of mammogram and pap smear are out of all non-male respondents. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Figure 2.6 Barriers to receiving preventive care. Respondents who attempted to procure a preventive service but were unsuccessful some or all of the time were asked to describe the barriers they encountered. Respondents were allowed to select more than one response.

Italy: Reasons for not receiving preventive health care



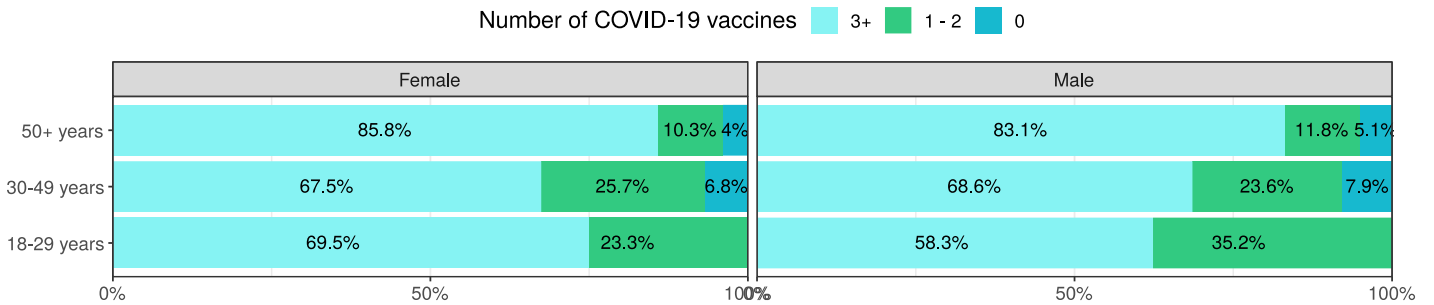
Categories with insufficient sample size to report include: Partner or family does not approve. Health facility barriers include: health facility closed/not accessible, turned away from health facility, and treatment/tests unavailable

3. COVID-19 vaccinations and vaccine confidence

This section summarizes the COVID-19 vaccination status of respondents by age, gender, and education as well as their feelings toward vaccines in general.

Figure 3.1 Number of COVID-19 vaccines by age and gender

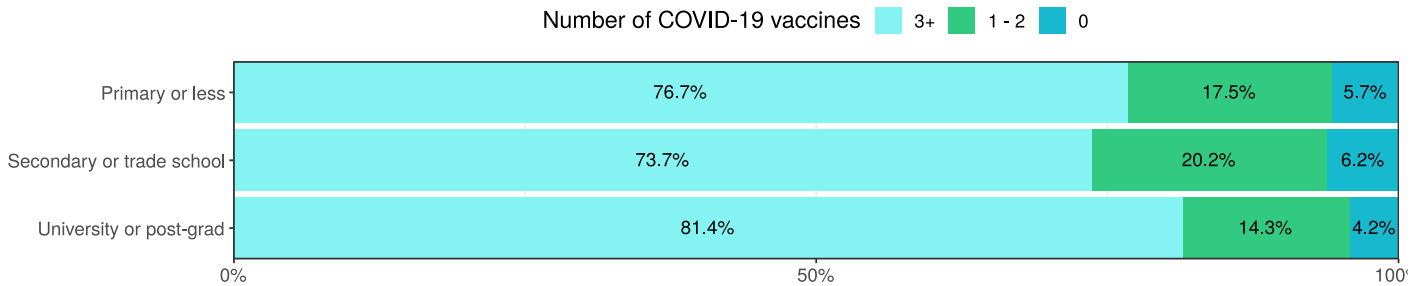
Italy: COVID-19 vaccination status by age and gender



A bar graph showing the proportion of male and female respondents who have received 0, 1-2, or 3+ COVID-19 vaccinations in age groups 18-29 years, 30-49 years, and 50+ years. Categories with fewer than 50 responses not shown. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Figure 3.2 Number of COVID-19 vaccines by education level.

Italy: COVID-19 vaccination status by education level

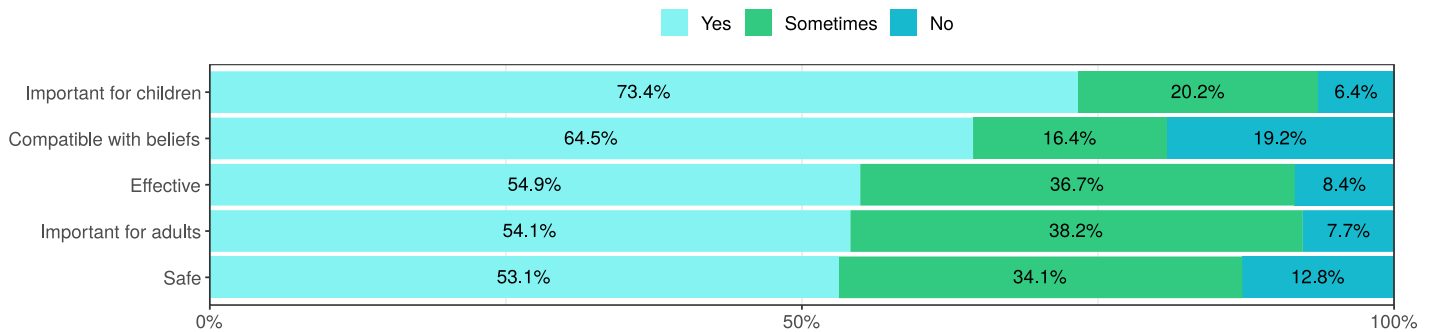


A bar graph showing the proportion of respondents who have received 0, 1-2, or 3+ COVID-19 vaccinations by their education level. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Figure 3.3 Vaccine confidence Respondents were asked to report whether they feel vaccines are safe, effective, important for children, important for adults, and compatible with their personal beliefs.

Italy: Vaccine confidence

Are vaccines safe, effective, important for children and adults, and compatible with your personal beliefs?

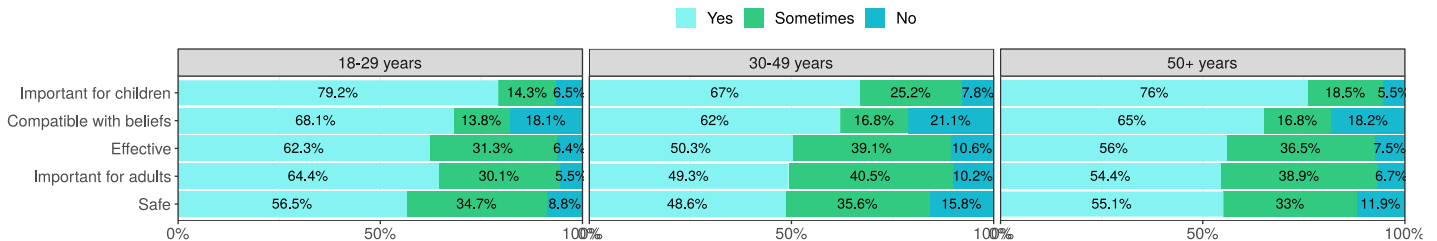


A bar graph showing the proportion of respondents who said yes, sometimes, or no to whether vaccines were safe, effective, important for adults, important for children, and compatible with their personal beliefs. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Figure 3.4 Vaccine confidence by age Respondents were asked to report whether they feel vaccines are safe, effective, important for children, important for adults, and compatible with their personal beliefs.

Italy: Vaccine confidence by age

Are vaccines safe, effective, important for children and adults, and compatible with your personal beliefs?



A bar graph showing the proportion of respondents in age groups 18-29 years, 30-49 years, and 50+ years who said yes, sometimes, or no to whether vaccines were safe, effective, important for adults, important for children, and compatible with their personal beliefs. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

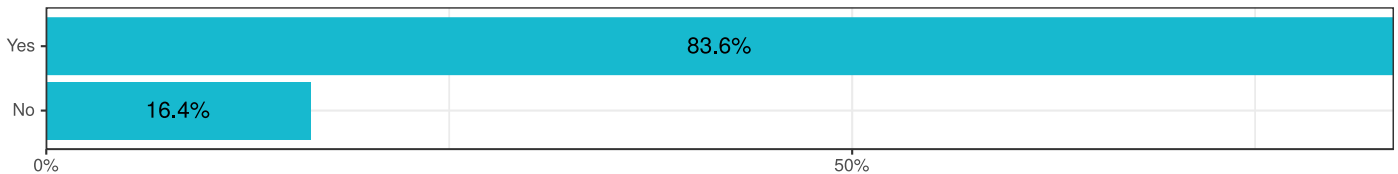
4. Childhood vaccines

This section was asked of respondents who were parents of a child under the age of 6. Findings describe the vaccination status as well as reasons for not having a child who is fully vaccinated.

Figure 4.1 Child vaccination status. Data were collected from survey respondents regarding the youngest child in the household aged 6 years or younger. Caregivers were asked to report if that child was up to date on routine immunizations and whether they intended to vaccinate that child in the future.

Italy: Childhood vaccines

Is your child fully vaccinated?

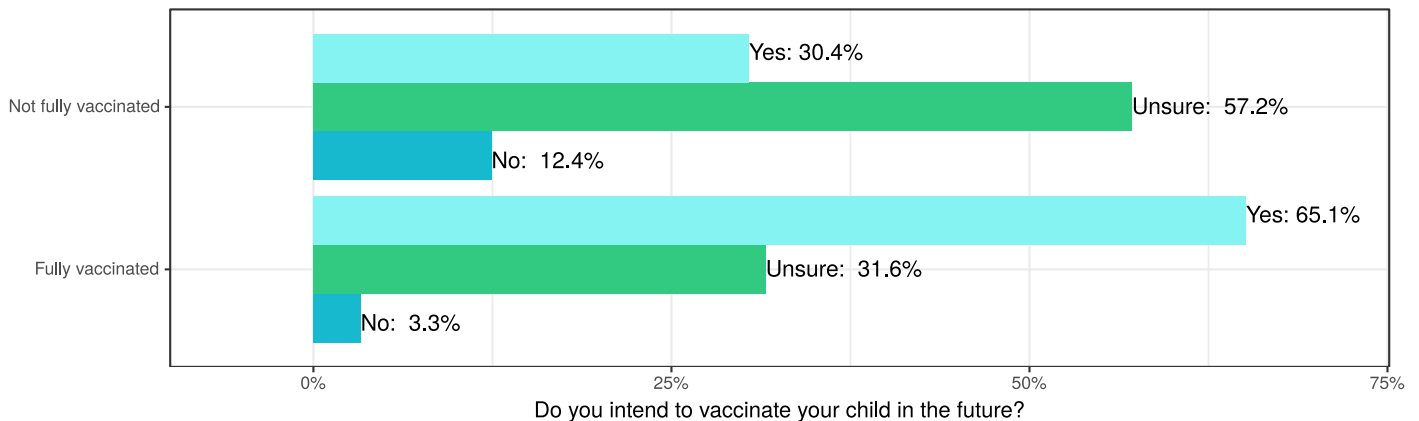


A bar graph showing the proportion of respondents who are caregivers of a child under 6 who reported their child being up to date on routine vaccines or not. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Figure 4.2 Child vaccination status and intent to vaccinate in future. Data were collected from survey respondents regarding the youngest child in the household aged 6 years or younger. Caregivers were asked to report if that child was up to date on routine immunizations and whether they intended to vaccinate that child in the future.

Italy: Intent to vaccinate child in the future by current vaccination status

Is your child fully vaccinated and do you intend to vaccinate them in the future?



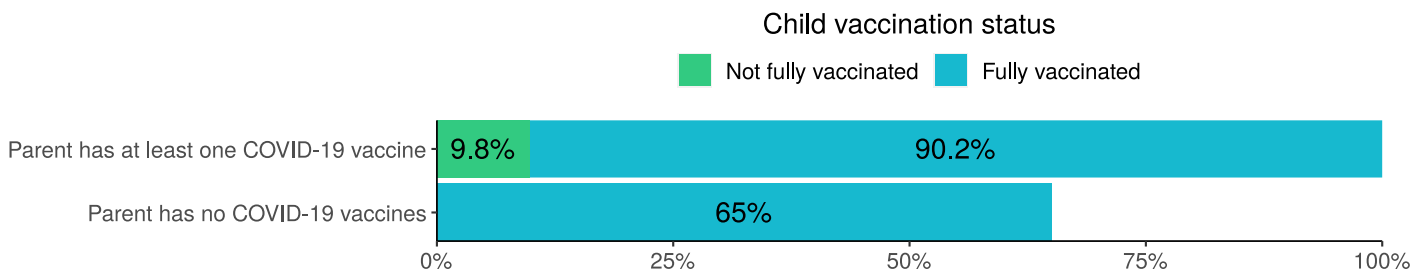
A bar graph showing the proportion of respondents who are caregivers of a child under 6 years who reported their child being up to date on vaccinations or not and the proportion of those respondents who intend to vaccinate their child in the future. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Figure 4.3 Barriers to routine childhood vaccinations. Parents/caregivers whose youngest child had not received all recommended routine immunizations for their age were asked to describe the barriers encountered and reasons they did not want their child vaccinated. Respondents were allowed to provide more than one response.

There is not enough data to display this graph.

Figure 4.4 Child's routine vaccination status by parent's COVID-19 vaccination status.

Italy: Child vaccination status by parent COVID-19 vaccination status



A bar graph showing the proportion of respondents who are parents of a child under 6 and reported that their child is up to date on routine vaccinations as well as the COVID-19 vaccination status of the parent. Categories with fewer than 50 responses are not shown. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

5. Education

This section summarizes the impact of the COVID-19 pandemic on schooling in Italy. Respondents with at least one member of the household aged 5–25 years who attended school during the six months prior to the pandemic (June–December 2019) were asked to respond about the schooling of the oldest member of the household meeting those criteria. In some cases, this could be the respondent themselves.

Figure 5.1 Proportion of students who left school during the pandemic, by pre-pandemic grade level. This does not include students who left school because they graduated. Percentages are expressed out of the total number of students in each pre-pandemic grade level.

Besides graduating, the most common reason for students leaving school during the pandemic was “left school for other reason” (24.2%).

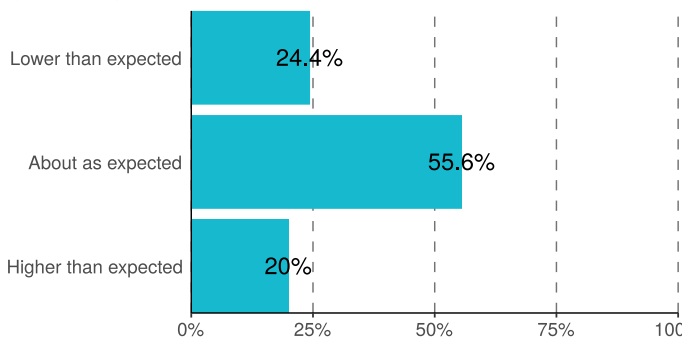
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Figure 5.2 Gender breakdown of students who stopped attending school during the pandemic, excluding those who graduated. Proportions are expressed out of the total number of students who were enrolled in school during the six months prior to the COVID-19 pandemic but were no longer in school at the time of the survey, having left for some reason other than graduating.

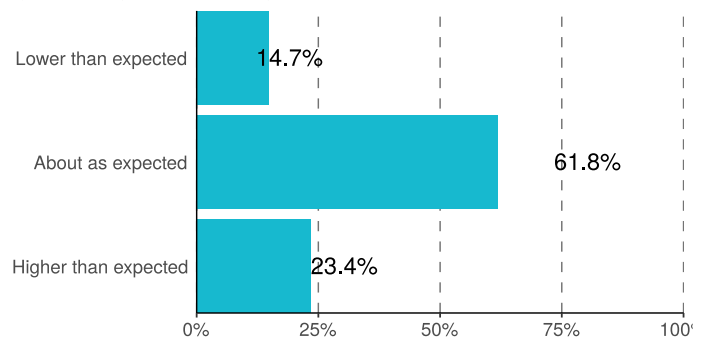
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Figure 5.3 Change in academic skills. Respondents with at least one person in their household who was enrolled in school prior to the pandemic and aged less than 25 years were asked about the oldest person in their household meeting these criteria. In some cases, that person could be the respondent themselves. Respondents were asked to evaluate the current math and reading skills of this person in relationship to before the pandemic.

Italy: Change in math skills



Italy: Change in reading skills

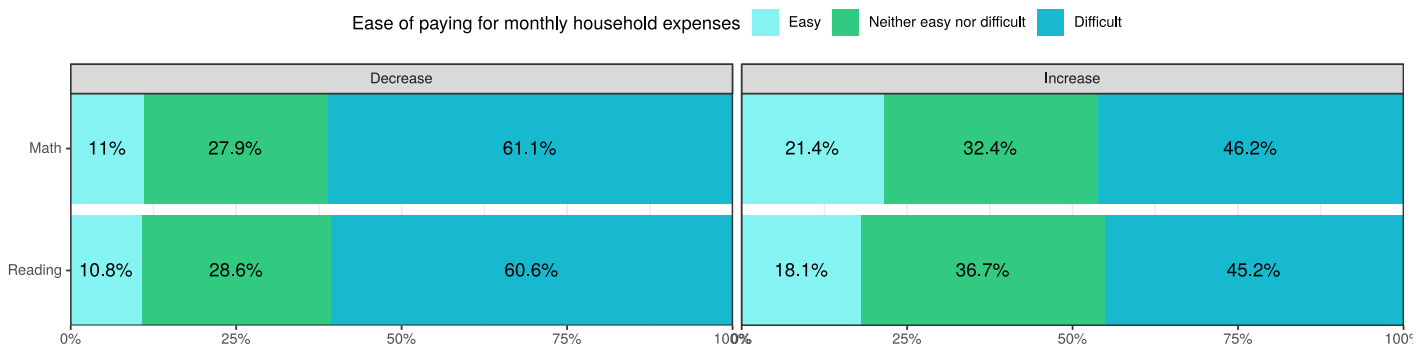


A bar graph showing the proportion of students whose math skills are much lower, lower, as expected, higher, or much higher than expected following the COVID-19 pandemic. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

A bar graph showing the proportion of students whose reading skills are much lower, lower, as expected, higher, or much higher than expected following the COVID-19 pandemic. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Figure 5.4 Change in math skills by household financial status.

Italy: Change in math and reading skills by household financial status



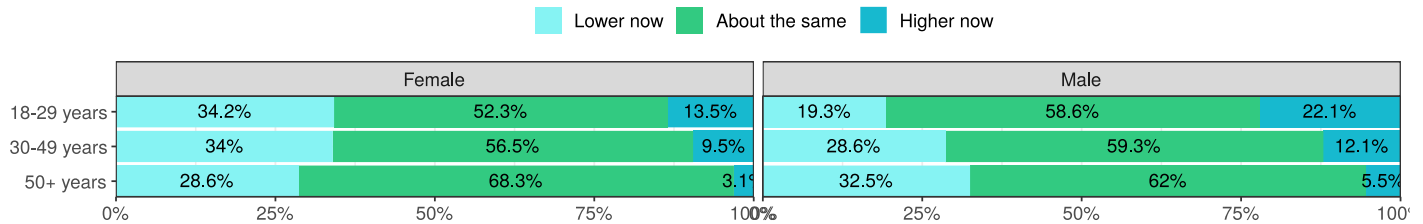
A bar graph showing the proportion of students who experienced higher or lower than expected math or reading skills by their household financial status. Financial status is defined by monthly household expenses being difficult, easy, or neither easy nor difficult. Some categories have been suppressed due to small sample size. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

6. Food and financial security

This section summarizes which groups were most financially impacted by the pandemic in Italy.

Figure 6.1 Change in income by age and gender. Respondents were asked to compare their current household income to their household income prior to the COVID-19 pandemic.

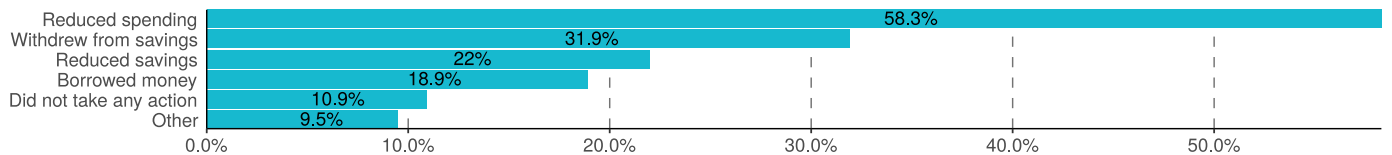
Italy: Change in income by age and gender



A bar graph showing the proportion of male and female respondents in each age group that has a household income that is either higher, lower, or about the same as before the COVID-19 pandemic. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

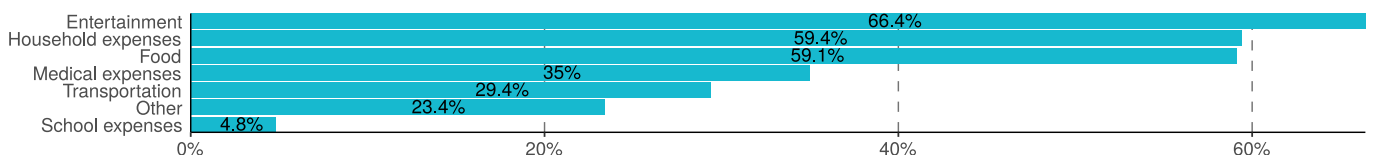
Figure 6.2 Responding to lower income. Survey respondents who reported that their current household income was lower than before the COVID-19 pandemic were asked what action, if any, they have taken in response. Respondents who reported reduced spending were then asked to provide more information about which expenses were reduced.

Italy: Response to lower income



Categories that have fewer than 50 responses include: primary school, college, trade school, or university, post-graduate studies Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Italy: Among individuals who reported reduced spending, which expenses have been reduced?

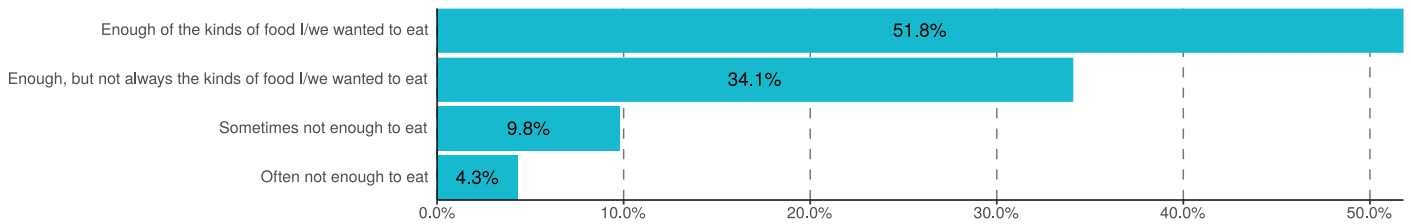


Categories that have fewer than 50 responses include: primary school, college, trade school, or university, post-graduate studies Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Figure 6.3 Food insecurity. Respondents were asked about the foods eaten in their household during the last 30 days. Those who responded that they did not have enough food or the kind of food they wanted were then asked the reasons.

Italy: Household food insecurity

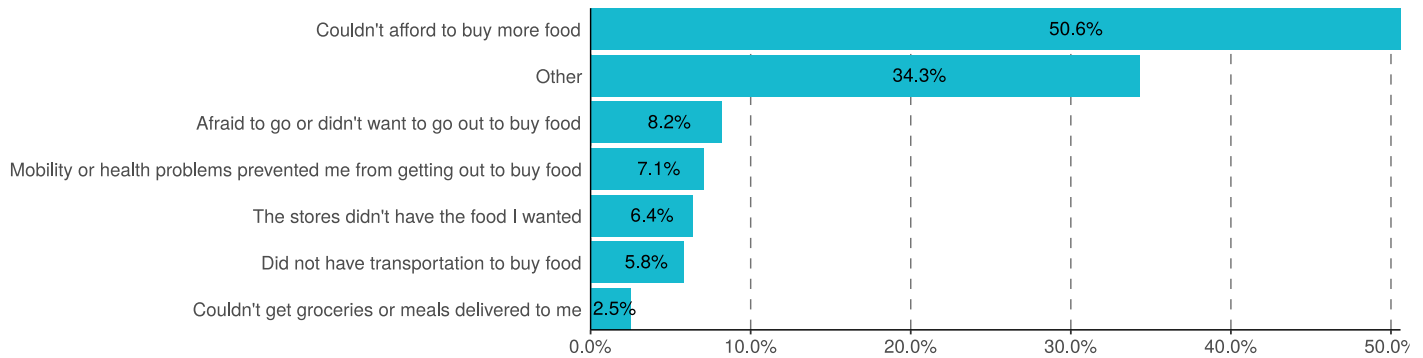
Food eaten in household in the last 30 days



A bar graph showing the proportion of respondents who, in the last 30 days, either had sometimes or often not enough food to eat, enough but not the kinds that they want, or enough food of the kind they wanted to eat. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

Figure 6.4 Reasons for food insecurity.

Italy: Reasons for not having enough food to eat



Categories that have fewer than 50 responses include: primary school, college, trade school, or university, post-graduate studies Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700.

7. Trust in organizations

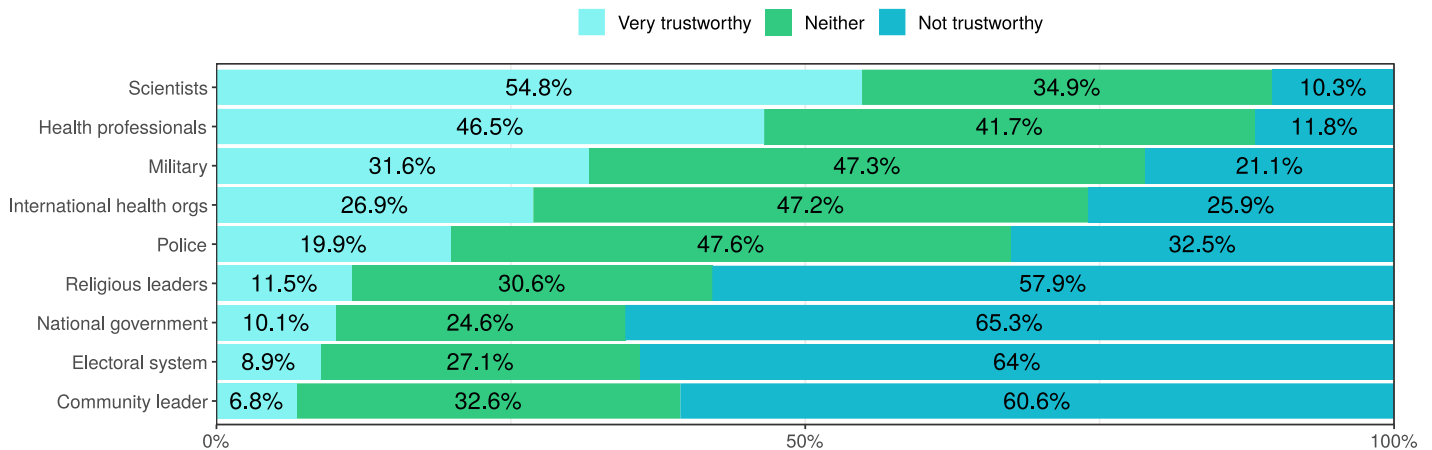
This section describes how respondents feel about governmental, international, and other organizations or groups.

Figure 7.1 Trust in organizations. Respondents answered questions about how much they trusted governmental and other organizations. Response options were “extremely trustworthy,” “very trustworthy,” “neither trustworthy nor not trustworthy,” “not very trustworthy,” and “not trustworthy at all.”

Respondents in Italy considered scientists to be the most trustworthy organization at 54.8% and considered national government the least trustworthy, with 65.3% saying that they were not trustworthy.

Italy: Trust in organizations

Respondents answered whether they felt each organization was trustworthy or not.



A bar graph showing the proportion of respondents who felt that each organization was either trustworthy or very trustworthy, not very trustworthy or not at all trustworthy, or neither trustworthy nor untrustworthy. Data are from the Pandemic Recovery Survey. For more information, visit www.healthdata.org/node/10700. Figure updated 10/5/2023.

For more information:

PRS website: <https://www.healthdata.org/research-analysis/health-policy-planning/evaluations/pandemic-recovery-survey>

Visualization tool: <https://vizhub.healthdata.org/pandemic-recovery-survey>

Microdata download: <https://healthsurveys.umd.edu>

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