



COVID-19 VACCINE SURVEY

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Survey 1 Key Findings : Policy Brief

08 February 2022

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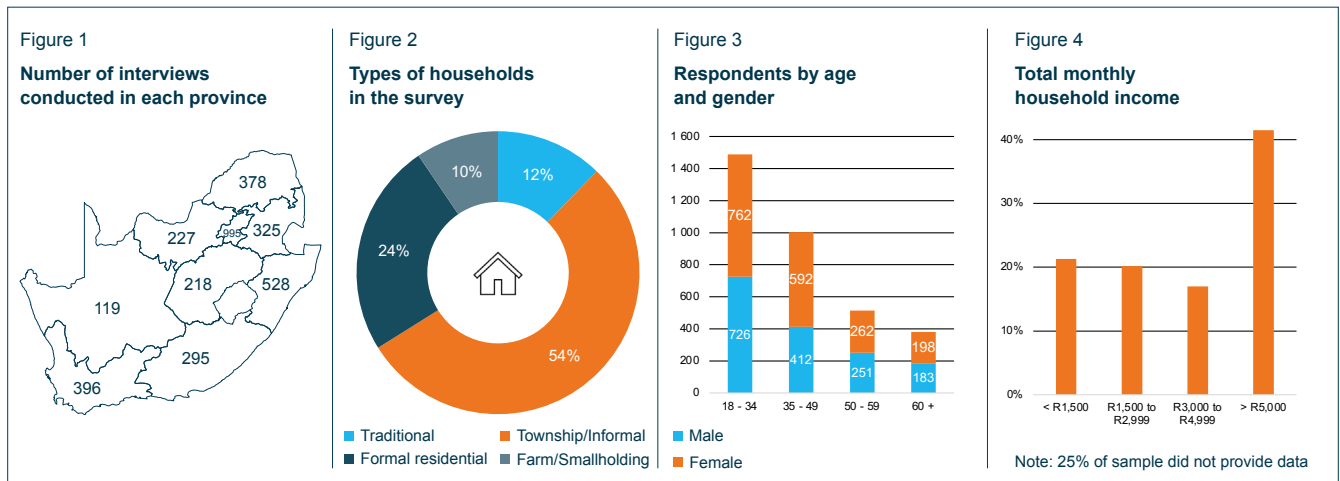
Survey 1 Key Findings

There are **4 distinct groups** of unvaccinated individuals with different future COVID-19 vaccination intentions and different reasons for not having been vaccinated. COVID-19 vaccine demand promotion and service delivery needs to be tailored and targeted to each group.

The COVID-19 Vaccine Survey (CVACS) collects information on facilitators and barriers to COVID-19 vaccine uptake in South Africa. CVACS aims to provide rapid answers to the most pressing policy-relevant questions to support vaccine demand-creation strategies. CVACS is conducted by the Southern Africa Labour and Development Research Unit, University of Cape Town, and is funded by the Bill & Melinda Gates Foundation. CVACS data is collected using two telephone surveys.

SURVEY 1 interviewed 3510 individuals **unvaccinated** against COVID-19 (vaccination status was self-reported). Telephone surveys were conducted between 15 November – 15 December 2021, with 93% (3270 interviews) of interviews conducted after the South African Presidential Address (28 November) announcing the identification of the Omicron variant.

The Survey 1 sample was drawn from a large credit bureau database, which includes individuals who had applied for credit, regardless of the outcome, and individuals who have had a credit check. The sample was stratified on several characteristics to ensure representation across provinces, area types, age groups (based on the age categories used for the national vaccine rollout), gender, and income groups. (See figures: 1 - 4)

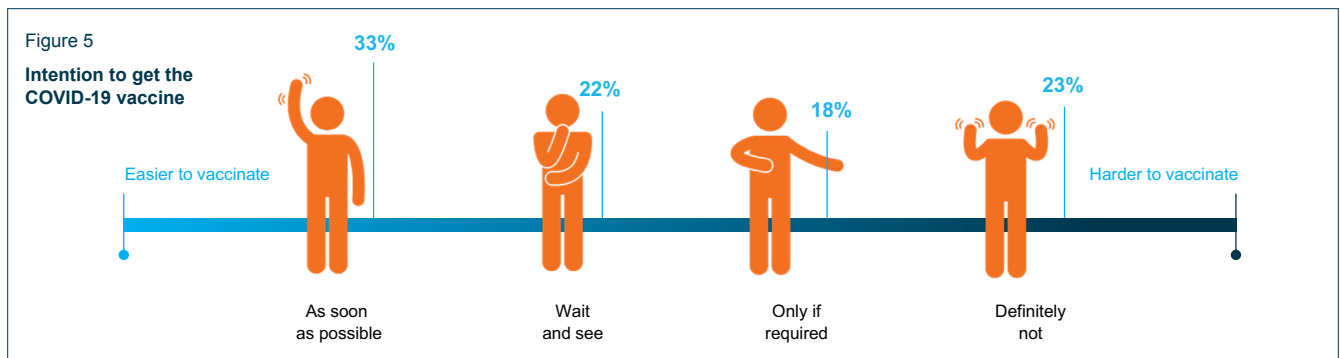


Individual and household characteristics indicate that the socioeconomic well-being of the sample was higher than the average for South Africa, which was to be expected given that data were collected using a telephone survey (i.e., individuals had to have access to a telephone) and the sample was drawn from a credit bureau database. 66% had completed matric; 25% had health insurance; 72% lived in a household that owned at least one internet enabled device. Despite this, a substantial proportion of the sample were resource constrained: 59% lived in a household with a total monthly income of less than R5000 (±US\$312), and 18% reported that someone in the household had gone hungry in the past 7 days.

Approximately half of the sample had personal experience of the negative effects of COVID-19 - knowing someone who had got very sick or died from COVID-19 - and 16% reported having had COVID-19. However, self-perceived personal risk from COVID-19 was low, with only 13% believing that they would get very sick with COVID-19 in the next year. In terms of the vaccine roll-out, 49% lived in a household in which someone had been vaccinated, but only 35% believed that most people in their area had been vaccinated - indicating that being vaccinated was not perceived to be the social norm.

Key Findings & Implications

4 distinct groups of unvaccinated individuals were identified using the question: ‘Regarding the COVID-19 vaccine, do you plan to: 1. get it as soon as possible, 2. wait and see, 3. only get it if it is required (for example, if it is required for school or work) or 4. definitely not get it?’. (See figure 5)

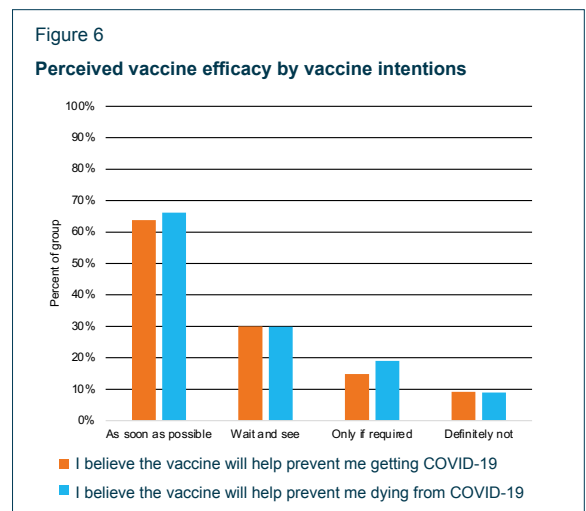


Encouragingly, 55% of the sample were towards the ‘easier to vaccinate’ end of the spectrum, and 1 in 3 individuals reported their intention to get vaccinated “as soon as possible”, indicating a large group who want the vaccine but have something standing in their way. Vaccine demand-creation efforts to support/encourage individuals in the ‘as soon as possible’ and ‘wait and see’ groups seem likely to result in the greatest increase in vaccine coverage.

Who did the four groups consist of?

- The proportions of men and women in each group were broadly similar, with women slightly more likely to report “as soon as possible” (36% vs 30%) and men slightly more likely to report “definitely not” (26% vs 19%).
- Across age groups, the proportion reporting “as soon as possible” were similar (32%-35%) to each other. The 18-35 year-olds were the most likely to report “only if required” (22% of the age group). The older age groups (50-59, 60+) were least likely to report “only if required” (±9%) and the most likely to report “definitely not” (60+ age group: 34%).
- A strong negative association was found between vaccination intentions and access to resources. The “as soon as possible” group had the fewest resources: 69% lived in a household with a monthly income of less than 5000 South African Rand (±\$312 at the time of the survey) and only 17% had medical aid. While among the “definitely not group”, only 47% lived in a household with a total monthly income of less than R5000 and 35% had medical aid. This finding suggests the potential for the “as soon as possible” group to comprise a larger share of all unvaccinated individuals in South Africa, given that our sample has greater socioeconomic well-being, on average, compared to the general population.

The groups had very different perceptions on the efficacy of COVID-19 vaccines. In general, individuals in the “as soon as possible” group believed that the COVID-19 vaccine works: 66% believed that the vaccine would help prevent them dying from COVID-19. Perceived vaccine efficacy was very low in all other groups, with only 9% of those in the “definitely not” group believing that the vaccine would help prevent them dying from COVID-19. (See figure 6)



1

As soon as possible

2

Wait and see

3

Only if required

4

Definitely not

Across all groups, a significant number did not have the correct information on vaccination logistics. 1-in-3 believed that you have to register for a vaccination and wait for an SMS, or did not know. 38% also did not know that some pharmacies provide vaccinations.

Policy Implications: Clear, simple and consistent communication is required on vaccine logistics, especially as the vaccine process changed during the rollout - you can now go straight to your closest vaccination site.

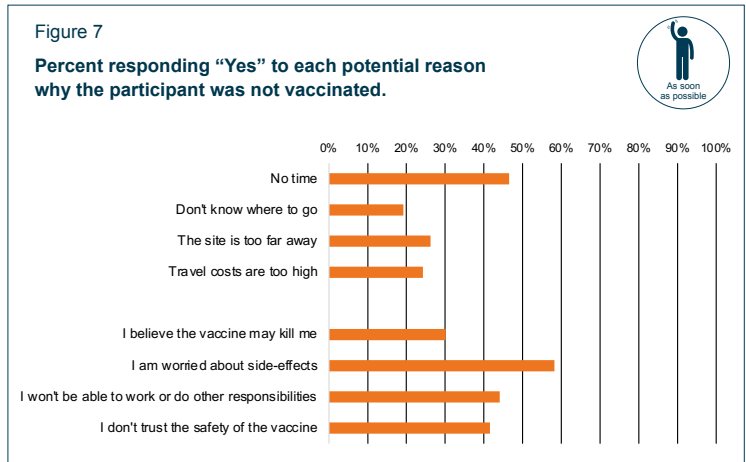


This group believes that the COVID-19 vaccine works.

The most common 'single biggest reason that you are not yet vaccinated' was being sick or having a chronic illness, closely followed by not having time or being too busy. It was also common for individuals to be concerned about the safety of the vaccine: side effects were a large concern, with many individuals being specifically concerned about the safety of vaccination given that they have a chronic illness. Many were also concerned that the recovery period after the vaccination may interfere with everyday activities.

Access-related barriers were common in the responses to different reasons for not having been vaccinated. 47% reported not having time; 1 in 4 reported that the site was too far away; 1 in 5 did not know where to go. (See figure 7)

Consistent with access-related barriers, 71% reported that they would get vaccinated next week if someone could give them the vaccine at their home or place of work, and 57% would if they received a R100 voucher. Furthermore, among those who said they don't have time to get vaccinated, 81% would have the time if the vaccine sites were opened after 5pm and 80% if they were open on weekends.



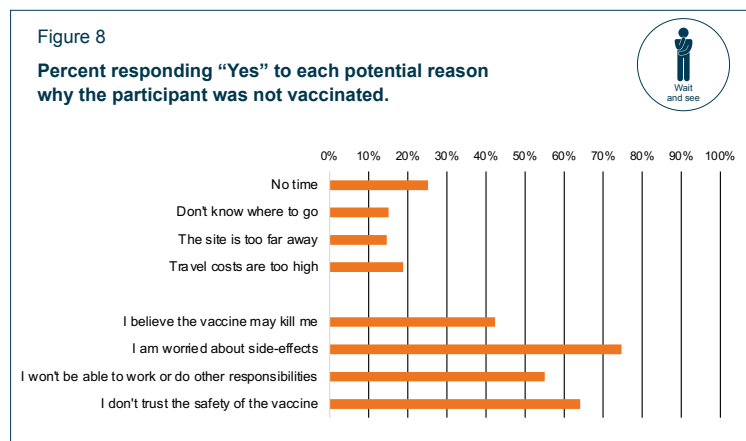
Policy Implications: Interventions are required to close the intention-behaviour gap: these individuals want to get vaccinated but need support in converting their intentions into action. It is necessary to make vaccination easy and convenient - they need to know where to go and have greater flexibility as to when they can get vaccinated. It is important to bring vaccine services closer to people - for many it appears that the step required - 'go straight to your nearest vaccination site' - is not sufficiently easy.



This group does not believe that the vaccine works.

The most common 'single biggest reason that you are not yet vaccinated' related to fears of the safety of vaccines, falling into two categories: 1) fear that it is not safe to get vaccinated if currently sick or if living with a chronic illness, 2) fear about serious adverse events or reactions.

More than 2 in 3 were worried about side-effects, with concerns based predominantly on fears about serious adverse events or reactions - dying, getting sick, blood clots and paralysis - rather than minor side-effects. 42% believed that the vaccine may kill them (See Figure 8). Many who reported not trusting the vaccine cited first-hand experiences of what they interpreted as the vaccine causing harm: "Many people that were close to me died after taking the vaccine." It is likely that in many cases it is misunderstanding rather than misinformation that is driving these beliefs. As millions of people get vaccinated there will be multiple cases in which someone gets vaccinated and then something bad, but unrelated to the vaccine, happens to them. It is an easy mistake for people to assume that the two events are linked.



Most of these respondents cited factors relating to safety assurances, or vaccine efficacy assurances, as the one thing that could convince them to get vaccinated. Relatively few reported they would get vaccinated the following week if someone could give them the vaccine at their home or place of work (27%), or if they received a R100 voucher (23%).

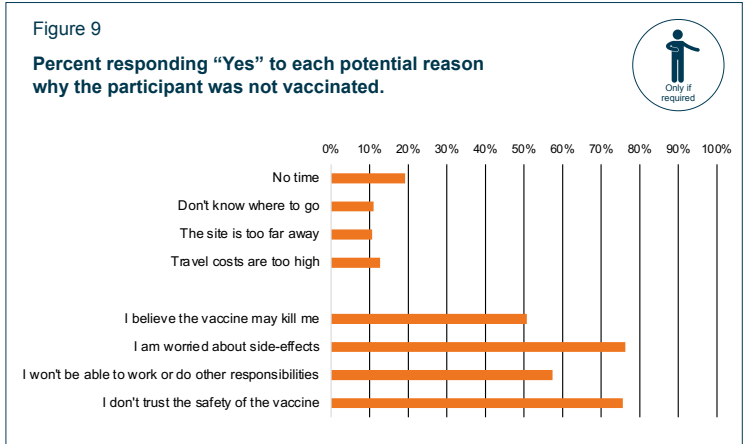
Policy Implications: It is important to change mental models about what they are waiting for. We need to help these people believe that the vaccine works. We need to address fears about the consequences of vaccination. It may be necessary to increase awareness of how many others like them have been vaccinated and remain in equally good health (so-called 'social proof' interventions).



Members of this group also do not believe that the vaccine works. Furthermore, many do not believe it is relevant for them. The most common reasons cited for ‘the single biggest reason that you are not yet vaccinated’ related to not trusting or believing in the vaccine; and being healthy, having a strong immune system and not needing the vaccine.

Safety concerns were very common: 76% did not trust the safety of vaccines, and 51% believed that the vaccine may kill them (See figure 9). The most common side-effects this group worried about were related to the vaccine making them sick.

Relatively few reported they would get vaccinated next week if someone could give them the vaccine at their home or place of work (only 25%), or if they received a R100 voucher (only 18%). Being required/forced was the most commonly cited as the one thing today that could convince or help them to get vaccinated.



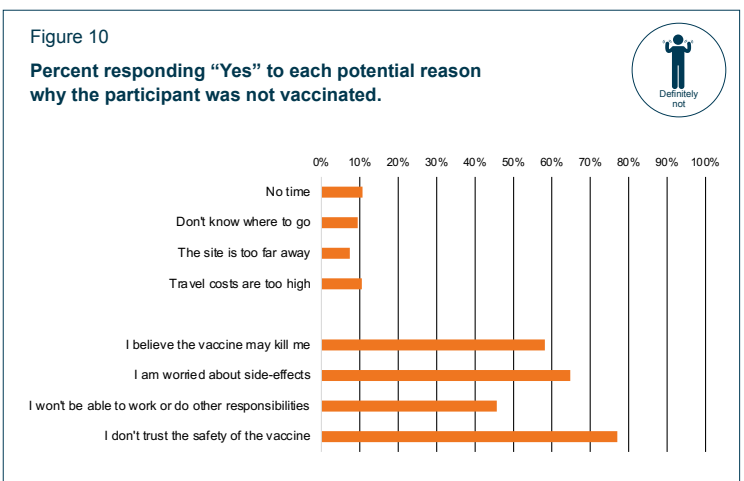
Policy Implications: We need to help these people believe that the vaccine works and is relevant for them. Safety concerns also need to be addressed among this group, including concern about taking the vaccine if currently sick or living with a chronic condition. These respondents might respond positively to mandates or requirements. This may be especially the case for the younger populations (who were most likely to fall into the “only if required” group).



This group also does not believe that the vaccine works. Many in this group do not believe the vaccine is relevant for them, with a common ‘single biggest reason that you are not yet vaccinated’ relating to being healthy, having a strong immune system and not needing a vaccine. Other common factors related to not trusting or believing in the vaccine; and the belief that even if they got vaccinated they could still get or die from COVID-19.

Fears about the safety of the vaccine and negative consequences from the vaccination were very prominent in this group. 58% believed that the vaccine may kill them (See figure 10). Death, blood clots and getting sick were the most commonly worried about side-effects, while others included paralysis and heart attack.

Very few reported they would get vaccinated the following week if someone could give them the vaccine at their home or place of work (6%), or if they received a R100 voucher (4%).



Policy Implications: It may be difficult to counter this group’s very strong belief that the vaccine will “kill” or harm them, but interventions are clearly needed to prevent these misunderstandings from spreading more widely.

Recommended citation: Maughan-Brown, B., Eyal, K., Bутtenheim, A., Ingle, K., Brophy, T. (2022). COVID-19 Vaccine Survey (CVACS) Survey 1 Key Findings: Policy Brief.



The full slide deck of key findings is available [here](#).



Survey 1 data, together with the questionnaire, will be made freely available to the public by mid-February 2022 through [DataFirst's Open Data Portal](#).

Survey 2 is planned for February to March 2022. Survey 2 will re-interview the same Survey 1 respondents and ask questions of both individuals who remain unvaccinated and of those who have been vaccinated since Survey 1. Further unvaccinated respondents will be recruited so as to achieve an overall unvaccinated sample of similar size to Survey 1.



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