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# COVID-19 Vaccination intentions and related factors in South Africa: results from a large-scale public survey

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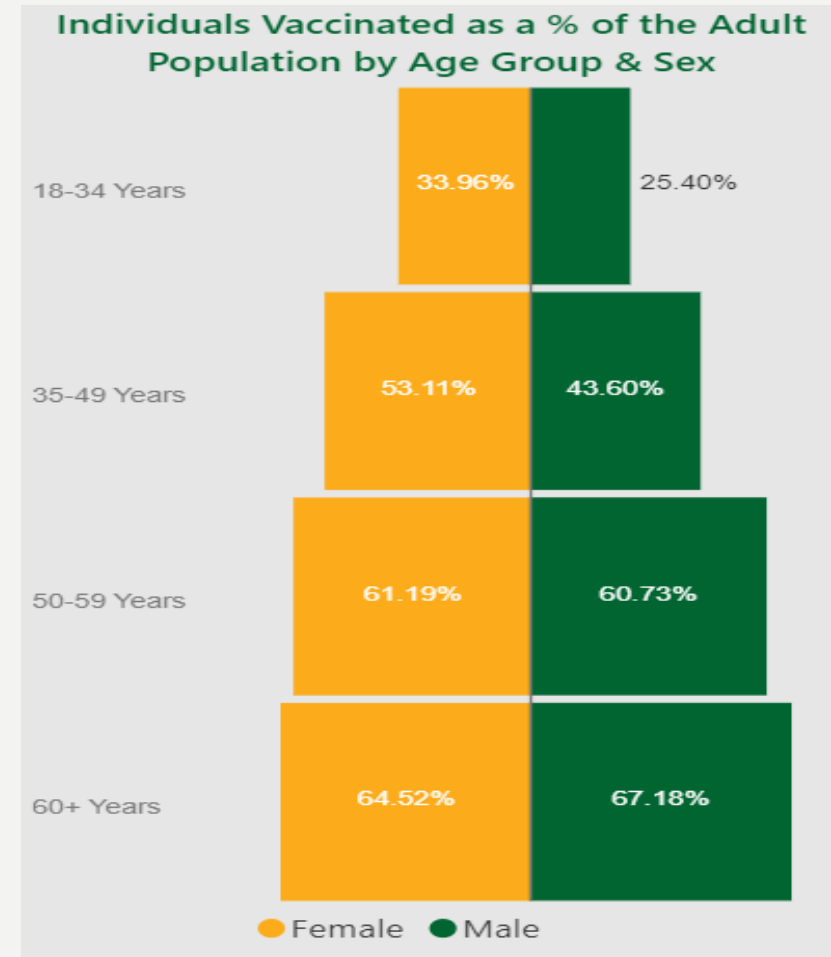
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# BACKGROUND

- South Africa began its vaccination programme to the general public in May 2021.
- Despite COVID-19 vaccines being widely available in South Africa, only 44% of the adult population (17.4 million) have received a vaccine dose.
- Intention is the most proximal determinant of behaviour.
- Understanding the socio-behavioural determinants of vaccination intention can inform interventions to improve vaccination uptake.
- We assessed the intentions and attitudes regarding the COVID-19 vaccinations and the socio-behavioural factors associated with the intention to vaccinate among South African adults.



Source: COVID-19 South African Online Portal.  
<https://sacoronavirus.co.za/latest-vaccine-statistics/>

# STUDY DESIGN

- The HSRC launched the project “Street talk-Asikulume” at the end of March 2020 to gather socio-behavioural data to provide insights into the social dynamics of the South African population’s response to the COVID-19 outbreak.
- During 25 June- 11 October 2021, the One Year Later Survey was conducted to assess the social and behavioural factors related to the pandemic, including vaccine-related attitudes, intentions and behaviours.
- The survey was administered online using a data-free platform. Data collection was supplemented by telephonic interviews.
- Invitations to participate were widely distributed on social media platforms.
- South Africans aged 18 years and older were eligible to participate
- Participants could complete the survey in 6 languages namely English, Afrikaans, IsiZulu, IsiXhosa, Xitsonga and Tshivenda.
- Data from the survey was benchmarked using the general population demographics by age, sex, population group, and province, based on Statistics South Africa’s 2021 mid-year population estimates.

# INTENTION TO RECEIVE THE COVID-19 VACCINATIONS

When available, would you take the COVID 19 vaccine?  
(n=14,419)

	%	95% CI
Yes definitely will	63.0%	[61.8 - 64.2]
Yes probably will	11.4%	[10.7 - 12.2]
I am uncertain at this stage	15.7%	[14.9 - 16.5]
No, probably will not	3.8%	[3.4 - 4.3]
No, definitely will not	6.0%	[5.5 - 6.6]

# VACCINATION ATTITUDES, EXPERIENCES, COMMUNICATIONS

## Experiences

- Ever taken the FLU vaccine 31.6%
- Ever personally refused to take any vaccine 13.9%
- Ever objected to allow someone else to take a vaccine? 22.9%
- Know anyone who has personally experienced a serious side-effect to any vaccine 27.6%

## Knowledge and communications

- 63.1% thought that vaccines are a good way to protect communities from disease, while 5.9% did not and 31.0% were unsure.
- Has heard conflicting/confusing information related to the COVID19 vaccine and vaccinations: 71.8%

## Attitudes

- 17% felt that their religion or culture would discourage them from getting a COVID 19 vaccine for themselves or their family.
- 49.9% believe the effectiveness of the COVID 19 vaccine will be in question because it was developed so fast.
- 52.9% reported that they trust the pharmaceutical industry with developing the COVID-19 vaccines, while 12.9% did not and 34.1% were unsure.
- 60.7% were concerned about side-effects related to the COVID-19 vaccinations
- 64.2% felt confident about the status of the proposed COVID-19 vaccination plan in South Africa
- 52.4% did not think there was adequate safety information about the COVID-19 vaccination programme in SA
- Concerns about side effects, mistrust in the pharmaceutical industry with developing the vaccines, and being unsure about whether vaccines protected communities from disease and strengthened the immune system were significantly higher for 18-29 year olds than 30-69 year olds.

# **INVESTIGATING THE SOCIO-BEHAVIOURAL DETERMINANTS OF THE INTENTION TO TAKE THE COVID-19 VACCINATION**

Bivariate analyses examined the association between vaccination intentions and explanatory variables:

- Demographics (gender, age, population group)
- Previous vaccine experience
- Knowledge/opinions on the usefulness of vaccines
- Concerns on safety and effectiveness
- Cultural or religious discouragement
- Confidence in the national vaccine plan

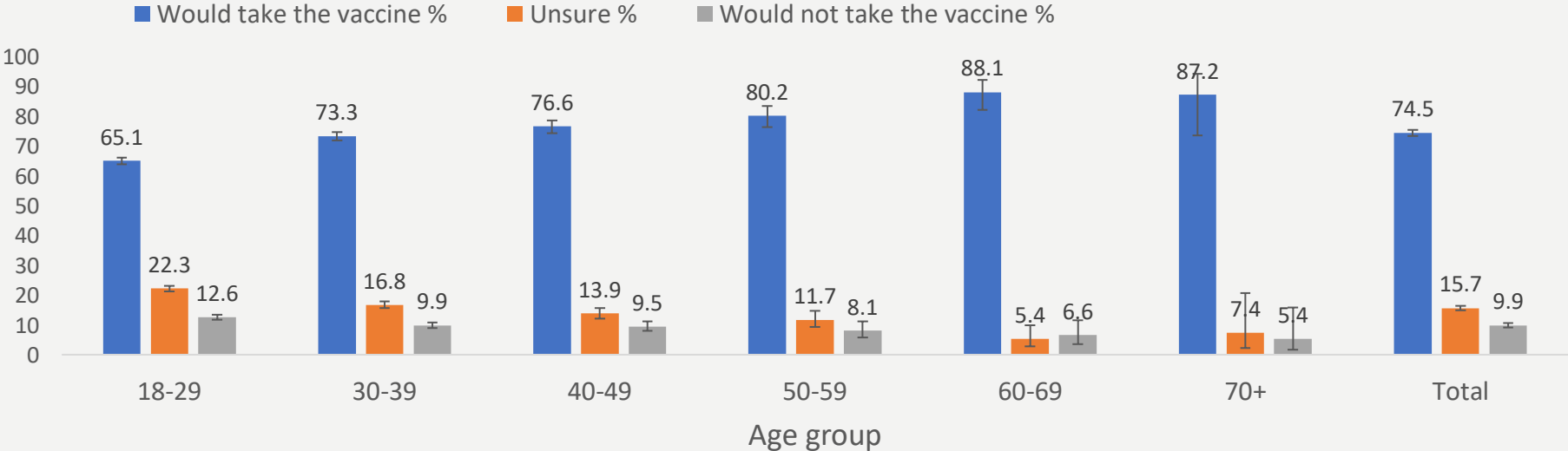
# VACCINATION INTENTIONS BY DEMOGRAPHICS

The proportion of participants who reported that they would take the vaccine varied by age ( $p < 0.001$ ) and was significantly lower for 18-29 year olds than other age groups.

Intending to take the vaccine was also significantly higher for males (77.3%, 95% CI: 75.8-78.7) than females (71.8%, 70.3-73.3) ( $p < 0.001$ ).

Intending to take the vaccine was also significantly higher among participants who identified as being from the Black African population group than the white and 'Coloured' population groups.

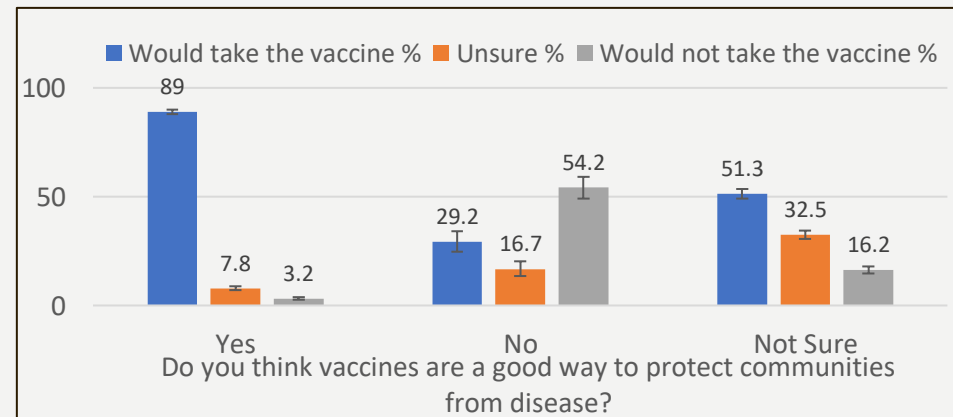
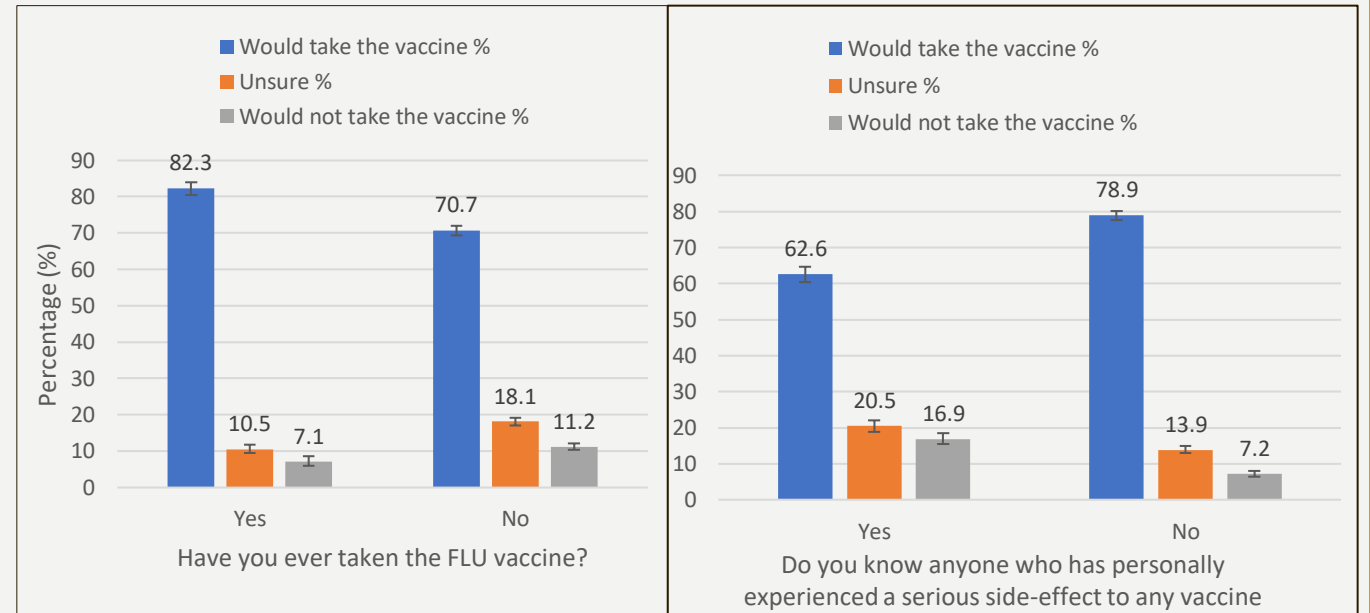
When available, would you take the COVID 19 vaccine?



# VACCINATION INTENTIONS BY VACCINE EXPERIENCES AND KNOWLEDGE

Intention to take the vaccine was **significantly higher** for participants who

- Had ever taken the flu vaccine than those who had not ( $p < 0.001$ );
- Had never refused to take any vaccine than those who had refused ( $p = 0.001$ );
- Did not know anyone who experienced serious side effects to any vaccine than those who did ( $p < 0.001$ );
- Thought that vaccines are a good way to protect communities from disease than those who did not or were unsure of this ( $p < 0.001$ );
- Thought that vaccines strengthen the immune system than those who did not or were unsure of this ( $p < 0.001$ ).

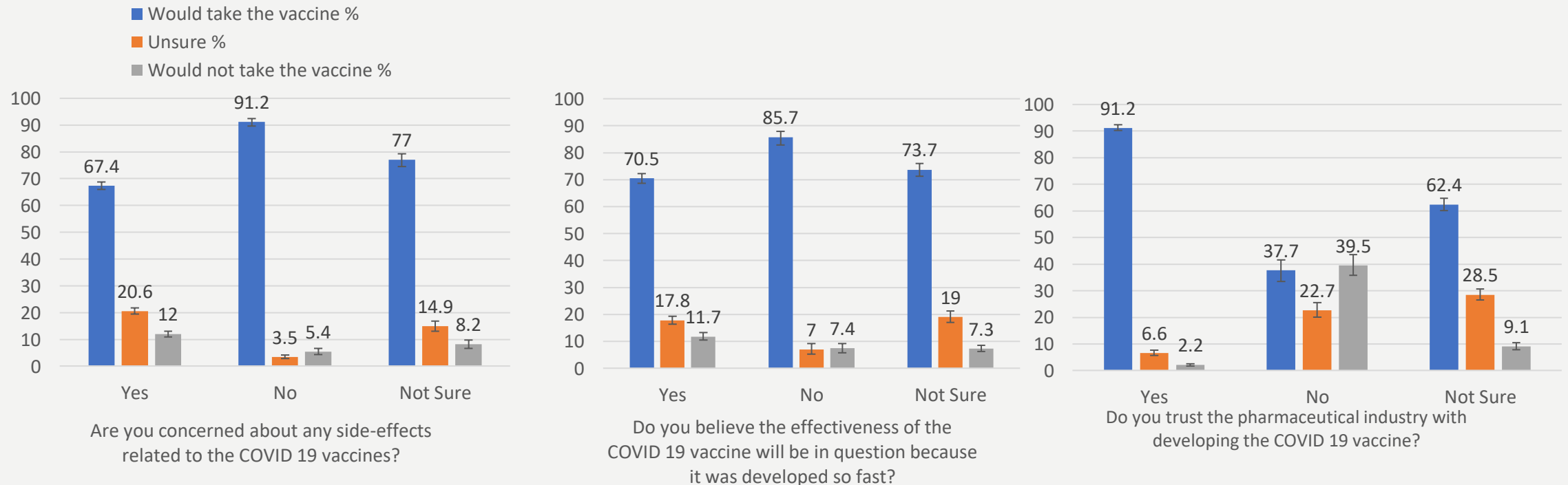




# VACCINE INTENTIONS BY CONCERNS ON SAFETY AND EFFECTIVENESS

Intention to take the vaccine was **significantly lower** for participants who:

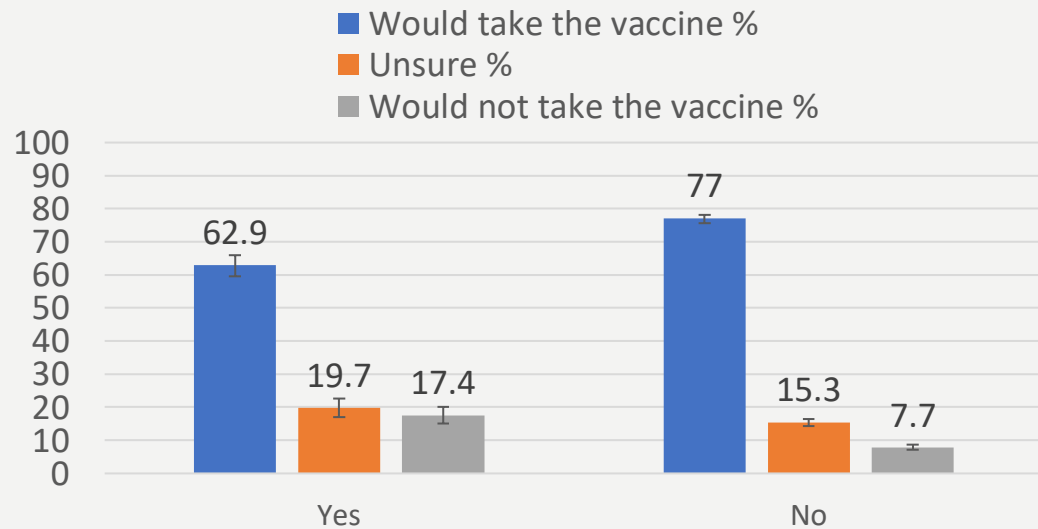
- Had concerns about the side-effects of the COVID-19 vaccinations ( $p < 0.001$ )
- Did not think there was adequate safety information about the vaccinations ( $p < 0.001$ )
- Thought that the effectiveness of the vaccinations were in question because of how quickly they were developed ( $p < 0.001$ )
- Lacked trust in the pharmaceutical industry with developing the vaccinations ( $p < 0.001$ )



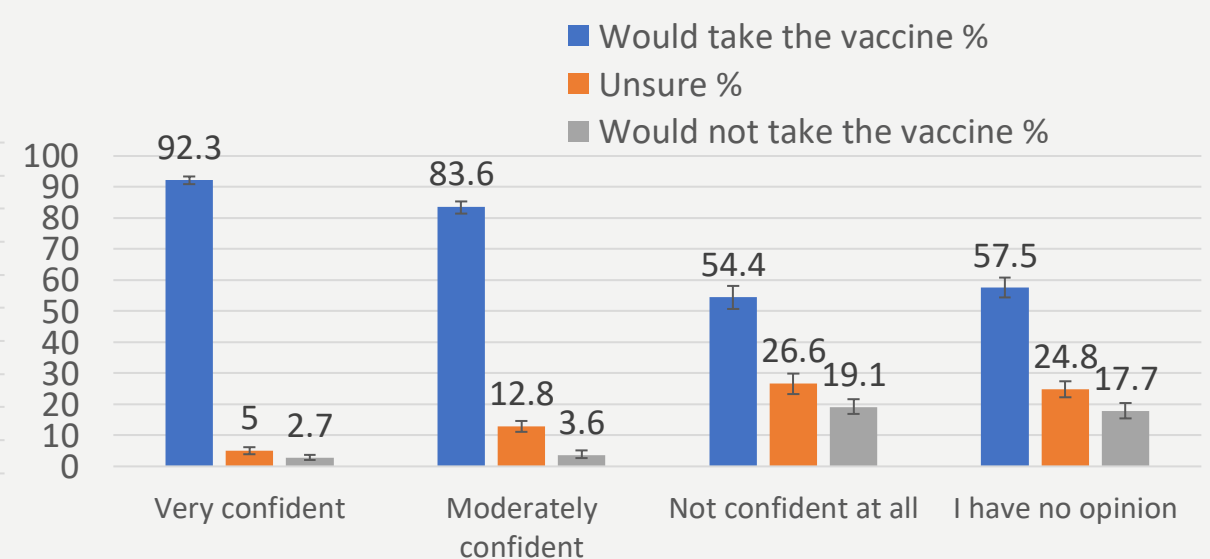
# VACCINE INTENTIONS BY:

- CULTURAL/RELIGIOUS DISCOURAGEMENT AND
- CONFIDENCE IN NATIONAL VACCINATION PLAN

- Intention to take the vaccine was significantly lower for participants who felt that their religion or culture would discourage them from getting a COVID-19 vaccine for themselves or their family ( $p < 0.001$ ).
- Intention to take the vaccine was significantly higher for participants who were confident in the national vaccination programme being in line with the proposed phased plan than for those who were not confident or had no opinion ( $p < 0.001$ ).



Do you feel that YOUR religion or culture would discourage you from getting a COVID-19 vaccine for yourself or your family?



How confident do you feel that the Government vaccination programme for the whole country will be available in line with the proposed phased plan?

# CONCLUSIONS

- Public health interventions, health communication and vaccination campaigns can be developed or adapted to address the relevant determinants of vaccination intentions
- The study identifies subgroups of individuals for whom vaccine acceptance and therefore uptake may be lower (e.g. young people, those without previous vaccine experience, those persuaded by cultural norms). Interventions can be tailored/targeted to these riskier groups.
- Health education is needed to improve knowledge about what vaccines do, how they are developed and how they are used; and to address safety concerns, misinformation and conspiracy theories.
- Community-led health education can contribute to changing social norms and attitudes
- Socio-behavioural data needs to be fed into country responses from the outset - social sciences need to be engaged during public health emergencies to complement biomedical and epidemiological response.

**Thank you**