

### **COVID-19 Vaccine Adoption in 25 Aspirational Districts of India**

34.91 crore people in India have already been partially or fully vaccinated against COVID-19, as of 28<sup>th</sup> July. While significant progress is being made, uptake of vaccination among certain groups of people has been held back by the prevalence of vaccine hesitancy.<sup>1</sup>,<sup>2</sup>

To gain a better understanding of who are the people more likely to be hesitant and why Sattva, in partnership with Piramal Swasthya, conducted a small survey of 418 respondents in rural areas across 25 aspirational districts<sup>3</sup> in 7 states of India. The study focused on lower-income households, with more half below the poverty line<sup>4</sup>. Respondents were sourced across both genders as well as among age groups of 18-44 and 45+. While the sample is not statistically adequate to generalise the results across India, they provide some strong indications about various aspects of hesitancy that are prevalent.

The study used a '4Cs' framework to comprehensively understand various factors that may act as barriers to the uptake of vaccination. The framework is comprised of *Confidence (in the vaccine and healthcare system), Convenience (of obtaining the vaccine), Comprehension (of the need of vaccination) and Culture (beliefs that act as barriers to vaccination).* Major insights from the results of the survey are outlined below.

#### Insights on Vaccine Hesitancy

#### 23% of the unvaccinated respondents are not willing to take the vaccine, another 11% are unsure

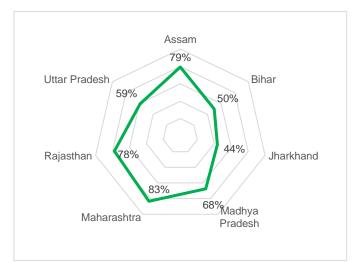


Fig.1 Willingness to take vaccination among unvaccinated people across states

With almost a third of the unvaccinated not completely convinced that they should take the vaccine, the survey suggests there is significant vaccine hesitancy. Hesitancy was higher among people with lower levels of education (64% unwilling/unsure). Hesitancy is also higher in Bihar (50%) and Jharkhand (56%), compared to states such as Maharashtra (17%) or Assam (21%).

Some differences in willing to take the vaccine were also observed across gender, with 56% of unvaccinated women being willing compared to 72% of men. It must be noted that when the survey was carried out the government guidelines had not clarified that the vaccine was considered safe for pregnant women or young mothers, which was reported by many as their reason for not wanting to take the vaccine.

<sup>&</sup>lt;sup>1</sup> https://indianexpress.com/article/opinion/india-has-a-vaccine-hesitancy-challenge-7388907/

<sup>&</sup>lt;sup>2</sup> https://www.thehindu.com/sci-tech/science/tackling-vaccine-hesitancy-challenge-in-rural-india/article34994324.ece

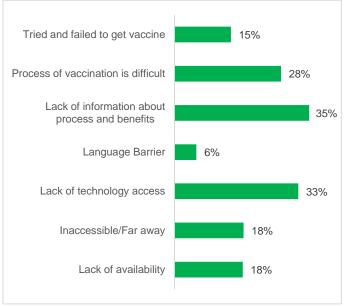
<sup>&</sup>lt;sup>3</sup> Transformation of Aspirational Districts Programme (https://www.aspirationaldistricts.in/)

<sup>&</sup>lt;sup>4</sup> As part of this survey an annual household income of Rs. 1.8 lakh has been considered to be poverty line.



# Convenience of obtaining the vaccine is a major uptake barrier, especially operational difficulties in the process of getting vaccinated and wage loss incurred due to the vaccination process.

Concerns such as lack of information about vaccination process (35%) and digital exclusion (33%), along with wage loss (32%), inability to perform domestic chores, and vaccination centres being far away (18%) need to be addressed to encourage people to get vaccinated.



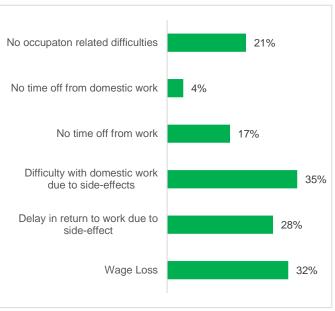


Fig 2. Operational barriers to vaccination

Fig 3. Occupation related barriers to vaccine uptake

# Comprehension of the necessity of taking the vaccine, in terms of misconceptions is another important factor determining hesitancy

Misconceptions, including not needing the vaccine due to believed immune boosting activities such as having an active lifestyle, adequate exposure to the sun and working in the fields were found prevalent as shown in the charts below. A further point of concern is that prevalence of such misconceptions is found even among people with higher levels of income and education.

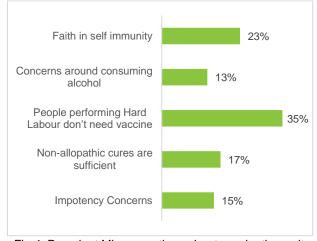
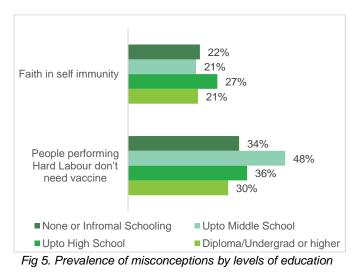


Fig 4. Prevalent Misconceptions about vaccination or its need





#### Level of Confidence in the vaccine and public health system is high though some concerns remain

79% community members believed the vaccine to be beneficial, with level of confidence higher among important influencers such as panchayat members(91%), religious leaders(81%) and very high among health care workers (94%). 84% of community members also reported trusting the local HCWs to administer the vaccine. But some concerns over potential health-related side effects do exist, including 6% reporting possibility of death.

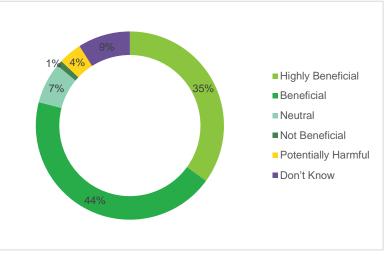
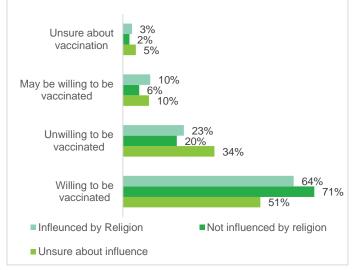


Fig 6. Confidence in Covid-19 Vaccines

#### Culture seems to not have any detrimental effect on vaccine uptake

Only 22% reported cultural influence – of these, a majority find the vaccine beneficial (83%), comparable to those reporting no cultural influence and finding it beneficial (84%). Moreover, among the unvaccinated, 64% of those influenced by religion/culture were willing to be vaccinated, v/s 71% of those not influenced by religion.



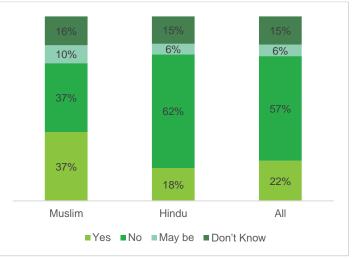


Fig 7. Influence of religion

Fig 8. People influenced by religion



#### Insights on trusted sources of information and their influence on vaccine uptake

#### Healthcare Workers (HCWs) are the most trusted source of information on the vaccine

66% community respondents believe HCWs to be a reliable source of information, as against government (33%) or the media (33%). While level of trust in HCWs is lower in Bihar, Jharkhand and Uttar Pradesh, they still remain the most commonly trusted source.

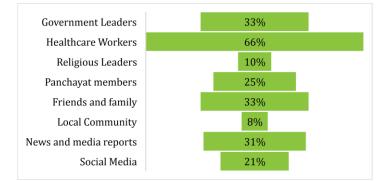


Fig 9. Trusted sources of information about Covid-19 Vaccination

## 50% report no influence of trusted sources leaving scope for strategic communication to drive uptake especially amongst the youth and socio-economically vulnerable

Strategic communication should be targeted at youth, who make up 70% of those not influenced, and also people without any formal education, only 29% of whom have been influenced. It must also be noted that most of the people who had reported not being influenced were mostly among groups who were more hesitant, such as those from poorer households and with lower education levels.

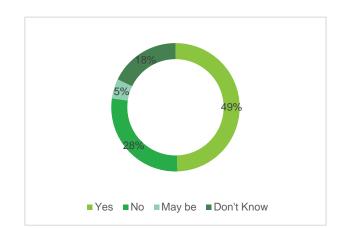


Fig 10. Trusted sources of information about Covid-19 Vaccination

# Government messaging has a greater positive impact on vaccine uptake with lower negative spill over effects, as compared to the media

Among those influenced by the government, 66% reported government information pushed them to take the vaccine, but 49% of those influenced by the media reported being left confused or fearful of the vaccine.

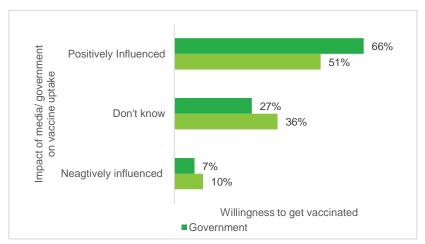


Fig 11. Influence of media/government on vaccine uptake



#### Hesitancy to vaccination by socio-economic profile

To better understand who is more likely to be hesitant, the survey respondents were grouped into four 'socioeconomic' profiles based on their education and income levels. This was done to understand prevalence of hesitancy among these groups, the important barriers informing this hesitancy for each group and the sources of information they trust.



#### Vaccine hesitancy across different Socio-economic Profiles

Fig 12. Vaccine Hesitancy across different socio-economic profiles

#### Possible solutions to improve uptake of vaccination

Outlined below are some possible solutions which can help improve uptake of vaccination by supporting people to overcome the various barriers they face.

- Easing the process of obtaining vaccination through steps such as assisting people to book vaccination slots online and pre-booking time/slot for second dose of vaccine.
- Proximity issues may be addressed through community level vaccination camps and enabling free or low-cost transport to vaccination centers.
- Wage loss concerns may be addressed through food or ration transfers to those getting vaccinated.
- Catalysing influencers, especially HCWs to help mitigate vaccine related fears through various ways including:
  Showing videos to dispel misconceptions, demonstrate self-administration by HCWs
  - Support with organising community activity such as door-to-door awareness drives, socially distanced street plays, routine announcements in village meetings and other public forums
  - Conducting systematic awareness drives incorporating advice from latest updated Government Guidelines through forums mentioned above.
- Providing influencers with efficient IEC material, incorporating advice from latest Government Guidelines targeting specific misconceptions, prevalent among different people and in different communities.