



EXECUTIVE SUMMARY OF INSIGHTS ON VACCINE ADOPTION ACROSS ASPIRATIONAL DISTRICTS



A Study by Piramal Swasthya & Sattva

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23% of the unvaccinated respondents are not willing to take the vaccine



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

- Vaccine Hesitancy higher among low-education respondents (64% unwilling/unsure to take it)
- Higher in Bihar (50%) and Jharkhand (56%), than Maharashtra (17%) and Assam (21%)



Convenience of obtaining the vaccine— from access to vaccine (operational) to associated wage loss (occupational) is a key factor determining hesitancy.

Prevalent concerns to address:

- Lack of information on vaccination process (35%)
- Digital exclusion (33%)
- Wage loss (32%)
- Proximity (18%)
- Inability to perform domestic work



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

Misconceptions include following 'immunity-boosting' activities, negating need for vaccine:

- Having active lifestyle/ working in fields
- Having adequate sun exposure



Level of Confidence in the vaccine and public health system is high while some concerns remain.

- More than 3/4th community members believed vaccine to be beneficial (79%)
- High trust in HCWs to administer vaccine (84%)
- Concerns over side-effects, including death (6%)



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

- Of those reporting cultural influence in vaccine uptake, majority find it beneficial (83%), almost equal to those reporting no cultural influence, finding it beneficial (84%)

863 Respondents were interviewed across genders, age-groups, education levels and household incomes, across 25 aspirational districts in 7 states.



Research Survey:

A survey to understand vaccine hesitancy, and levers for vaccine adoption conducted with:

- 863 respondents across genders, age-groups, educational levels, household income
- Across 25 Aspirational Districts across 7 States

Survey tool developed by Sattva, for convenient data collection.

Four target stakeholder archetypes identified:

418 Community Members



215 Healthcare Workers



140 Panchayat Members

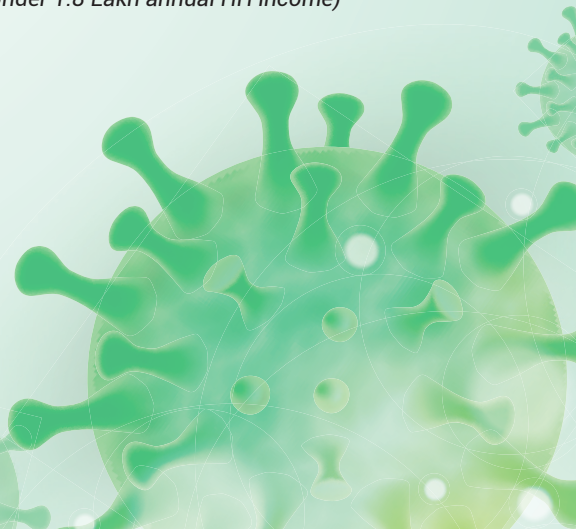


90 Religious Leaders

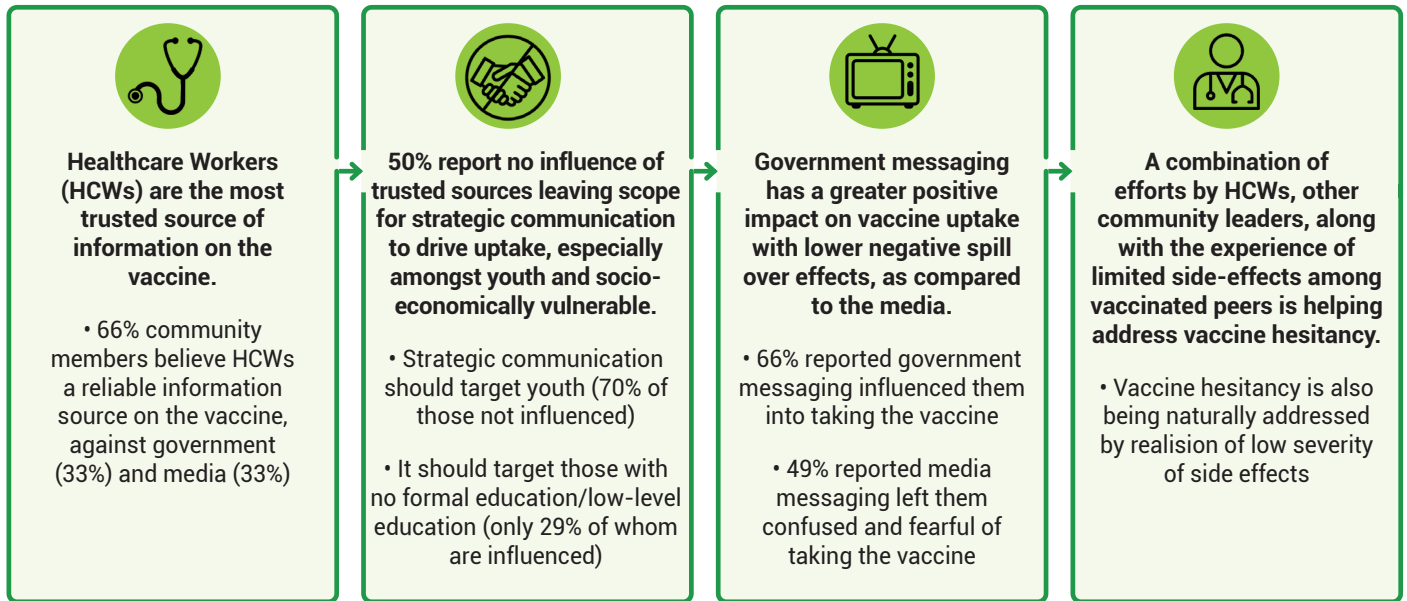


Key Respondent Characteristics:





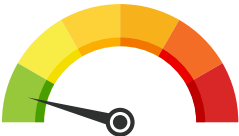


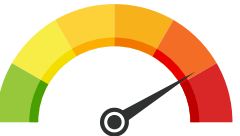



















- 2/3rd Respondents in 18-45 age group
- Almost equal male-female ratio, 47% female
- Most respondents completed high school at minimum, 15% no formal education
- Almost half respondents from BPL category* (*Under 1.8 Lakh annual HH income)



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



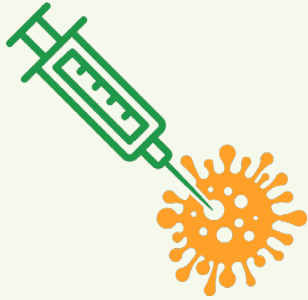
Vaccine hesitancy across different Socio-economic Profiles

SOCIO-ECONOMIC PROFILE	HIGH	HIGH - MEDIUM	LOW - MEDIUM	LOW
 College Educated	College Educated	College Educated	School Education	No Formal Education
 HH income > 3 lakhs	HH income > 3 lakhs	HH income < 3 lakhs	HH income < 3 lakhs	HH income < 1.8 lakhs
 % OF COMMUNITY MEMBERS	10%	25%	52%	13%
 VACCINE HESITANCY	 VERY LOW	 LOW	 MEDIUM	 HIGH
 PREVALENT HESITANCY BARRIERS	 Misconceptions about need	 Misconceptions about need	 Misconceptions about need	 Misconceptions about need
	 Digital Exclusion	 Digital Exclusion	 Digital Exclusion	 Digital Exclusion
			 Wage loss due to vaccination	 Wage loss due to vaccination
 TRUSTED SOURCES OF INFORMATION	 HCW  News	 HCW  News  Govt Leaders	 Digital Exclusion	 Digital Exclusion



Some ideas to reduce vaccine adoption

SOLUTIONS



Convenience of obtaining the vaccine need can be increased through simple solutions implemented by CSOs in partnership with local administration.

- Access divide can be bridged through assisted models of booking and arranging a pre-booked slot for second dose.
- Proximity issues can be addressed through setting up vaccine camps in villages and arranging free transportation.
- Wage loss concerns can be addressed through food/ration transfers and building awareness amongst key employers.



Fear of side effects resulting in diminished Confidence and misconceptions emerging from lack of robust 'Comprehension' can be addressed by knowledge sharing and demystification.

- Fear of side effects can be addressed by catalysing influencers, especially HCWs to dispel fears through self-demonstration, door-to-door awareness drives and targeted IEC material, incorporating latest government guidelines.
- Misconceptions can be addressed by IEC material, incorporating latest government guidelines targeting wrong notions around the vaccine associated with hard labour, alcohol, impotency, pregnancy and lactation, and belief in non-allopathic remedies over the vaccine.

FOCUS SOCIO-ECONOMIC PROFILES

HIGH

HIGH-MEDIUM

LOW-MEDIUM

LOW-MEDIUM

LOW



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