

AFRICA CDC WORKING GROUP KENYA

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health



VACCINE
CONFIDENCE
PROJECT™

ORIB
International



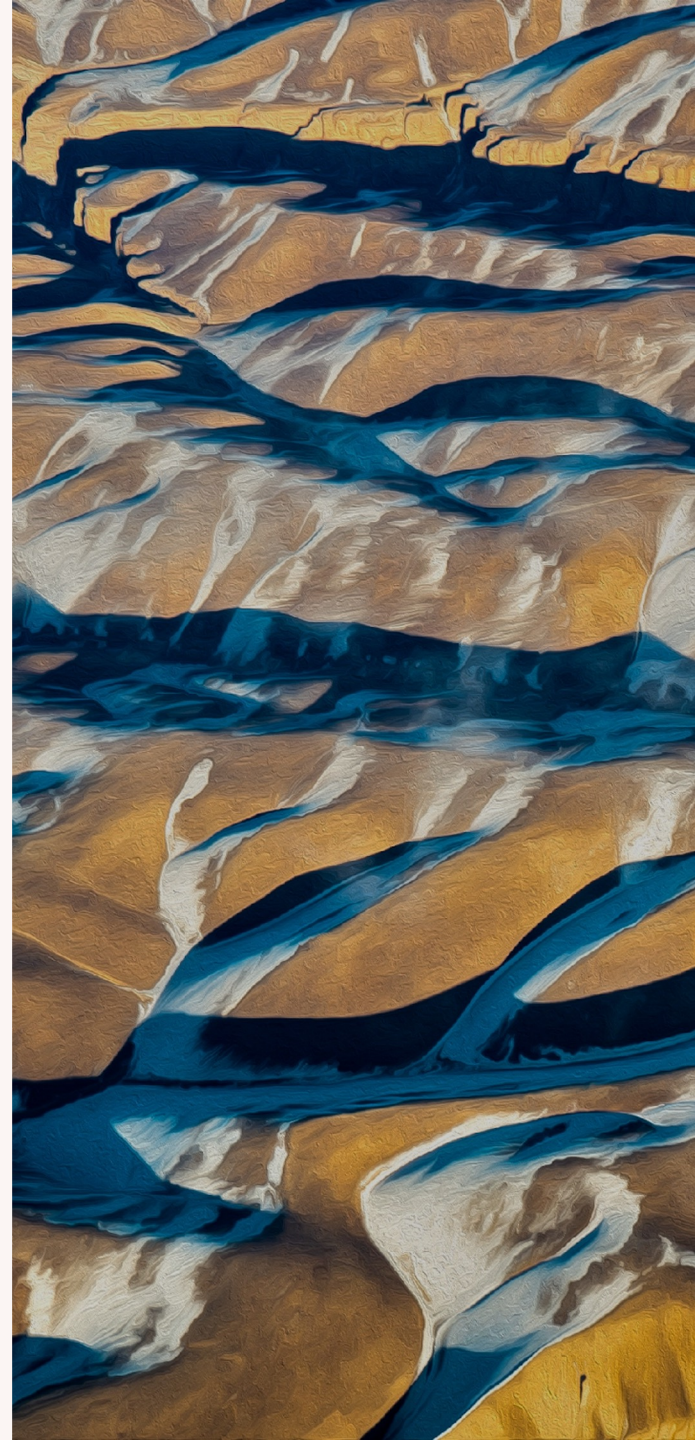


INTRODUCTION

- Research design
- Vaccines deployed vs administered

INTERIM FINDINGS

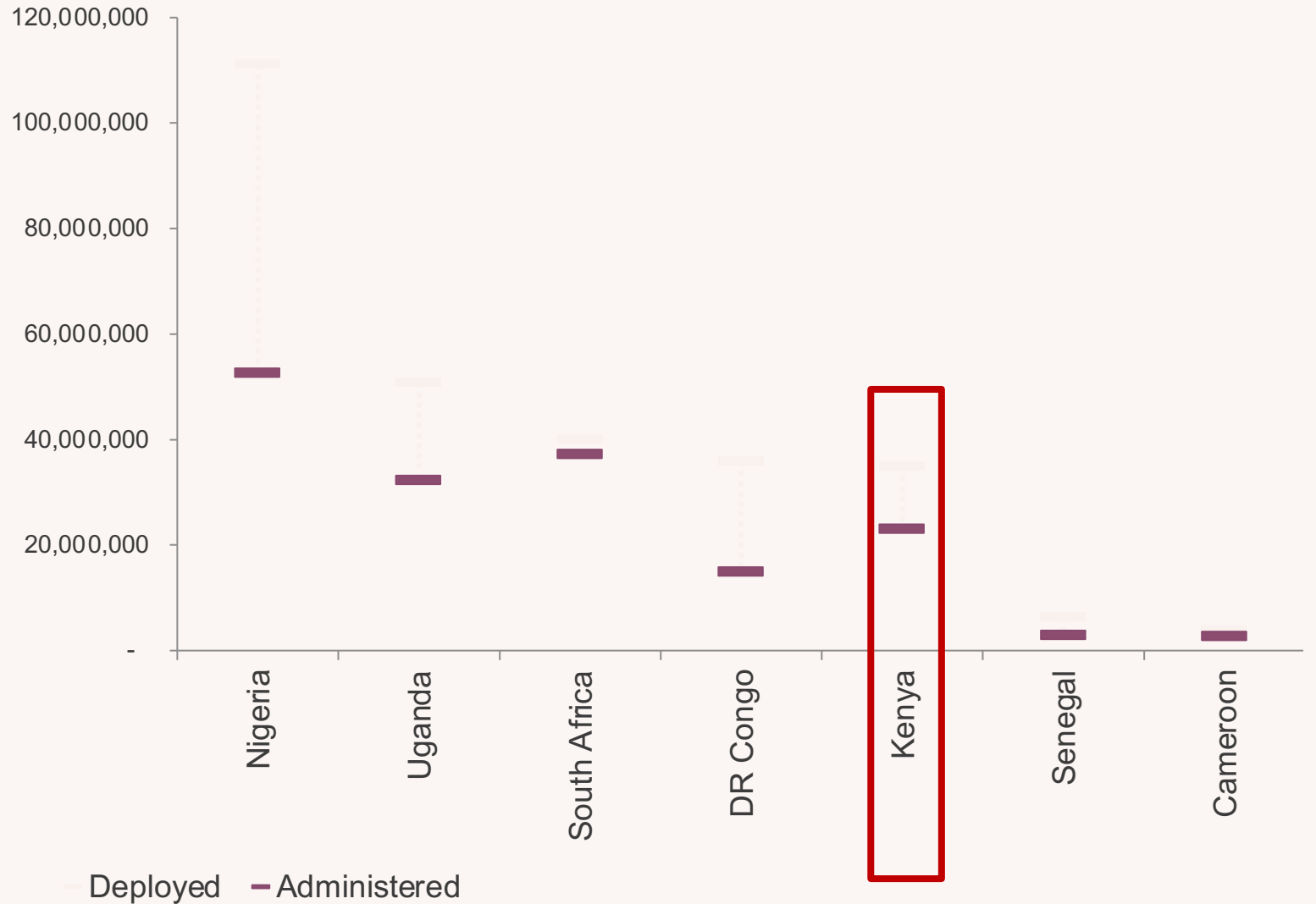
- The vaccinated
- The unvaccinated
- Vaccinating children
- VCI Index and other vaccines
- Threat from COVID-19
- Trust
- Mis/disinformation



RESEARCH DESIGN



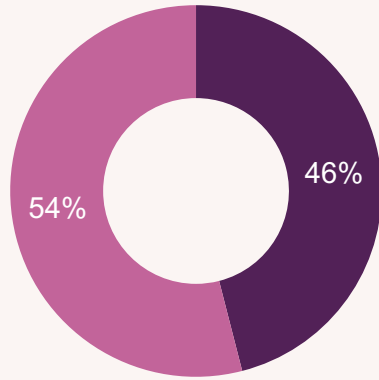
COVID-19 VACCINES DEPLOYED VS ADMINISTERED (AUGUST 2022)



DEMOGRAPHICS

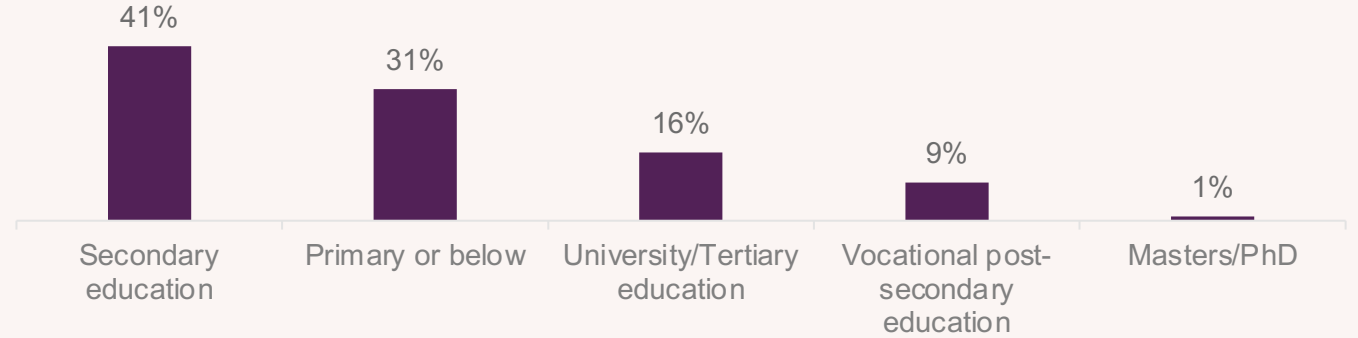
DEMOGRAPHICS

GENDER:

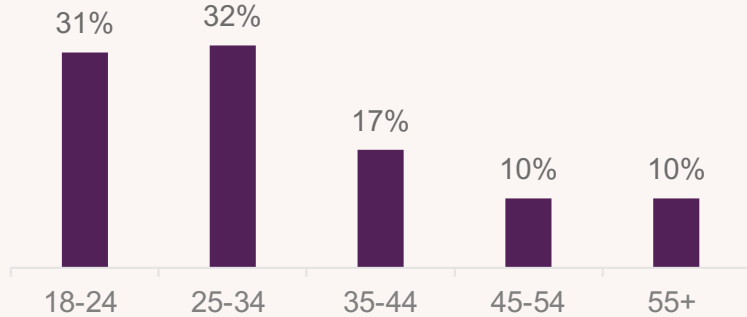


■ Male ■ Female

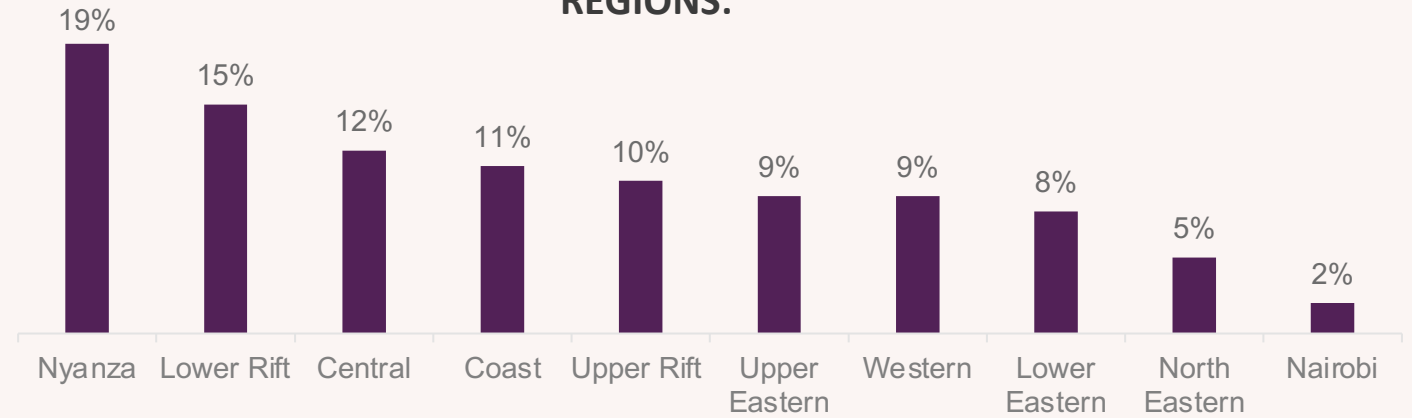
EDUCATION:



AGE GROUP:



REGIONS:



All interviews: n= 1,078

DEMOGRAPHICS

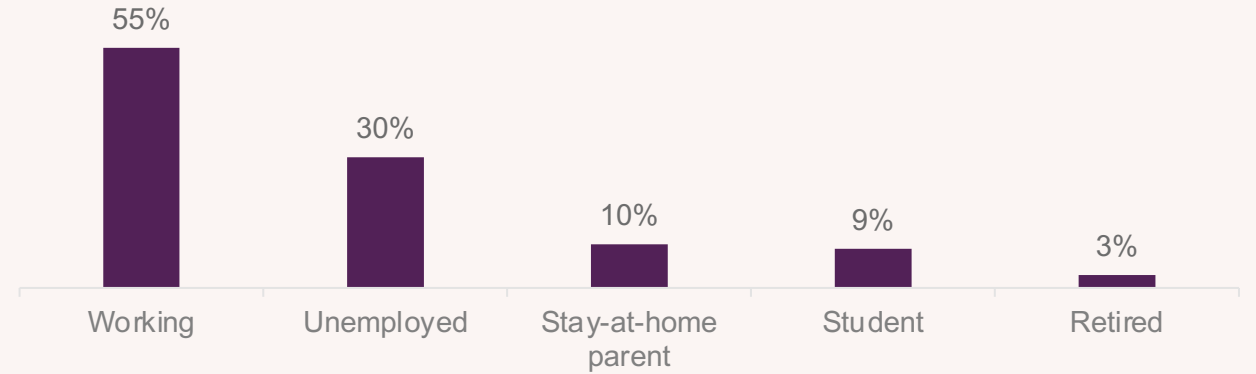
76% Rural

24% Urban

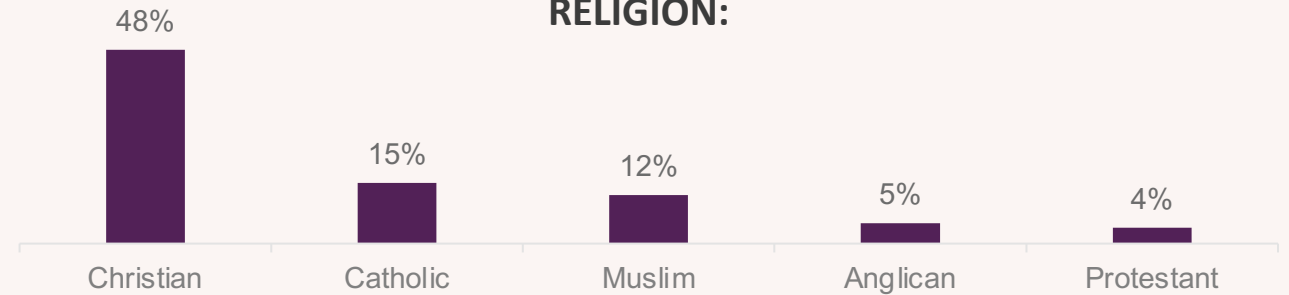
69% Have children in the household under 18

4% Healthcare workers

EMPLOYMENT STATUS:



RELIGION:



All interviews: n= 1,078

THE VACCINATED

THE VACCINATED

Whilst there has been no change in the proportion of those who have had one dose of the COVID-19 vaccine between January-22 and August-22; there has been a 7% increase in those who two doses. A further 4% of the population now have an additional/ booster dose.

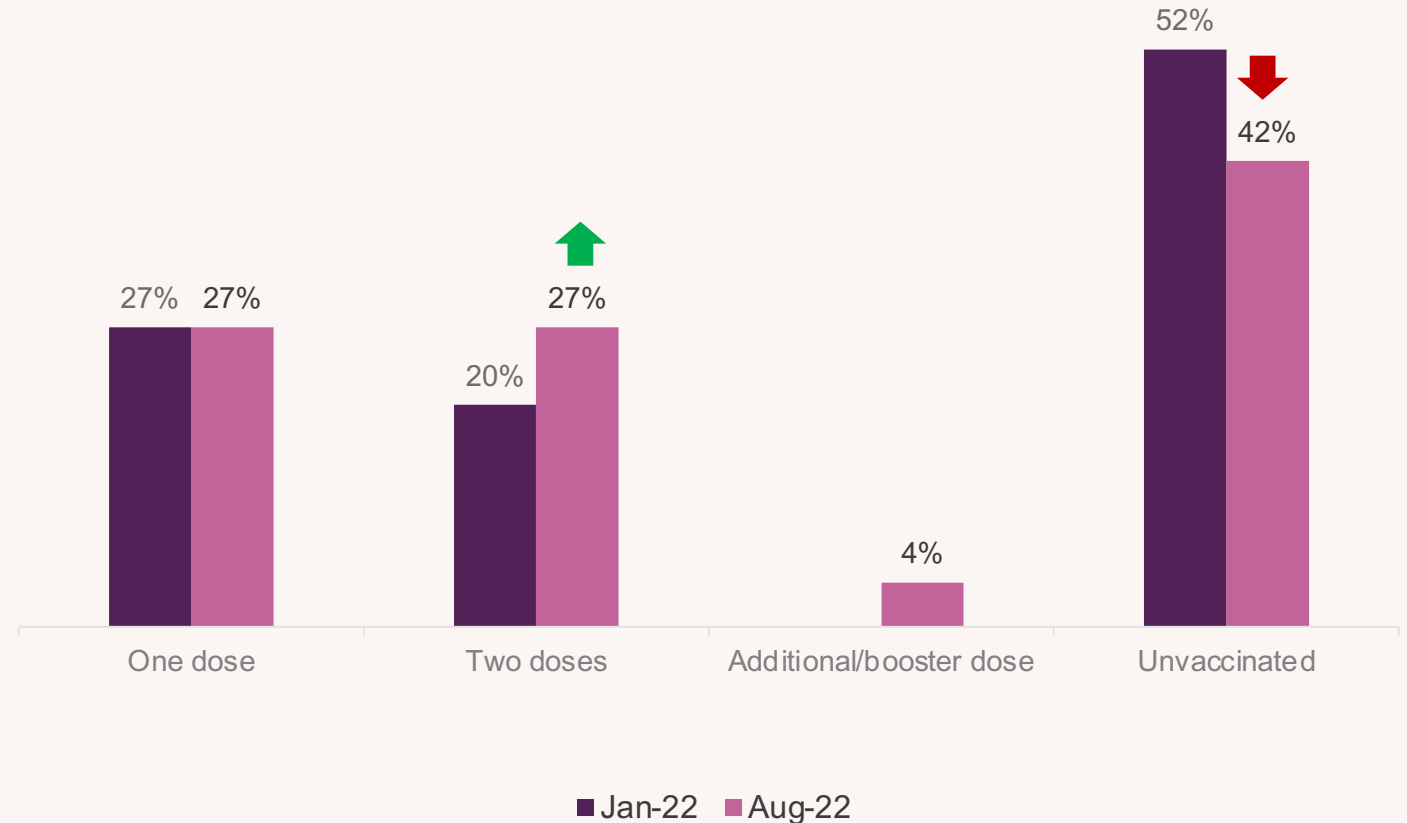
As a result of this, the unvaccinated population has significantly fallen, with only 4 in 10 who remain unvaccinated.

Since data were collected in January-22, Kenya has seen a drastic increase in new COVID-19 cases and in June-22 they launched an accelerated vaccination campaign to combat this¹. Our results highlight the achievements of this programme.

Those in the North Eastern (58%) and Coast (57%) regions, 18-24 year-olds (54%), those who are unconcerned about COVID-19 (49%) and think the government have done a poor job of handling the pandemic (60%) are the most likely to be unvaccinated.

¹[Surge in cases prompts vaccine drive and return to mask-wearing in Kenya](#) | Gavi, the Vaccine Alliance

COVID-19 VACCINES ADMINISTERED:

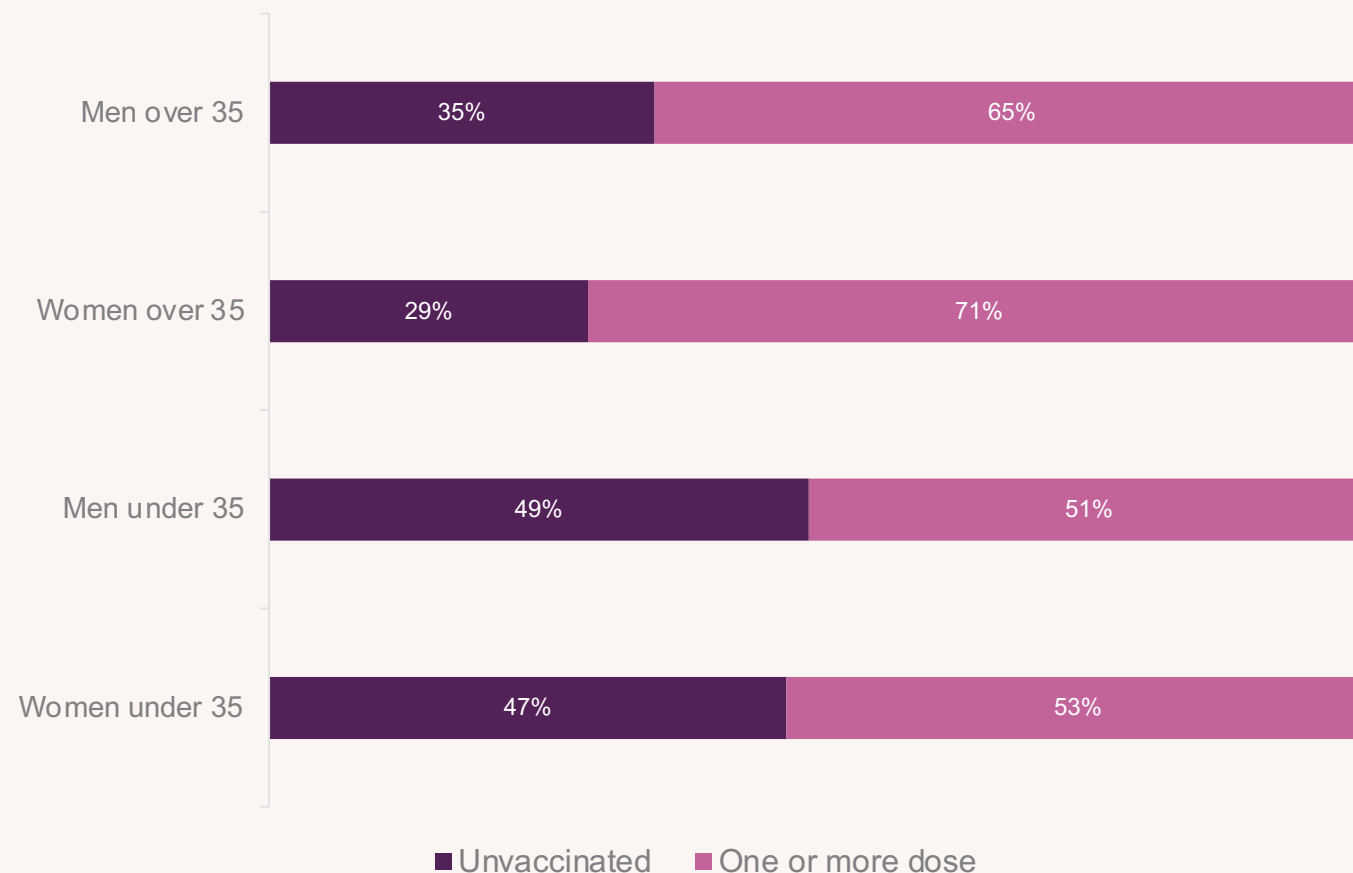


THE VACCINATED

COVID-19 vaccine acceptance is highest amongst the over 35s, particularly for women.

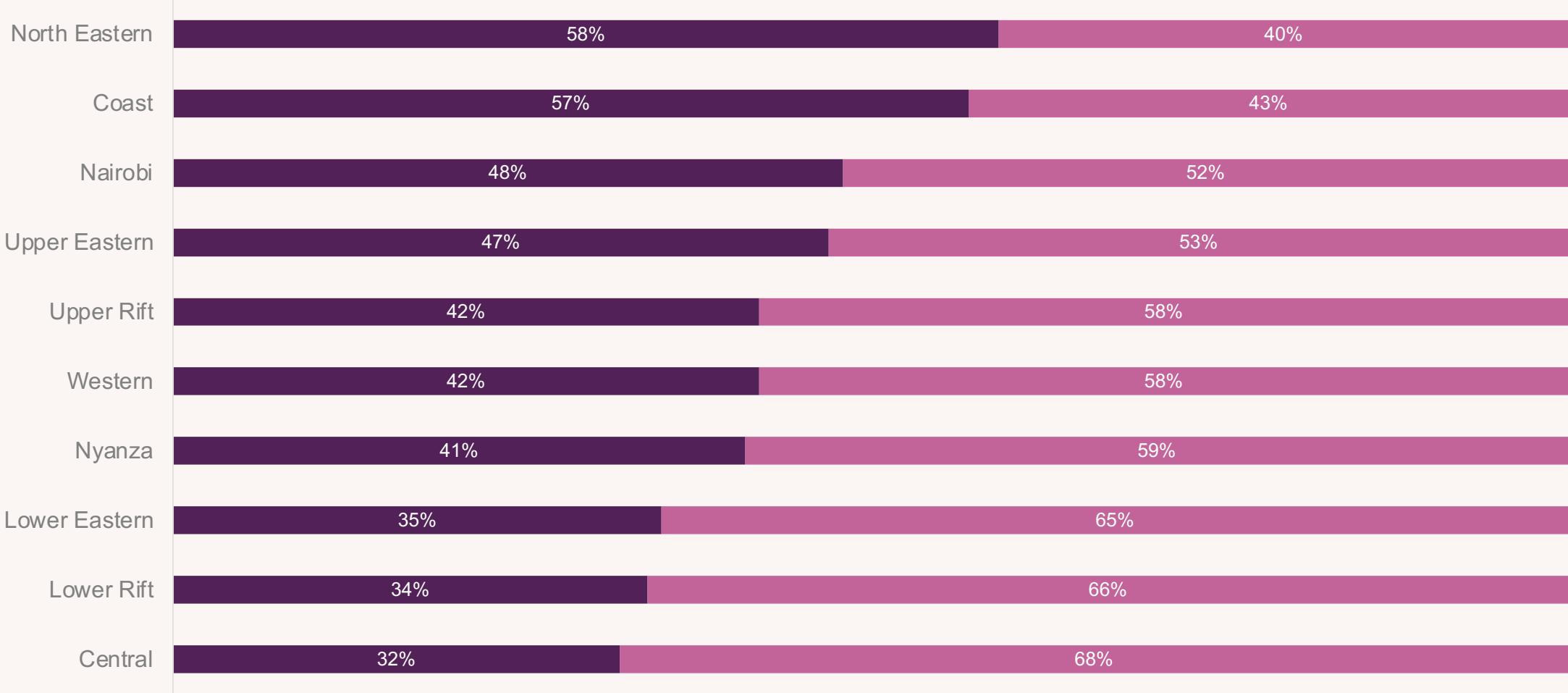
In Kenya, women in general are 4% more likely to have received at least one dose of COVID-19 vaccine than men.

NET COVID-19 VACCINE ACCEPTANCE:



All interviews: n= 1,078

NET COVID-19 VACCINE ACCEPTANCE: REGION



■ Unvaccinated ■ One or more dose

All interviews: n= 1,078

THE VACCINATED

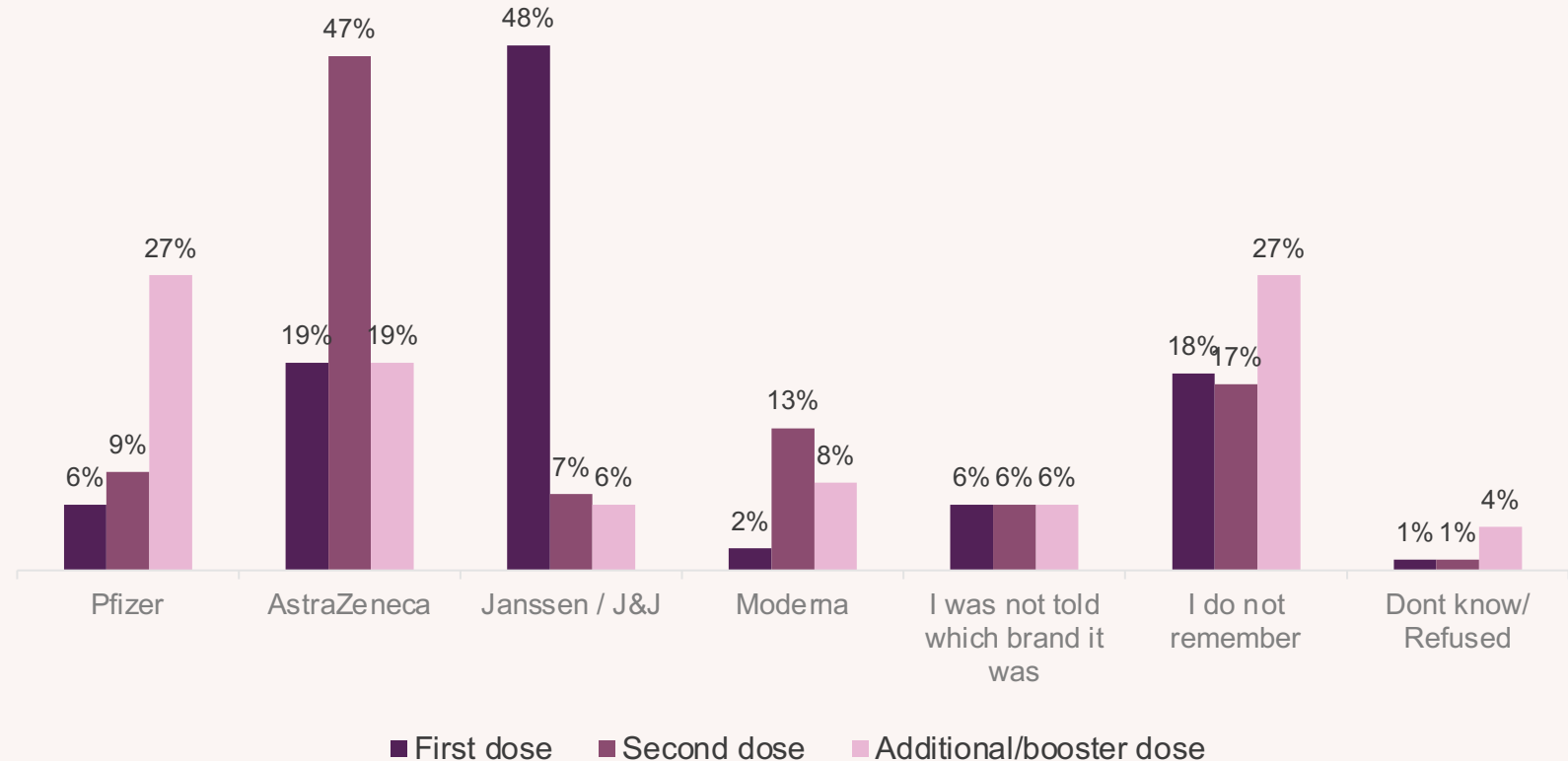
Unsurprisingly, the Janssen/J&J single-dose vaccine is the most popular brand to be administered as respondents' first dose.

For those with more than one dose of COVID-19 vaccine, the AstraZeneca vaccine is the most common second dose (47%) and Pfizer is the most received booster jab.

A significant amount of the population reported they did not remember the brand of vaccine they had been given. This was particularly high for those receiving an additional/booster jab (27%).

For each dose, 1 in 20 suggest they were not told which brand they were administered.

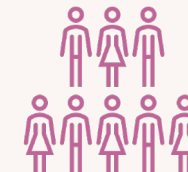
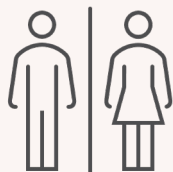
COVID-19 VACCINES ADMINISTERED: BY BRAND



First dose: n= 289
 Second dose: n= 288
 Additional/booster dose: n= 48

THE VACCINATED

TOP THREE REASONS FOR GETTING VACCINATED:



94% To protect myself

Highest amongst:

- Healthcare workers (97%)
- Those who have known a family member to have COVID-19, or have had COVID-19 themselves (96%)

69% To protect family

Highest amongst:

- Stay-at-home parents (71%)
- Those in rural areas (72%) vs. urban (59%)
- Those who have known a family member to have COVID-19, or have had COVID-19 themselves (75%)

23% To gain access to spaces that require a COVID-19 vaccine

Highest amongst:

- Men under 35 (28%) and women over 35 (26%)
- Students (34%)

Those vaccinated: n= 625

THE VACCINATED

ATTITUDES TOWARDS BEING VACCINATED:

86%

Relieved about being vaccinated against COVID-19

62%

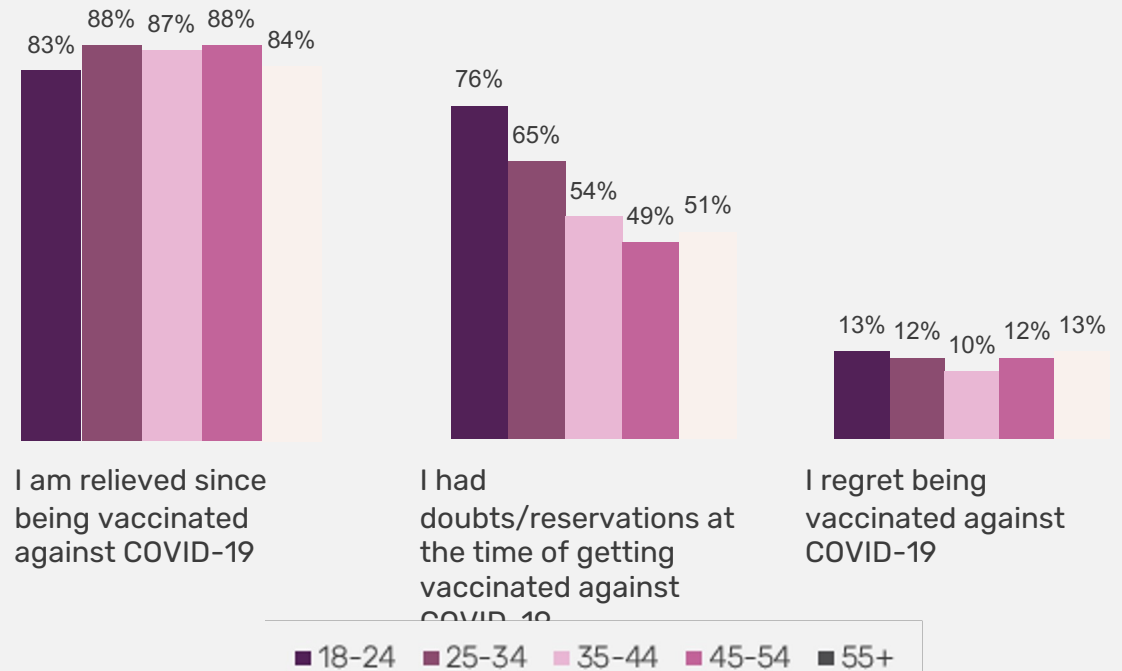
Doubts/reservations at the time of getting vaccinated

12%

Regret having been vaccinated

Younger age groups are most likely to have experienced doubts/reservations at the time of getting vaccinated, particularly women. Despite feeling doubtful at the time, young adults also report a high level of relief around being vaccinated.

Around 1 in 10 respondents report they regret being vaccinated against COVID-19. This was felt most by women under 35.



Those vaccinated: n= 625

THE UNVACCINATED

THE UNVACCINATED

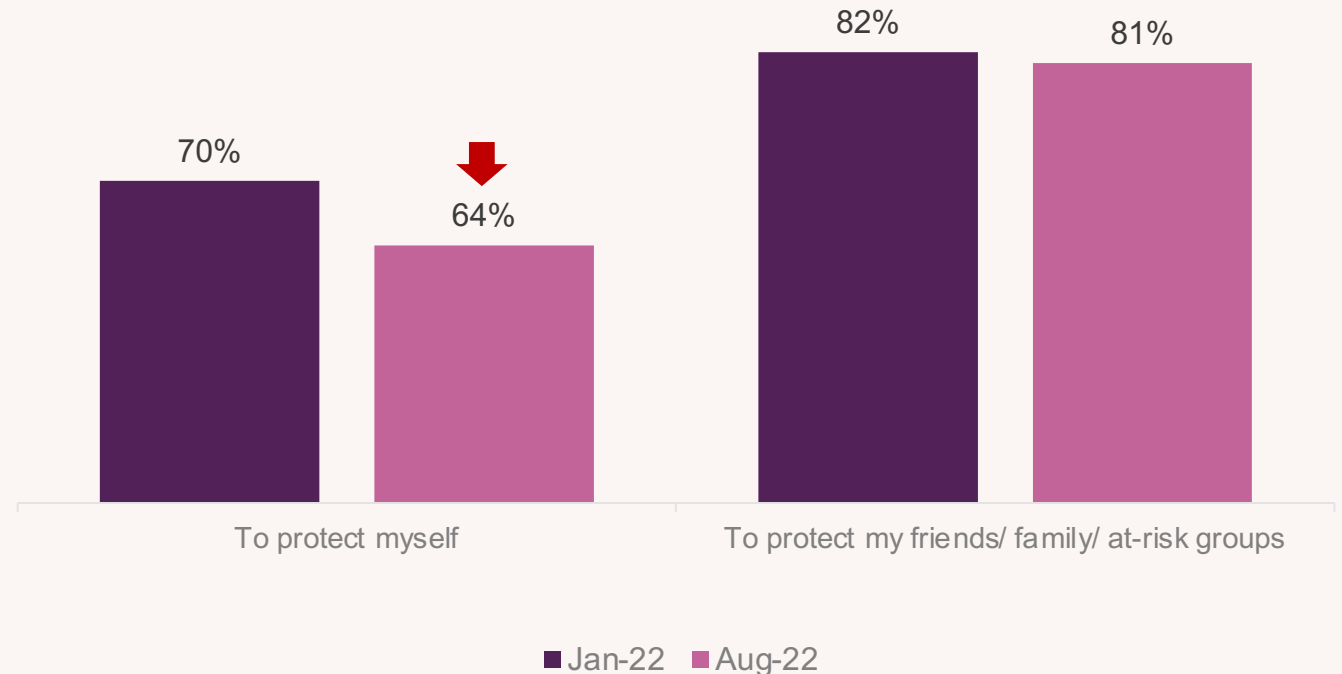
Amongst the unvaccinated population, 64% of respondents would accept a COVID-19 vaccine to protect themselves – this is a 6% drop since January-22.

Protecting friends/family/at-risk groups is a more powerful motivator to get vaccinated, with 8 in 10 agreeing they would accept a COVID-19 vaccine for this reason. This is consistent across both waves of data.

Despite seemingly high motivation, access is still a barrier to getting vaccinated, with 33% of unvaccinated respondents reporting issues with access (compared with 21% of those already vaccinated).

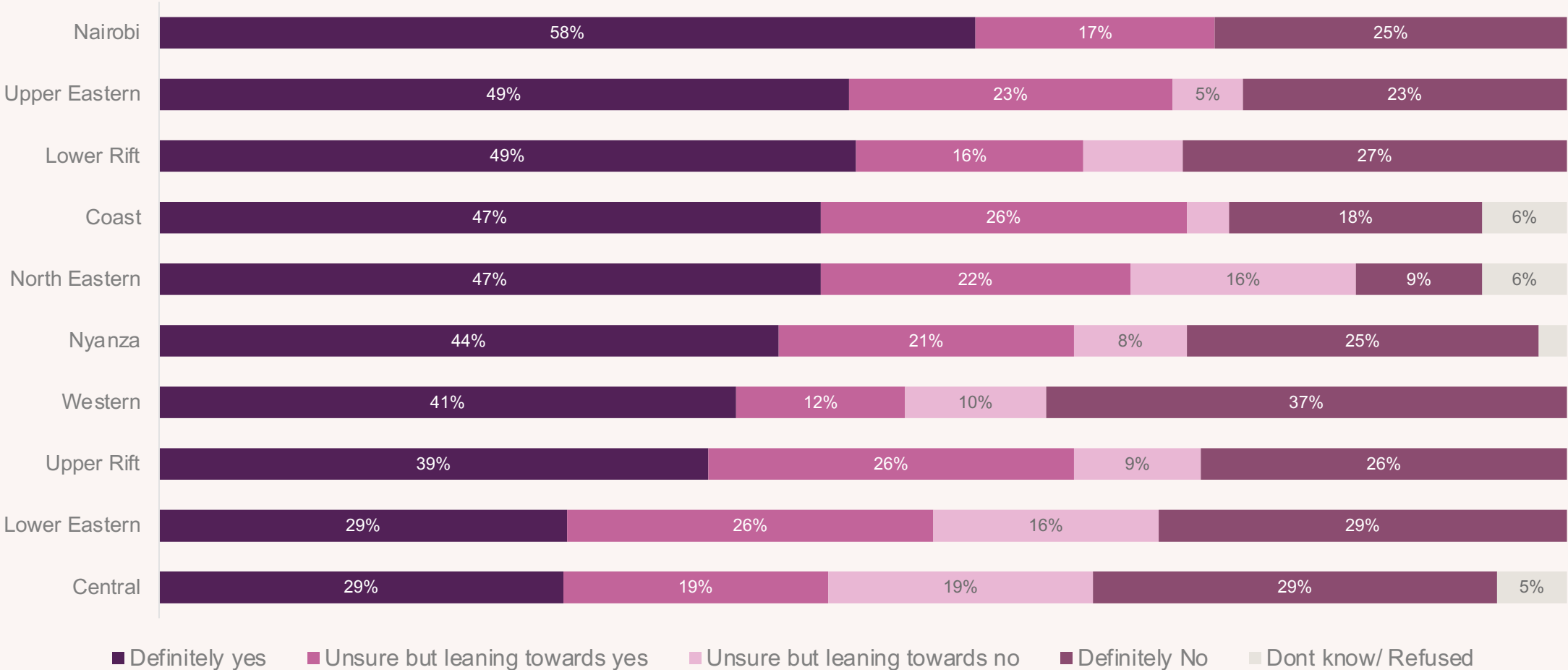
When asked how soon respondents would receive a new vaccine once approved and offered in their country, **34% say they would accept a COVID-19 vaccine as soon as it was available to them.** Half of respondents suggest they would wait at least 6 months, and 15% say they would not take it at all.

NET COVID-19 VACCINE ACCEPTANCE:



Those unvaccinated: n= 453

WOULD ACCEPT A COVID-19 VACCINE TO PROTECT THEMSELVES:



Those unvaccinated: n= 453

THE UNVACCINATED

TOP THREE REASONS FOR REFUSAL:

26%

Worried about getting seriously ill/dying from the vaccine

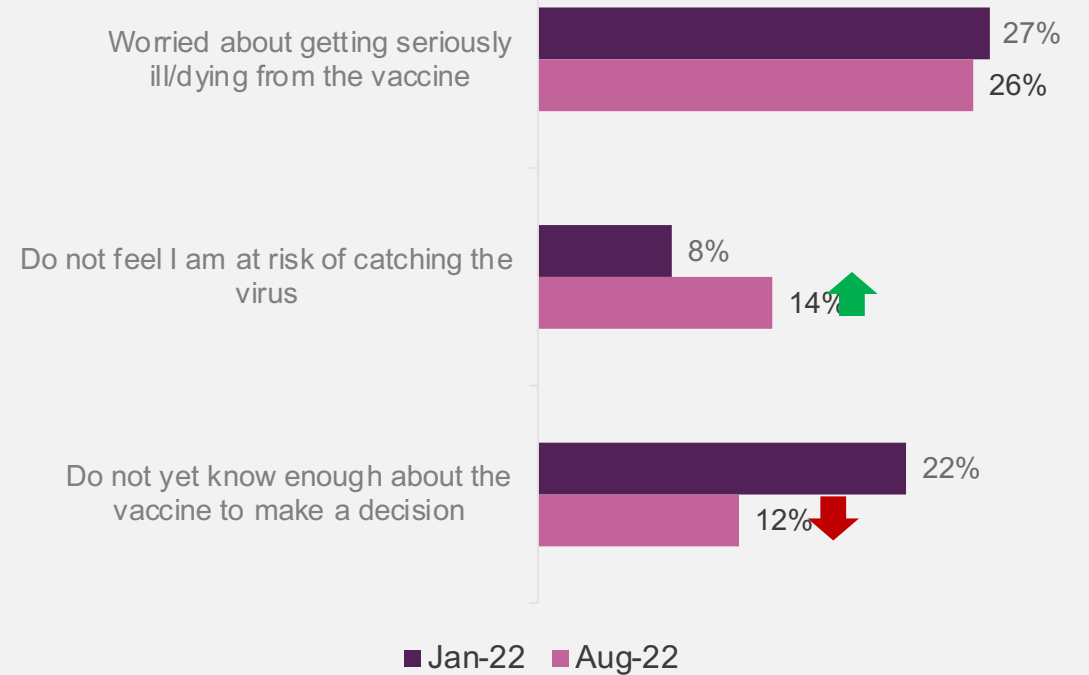
14%

Do not feel at risk of catching the virus

12%

Do not know enough about the vaccine to make a decision

Since January-22, there has been a rise in unvaccinated people who do not feel at risk of catching COVID-19. There has been a decrease, however, in those who don't feel they know enough about the vaccine to make a decision,



Those unvaccinated: n= 453

THE UNVACCINATED

TOP THREE REASONS MOTIVATORS:

18%

If the vaccine was proven safe

16%

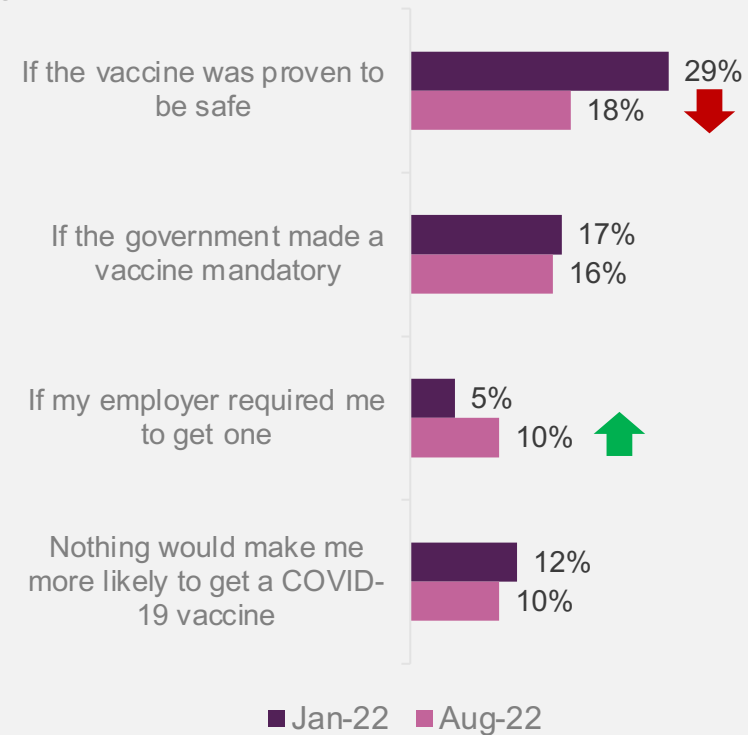
If the government made a vaccine mandatory

10%

If my employer required me to get one

Amongst the unvaccinated population, there has been a decrease in those who would accept the vaccine if it was proven safe, and an increase in those who say they would be motivated to get vaccinated if their employer required them to get one.

1 in 10 respondents suggest nothing would make them more likely to get a COVID-19 vaccine. This is consistent with January-22 data.



Those unvaccinated: n= 453

VACCINATING CHILDREN

VACCINATING CHILDREN

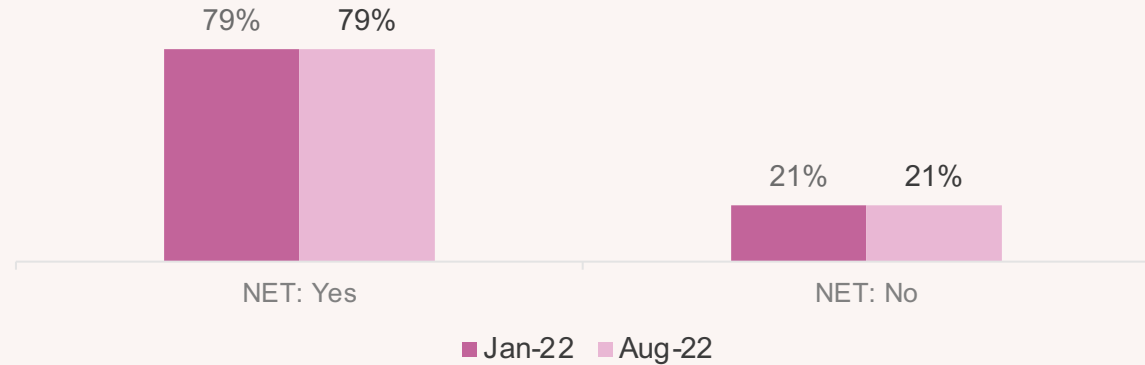
Between January-22 and August-22 there has been no change in the proportion of respondents who would accept a COVID-19 vaccine for their children – 8 in 10 report they would say yes.

There are however significant gender differences, with 84% of men and 75% of women saying they would accept a vaccine for a child in their care.

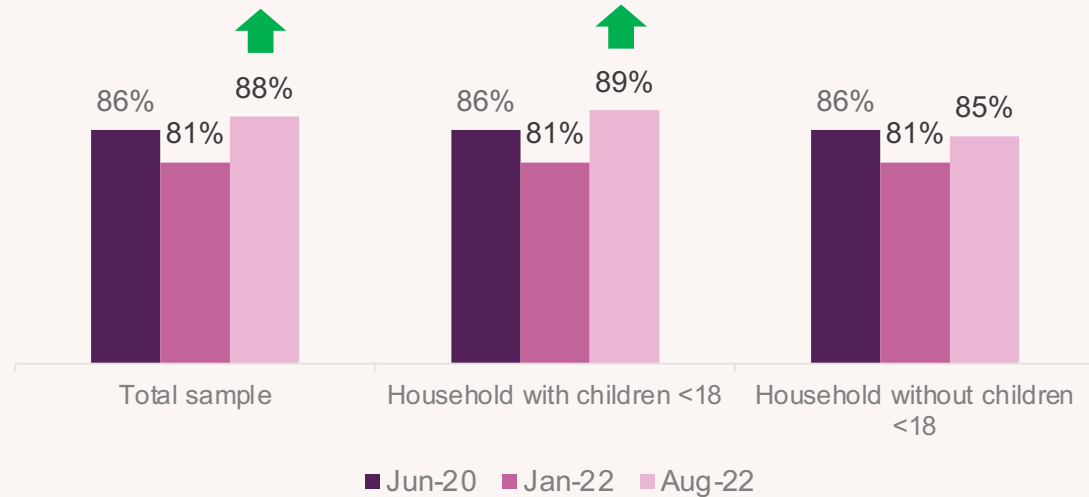
Across the three waves of data, the opinion that vaccines are important for children is strongest in August-22, rising by 7% since January-22.

Though there are no gender differences between people with this belief, August-22 data suggests that having children in the household under the age of 18 has a positive effect on perceived importance of vaccinating children.

NET COVID-19 VACCINE ACCEPTANCE FOR CHILD(REN) IN PARTICIPANTS CARE:



NET AGREE THAT VACCINES ARE IMPORTANT FOR CHILDREN:



Those responsible for the vaccination of children: n=756

VCI INDEX AND OTHER VACCINATIONS

Across the VCI Index for COVID-19 vaccines there has been no significant change in perceived 'safety' and 'effectiveness' over time in Kenya.

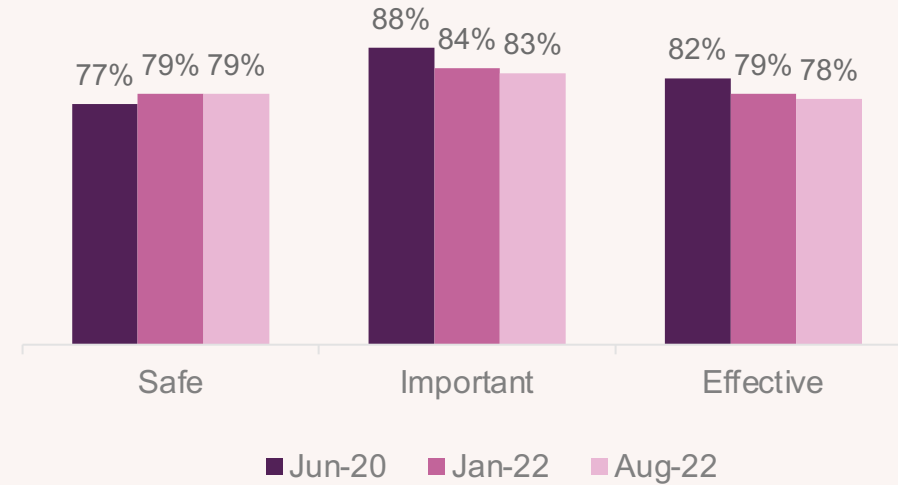
Though there has been a 5% fall in the belief that COVID-19 vaccines are 'important' since June-20 (pre-vaccine roll-out), perceived importance remains consistent between January-22 and August-22.

Since June-20, there has been an increase in Kenyans reporting vaccines in general as safe and effective, but no real change in perceived importance.

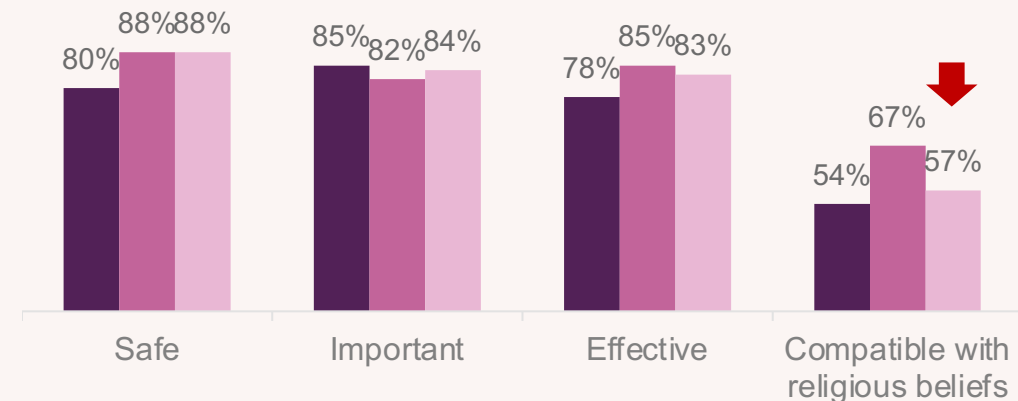
The belief that vaccines are compatible with religious beliefs spiked in January-22, coinciding with the Inter-Religious Council of Kenya launching a 3-month campaign promoting COVID-19 vaccinations and offering religious institutions as a space to deliver vaccines.¹

¹<https://www.health.go.ke/religious-leaders-join-covid-19-vaccination-drive/>

COVID-19 VACCINES:

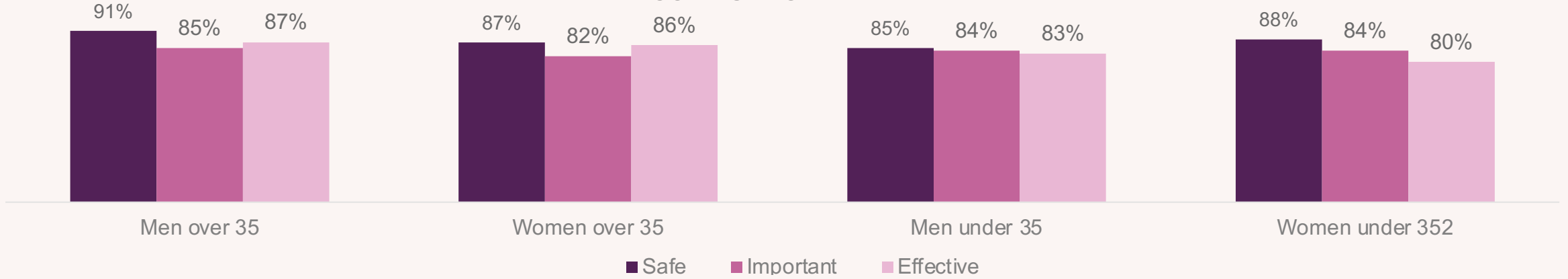


VACCINES IN GENERAL:

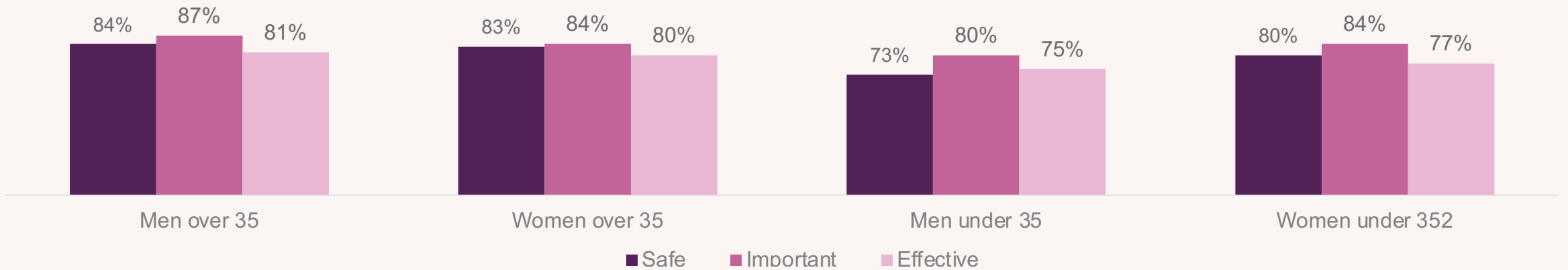


VCI INDEX: BY AGE AND GENDER

VACCINES IN GENERAL:



COVID-19 VACCINES:



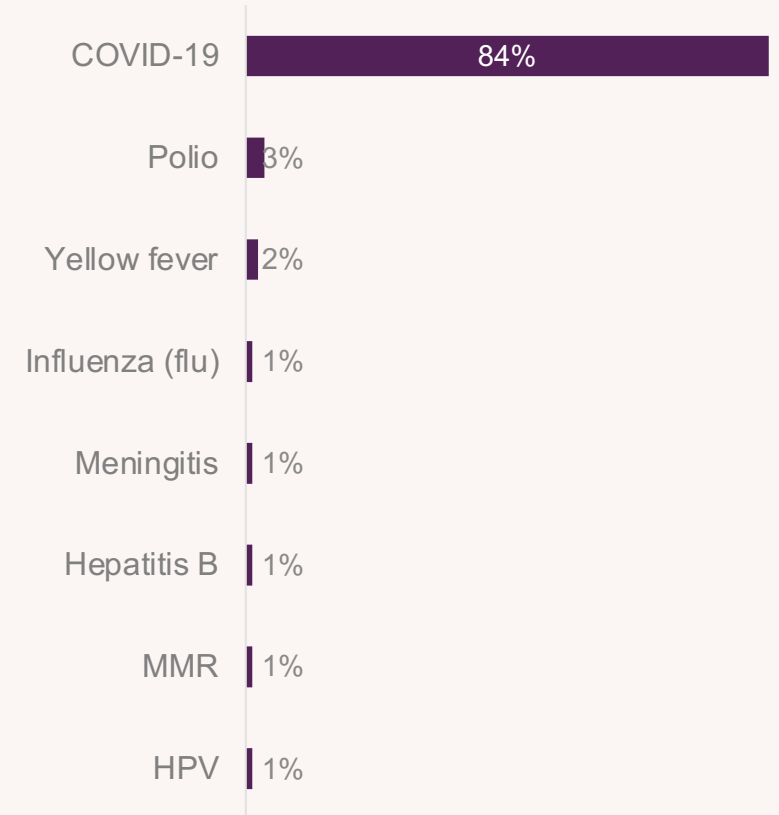
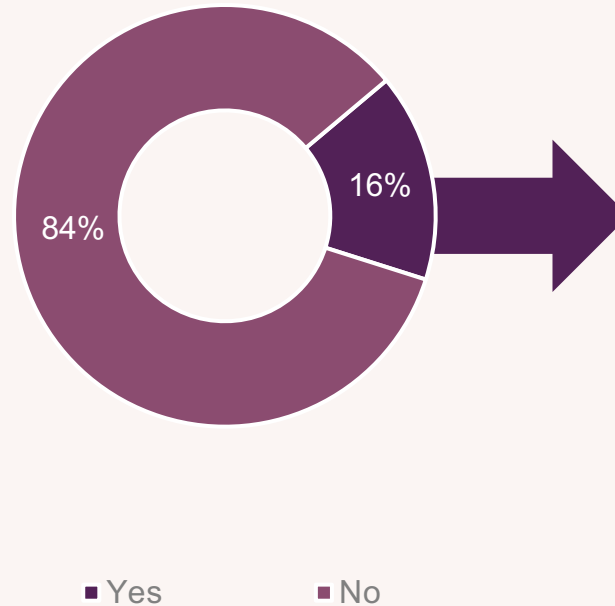
All interviews: n= 1,078

OTHER VACCINATIONS

Of the total population, 16% report having rejected a vaccine (of any type); leaving 84% who have not. Of those who have rejected a vaccine - 84% did so for COVID-19.

There are small demographic differences amongst those who have rejected a vaccine at some point, the most likely to have done so are those aged 18-24 (20%) and those university educated (22%). Those aged 25-34 and those 55+ are the most likely to have rejected a COVID-19 vaccine.

REJECTION OF VACCINES:



All interviews: n= 1,078

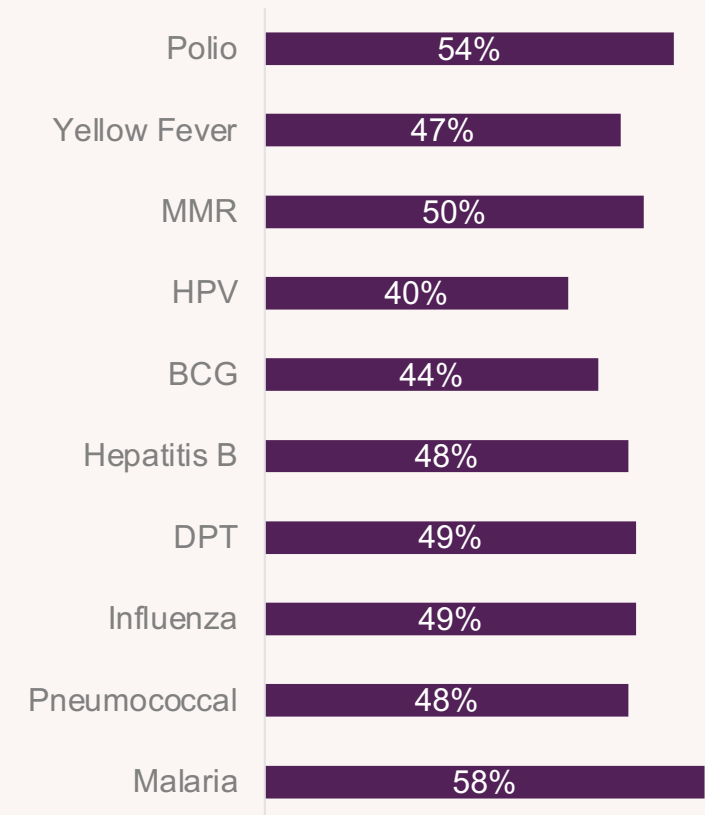
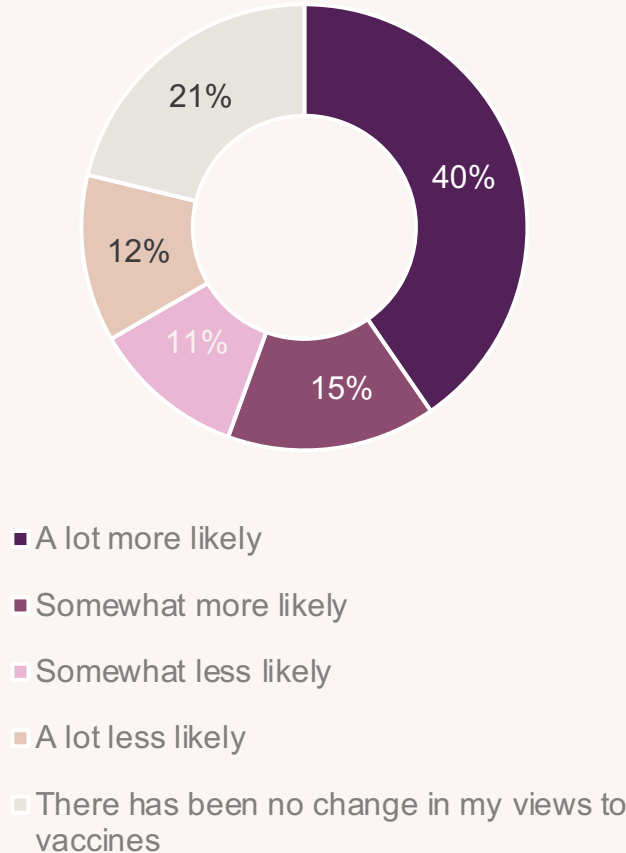
OTHER VACCINATIONS

More than half (54%) of the total population feel they are more likely to get vaccinated as a result of the pandemic.

Respondents are most motivated to get vaccinated against malaria (58%) and polio (54%).

When asked specifically whether respondents would accept a new Malaria vaccine, 8 in 10 report that they would accept a dose, with 67% reporting 'definitely yes' and a further 13% reported 'unsure leaning towards yes'.

WILLINGNESS TO GET VACCINATED AS A RESULT OF THE PANDEMIC:



All interviews: n= 1,078

THREAT FROM COVID

PERCEIVED THREAT OF COVID-19

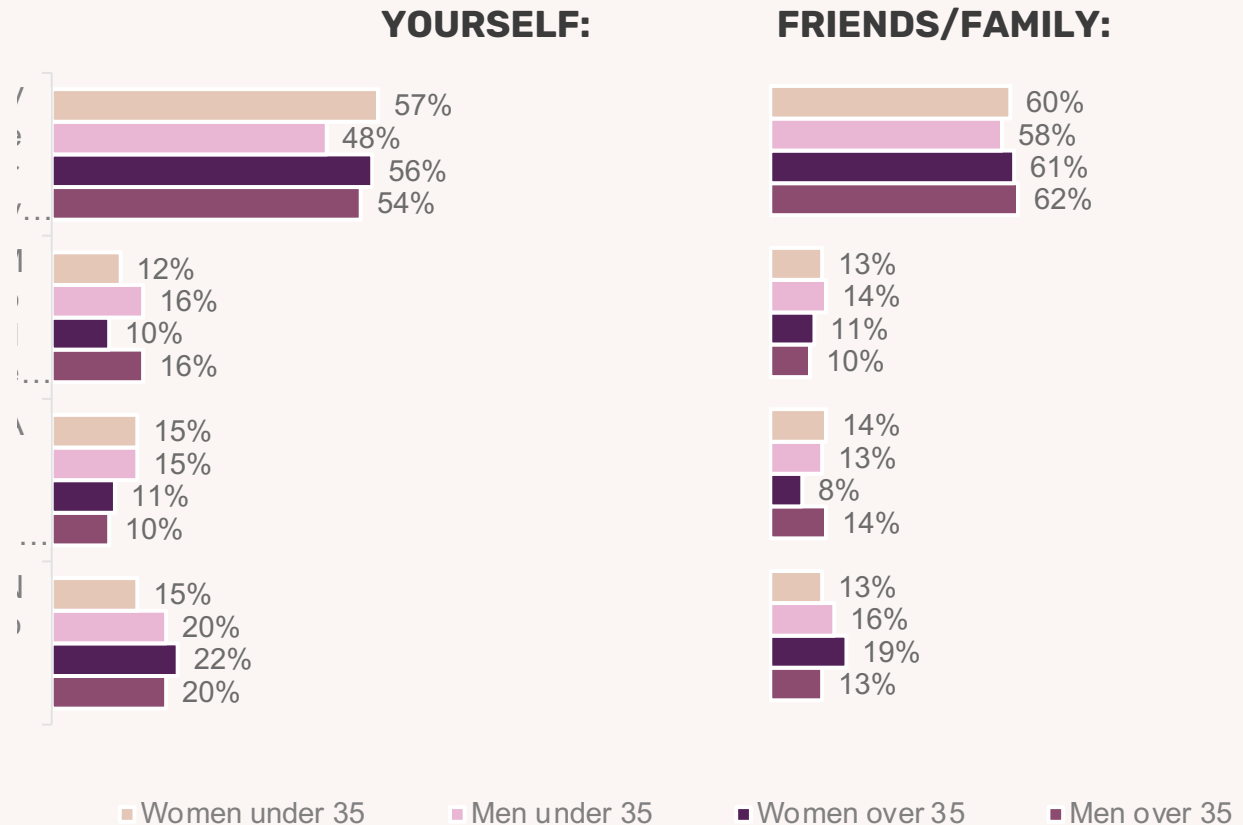
About 7 in 10 respondents are concerned about contracting COVID-19 themselves or their friends or family.

Men under 35 are the least likely to be concerned about getting COVID-19 for themselves while women under 35 are the most.

As seen in the charts, there are only small differences between age and gender.

Groups that are most likely to be concerned over getting COVID-19 are university educated and those who have been vaccinated against COVID-19.

CONCERN ABOUT GETTING COVID-19 FOR...



All interviews: n= 1,078

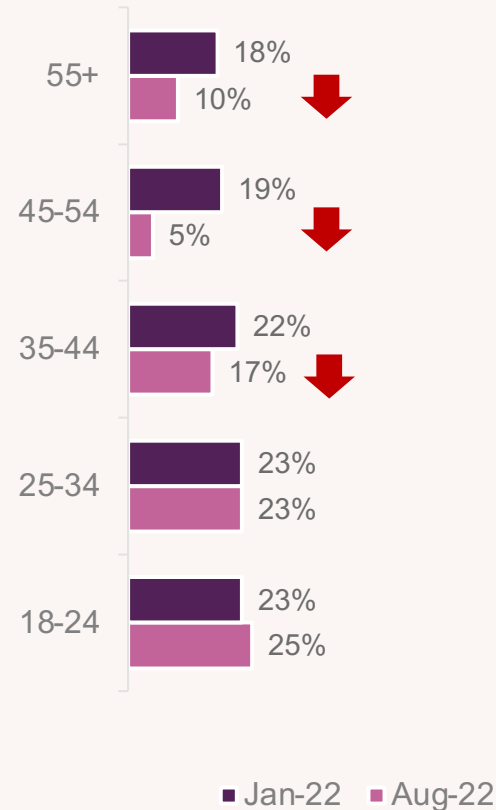
PERCEIVED THREAT OF COVID-19

COVID-19 is the only perceived threat that has decreased since January-22 from 8 in 10 in January-22 to 7 in 10 in August-22.

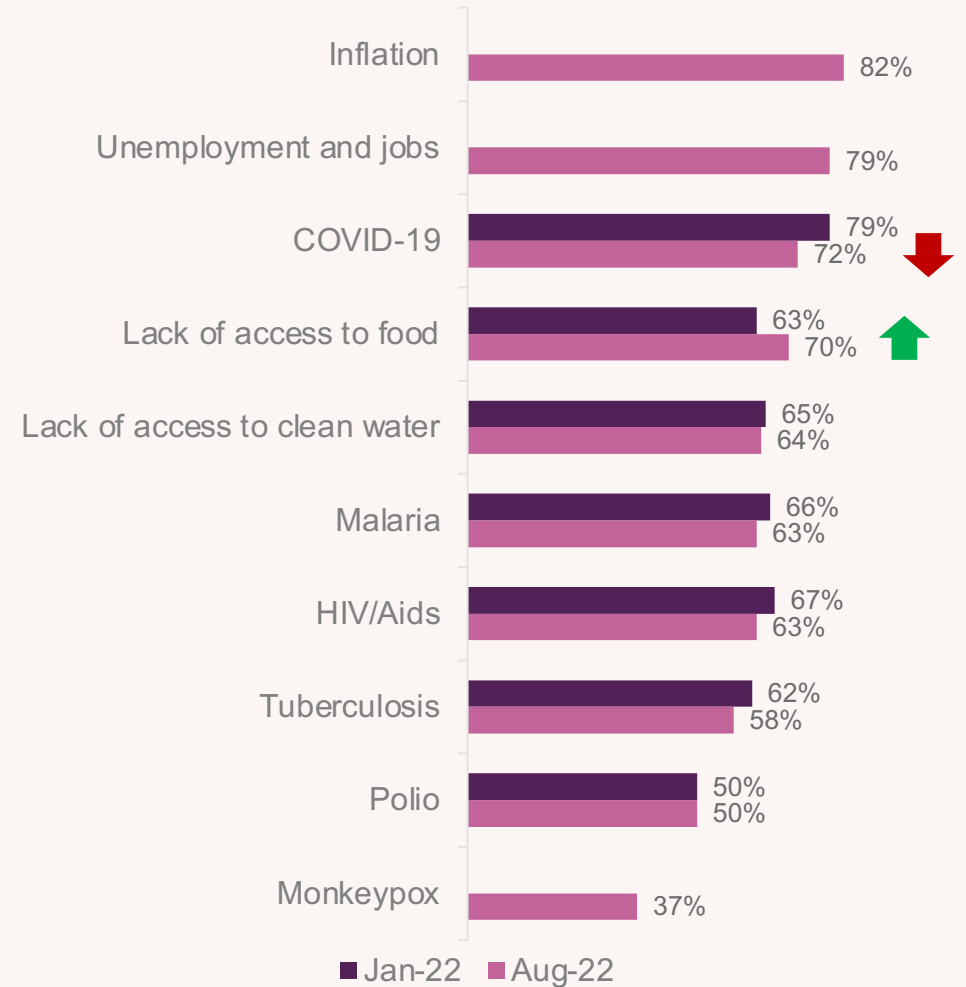
The drop has been considerable in the older age brackets, particularly in those aged 45-54 (14%).

Inflation and unemployment and jobs are the strongest perceived threats for respondents while monkeypox is perceived as least threatening.

NET AGREE THAT THREAT FROM COVID-19 IS EXAGGERATED:



PERSONAL THREATS:

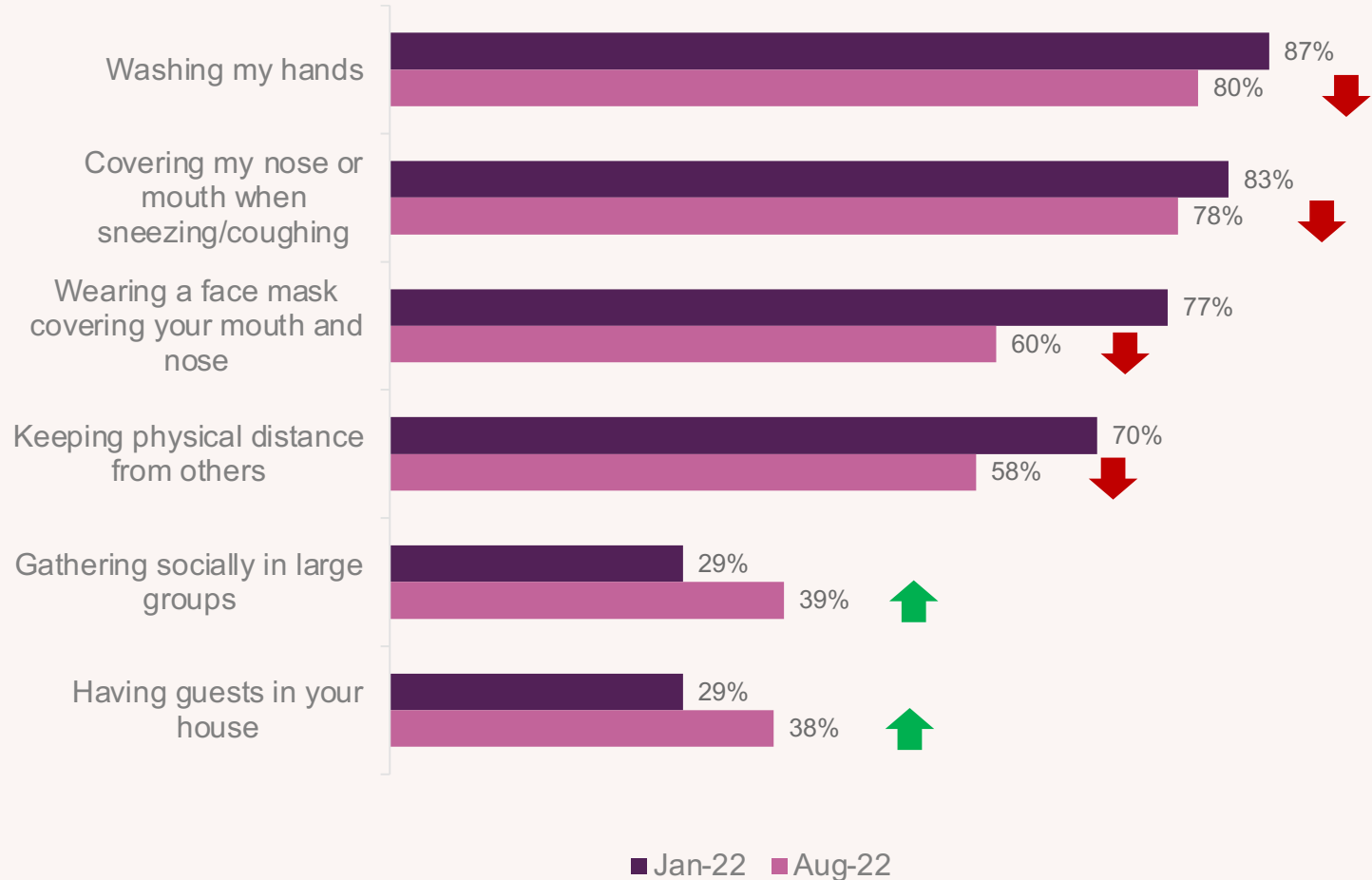


All interviews: n= 1,078

PERCEIVED THREAT OF COVID-19

Since January-22, there has been a slight decrease in compliance with protective and preventive measures against COVID-19. This is true across demographics. Those results are consistent with the decrease in perceived COVID-19 threat.

COMPLIANCE WITH PROTECTIVE AND PREVENTATIVE MEASURES:



All interviews: n= 1,078

TRUST

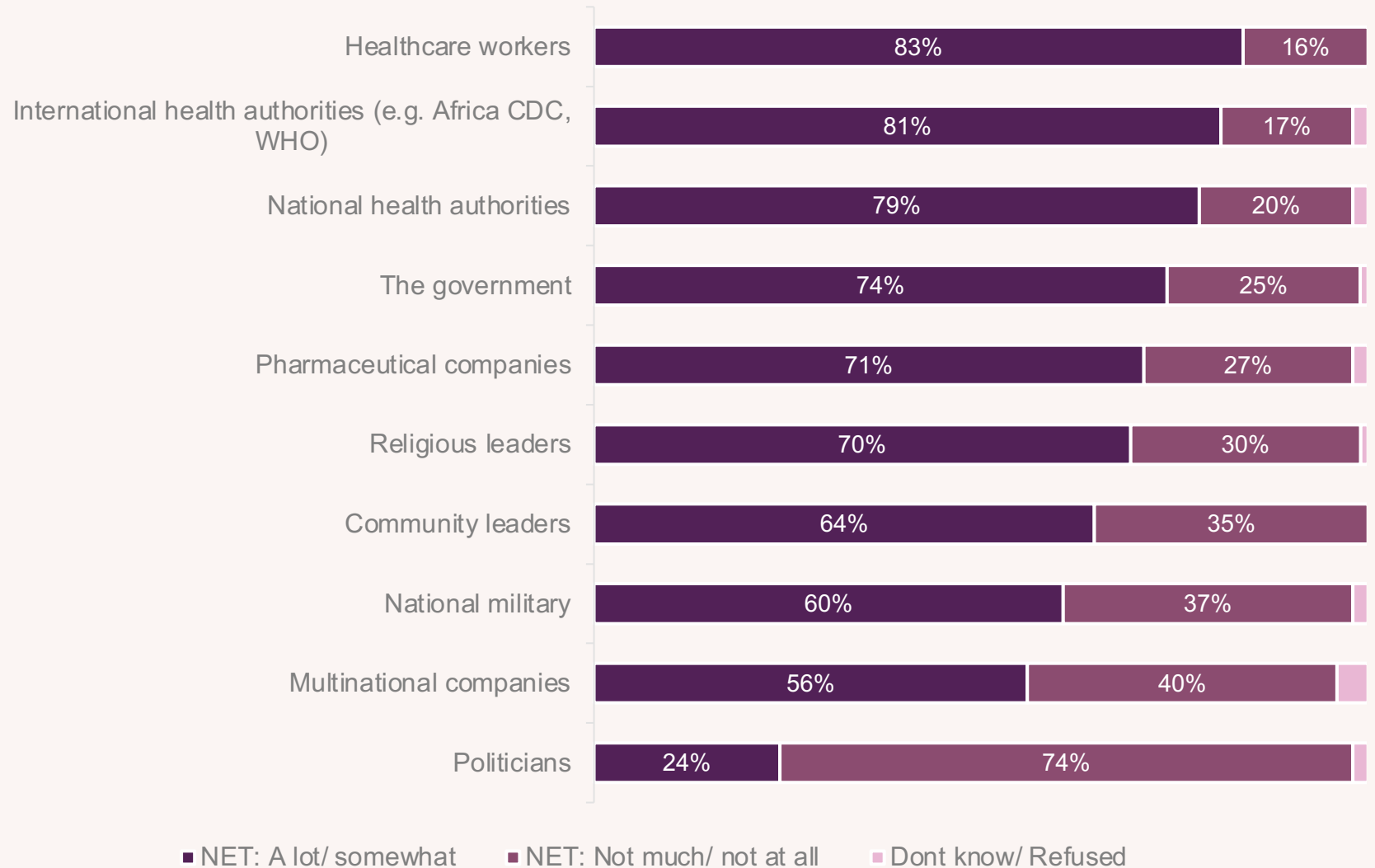
MIS/DISINFORMATION

When asked whether respondents trust the following groups to 'do the right thing' – the data shows clearly that health related groups come out on top.

Politicians rate the worst in the question, with more than 7 in 10 respondents agreeing that they are doing the right thing – this is true across demographics. Surprisingly, the government is one of the most trusted on the question, with 74% of respondents believing they are doing the right thing and only a quarter disagreeing.

National military and multi-national companies are some of the least perceived as doing the right thing, especially by healthcare workers and stay-at-home parents.

TRUST IN FOLLOWING GROUPS TO DO THE RIGHT THING:



All interviews: n= 1,078

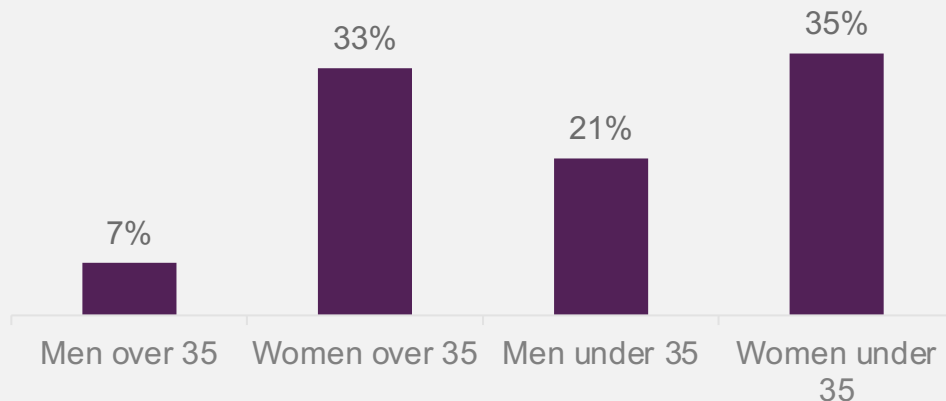
TRUSTED VOICES IN VACCINE ACCEPTANCE

More than 7 in 10 respondents have the final say about whether or not they will take a COVID-19 vaccine.

Women under 35 are the most likely to have someone else weigh in on the final decision – 35% compared to 21% of men under 35. This second party is highly likely to be within the family (34%).

Stay-at-home parents (40%) and those with primary education (35%) are some of the most likely to have another person have the final say about their uptake.

% OF THOSE WHO HAVE ANOTHER PERSON HAVE THE FINAL SAY ABOUT RECEIVING A COVID-19 VACCINE:



FINAL SAY ABOUT COVID-19 VACCINE UPTAKE:

73% Myself

13% My spouse / partner

5% My parents

All interviews: n= 1,078

TRUSTED VOICES IN VACCINE ACCEPTANCE

THREE MOST TRUSTED SOURCES FOR REASSURANCE ABOUT COVID-19 VACCINES:

85% World Health Organization (WHO)

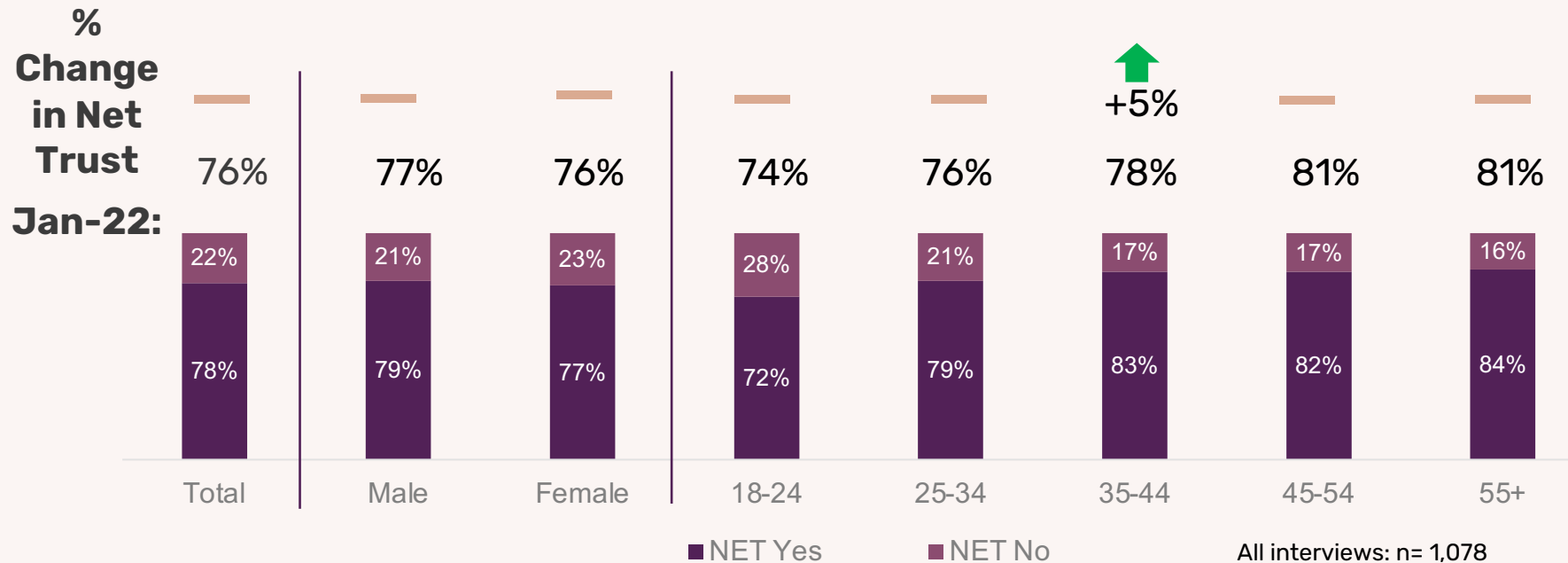
76% Family and friends

74% Pharmaceutical companies (e.g. Janssen, Pfizer)

Whilst the **World Health Organization (WHO), family and friends** and **pharmaceutical companies** are the most popular sources for information on COVID-19 vaccines; when asked about who to turn to when seeking information on their general health, respondents cited most frequently traditional news (63%), social media (34%) and the internet (24%).

Trust in healthcare providers has not changed since January-22 apart from a slight increase of 5% in trust for those aged 35-44.

TRUST IN LOCAL HEALTHCARE PROVIDERS ADMINISTERING COVID-19 VACCINES:



MISINFORMATION

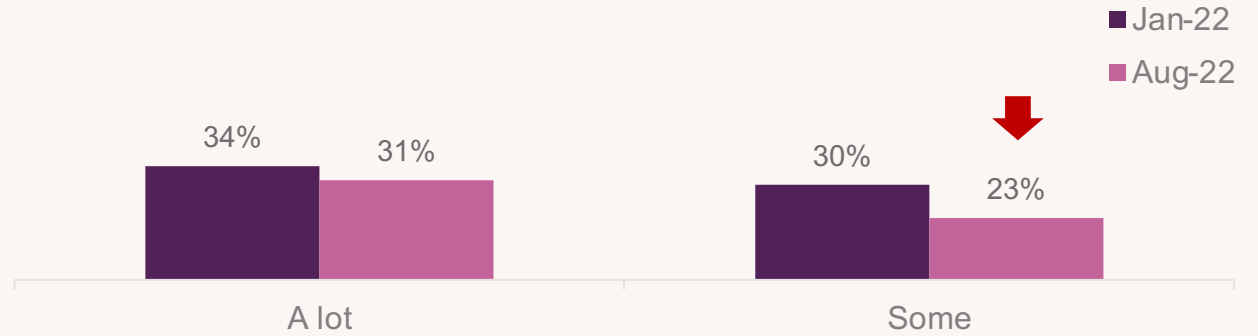
MIS/DISINFORMATION

Since January-22, there has been a 7% decrease in people reporting exposure to “some” mis/disinformation and a slight decrease in those reporting “a lot” of exposure, however not significant.

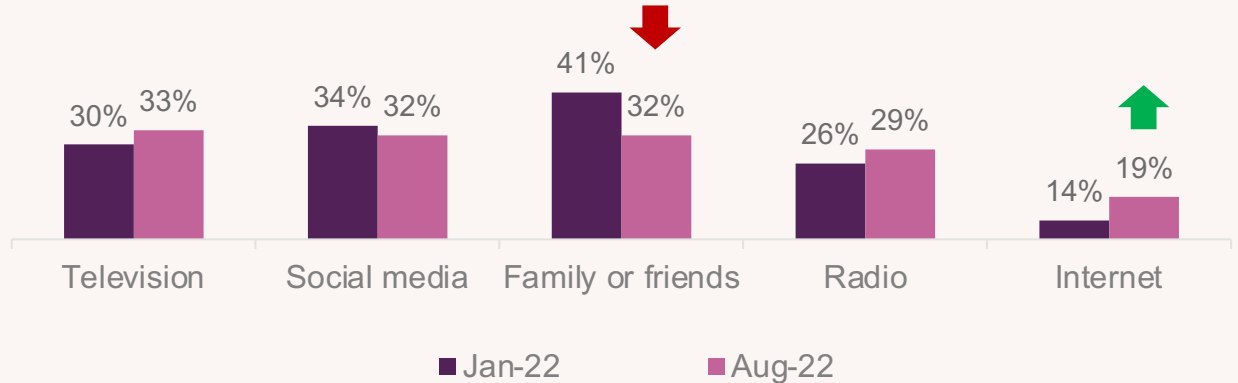
There is a slight increase of 5% in people reporting exposure to mis/disinformation on the Internet. This medium is most cited by men and those aged 25-34.

This population is 9% less likely to report encountering such content through their friend or family than they were in January-22.

SELF REPORTED EXPOSURE TO MIS/DISINFORMATION:



SOURCE OF MIS/DISINFORMATION:

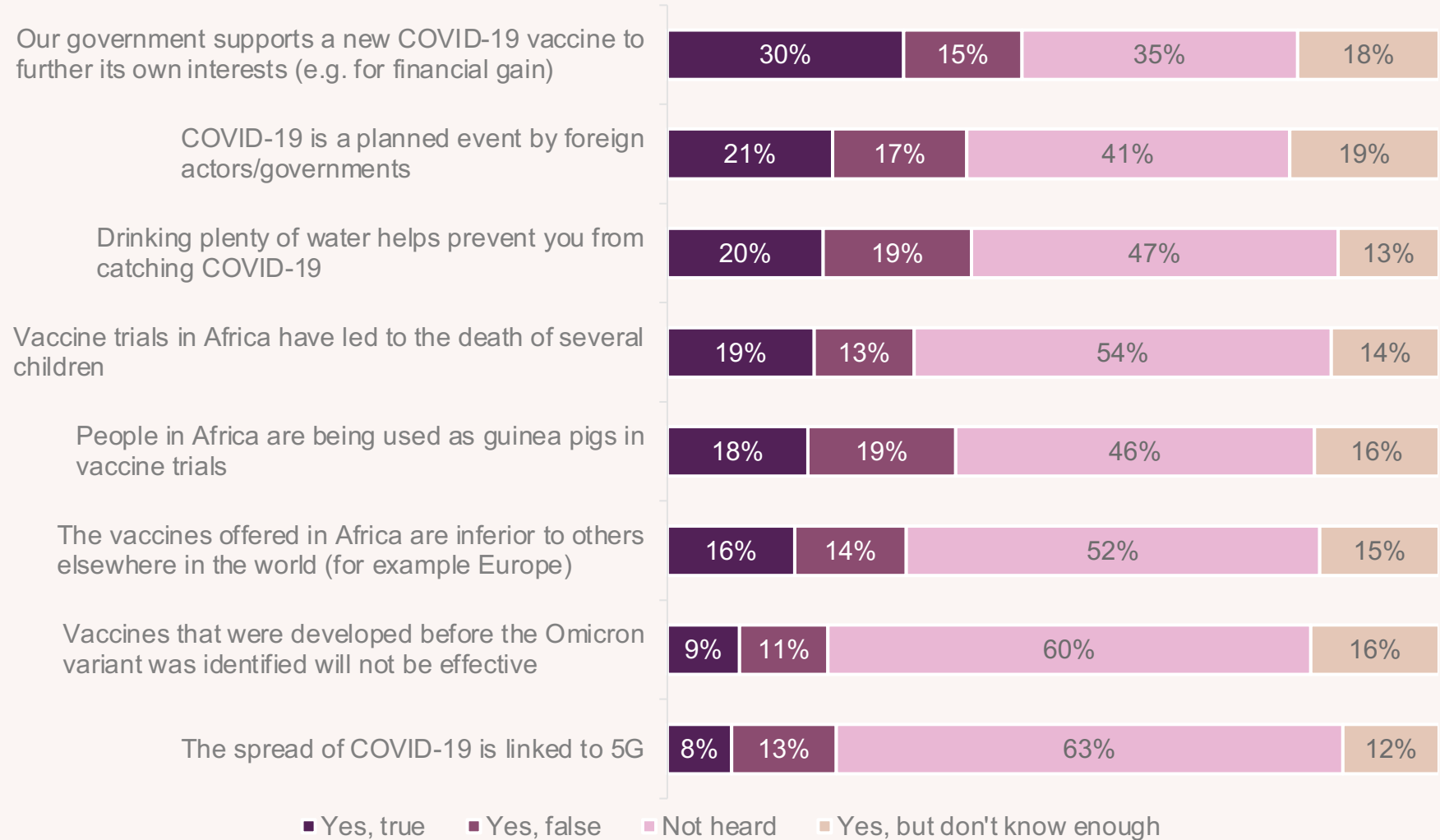


Those who have seen or heard news recently about the COVID-19 vaccine: n= 456

The most common mis/disinformation story seen and believed to be true relates to scepticism around the government supporting a new vaccine to further its own interests. This is mostly believed by men under the age of 35 (71%) and those university educated (70%).

Stories that COVID-19 is linked to 5G and that vaccines developed before the Omicron variant are not effective, are the least likely to be believed to be true and to have been heard of.

MIS/DISINFORMATION STORIES SEEN AND BELIEVED TO BE TRUE:



All interviews: n= 1,078

THANK YOU