AFRICA CDC WORKING GROUP
NIGERIA

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- Research design
- Vaccines deployed vs administered

INTERIM FINDINGS
- The vaccinated
- The unvaccinated
- Vaccinating children
- VCI Index and other vaccines
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- Trust
- Mis/disinformation

RESEARCH DESIGN

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METHODOLOGY

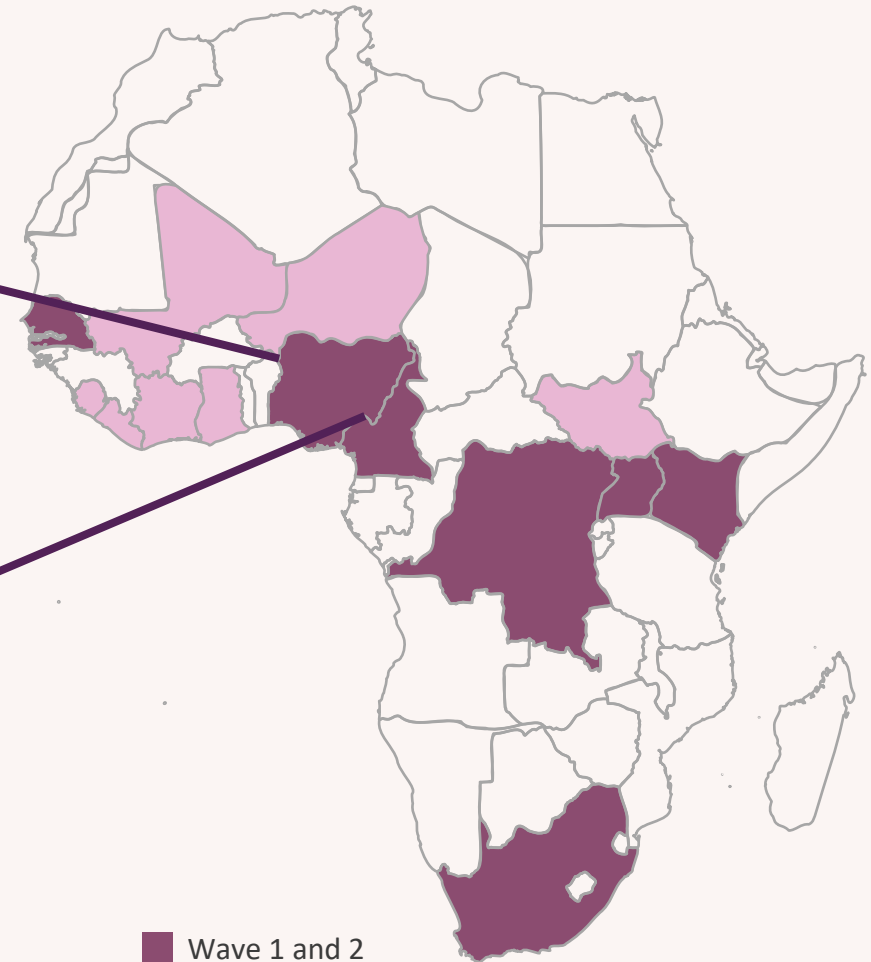**1k** — N=1,000 interview per country; nationally representative sample
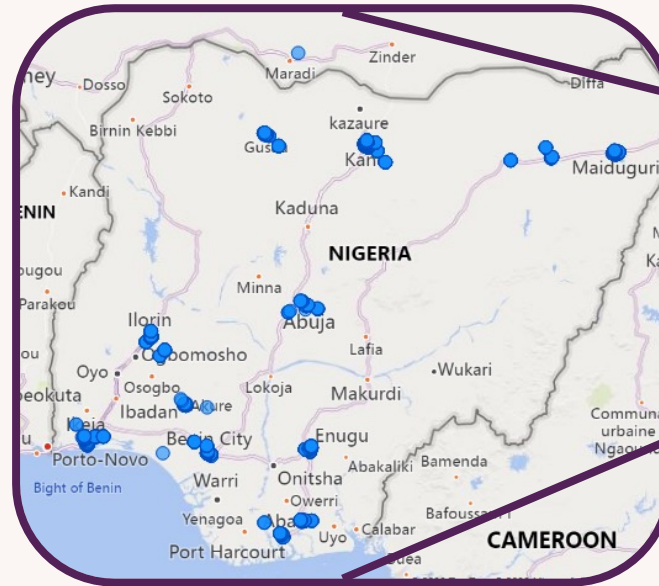
QC — Quality control checked by in-country research teams and centrally in London, UK

¼ — Quarterly fieldwork planned for 2022

F2F — Face-to-face methodology using random household probability sampling

COUNTRIES SURVEYED:

WAVE 2 PRIMARY SAMPLING POINTS:

- Wave 1 and 2
- Wave 1 only

COVID-19 VACCINES DEPLOYED VS ADMINISTERED (AUGUST 2022)

Chart: COVID-19 vaccines deployed vs administered by country

Y-axis values: 120,000,000 / 100,000,000 / 80,000,000 / 60,000,000 / 40,000,000 / 20,000,000 / -

Countries: Nigeria, Uganda, South Africa, DR Congo, Kenya, Senegal, Cameroon

Legend: — Deployed — Administered
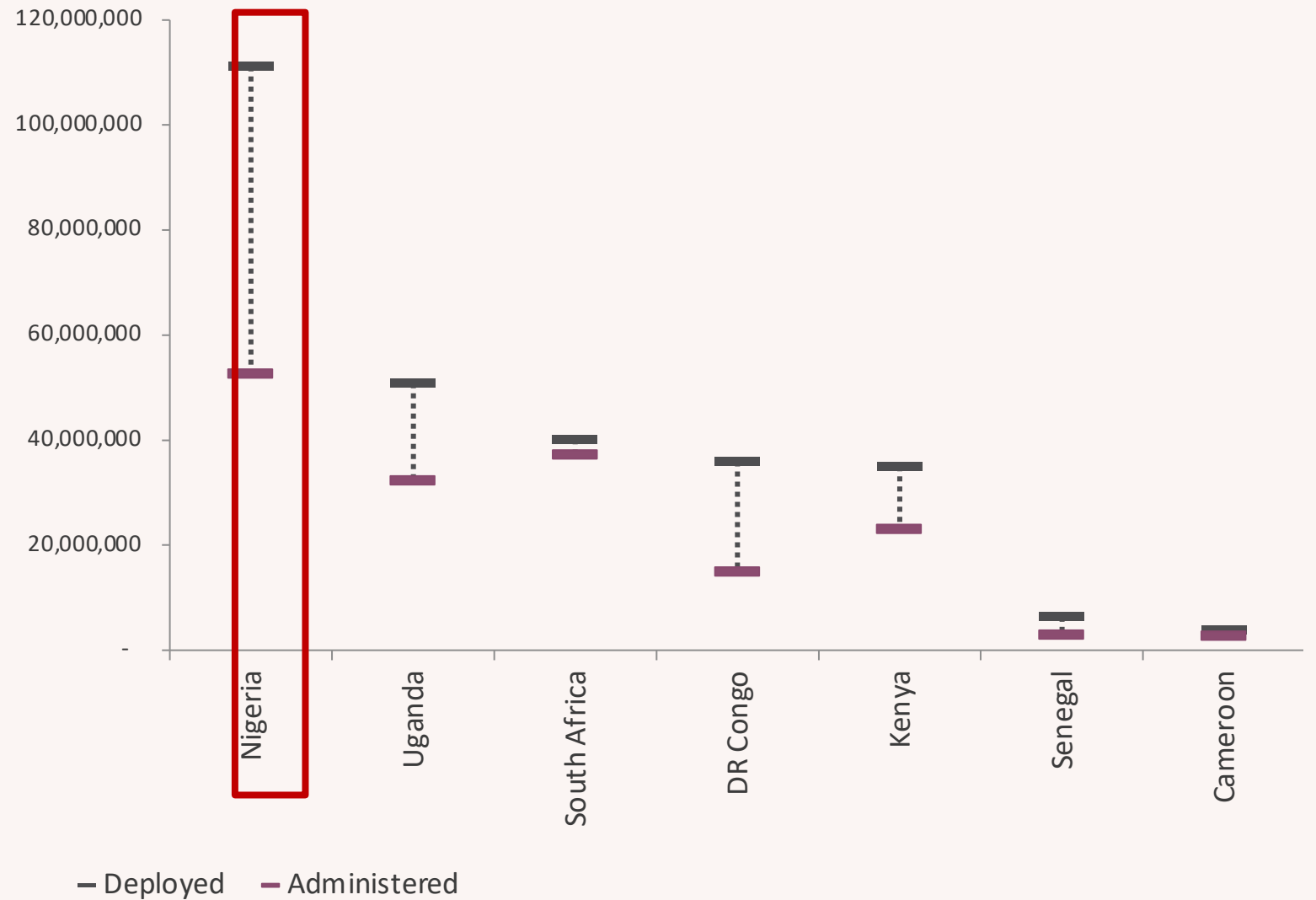
DEMOGRAPHICS

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DEMOGRAPHICS

GENDER:

- Male 49%
- Female 51%

EDUCATION:

- Secondary education: 49%
- University/Tertiary education: 28%
- Vocational post-secondary education: 11%
- Primary education or below: 9%
- Masters/PhD: 2%

AGE GROUP:

- 18-24: 31%
- 25-34: 37%
- 35-44: 20%
- 45-54: 8%
- 55+: 4%

REGIONS:

- ABIA: 5%
- FCT Abuja: 6%
- Borno: 9%
- Edo: 7%
- Enugu: 7%
- Kano: 23%
- Kwara: 9%
- Lagos: 14%
- Ondo: 5%
- Rivers: 7%
- Yobe: 5%
- Zamfara: 4%
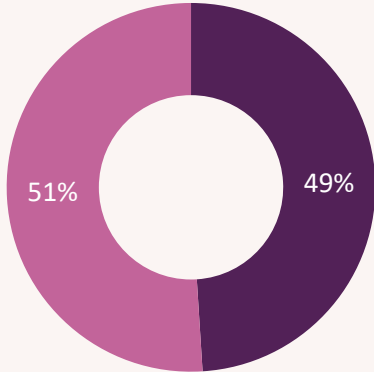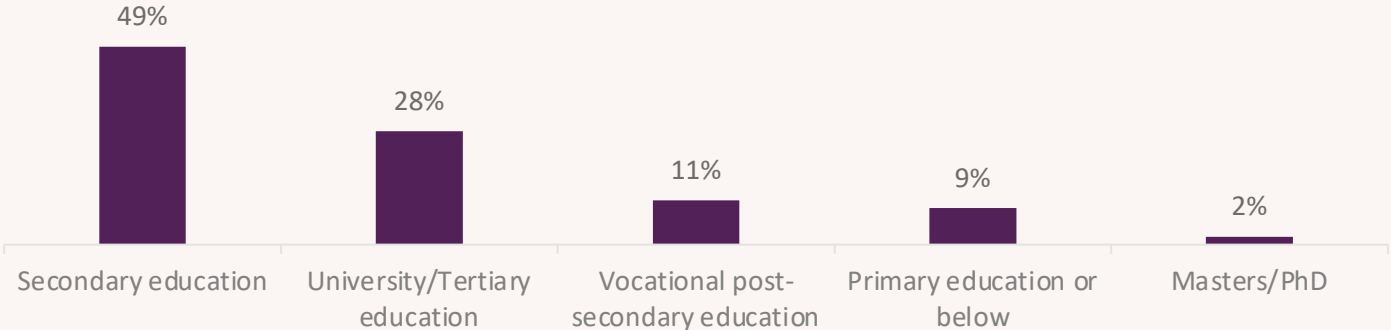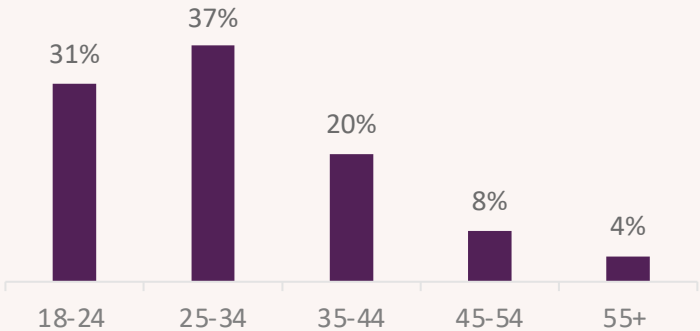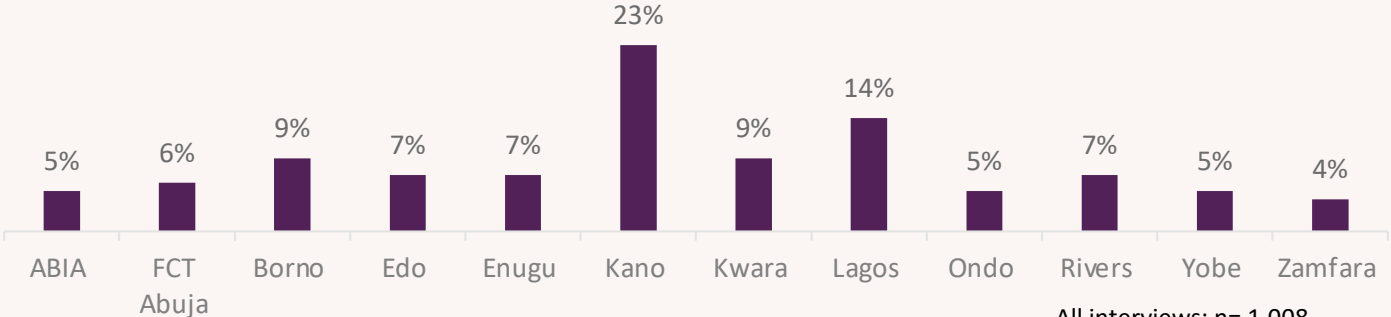
All interviews: n= 1,008

DEMOGRAPHICS

71% Urban

29% Rural

53% Have children in the household under 18

6% Healthcare workers

EMPLOYMENT STATUS:

Working	Student	Unemployed	Stay-at-home parent	Retired
59%	16%	13%	9%	1%

REGION:

Kano	Lagos	Kwara	Borno	Rivers	Enugu	Edo	FCT Abuja	Yobe	Ondo	ABIA	Zamfara
23%	14%	9%	9%	7%	7%	7%	6%	5%	5%	5%	4%

RELIGION:

Muslim	Christian	Pentecostal	Catholic	Roman Catholic	Anglican	Protestant	Baptist
43%	37%	6%	6%	2%	2%	1%	1%
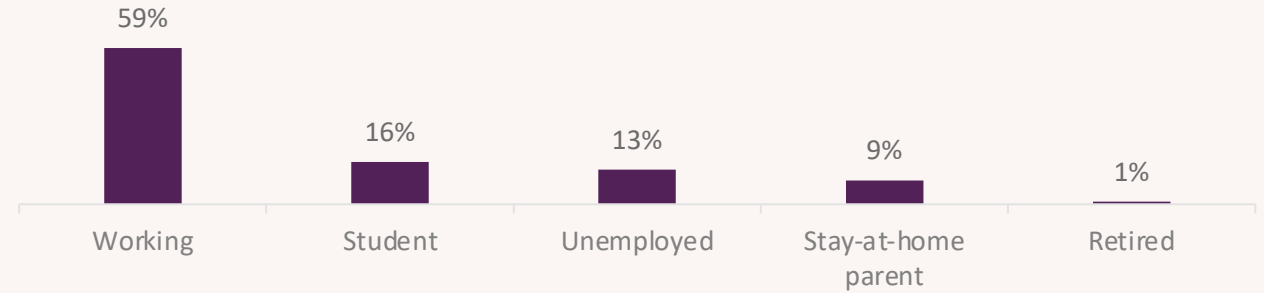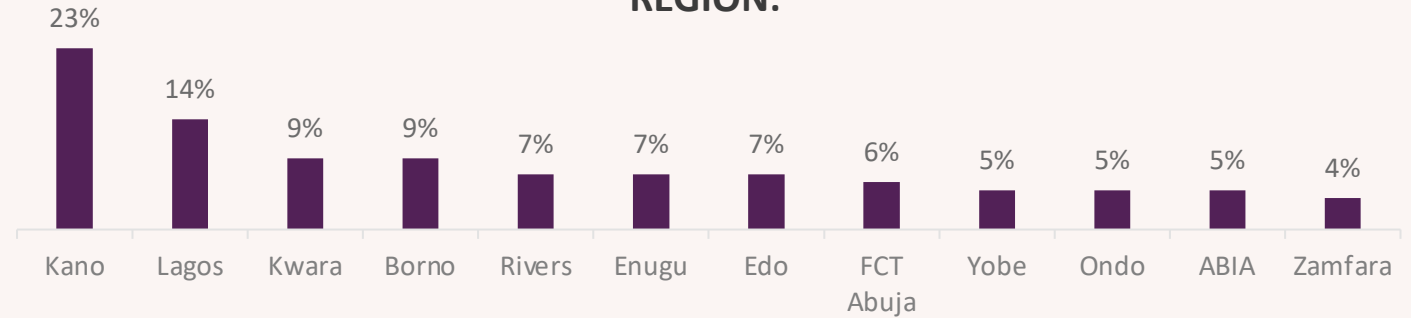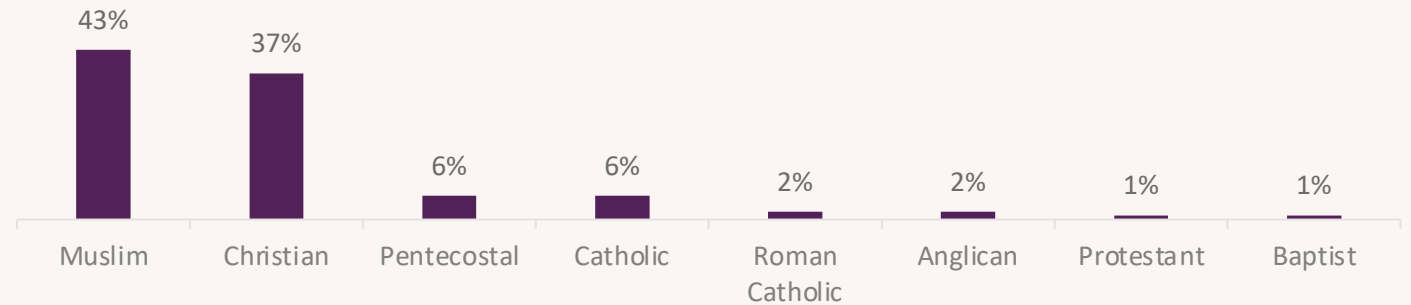
All interviews: n= 1,008

THE VACCINATED

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THE VACCINATED

The vaccinated population has increased 6%; as of August-22, 27% of respondents have received one or more doses of COVID-19 vaccine, compared with 21% in January-22.

The unvaccinated population has fallen by 6% but remains high with more than 7 in 10 respondents without a jab.

Women under 35 (77%), the vaccine hesitant (88%) those who believe the threat from COVID-19 is generally exaggerated (78%), and those who disagree the government has handled the pandemic well (82%) are the most likely to be unvaccinated.

COVID-19 VACCINES ADMINISTERED:

	One dose	Two doses	Additional/booster dose	Unvaccinated
Jan-22	13%	7%	0%	79%
Aug-22	16%	11%	1%	73%

■ Jan-22 ■ Aug-22

All interviews: n= 1,008

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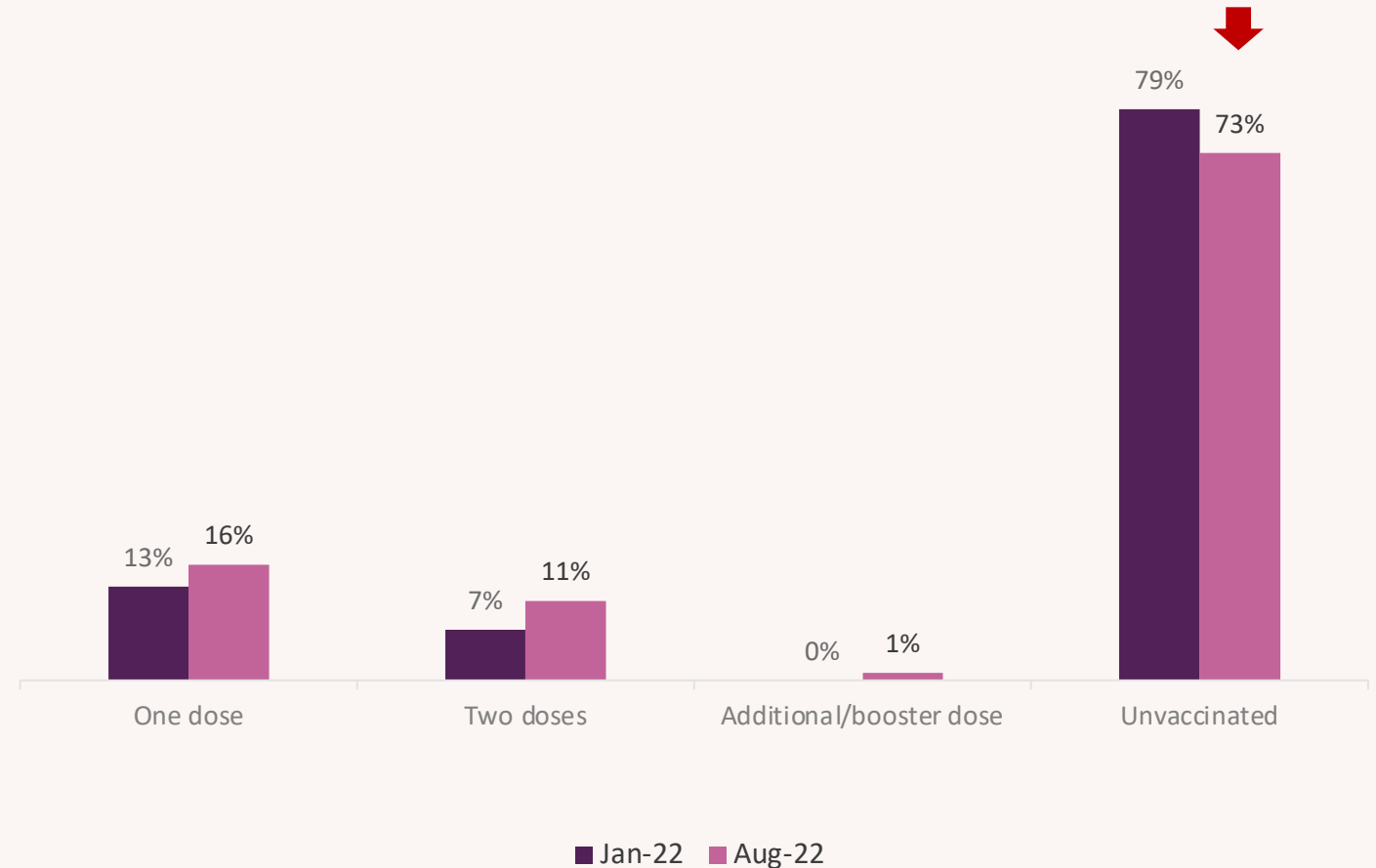
THE VACCINATED

COVID-19 vaccine acceptance is highest amongst men, particularly those under 35 (32%).

Significant disparity exists between men and women under 35, with 10% more men having received the vaccine than women from this age-group.

Gender disparity is less significant for the over 35s.

NET COVID-19 VACCINE ACCEPTANCE:

Group	Unvaccinated	One or more dose
Men over 35	70%	30%
Women over 35	73%	26%
Men under 35	68%	32%
Women under 35	77%	22%

■ Unvaccinated ■ One or more dose
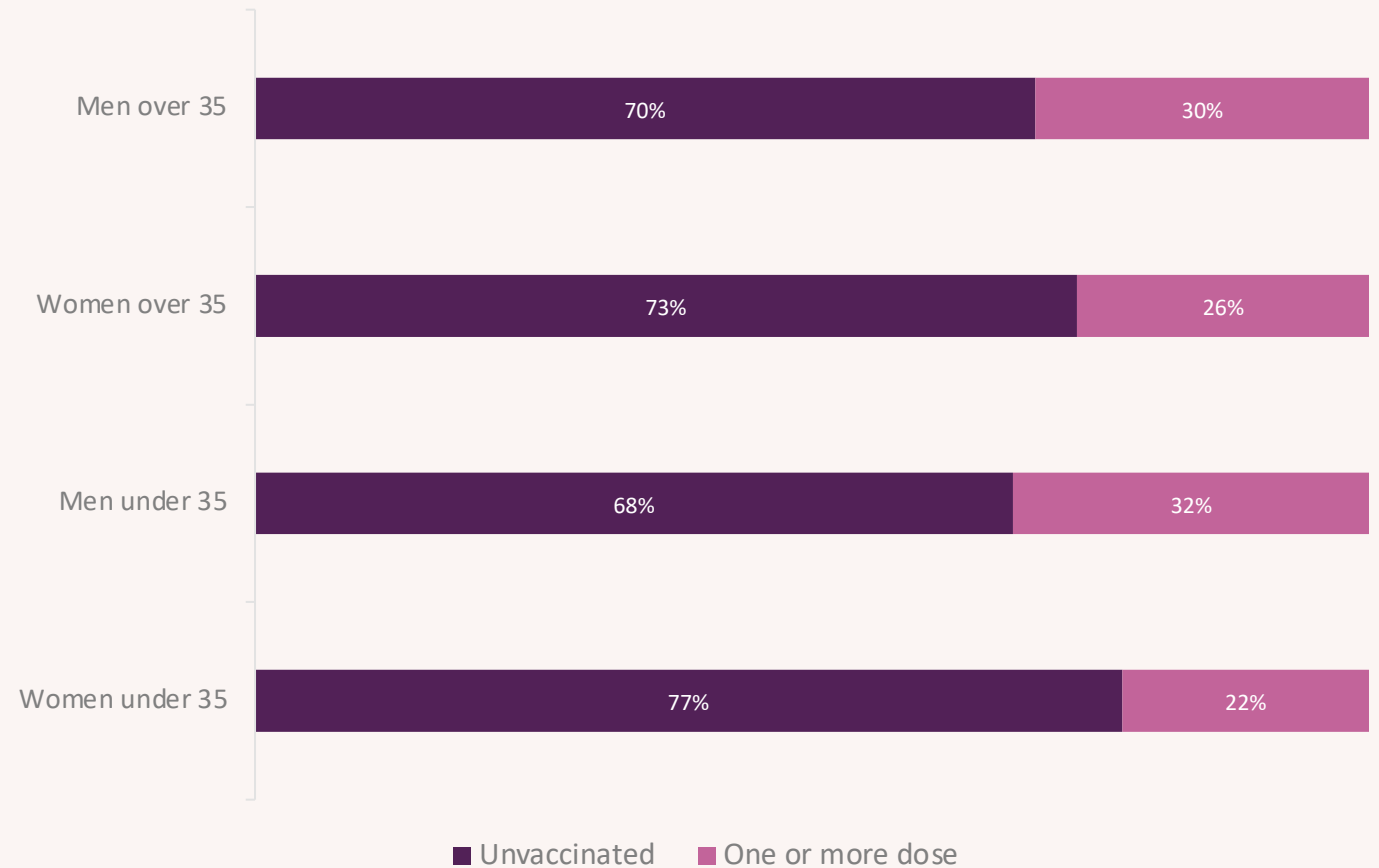
All interviews: n= 1,008

THE VACCINATED

NET COVID-19 VACCINE ACCEPTANCE: REGION

Region	Unvaccinated	One or more dose
ABIA	94%	6%
Enugu	89%	11%
Borno	85%	13%
Kano	82%	18%
Edo	80%	20%
Rivers	76%	24%
FCT Abuja	70%	30%
Lagos	65%	35%
Kwara	59%	41%
Zamfara	58%	38%
Ondo	45%	55%
Yobe	32%	68%

■ Unvaccinated ■ One or more dose

All interviews: n= 1,008

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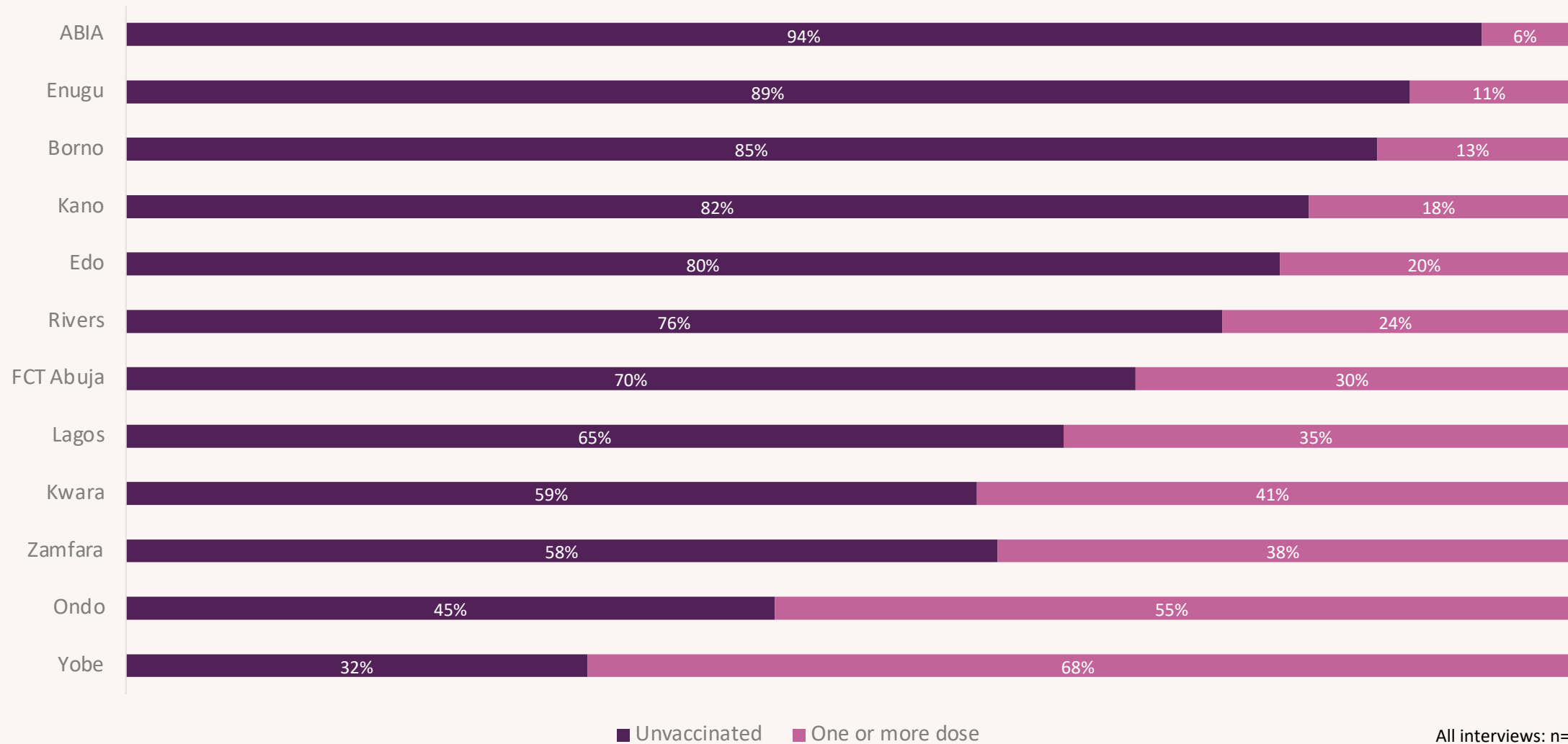
THE VACCINATED

Pfizer and AstraZeneca are the most popular brands of vaccine in Nigeria*. However, a small proportion of the population reported receiving a Moderna or Janssen / J&J vaccine as their first or second vaccine.

The majority of respondents reported they did not remember which brand of vaccine they had been administered, or had not been told at the point of vaccination.

*Note: base sizes are very small.

COVID-19 VACCINES ADMINISTERED: BY BRAND

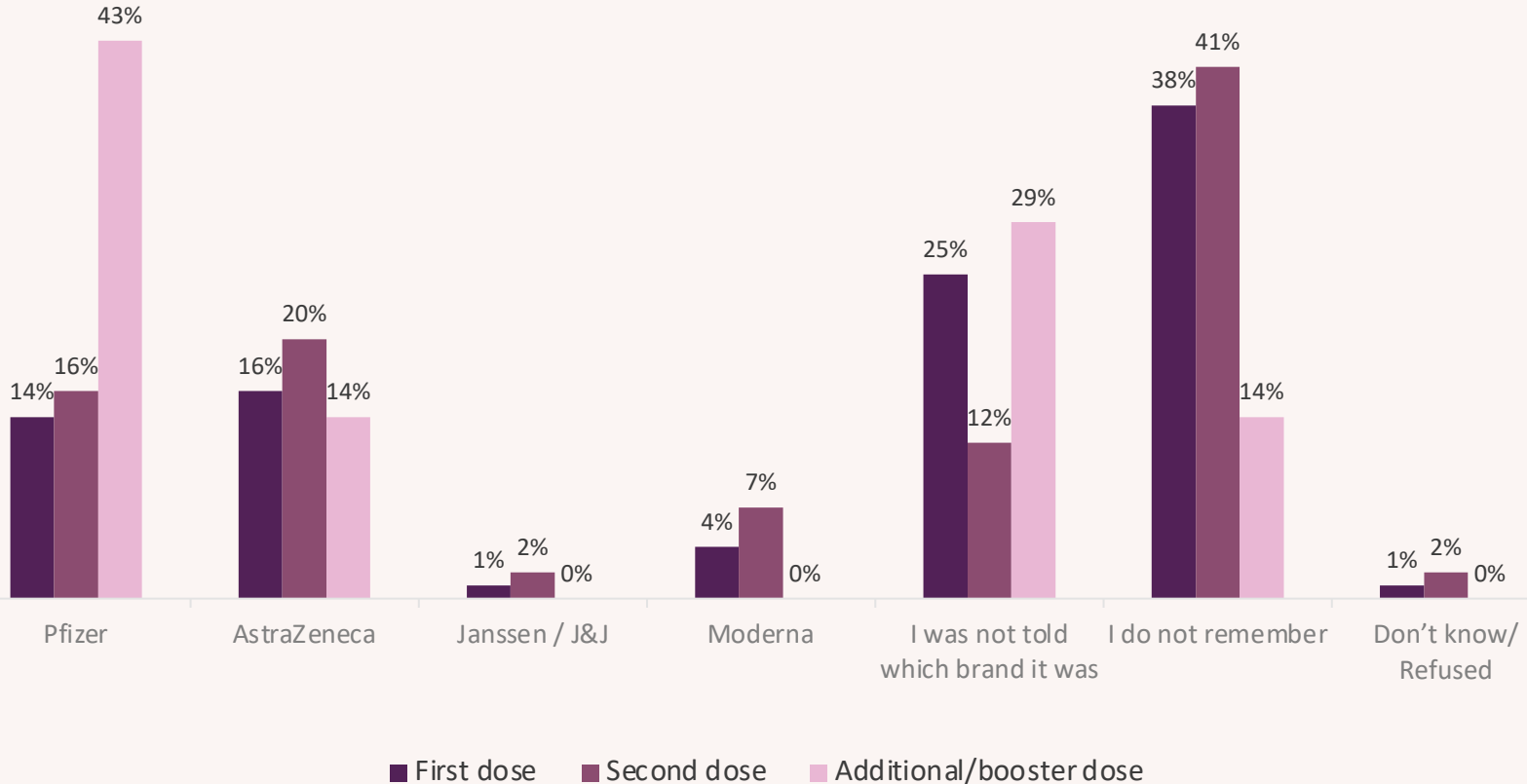| Brand	First dose	Second dose	Additional/booster dose
Pfizer	14%	16%	43%
AstraZeneca	16%	20%	14%
Janssen / J&J	1%	2%	0%
Moderna	4%	7%	0%
I was not told which brand it was	25%	12%	29%
I do not remember	38%	41%	14%
Don't know/ Refused	1%	2%	0%

■ First dose ■ Second dose ■ Additional/booster dose

First dose: n= 160
Second dose: n= 106
Additional/booster dose: n= 7

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THE VACCINATED

TOP THREE REASONS FOR GETTING VACCINATED:
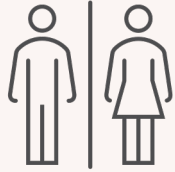
90% To protect myself

Highest amongst:

- Those aged 18-24 (96%)
- Those who think COVID-19 is generally underestimated (96%)

72% To protect family

Highest amongst:

- Stay-at-home parents (86%)
- Students (79%)

24% To gain access to spaces that require a COVID-19 vaccine

Highest amongst:

- Men (30%) vs. women (16%)
- Those without children <18 in the household (31%) vs. those who do (18%)

Those vaccinated: n= 274

THE VACCINATED

ATTITUDES TOWARDS BEING VACCINATED:

91%
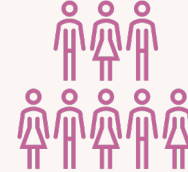Relieved about being vaccinated against COVID-19

64%
Doubts/reservations at the time of getting vaccinated

13%
Regret having been vaccinated

25-44 year olds are the least likely to report having doubts/ reservations about being vaccinating against COVID-19 – yet are amongst the most likely to regret being vaccinated. Indicating reasons for regret may not be linked to the initial reasons for doubts/ reservations at the point of vaccination.

I am relieved since being vaccinated against COVID-19: 97%, 86%, 93%, 95%, 82%

I had doubts/reservations at the time of getting vaccinated against COVID-19: 72%, 59%, 59%, 73%, 64%

I regret being vaccinated against COVID-19: 8%, 16%, 14%, 14%, 9%

Legend: 18-24, 25-34, 35-44, 45-54, 55+
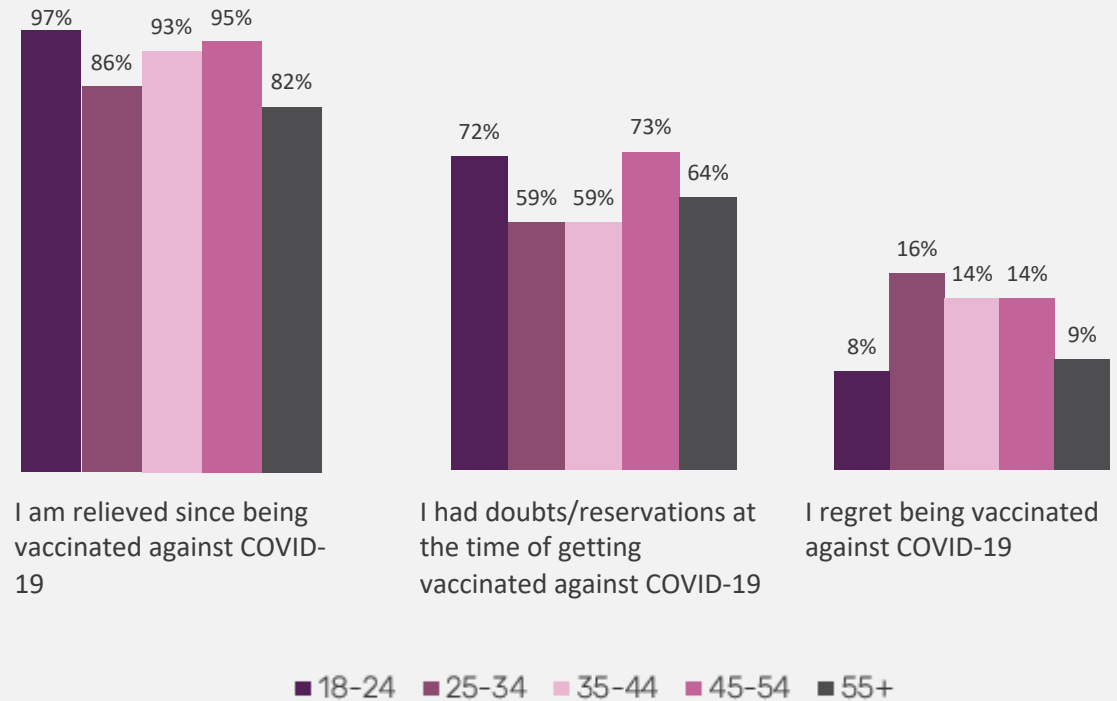
Those vaccinated: n= 274

Those vaccinated n= 274

THE UNVACCINATED

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THE UNVACCINATED

For the unvaccinated population, whilst more than half are willing to get vaccinated against COVID-19 to protect themselves – this is an 11% drop since January-22.

Amongst the unvaccinated population, **62% of respondents suggest they would accept a vaccine to protect their friends, family, or at risk groups.** This is 9% higher than those who suggest they would accept a vaccine to protect themselves.

When asked how soon respondents would receive a new vaccine once approved and offered in their country, **33%** 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.

Nonetheless, 1 in 4 respondents report that vaccines are not easily accessible to them – a likely barrier for vaccine acceptance.

NET COVID-19 VACCINE ACCEPTANCE:

To protect myself — 64% (Jan-22), 53% (Aug-22)

To protect my friends/ family/ at-risk groups — 71% (Jan-22), 62% (Aug-22)

■ Jan-22   ■ Aug-22
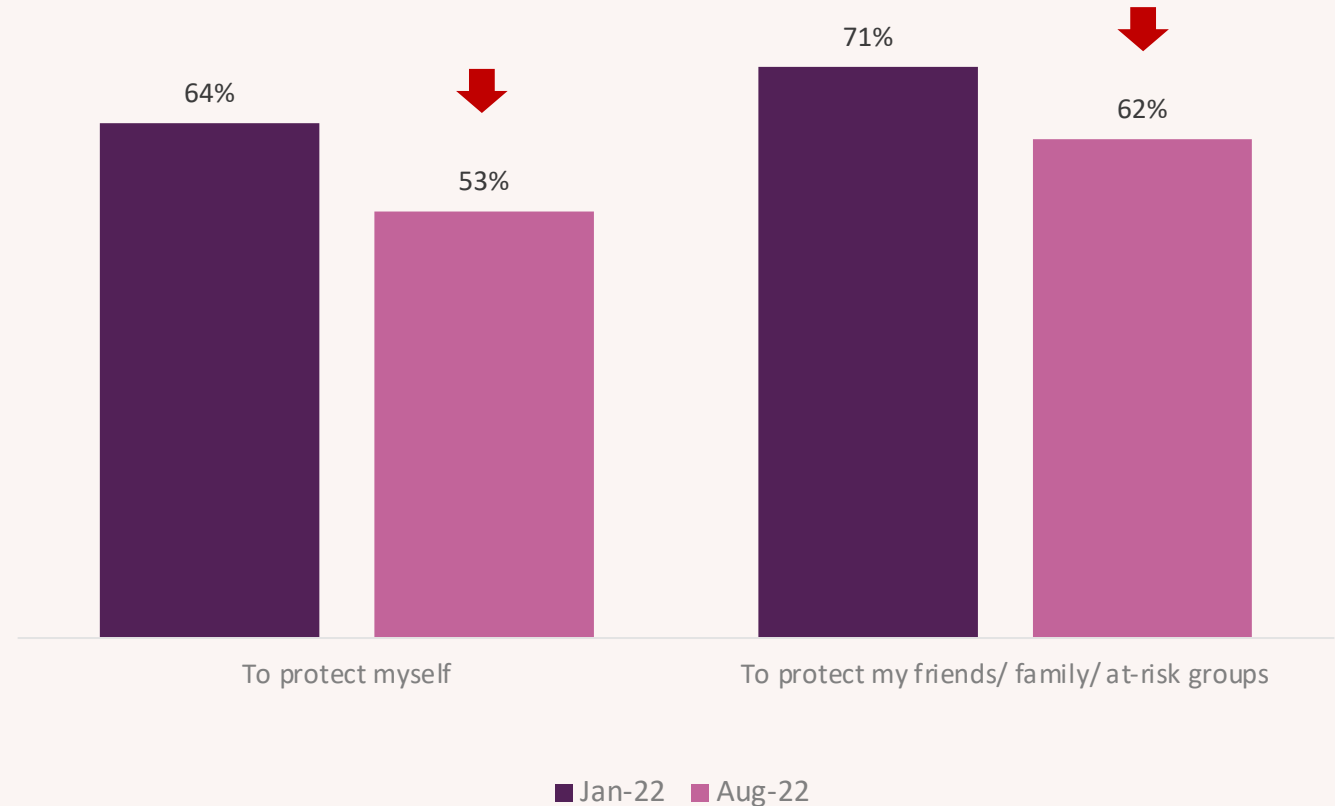
Those unvaccinated: n= 735

THE UNVACCINATED

WOULD ACCEPT A COVID-19 VACCINE TO PROTECT THEMSELVES:

State	Definitely yes	Unsure but leaning towards yes	Unsure but leaning towards no	Definitely No	Dont know/ Refused
Zamfara	60%			36%	4%
Rivers	47%	5%	4%	44%	
Yobe	44%	19%	19%	19%	
Kano	42%	22%	19%	15%	2%
Lagos	38%	19%	9%	28%	6%
Ondo	38%	5%	5%	52%	
ABIA	23%	7%		66%	5%
Kwara	21%	53%	8%	19%	
FCT Abuja	16%	28%	14%	42%	
Borno	16%	34%	27%	22%	
Edo	15%	11%	15%	58%	
Enugu	14%	17%	5%	64%	

Legend: ■ Definitely yes ■ Unsure but leaning towards yes ■ Unsure but leaning towards no ■ Definitely No ■ Dont know/ Refused

Those unvaccinated: n= 735

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THE UNVACCINATED

TOP THREE REASONS FOR REFUSAL:

32%
Do not feel at risk of catching the virus

23%
Do not know enough about the vaccine to make a decision

19%
Worried about getting seriously ill/dying from the vaccine

Since January-22, there has been no change in people's reasons for refusing a COVID-19 vaccine. Not feeling at risk of catching the virus, not knowing enough about the vaccine, and fearing side effects remain the most common reasons.

Do not feel I am at risk of catching the virus — Jan-22: 32%, Aug-22: 32%

Do not yet know enough about the vaccine to make a decision — Jan-22: 22%, Aug-22: 23%

Worried about getting seriously ill/dying from the vaccine — Jan-22: 21%, Aug-22: 19%

Jan-22 ■ Aug-22 ■

Those unvaccinated: n= 735

TOP THREE REASONS MOTIVATORS:

26%

If the government made a vaccine mandatory

22%

If the vaccine was proven safe

18%

If I needed to have a vaccine to access health services

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 nothing would encourage them to accept a COVID-19 vaccine.

If the government made a vaccine mandatory — 27% / 26%

If the vaccine was proven to be safe — 30% / 22% ↓

Nothing would make me more likely to get a COVID-19 vaccine — 15% / 21% ↑

■ Jan-22 ■ Aug-22
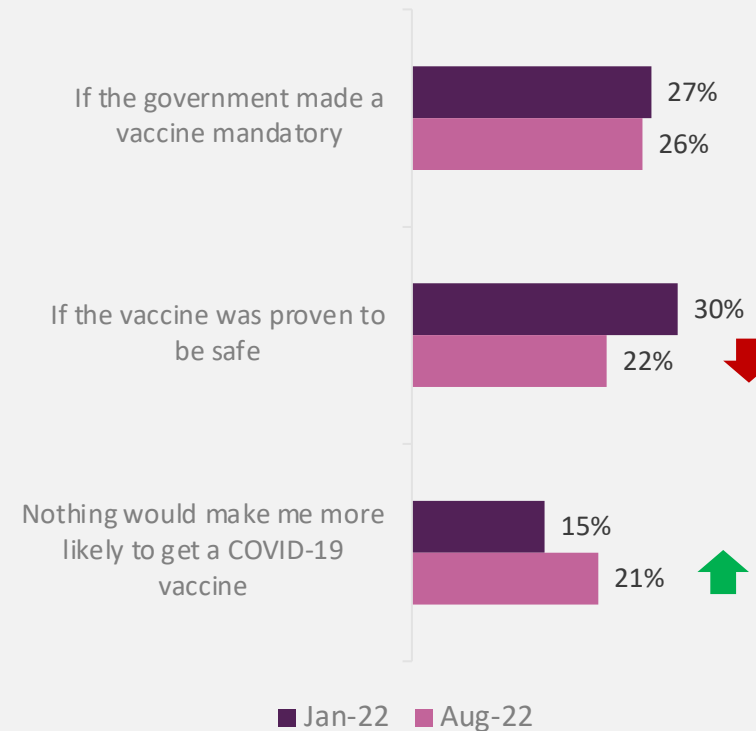
Those unvaccinated: n= 735

VACCINATING CHILDREN

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VACCINATING CHILDREN

Between January-22 and August-22, there has been a significant decrease in parents/carers who say they would accept a COVID-19 vaccine for a child in their care.
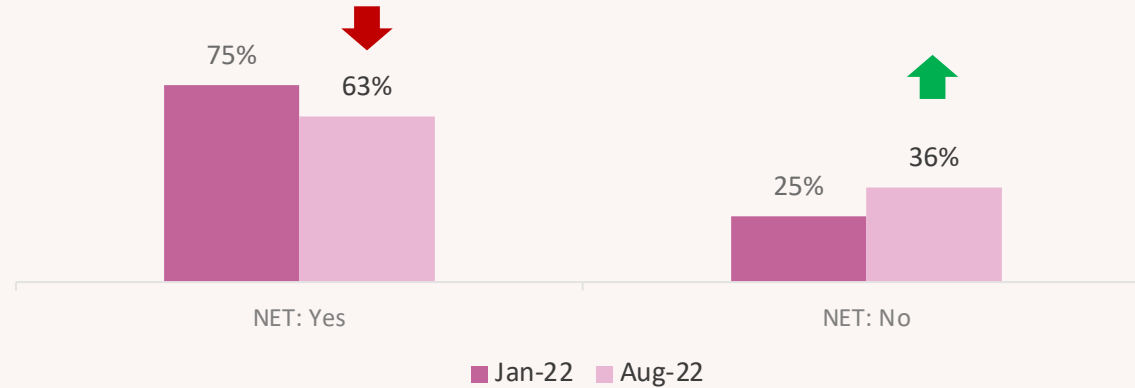
Across the three waves of data, there has been an obvious change in opinion regarding the importance of child vaccinations. In June-2020, vaccines for children were held in high regard, but this has since fallen by around 10% over the course of the pandemic.

There has been no change in perceived importance of child vaccinations for those with children under 18 in the household between January-2022 and August-2022. However there has been a 5% drop amongst women under 35; 81% vs 74%.

However, there has been a significant decrease for those without children in the household under 18, with 6% fewer respondents agreeing this is important.

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

- NET: Yes — 75%, 63%
- NET: No — 25%, 36%

Legend: ■ Jan-22 ■ Aug-22

NET AGREE THAT VACCINES ARE IMPORTANT FOR CHILDREN:

- Total sample — 92%, 82%, 79%
- Household with children <18 — 94%, 84%, 83%
- Household without children <18 — 91%, 80%, 74%

Legend: ■ Jun-20 ■ Jan-22 ■ Aug-22
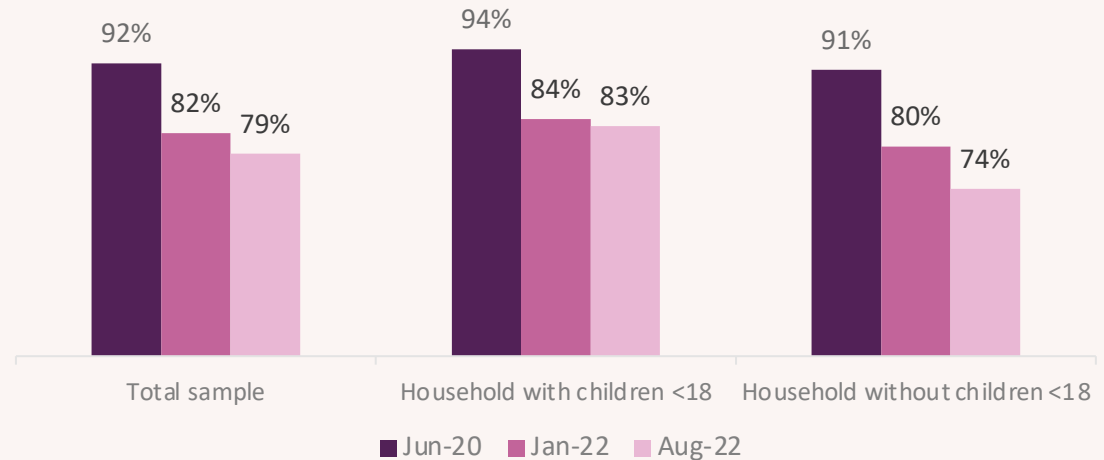
Those responsible for the vaccination of children: n= 355

VCI INDEX AND OTHER VACCINATIONS

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VCI INDEX

Across the VCI Index for vaccines in general there has been a steady decline for the measure of important and religious compatibility.

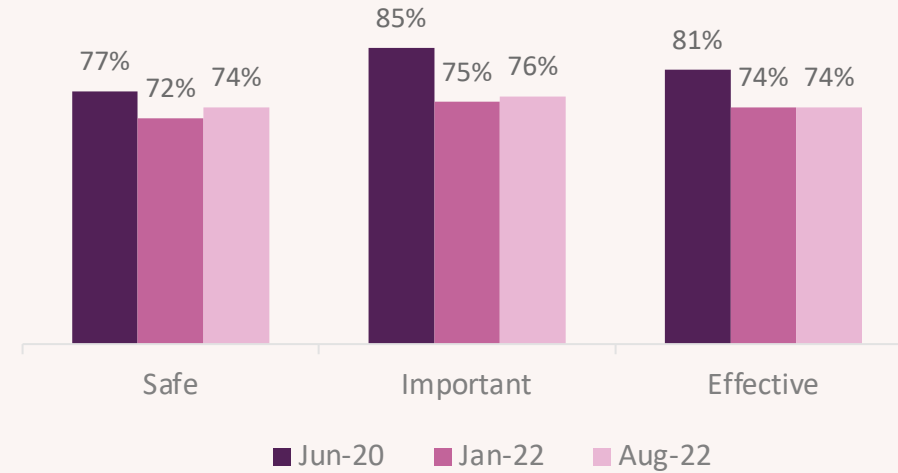Analysing the index by demographics shows that the middle age category of 35-44 has the highest support across the index for both vaccines in general and COVID-19. The oldest and youngest in society tend to score the lowest.

There are some variations by gender, with men being 6% more likely to agree that COVID-19 vaccines are effective.

When looking at other attitudinal questions the data shows that those who score higher on the index are more likely to agree that COVID-19 and the pandemic is not exaggerated and that the government handled the pandemic well – they are also more likely to be compliant with protective and preventative measures against COVID-19.

COVID-19 VACCINES:

Safe: 77% 72% 74%
Important: 85% 75% 76%
Effective: 81% 74% 74%

Jun-20   Jan-22   Aug-22

VACCINES IN GENERAL:

Safe: 90% 80% 83%
Important: 88% 80% 78%
Effective: 88% 81% 83%
Compatible with religious beliefs: 83% 79% 77%

All interviews: n= 1,008
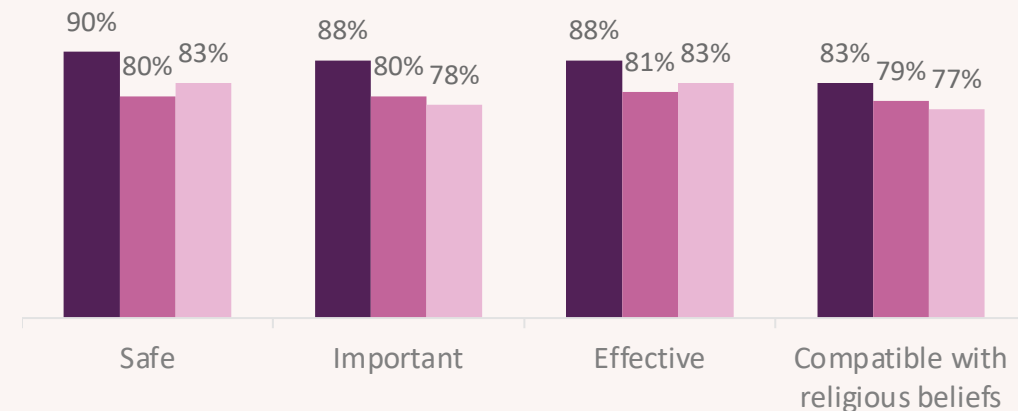
VCI INDEX: BY AGE AND GENDER

VACCINES IN GENERAL:

Men over 35
- Safe: 81%
- Important: 81%
- Effective: 79%

Women over 35
- Safe: 75%
- Important: 76%
- Effective: 70%

Men under 35
- Safe: 73%
- Important: 76%
- Effective: 77%

Women under 352
- Safe: 72%
- Important: 73%
- Effective: 72%

Legend: ■ Safe ■ Important ■ Effective

COVID-19 VACCINES:

Men over 35
- Safe: 83%
- Important: 81%
- Effective: 84%

Women over 35
- Safe: 90%
- Important: 82%
- Effective: 86%

Men under 35
- Safe: 82%
- Important: 78%
- Effective: 83%

Women under 352
- Safe: 81%
- Important: 76%
- Effective: 81%

Legend: ■ Safe ■ Important ■ Effective

All interviews: n= 1,008

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Of the total population, 21% report having rejected a vaccine (of any type); leaving 76% who have not. Of those who have rejected a vaccine - 78% did so for COVID-19.

There is little to no demographic difference amongst those who have rejected a vaccine at some point. However men over 35 are the most likely to have rejected a COVID-19 vaccine.

Interestingly those who report having rejected a vaccine are also more likely to agree that COVID-19 has been exaggerated and are not concerned about the threat from COVID-19.

REJECTION OF VACCINES:

3%

76%   21%

- Yes

- No

COVID-19	78%
Yellow fever	11%
Hepatitis B	11%
MMR	9%
Polio	9%
Meningitis	8%
Influenza (flu)	6%
Malaria	1%
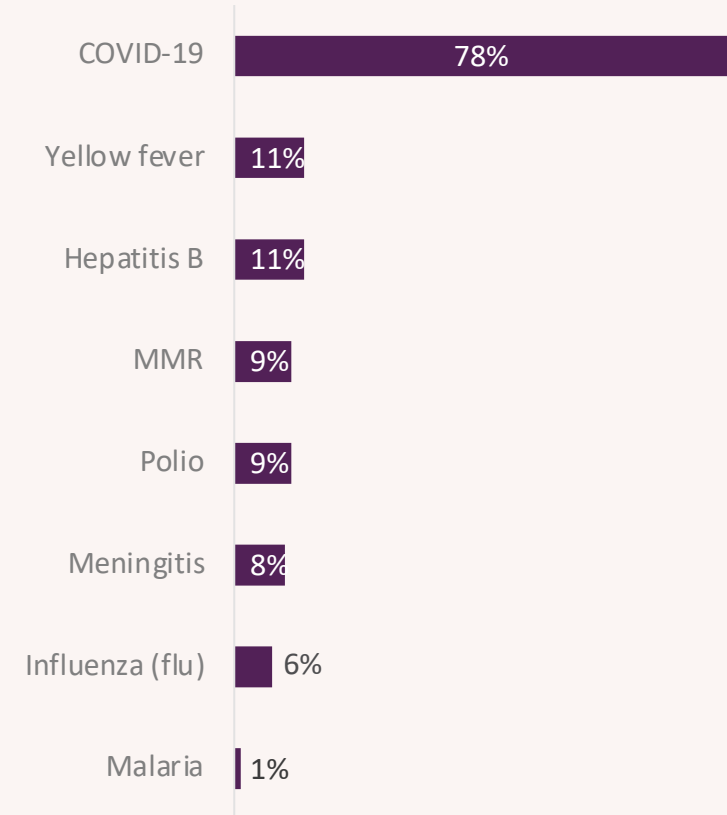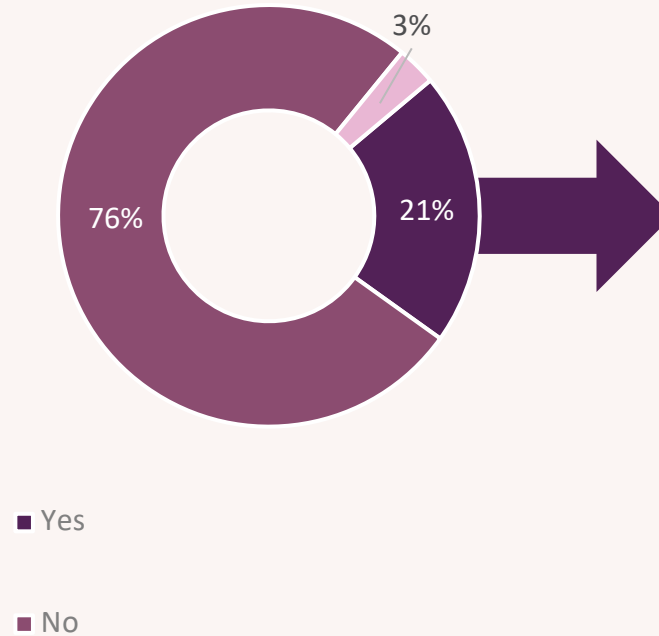
All interviews: n= 1,008

OTHER VACCINATIONS

Almost half (47%) 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, followed by Yellow fever.

When asked specifically whether respondents would accept a new Malaria vaccine and 67% reported 'definitely yes' and a further 14% reported 'unsure leaning towards yes'.

WILLINGNESS TO GET VACCINATED AS A RESULT OF THE PANDEMIC:

- 31%
- 16%
- 13%
- 15%
- 24%
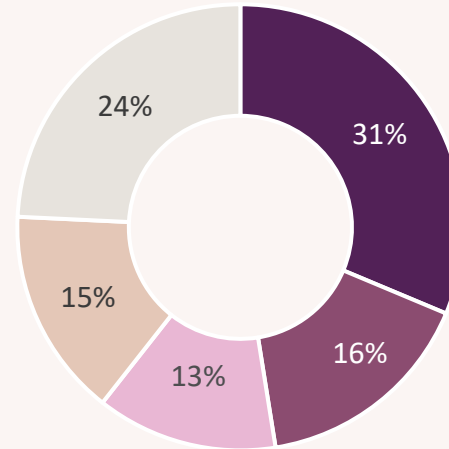
- ■ A lot more likely
- ■ Somewhat more likely
- ■ Somewhat less likely
- ■ A lot less likely
- ■ There has been no change in my views to vaccines

Malaria	68%
Yellow Fever	54%
Hep B	52%
MMR	51%
Flu	50%
DPT	49%
Polio	48%
BCG	35%
HPV	33%
Pne	29%
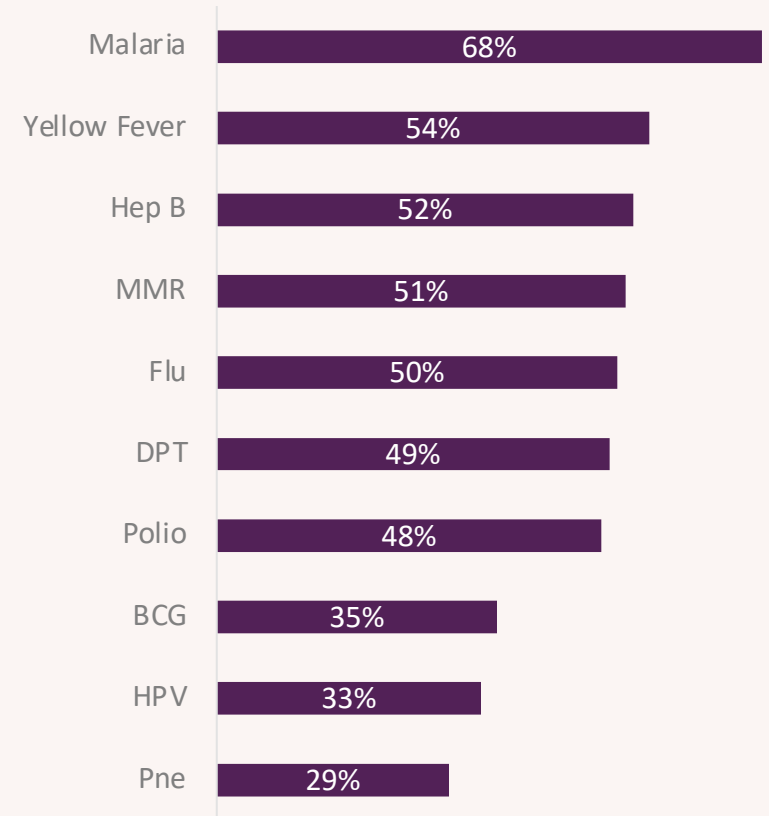
All interviews: n= 1,008

THREAT FROM COVID

PERCEIVED THREAT OF COVID-19

Almost 6 in 10 respondents are concerned about contracting the COVID-19 themselves or their friends or family.

As seen in the charts, there isn't a significant difference between age and gender when comparing concern between contracting COVID-19 personally vs friends or family.

Groups that are most likely to be concerned over getting COVID-19 are; those who have been vaccinated against COVID-19, those who have had experience (personally or someone they know) with falling ill from disease and those who feel the reaction to COVID-19 has generally been 'correct'.

CONCERN ABOUT GETTING COVID-19 FOR…

YOURSELF:

FRIENDS/FAMILY:

Very concerned
- Women under 35: 35%
- Men under 35: 45%
- Women over 35: 40%
- Men over 35: 33%

Friends/Family – Very concerned
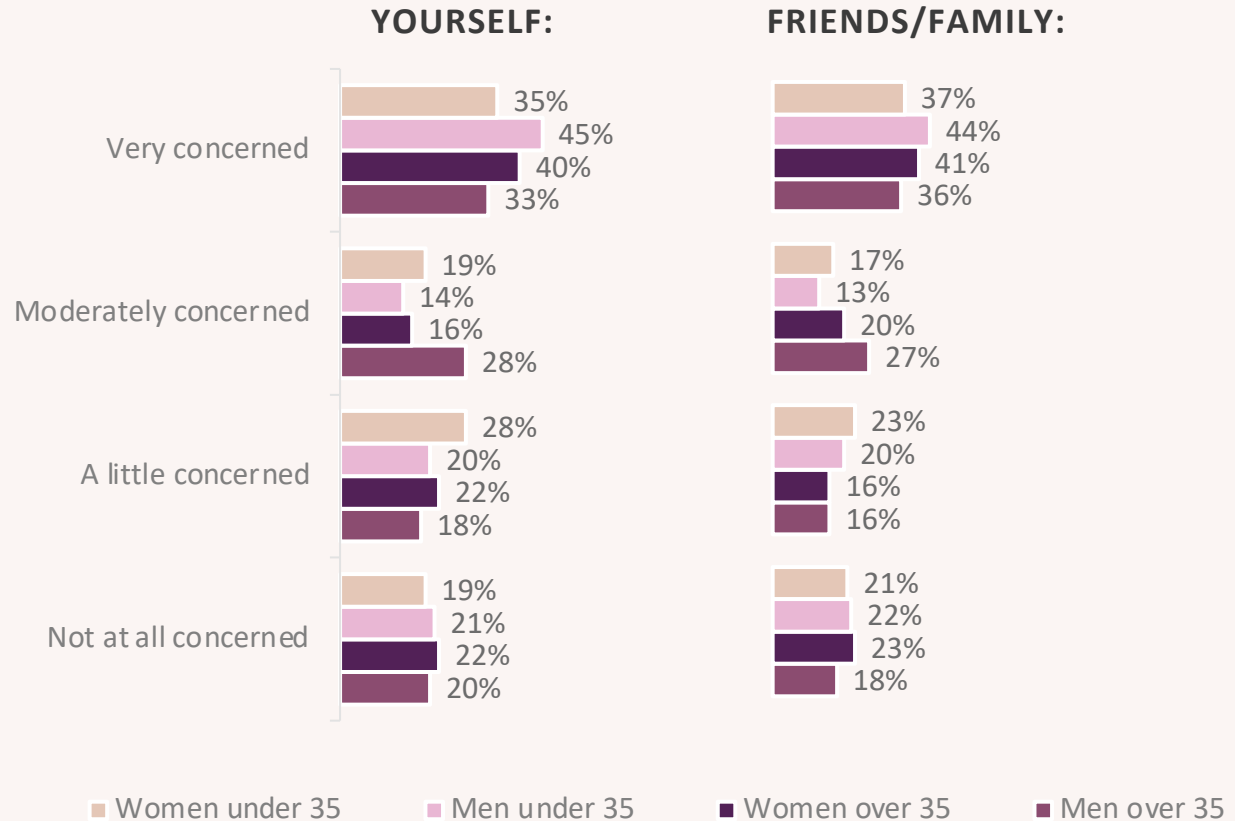- Women under 35: 37%
- Men under 35: 44%
- Women over 35: 41%
- Men over 35: 36%

Moderately concerned
- Women under 35: 19%
- Men under 35: 14%
- Women over 35: 16%
- Men over 35: 28%

Friends/Family – Moderately concerned
- Women under 35: 17%
- Men under 35: 13%
- Women over 35: 20%
- Men over 35: 27%

A little concerned
- Women under 35: 28%
- Men under 35: 20%
- Women over 35: 22%
- Men over 35: 18%

Friends/Family – A little concerned
- Women under 35: 23%
- Men under 35: 20%
- Women over 35: 16%
- Men over 35: 16%

Not at all concerned
- Women under 35: 19%
- Men under 35: 21%
- Women over 35: 22%
- Men over 35: 20%

Friends/Family – Not at all concerned
- Women under 35: 21%
- Men under 35: 22%
- Women over 35: 23%
- Men over 35: 18%

■ Women under 35　■ Men under 35　■ Women over 35　■ Men over 35

All interviews: n= 1,008

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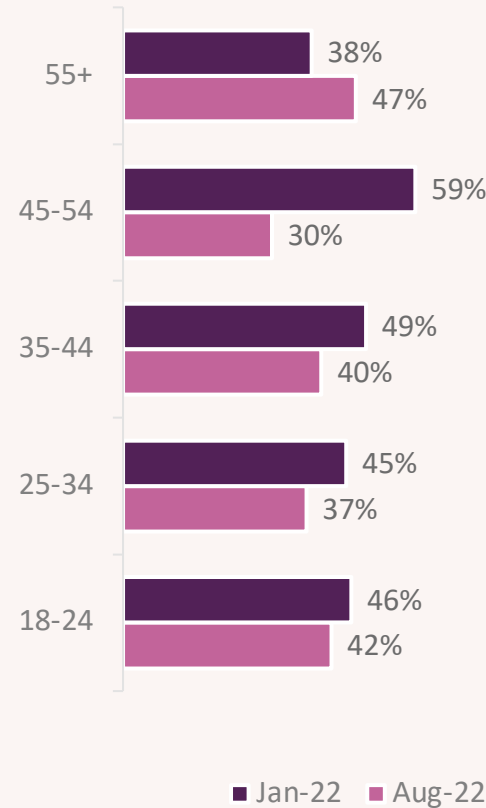
PERCEIVED THREAT OF COVID-19

Almost 4 in 10 (39%) agree that the threat from COVID-19 is exaggerated – this is a 8% drop since January-21 when 47% of the total population agreed with this statement.
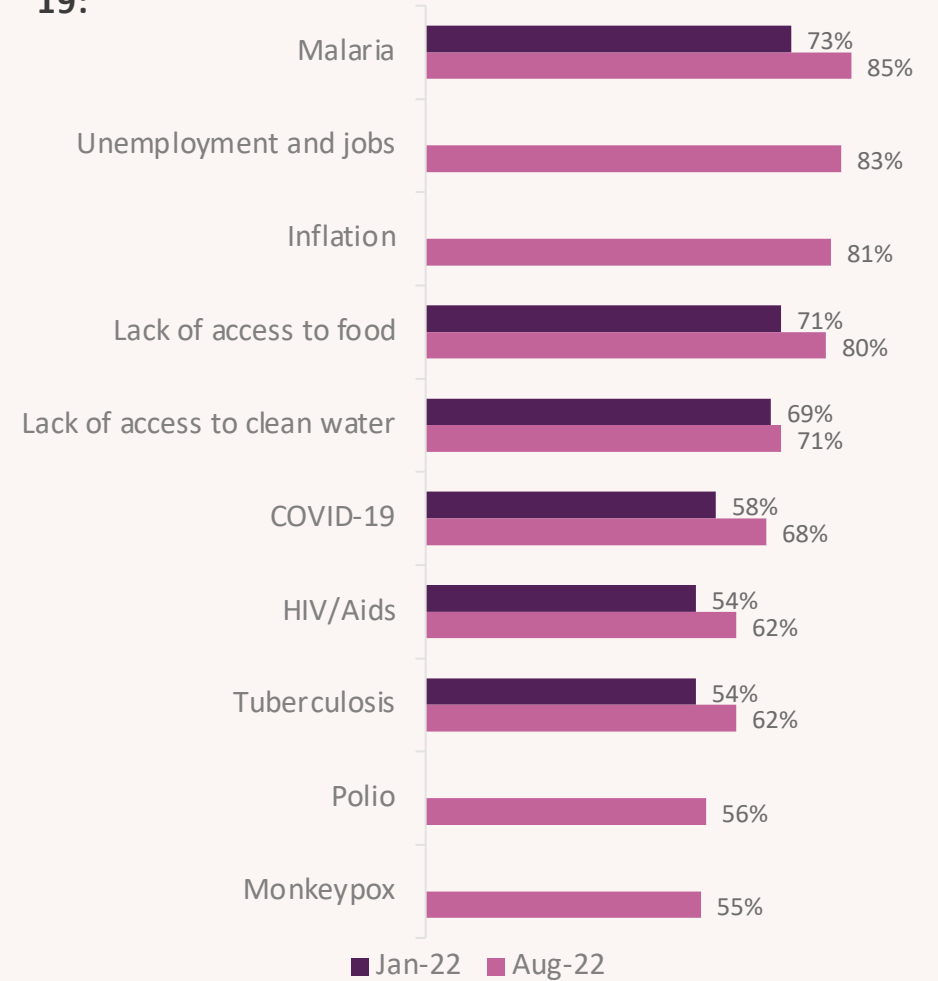
The drop has been considerable in the 45-54 age bracket as well 35-44. Amongst the oldest group of 55+ there has in fact been an increase.

This correlates with the threat from COVID-19 – which has seen a 10% rise since data was last collected in January-22.

NET AGREE THAT THREAT FROM COVID-19 IS EXAGGERATED:

Age group	Jan-22	Aug-22
55+	38%	47%
45-54	59%	30%
35-44	49%	40%
25-34	45%	37%
18-24	46%	42%

■ Jan-22 ■ Aug-22

PERSONAL THREAT FROM COVID-19:

	Jan-22	Aug-22
Malaria	73%	85%
Unemployment and jobs		83%
Inflation		81%
Lack of access to food	71%	80%
Lack of access to clean water	69%	71%
COVID-19	58%	68%
HIV/Aids	54%	62%
Tuberculosis	54%	62%
Polio		56%
Monkeypox		55%

■ Jan-22 ■ Aug-22

All interviews: n= 1,008

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PERCEIVED THREAT OF COVID-19

Despite the perceived threat from COVID-19 increasing since January-22 and the sentiment of exaggeration falling – there is a drop in compliance with protective and preventative measures against COVID-19. This is true across demographics.

COMPLIANCE WITH PROTECTIVE AND PREVENTATIVE MEASURES:

All interviews: n= 1,008

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TRUST
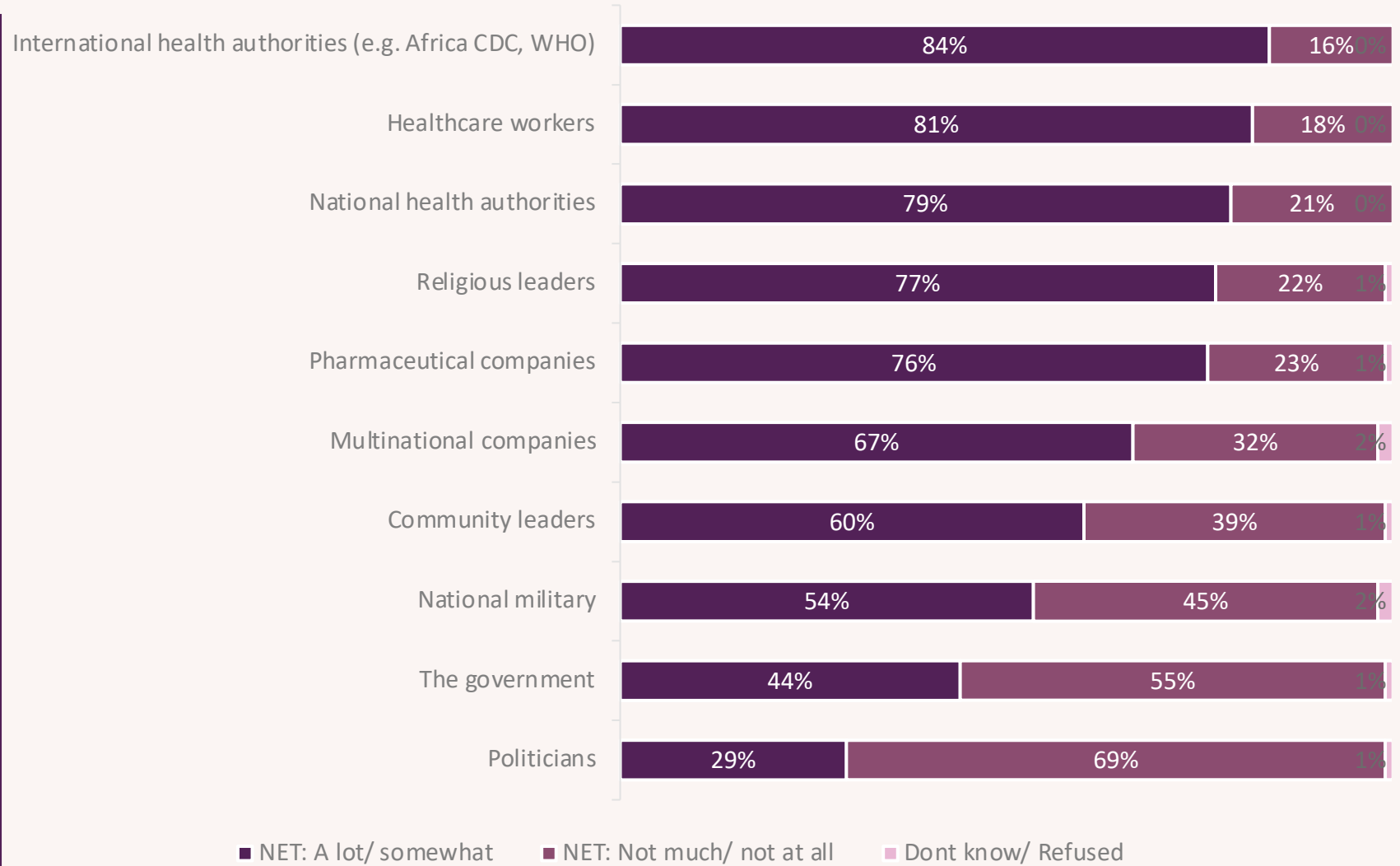
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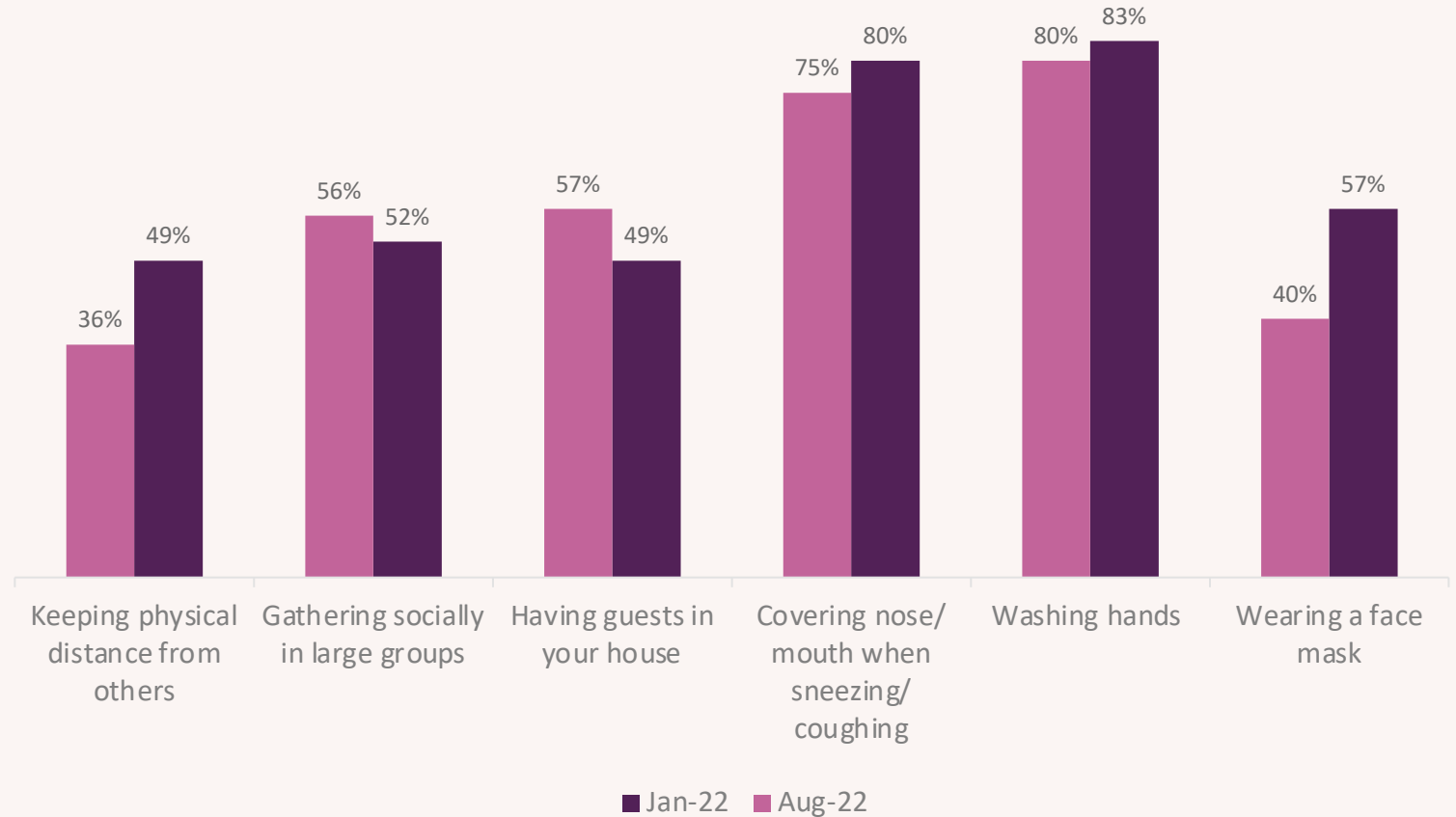
MIS/DISINFORMATION

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.

Government and politicians rank the worst in this question – this is true across demographics.

Religious leaders rank as some of the most trusted to do things right, especially by those primary educated (89%) and stay-at-home parents (92%).

Private sector bodies are in the middle with an average of 7 in 10 respondents agreeing that they are doing the right thing.

TRUST IN FOLLOWING GROUPS TO DO THE RIGHT THING:

Group	NET: A lot/ somewhat	NET: Not much/ not at all	Don't know/ Refused
International health authorities (e.g. Africa CDC, WHO)	84%	16%	0%
Healthcare workers	81%	18%	0%
National health authorities	79%	21%	0%
Religious leaders	77%	22%	1%
Pharmaceutical companies	76%	23%	1%
Multinational companies	67%	32%	2%
Community leaders	60%	39%	1%
National military	54%	45%	2%
The government	44%	55%	1%
Politicians	29%	69%	1%

■ NET: A lot/ somewhat   ■ NET: Not much/ not at all   ■ Dont know/ Refused

All interviews: n= 1,008

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

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TRUSTED VOICES IN VACCINE ACCEPTANCE

Almost 6 in 10 respondents have the final say about whether or not they will take a COVID-19 vaccine.

Women over 35 are the most likely to have someone else weigh in on the final decision – 53% compared to 17% of men over 35.

Education is also an indicator with 49% of those primary educated or below report another family member will have the final say compared to 29% of those with university education.

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

- Men over 35: 17%
- Men under 35: 40%
- Women over 35: 45%
- Women under 35: 53%
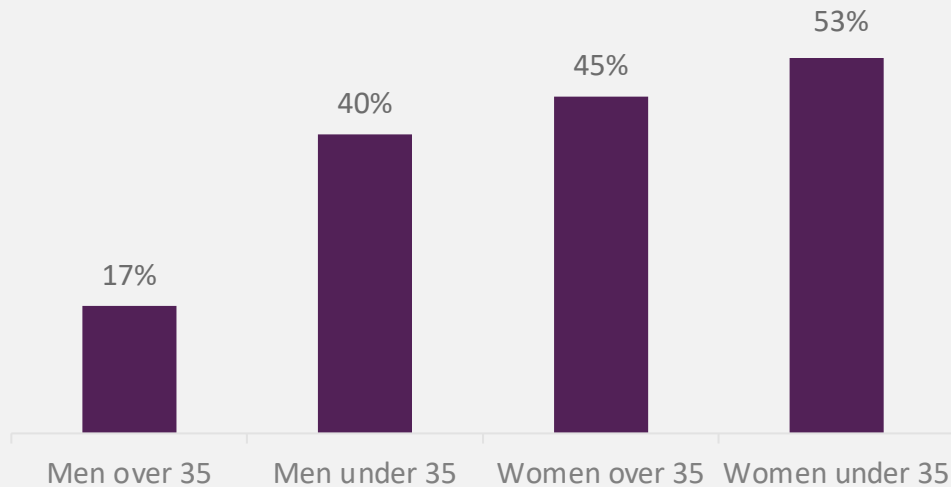
FINAL SAY ABOUT COVID-19 VACCINE UPTAKE:

58% Myself

13% My spouse / partner

11% My parents

All interviews: n= 1,008

TRUSTED VOICES IN VACCINE ACCEPTANCE

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

86% World Health Organization (WHO)
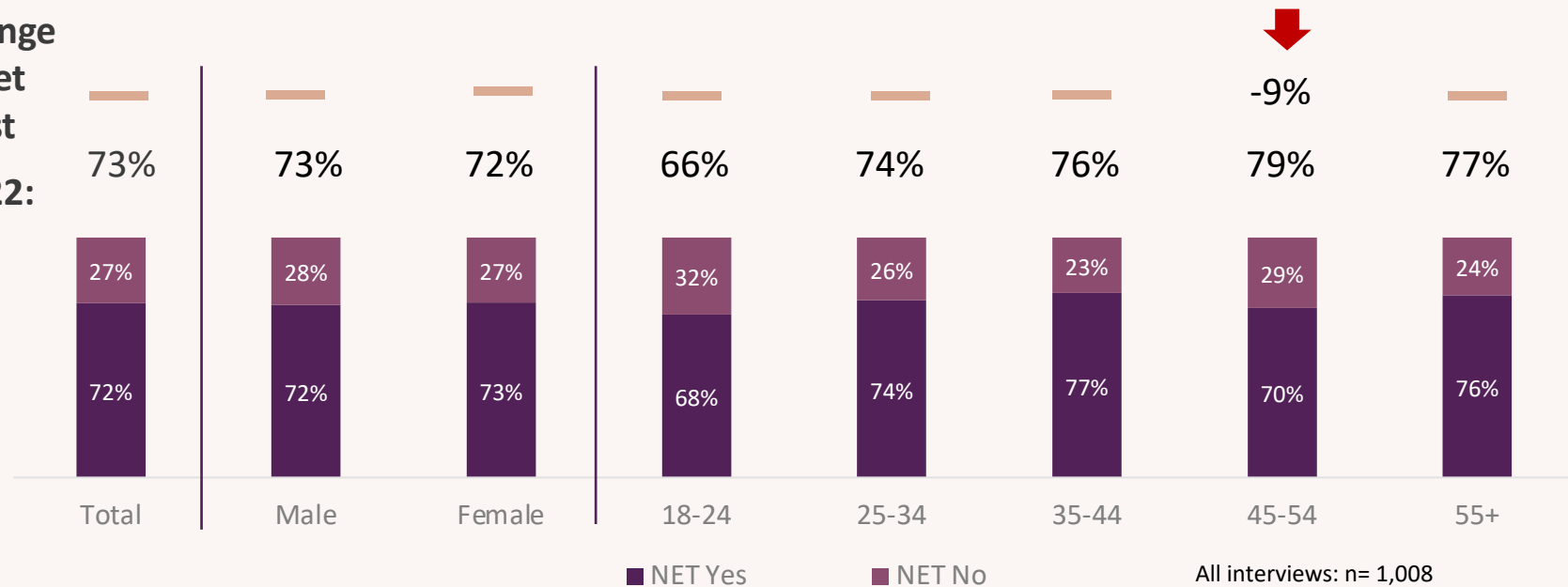
84% Family and friends

80% Religious leaders

Whilst the **World Health Organization (WHO)**, **family and friends** and **religious leaders** 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 **family doctor or healthcare provider (69%)**, **family members (38%%)** and **International health authorities (31%)**.

Trust in healthcare providers has not changed since January-22 apart from a drop of **9%** in those aged 45-54.

TRUST IN LOCAL HEALTHCARE PROVIDERS ADMINISTERING COVID-19 VACCINES:

% Change in Net Trust Jan-22:

	Total	Male	Female	18-24	25-34	35-44	45-54	55+
Jan-22	73%	73%	72%	66%	74%	76%	79% (-9%)	77%
NET No	27%	28%	27%	32%	26%	23%	29%	24%
NET Yes	72%	72%	73%	68%	74%	77%	70%	76%

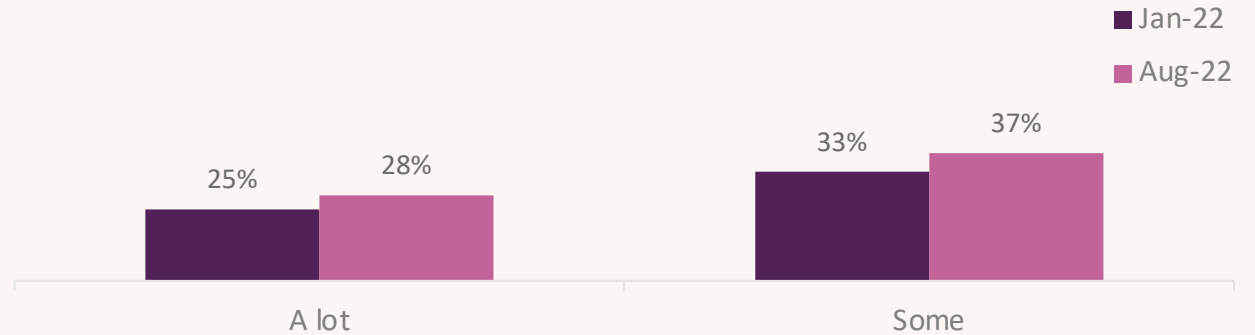■ NET Yes ■ NET No

All interviews: n= 1,008

MISINFORMATION
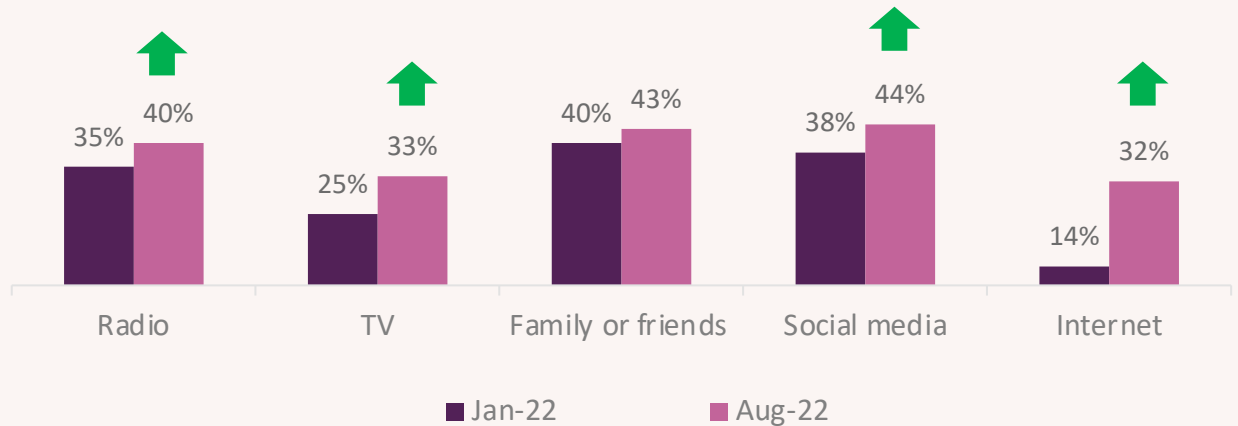
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MIS/DISINFORMATION

Since January-22, there has been a slight increase, however not significant, in people reporting exposure to "a lot" or "some" misinformation.

There is an 18% increase in people reporting exposure to mis/disinformation on the Internet, making it one of the top spreader platform along social media, and family or friends. This population is also 8% more likely to report seeing mis/disinformation on TV in August-22 than they were in January-22.

SELF REPORTED EXPOSURE TO MIS/DISINFORMATION:

- Jan-22
- Aug-22

A lot: 25% (Jan-22), 28% (Aug-22)
Some: 33% (Jan-22), 37% (Aug-22)

SOURCE OF MISINFORMATION:

Radio: 35% (Jan-22), 40% (Aug-22)
TV: 25% (Jan-22), 33% (Aug-22)
Family or friends: 40% (Jan-22), 43% (Aug-22)
Social media: 38% (Jan-22), 44% (Aug-22)
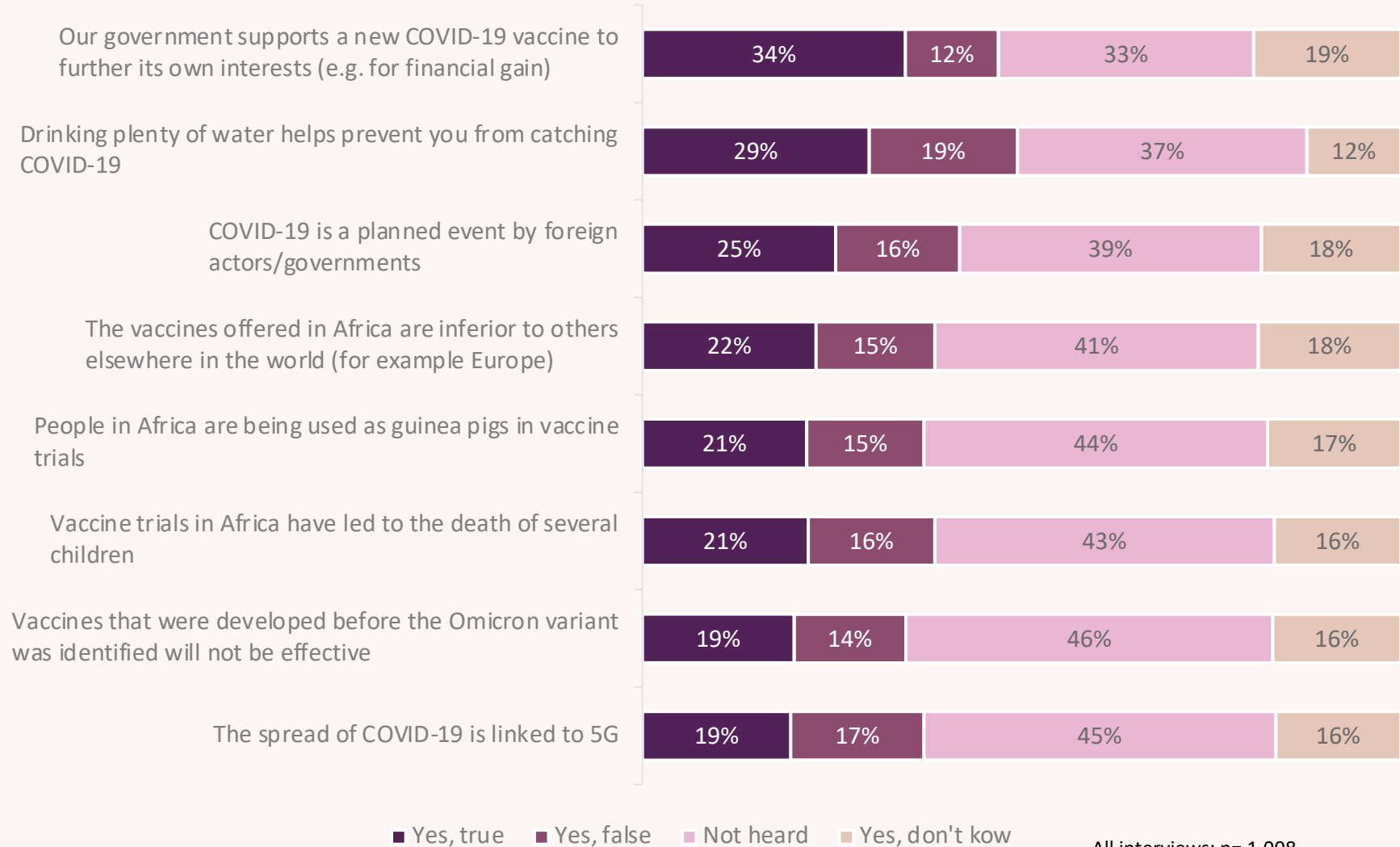Internet: 14% (Jan-22), 32% (Aug-22)

- Jan-22
- Aug-22

Those who have seen or heard news recently about the COVID-19 vaccine: n= 322

MIS/DISINFORMATION

The most common misinformation 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 those aged 55+ and those hesitant on the VCI Index (71%).

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:

Statement	Yes, true	Yes, false	Not heard	Yes, don't kow
Our government supports a new COVID-19 vaccine to further its own interests (e.g. for financial gain)	34%	12%	33%	19%
Drinking plenty of water helps prevent you from catching COVID-19	29%	19%	37%	12%
COVID-19 is a planned event by foreign actors/governments	25%	16%	39%	18%
The vaccines offered in Africa are inferior to others elsewhere in the world (for example Europe)	22%	15%	41%	18%
People in Africa are being used as guinea pigs in vaccine trials	21%	15%	44%	17%
Vaccine trials in Africa have led to the death of several children	21%	16%	43%	16%
Vaccines that were developed before the Omicron variant was identified will not be effective	19%	14%	46%	16%
The spread of COVID-19 is linked to 5G	19%	17%	45%	16%

■ Yes, true   ■ Yes, false   ■ Not heard   ■ Yes, don't kow

All interviews: n= 1,008

THANK YOU