

VACCINATION AWARENESS, EAGERNESS AND HESITANCY IN URBAN COMMUNITIES OF MUMBAI & PUNE



NGO Partners:



Study Design and Conceptualization Partner:  IDFC INSTITUTE

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INTRODUCTION

Since March 2020, the coronavirus (COVID-19) has been spreading in India. We are now in the midst of the second wave of the pandemic and the distress caused to citizens across the country is harsh in terms of challenges to physical health as well as mental health and the burden of financial and economic instability.

A valuable tool we have in hand currently to curb the spread of the virus is the **COVID-19 vaccine**. As essential as vaccination is to tackle the spread of COVID-19 in India and across the globe, there are multiple factors that are causing a '**vaccination hesitancy**' among the population. This could be attributed to a variety of factors like lack of awareness on the vaccine, difficulty in accessing the vaccine, distrust on the vaccine and the institutions involved in vaccination etc.

To understand these reasons and address it efficiently, multiple NGOs in **Mumbai and Pune**¹ have conducted a study with vulnerable local communities. The study aims to address these **objectives** –

- (i) To gauge community perceptions and awareness on the COVID-19 vaccine and the current status of vaccination in the community.
- (ii) To understand barriers and challenges in availing the vaccine.
- (iii) To summarise relevant suggestions made during the study on how to best motivate and influence communities to get vaccinated.

The **outcome of the study** will be to design a **communication strategy for urban communities** that relays the benefit and importance of getting vaccinated, and assists with addressing any operational barriers to availing the vaccine. Key suggestions from communities on enhancing the reach of the vaccine can also be taken up and advocated with relevant stakeholders.

STUDY DESIGN

The study adopted a '**mixed-method approach**' of both quantitative and qualitative data collection.

Quantitative data was collected from a structured survey administered at the household level. Data collection was done either through telephone or Zoom interviews owing to the lockdown situation.

¹ Akanksha Foundation, Apnalaya, FMCH, Magic Bus Foundation, SNEHA, Teach for India

Qualitative data was collected through a semi-structured FGD tool. This was administered at the community level. Separate FGDs were conducted for male and female groups. FGDs were also conducted on Zoom or through conference calls.

For both qualitative and quantitative data collection, the inclusion criteria was (i) adults above 18 years of age (ii) direct/indirect beneficiaries of the participating organisations.

SAMPLE SIZE

TABLE 1: SAMPLE SIZE			
STUDY	MUMBAI	PUNE	TOTAL
Qualitative*	98	32	130
Quantitative	2245	1300	3545
Total	2343	1332	3675

**This does not include numbers from Magic Bus (needs to be provided by them)*

The study reached out to **3675 individuals across communities in Mumbai and Pune** for both quantitative and qualitative data collection. The outreach in Mumbai has been higher than for Pune. (*For organisation-wise outreach refer to annexure 1, for ward-wise outreach refer to annexure 2*).

There was a higher outreach to female respondents in the study (*reflected in figure 1*). This was true across both Mumbai and Pune, with the gap between gender participation higher in Mumbai.

Fig. 1: Gender-wise participation of respondents

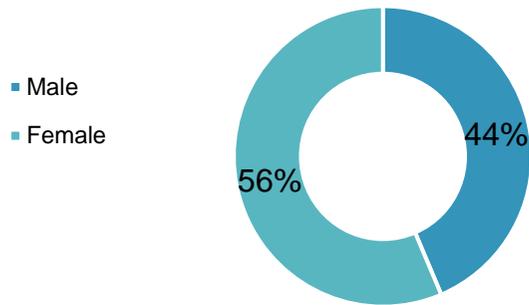
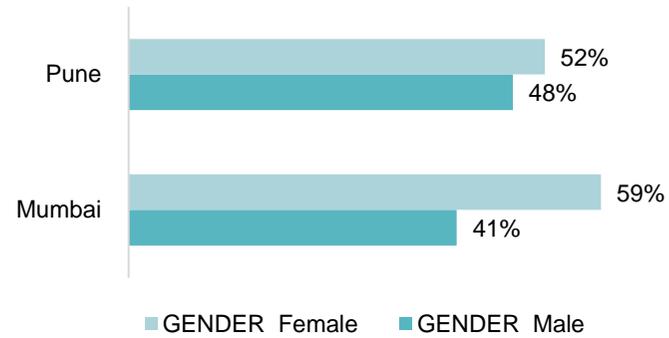


Fig 2: Gender split across Mumbai & Pune



**Other/gender not known accounted for 0.04% in Mumbai*

The age of respondents ranged between 18 to 60 years. The sample included in the study is largely of a younger demographic (as reflected in figure 3). Across cities, the respondents in Mumbai were more of a younger demographic, with 75% being between 18-44 years of age (reflected in figure 4).

Fig 3: Age-wise split of respondents

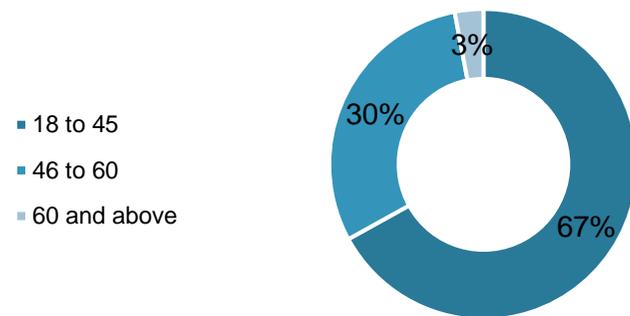
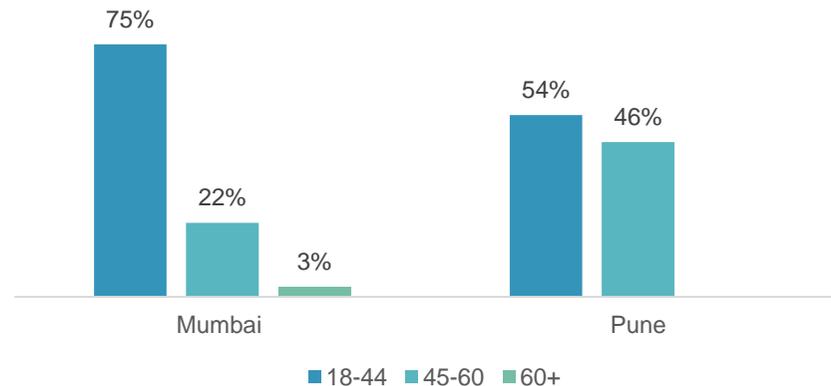


Fig. 4: Age-wise split across Mumbai & Pune



STUDY FINDINGS

KEY HIGHLIGHTS

- The risk and impact of COVID-19 is felt strongly across communities, especially the **negative impact it has had on employment and financial stability.**
- Vaccination has not penetrated into communities. **Only 17% respondents/family members surveyed have received at least one dose of the vaccine.** However, **48% of the respondents who are not vaccinated responded in the affirmative on being willing to get vaccinated.**
- The top reasons (quantitative survey) for vaccination hesitancy are the **fear that vaccines can cause health risks and side effects** (including the risk of getting COVID-19, fever and headaches, and the risk of fatality), and **insufficient sources of reliable information on the vaccine.**
- This is further elaborated through FGD inputs which highlight that **incorrect sources of information like news channels and WhatsApp forwards have instilled fear and negation towards the vaccine.**
- Making accessible right information on the vaccine through reliable sources is the immediate and urgent need.

I. RISK PERCEPTION OF COVID-19

In the course of the FGDs, respondents spoke about how gravely COVID-19 (and more so the COVID-19 induced lockdown) has impacted their lives. Largely the risk of COVID-19 was seen in three areas.

- (a) **Risk to health:** There were examples and experiences in their own circle of people who were infected by COVID-19 and in many cases succumbed to the illness. Realizing the gravity of the disease, it was stated by respondents across different FGD groups that COVID appropriate behaviours like masking, sanitising and social distancing is essential. However, while realizing its importance, following it in communities posed a challenge due to concerns of space, infrastructure and insufficient awareness amongst all.

The health risk of COVID-19 gets exacerbated considering that **people have lost faith in the health system**. Moreover, due to the burden on health facilities access to other health services has also been disrupted, increasing the health risk in communities.

Community voices

“We do not feel safe going to the government hospital. We have heard of people going to the hospital for treatment and losing their life there.”

“Hospitals, especially private hospitals, are cheating people for money. Fake reporting and medical fraud are on the rise.”

- (b) **Risk to financial stability:** COVID-19 has completely uprooted the financial stability of families. Unemployment is widespread which has impacted access to bare essentials like food, access to healthcare, education for children among others.

Community voices

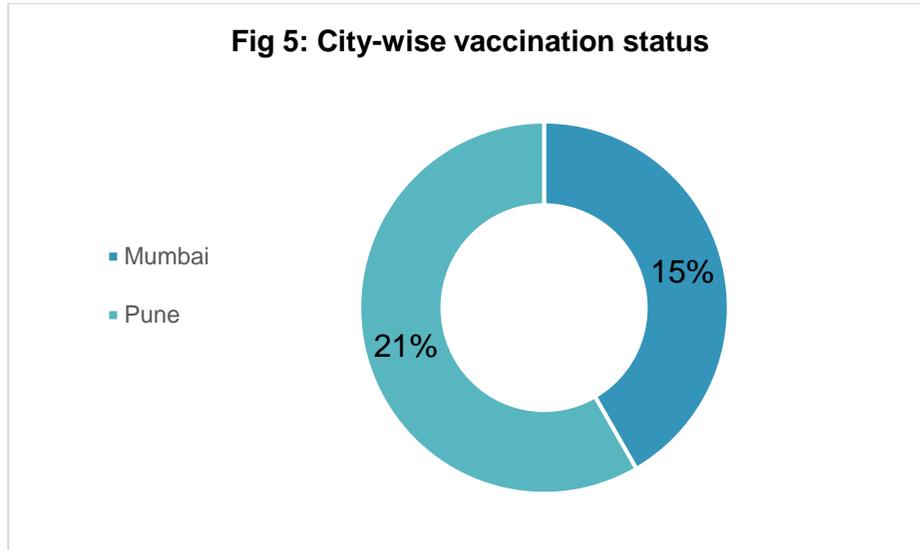
“The lockdown has brought nothing but complete disruption of our normal lives. We have no work, our savings are exhausted, children’s education is suffering, people are dying. Our lives have completely upturned.”

- (c) **Risk to human connections:** Respondents spoke about situations where they have not been able to meet their children and grandchildren for more than a year. Even when anyone in their close circle is infected or passes away, they cannot visit and be there for each other in these trying times.

Community voices

“Looking at all the news of cremation grounds we are scared. We can’t meet our relatives who are unwell, we can’t attend funerals. This is a really disturbing situation.”

II. CURRENT STATUS ON VACCINATION IN COMMUNITIES



**at least 1 dose received*

Data from the quantitative survey (n=3545) for all organizations says that across the surveyed communities, **19% respondents/family members have received at least the 1st dose of the vaccine**. This is higher than the national average (15.7% of the population has been given at least one dose in India). In Maharashtra state 20% of the population has been administered at least 1 dose.

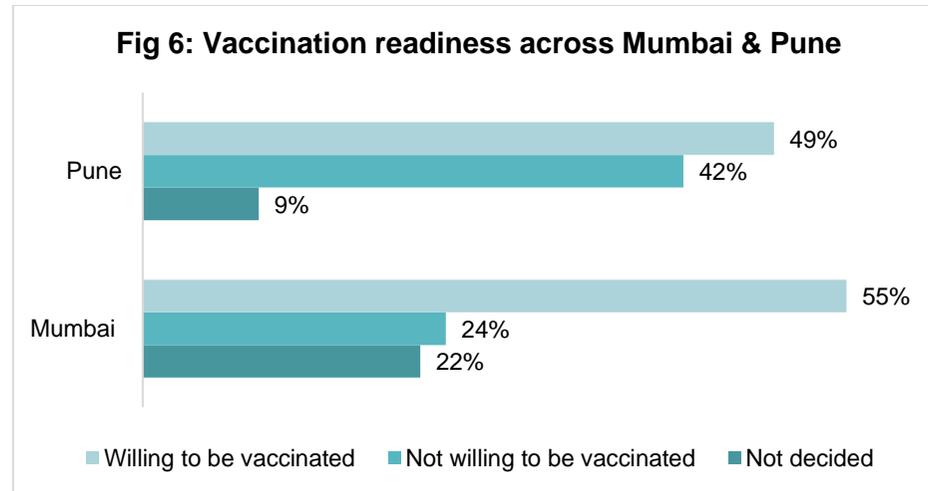
A split across Mumbai and Pune for the study reveals that the **vaccination status is higher in Pune (21%) than in Mumbai (15%)**.

(For an organization-wise split on vaccination status refer to annexure 3)

III. VACCINATION EAGERNESS/HESITANCY

An **average of 49% respondents responded positively to being willing to get vaccinated in the future**. The other 51% respondents were either not willing to get vaccinated or had not yet made their decision on it². The split for this across Mumbai and Pune is reflected in figure 6. It is noteworthy, that **vaccination readiness is much lower in Pune**, with 42% respondents saying they are not willing to get vaccinated.

² Response to the question on “willingness to get vaccinated” was given by communities of 5 organisations – Akanksha Foundation, Apnalaya, FMCH, SNEHA, iTeach



Respondents agreeing to vaccinate as well as those against it or undecided on it spoke about a number of **doubts and fears that deter them from getting vaccinated**. The inputs from the quantitative survey on the factors for ‘**vaccination hesitancy**’ are depicted in figures 7 and 8. While the top reasons for vaccination hesitancy in Mumbai and Pune are the same (fear of vaccines causing health risks and lack of information on the vaccines), the factors of **no permission from family and the belief that vaccines are not the right course of treatment was not reflected in responses from Pune**. The **unavailability of vaccines at vaccination centres seems to be a bigger challenge in Mumbai than in Pune**. **Difficulty in travelling to vaccination centres was also specifically mentioned only by respondents in Mumbai**.

Fig 7: Vaccination hesitancy reasons (Mumbai)

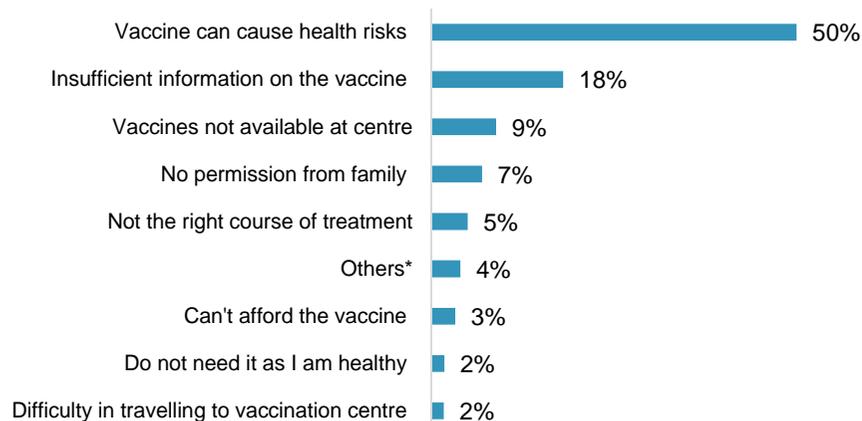
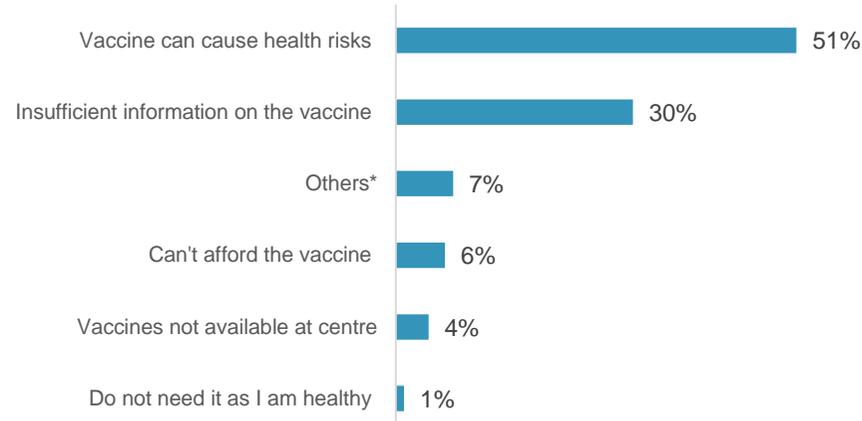


Fig 8: Vaccination hesitancy reasons (Pune)



*Others include fear of contracting Covid-19 at the vaccination centre, not being able to take leave from work, preferring natural remedies, steam inhalation etc.

A deep dive into the reasons for vaccination hesitancy through the FGDs reveals further nuances. Hesitancy to vaccinate is primarily seen at three levels – **individual/mindset barriers, community level barriers, operational/system level barriers.**

INDIVIDUAL MINDSET BARRIERS

These barriers are largely due to lack of authentic information sources on COVID-19 and the vaccine. Respondents in FGDs across communities mentioned how the sources of information accessible to them are not credible. This largely includes news channels and social media (WhatsApp & Facebook). The hype and relaying of wrong and exaggerated news has created nothing but dread in communities about the vaccines.

- A general sense of **distrust in the vaccine** because it was made and approved in such a hurry. An added apprehension to this is that the government authorities are frequently changing recommendations on duration between different doses of the vaccine.
- There is a common **fear of side effects from the vaccine** – including the risk of COVID-19, other health risks, and fatality. This is also because they do not have information on what are the precautionary measures to be followed before and after vaccination. People also worry that in case of such a circumstance they will lose a bread earner of the family or wages for the days they are sick.
- On the other hand, there were instances where respondents mentioned that they are not willing to quit alcohol and tobacco for the recommended days before and after vaccination.

- **Fear about going to the hospital for vaccination.** This stems from the collective experience of the community where people who have gone to the hospital for COVID-19 treatment have been cheated of their money or in unfortunate circumstances people have passed away in hospitals.
- The feeling that the **vaccine does not have any positive benefit for COVID-19 prevention.** Mutants which keep adding on and this has raised questions on the efficacy and value of the vaccine. A better solution is to follow home remedies like drinking hot water with lemon, basil and other herbs, taking steam inhalation etc.
- Some people further felt that **unless you are infected with COVID-19, you need not get vaccinated.** Also, vaccination is **recommended only for older people and those with comorbidities.** Otherwise healthy individuals need not get vaccinated. On the other hand, the older population (60+) does not see the need for vaccination as they already run a higher risk of fatality.
- COVID-19 is a **myth.** It does not exist.
- Many also see COVID-19 as a purely **urban phenomenon.** They are soon going to migrate to their village and hence do not need to vaccinate.
- People are 'watchful' and **will not vaccinate before seeing its outcomes on friends and relatives who get vaccinated.**
- **Religious agenda of vaccines** being a conspiracy to eradicate certain minority communities.

COMMUNITY LEVEL BARRIERS

These barriers are largely due to lack of authentic information sources on COVID-19 and the vaccine. Respondents in FGDs across communities mentioned how the sources of information accessible to them are not credible. This largely includes news channels and social media (WhatsApp & Facebook). The hype and relaying of wrong and exaggerated news has created nothing but dread in communities about the vaccines.

- **Family elders, especially those in villages, do not permit vaccination.** Based on media coverage and WhatsApp forwards, they believe the vaccine is extremely harmful and unsafe.
- It was a common case with **women groups that they have no agency to decide whether or not they will get vaccinated.** Their husbands and other family elders will make the decision for them.

OPERATIONAL/SYSTEM LEVEL BARRIERS

These barriers (as per community members) are largely due to insufficient efforts from the government to reach marginalised and grassroots communities. Respondents have been explicit in stating their displeasure against the government's management of the COVID-19 crisis, including the reach of vaccines and reliable information for all.

- **Shortage/unavailability of the vaccine at vaccination centres.** Owing to this there is a question of whether or not they will get an authentic vaccine even if they decide to get vaccinated.
- **High payment to be made for the vaccine is a deterrent** for majority individuals and families. People are largely not willing to pay even a nominal/subsidised price for the vaccines.

- **The distance of vaccination centres from the community is also a deterrent.** Travelling in the current circumstances is challenging and this gets even worse when they reach the centre and are sent back due to the unavailability of the vaccine.
- **Not aware of the process for availing vaccines** (where and how to register, price per vaccine dose).
- **Community frontline workers do not have sufficient information or training** on generating awareness in communities on vaccination.
- **Only online registration option has created challenges with access** for those with no android phones and internet connectivity

Community voices

“Will the vaccine be able to control the spread of COVID-19? The virus keeps mutating. What is the guarantee the vaccine will be effective against all mutants.”

“Going to the centre and returning due to the unavailability of the vaccine demotivates us from going back.”

“The news of 48 doctors dying after getting vaccinated scared me and my family. How can we think of getting vaccinated after hearing such dismal things about it.”

Frontline health workers

“We try our best to convince people to get vaccinated, even giving our own examples. But people are very scared due to the news on TV and WhatsApp. We don’t push people too much because if something goes wrong, we risk losing our jobs.”

Along with hesitancy, there were rays of hope where respondents spoke of **reasons that will push them to get vaccinated** once they have correct and reliable information.

Community voices

“The faster we take the vaccine, the sooner the lockdown and other restrictions will be lifted. We can then go back to work and that is almost everyone’s most urgent need currently.”

“I want to get vaccinated to keep my family and children safe.”

IV. SOURCES OF INFORMATION & DECISION INFLUENCERS

GREEN	YELLOW	RED
<p><i>These are influencers that community members are currently ready to trust. They believe that they have credible information.</i></p>	<p><i>These are influencers who have a say in decision making, but they are not entirely reliable. Correct information dissemination to this group can make them reliable sources of information and influence in the communities.</i></p>	<p><i>These are sources of information that the community considers unreliable and the reason for them having fears and incorrect information. Converting them to reliable sources will require advocacy at a macro level.</i></p>
<ul style="list-style-type: none"> - Local community leaders like corporators, <i>mandal</i> presidents etc. - Local NGOs with strong community presence - Local doctors and health posts - Community members who have been vaccinated and can testify on the safety of the vaccine 	<ul style="list-style-type: none"> - Family elders and decision makers - Frontline health workers who are disseminating information but have not yet been trained 	<ul style="list-style-type: none"> - News channels - Social media (WhatsApp & Facebook) - Film stars and celebrities (general belief in communities that they are paid to promote vaccines and hence they are not trustworthy)

RECOMMENDATIONS AND NEXT STEPS

(a) Addressing individual/community barriers

As evident in the opinions made by community members, reliable sources of information are not currently accessible. To counter the misinformation, **designing reliable information and communication tools is the immediate need.**

While one aspect of this is to **provide right information on vaccines**, the other aspect is to ensure that **information is reaching communities through sources they can trust.** For instance, getting a testimonial from a vaccinated community member who they can be easily trusted or working with community youth who can influence their parents and other relatives.

Even if we plan to get 'influential persons' to promote vaccines they should be someone who people can trust and not see their words as merely a promotion gimmick. For instance, popular local leaders, religious leaders, SHG leaders, local family doctors etc.

Providing **financial support and incentives** has also been suggested by community members as a way to promote vaccination in communities. Providing a month's ration or a money transfer to the bank account could act as a push.

It is also important to share with people what is the reason why people fall sick or may pass away after vaccination. This is also important to feed into what are the **necessary precautions before and after vaccination**.

(b) Addressing operational barriers

To address challenges with registration, **community trainings** can be conducted by NGOs, trained frontline health workers, community youth groups etc. on the **end-to-end process of registering for the vaccine, getting your CoWin certificate post vaccination** etc. **Direct walk-in for vaccination** should also be promoted to address the difficulties with registration.

Advocacy initiatives can be undertaken with the local authorities to **train all frontline health workers** as a reliable source of information on COVID-19 vaccines.

To improve the reach of vaccines in communities, the possibility of advocating **for door-to-door vaccination drives or community vaccination camps** can also be explored based on its feasibility.

In case vaccines have to be taken through private facilities, and most families are unable to bear the cost, the possibility of **partial/full refund** for families can also be explored.

ANNEXURES

ANNEXURE 1: ORGANIZATION-WISE OUTREACH					
ORGANIZATION	Quantitative=3544			Qualitative=130	
	Male=1558	Female=1986	Other=1	Male=44	Female=86
Akanksha Foundation	454	730	-	23	20
Apnalaya	208	325	-	9	23
FMCH	0	102	-		28
Magic Bus	33	69	-	Not available	
SNEHA	555	502	1	5	15
TFI	174	127	-	7	0
iTeach	134	131	-		

ANNEXURE 2: WARD/LOCATION WISE OUTREACH		
ORGANISATION	WARD	SLUM POPULATION COVERAGE
	MUMBAI	
<i>Akanksha Foundation</i>	F/S	5250
	D	1600
	E	1500
	H/E	1600
	G/S	2400
	K/W	1600
	K/E	2250
	A/B	1400
	NNMC (Nerul)	2500
<i>Apnalaya</i>	M/E	1,00,000
<i>FMCH</i>	L ward	400000
	Bhiwandi	700000
<i>Magic Bus</i>	E	2000
	F North	12000
	G North	15500
	M East	3500
	M West	4000
	N	600
<i>SNEHA</i>	Dharavi (G/North)	1,00,000
	Mankhurd/Govandi (M/East)	80,000
	Malwani (P/North)	80,000
	Kurla (L Ward)	43,500
	Wadala (F/North)	60,000
TOTAL OUTREACH (MUMBAI)		1621200
	PUNE	

<i>TFI</i>	Peth	
	Kothrud	
	Mundhwa	
	Yerwada	
	Hadapsar	
	Wadgaon	
	PCMC	
<i>iTeach</i>	Yerwada	500
	Akurdi	100
	Mundhwa	210
	Aundh	300
	Hadapsar	400
	Kondhwa	500
	Kothrud	100
	Peth	250
<i>Akanksha Foundation</i>	Somwar Peth	
	Bhavani Peth	
	Ganj Peth	
	Yerawada	
	Koregaon Park	
	Bopodi	
	Kasarwadi	
	Kalewadi	
	Pimpri	
	Moshi	
	Bhopkel	
TOTAL OUTREACH (PUNE)	Outreach numbers pending	

ANNEXURE 3: ORGANISATION-WISE SPLIT OF VACCINATION STATUS	
ORGANIZATION	RESPONDENTS VACCINATED (%)*
iTeach	37%
Akanksha	22%
FMCH	18%
SNEHA	17%
TFI	16%
Magic Bus	14%
Apnalaya	8%

**At least 1 dose*