

COVID-19 Vaccine Access and Acceptance in urban communities of Maharashtra, India

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VACCINATION ACCEPTANCE
RESEARCH NETWORK

SABIN VACCINE INSTITUTE



ARTHA
GLOBAL

Background



2021

Jan: start of the vaccination campaign

Apr-Jun: second wave

May: all individuals above the age of 18 are eligible for vaccination



Study period



Methodology



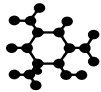
June 2021



Mumbai & Pune (Maharashtra, India)



Inclusion criteria were (i) individuals above 18 years of age (ii) direct/indirect beneficiaries of the participating organisations.



The study was conducted by a network of 8 organizations including research institutes, health and education NGOs

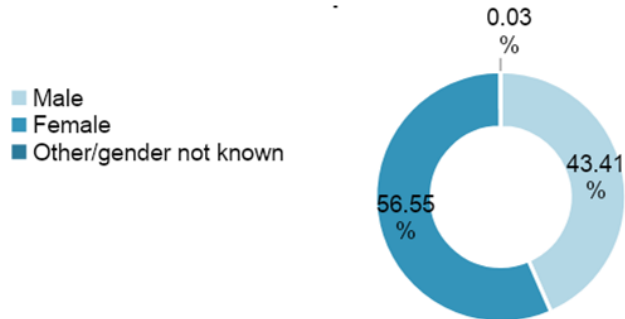
The study adopted a 'mixed-method approach' of both quantitative and qualitative data collection.

- **Quantitative data** was collected from a **structured survey administered at the household level**. Data collection was done either through telephone or Zoom interviews due to the lockdown situation.
- **Qualitative data** was collected through **semi-structured Focus Group Discussions (FGDs)** administered at the community level. Separate FGDs were conducted for male and female groups. FGDs were conducted on Zoom or through conference calls.

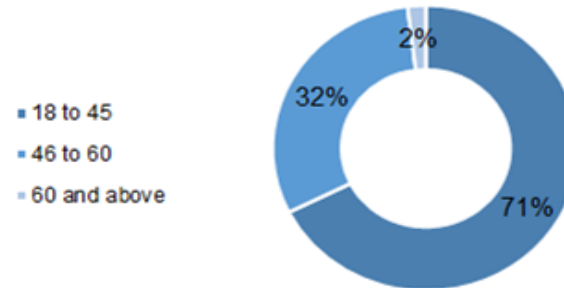
Sample Size and Demographics

	MUMBAI	PUNE	TOTAL
Qualitative	98	32	130
Quantitative	2,245	1,035	3,280
Total	2,343	1,067	3,410

Gender-wise split of respondents



Age-wise split of respondents



Vaccine status & Perception of COVID

Vaccine status

19% of respondents declared having received at least one dose of COVID-19 vaccine in June 2021. This is in line with data in Maharashtra at the same period showing 20% of the population had been administered at least 1 dose.

Perception of COVID-19

Respondents declared that the pandemic affected their lives in 3 ways:

1. Impact on **health** - many respondents reported COVID-19 cases and deaths around them - the study was conducted immediately after the devastating second wave. This also resulted in decrease trust in the public health system
2. Impact on **financial stability** - The dramatic rise in unemployment has impacted access to essentials like food, access to healthcare, education for children among others.
3. Impact on **social interactions** - Respondents reported not being able to see family members for an extended period of time or not being able to attend funerals.

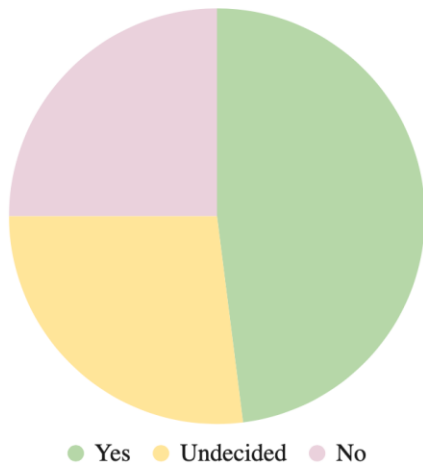
“The lockdown has brought nothing but complete disruption of our normal lives. We have no work, our savings are exhausted, children’s education is suffering, people are dying. Our lives have completely upturned.”

“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.”

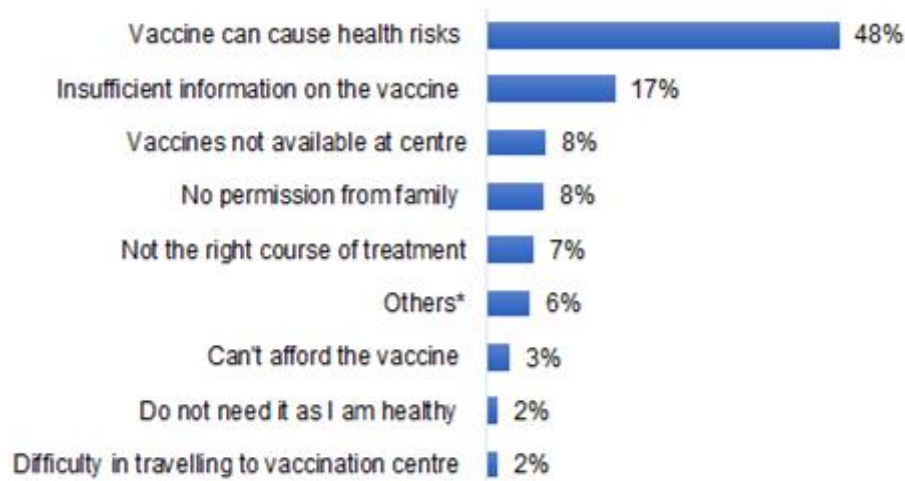
Vaccination Hesitancy

About half (48%) of unvaccinated respondents were willing to get vaccinated in the future. The other 52% respondents were either not willing to get vaccinated or had not yet made their decision

Willingness to get vaccinated



Reasons for vaccine hesitancy



**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.*

Barriers to vaccination

Acceptance barriers

FEAR

- Fear of side effects
- Fear of going to a govt hospital
- Waiting for relatives to be vaccinated

DISTRUST

- General sense of distrust
- COVID-19 does not exist
- Conspiracy to eradicate certain religious communities

UNCONCERNED

- Limited to null efficacy
- Only needed if infected with COVID-19
- Only for high-risk individuals

- Family elders, especially those in villages, do not allow vaccination
- Women do not have the power to decide for themselves

Access barriers

INFORMATION

- Not aware of the process to get vaccinated
- Community frontline workers do not have sufficient information

VACCINE ACCESS

- Vaccine unavailability at vaccination centres
- High cost
- Travel barriers
- Difficulty to register online

Individual

Community

Health system

Sources of information

More trustworthy

Less trustworthy

- Local community leaders
- Local NGOs with strong community presence
- Local doctors and health posts
- Community members who have been vaccinated

- Family elders and decision makers
- Frontline health workers who are disseminating information but have not yet been trained

- News channels
- Social media (WhatsApp & Facebook)
- Film stars and celebrities

Local influencers

Learnings - Communication

The message

- The impact of the COVID-19 pandemic are multifold, communications campaign needs to address more than just health benefits
- No blaming - Unvaccinated individuals are not anti-vaxxers
- Campaigns should include information on both the vaccines and the campaign roll-out

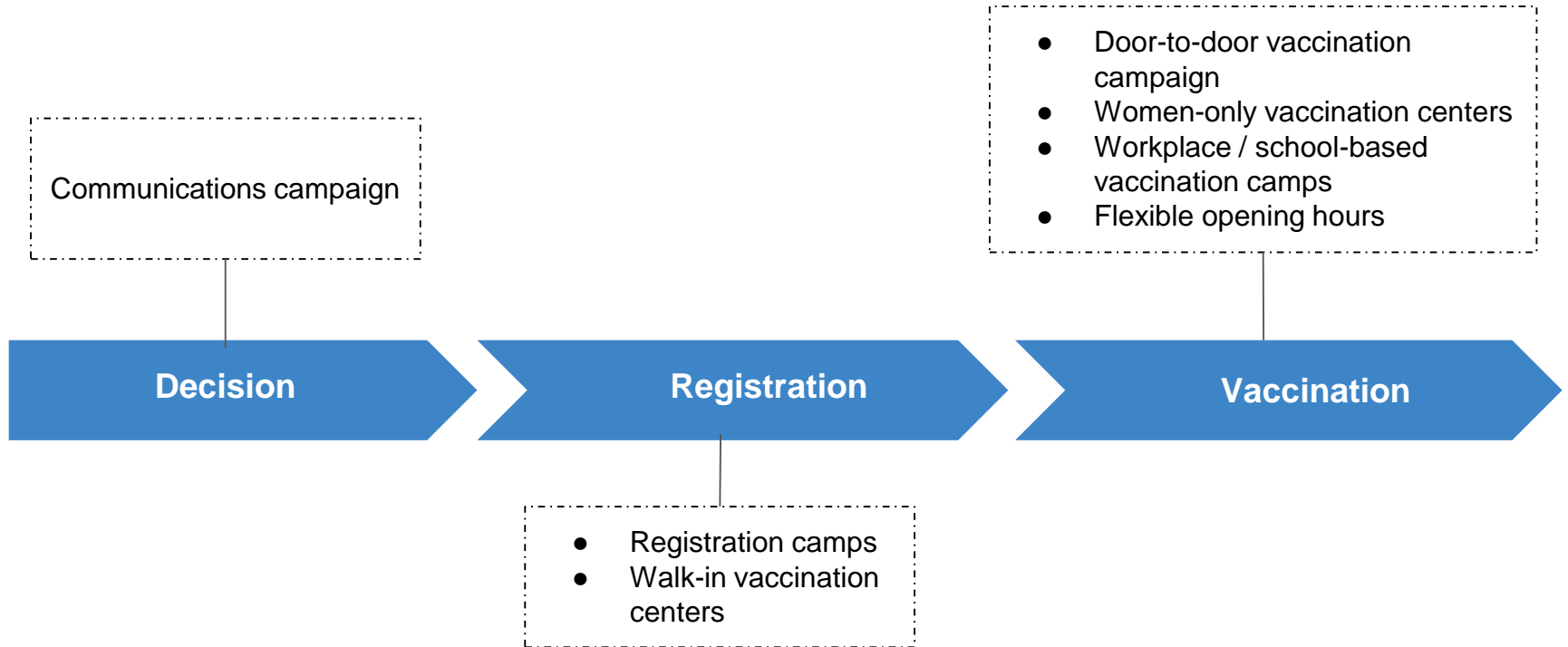
The medium

- Infodemic has seriously dented people's trust in traditional sources of information
- Key to identify the right messengers for the information

The audience

- Particular emphasis should be put on population lower access to care, minorities, lower immunization rates during routine immunization. Particularly women and underprivileged communities

Learnings - Beyond communication



Thank you!

Acknowledgements



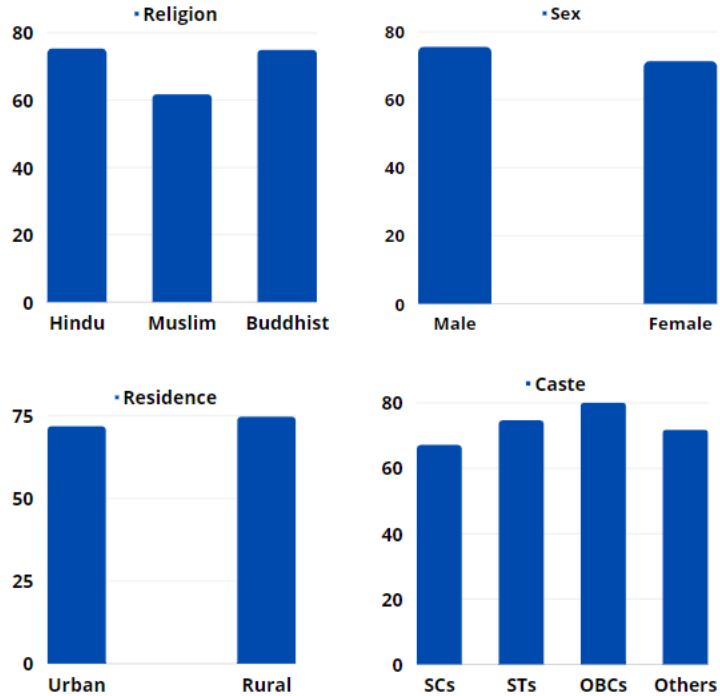
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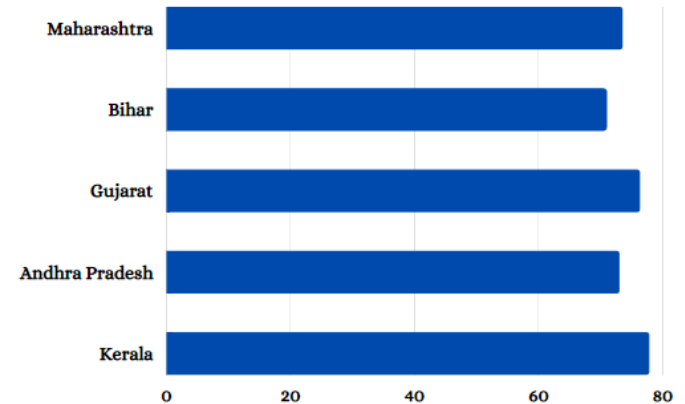
Children routine immunization in Maharashtra

Trends in Routine Immunization in Maharashtra



Percentage of children age 12-23 months who received all basic vaccines by background characteristics
Source: National Family Health Survey 5

Immunization rate (basic vaccinations) by state



Percentage of children age 12-23 months who received all basic vaccines
Source: National Family Health Survey 5