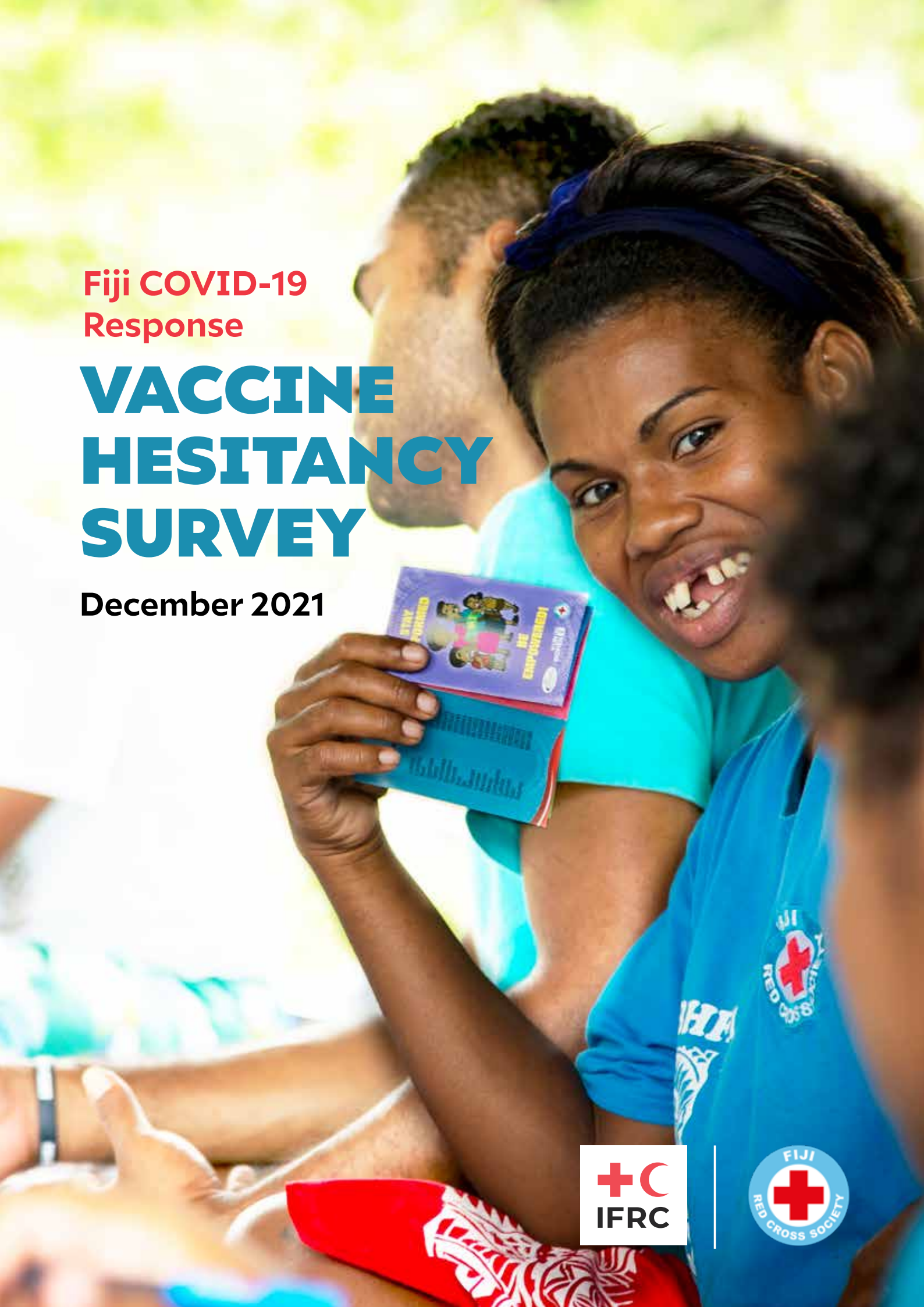


**Fiji COVID-19
Response**

VACCINE HESITANCY SURVEY

December 2021



ACKNOWLEDGEMENT

This survey was commissioned by the IFRC Pacific Country Cluster Delegation and conducted by Fiji Red Cross Society.

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EXECUTIVE SUMMARY

To understand communities' perceptions on COVID-19 vaccine and reasons for hesitancy, this survey was conducted by Fiji Red Cross Society (FRCS), with support from IFRC, as part of the COVID-19 response operation from 4 to 26 October 2021 in Cakaudrove and Ba province of the northern and western divisions of Fiji. The assessment was conducted via interviews over phone and household visits, reaching a total of 304 respondents in the two provinces. The survey findings are intended to inform understanding of community perceptions of COVID-19 vaccine and shape risk communication, behaviour change and community engagement activities. At the same time, the results will support FRCS to provide clear and accurate information about vaccination and respond to any misperceptions in the community.

Findings from the survey show a majority of the respondents have received the first dose of COVID-19 vaccine (95.45% in Cakaudrove and 94.44% in Ba province) and more than half of the respondents reported completing double dose (76.19% in Cakaudrove and 52.94% in Ba province). Those who did not take the second dose (23.8% in Cakaudrove, 47% in Ba) or did not take the vaccine at all (4.5% in Cakaudrove and 5.6% in Ba) gave several reasons – time for second dose was much later, rumours against the vaccine, concerns around safety and effectiveness of the vaccine and not having enough information about it. Respondents asked for more information on the subject and requested to address rumours and involve community leaders to talk about this topic. Ministry of Health, doctors, health workers and radios were recognized as trusted sources of information. They also mentioned household visits, phones, radios and community meetings were preferred ways to receive information from FRCS.

A majority (83.57% in Cakaudrove and 83.33% in Ba) reported not facing any challenges accessing regular health services during COVID-19. A fewer number of respondents in Cakaudrove, 6.64%, and 50% of the respondents in Ba province said they would not go to the health facility if they or someone in their family showed symptoms of severe COVID-19. Reasons shared by respondents for this were related to the safety and fear of being exposed to the virus at the hospitals and lack of treatment facilities there.

Findings suggest it is important to address the rumours, questions and concerns around COVID-19 vaccine as well as health facilities and engage with communities in raising awareness using the trusted and suggested communication channels considering age and gender groups.

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Abbreviations

CEA	Community Engagement and Accountability
FGD	Focus Group Discussion
FRCS	Fiji Red Cross Society
IEC	Information Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
MHMS	Ministry of Health and Medical Services
NGO	Non-Governmental Organization
RCCE	Risk Communication and Community Engagement
WHO	World Health Organisation

INTRODUCTION

The COVID-19 pandemic has claimed over 5.2 million lives as of 29 November 2021, and continue to occur across various countries in the world. With the second and third waves striking many nations, countries rely on restrictive measures and lockdowns to mitigate the effects of the pandemic. Resulting as one of the greatest public health crisis and a humanitarian crisis, the outbreak has largely affected people's health, livelihood as well as mental health and psychosocial wellbeing. While vaccination campaigns have unrolled in many countries, an equitable distribution of vaccines for COVID-19 and adherence to basic preventative measures remain vital to respond to the pandemic.

In Fiji, the first case of COVID-19 was reported on 19 March 2020. The major wave of COVID-19 commenced on 17 April 2021, when a case of Delta variant was detected in the community as a result of a breach of protocol at a border quarantine facility. As of 30 November 2021, more than fifty-two thousand (52,506) cases have been confirmed with more than 600 (696) deaths reported since the start of the pandemic. Overall, the death rate for the country is on a declining trend. Encouragingly, around fifty-one thousand (51,037) people have recovered from the virus and the daily cases of COVID-19 have also significantly dropped.

The vaccination campaign in Fiji started in March 2021. As of 29 November 2021, 97.30% of the adults (above 18 years) received the first dose and 90.60% received the second dose. Booster vaccine shots to rollout soon however third shot will be prioritized among the most vulnerable individuals who are at higher risk. Among the children (15-17 years), 34,607 have received the first dose and 25,878 second dose. Around 15,501 children (aged between 12 – 14 years) have received the first dose.

Since April 2021, inter-island travel had been restricted and quarantine conditions were in place to ensure that Fiji's second wave of COVID-19 had limited spread beyond Viti Levu. As of 12 November, the Government of Fiji announced individuals can travel from Viti Levu to Vanua Levu and maritime islands and vice-versa under risk reduction protocols. From 1 December 2021, Fiji has been opened to all fully vaccinated travellers for quarantine free travel from Travel Partner Countries¹. However, with the recent spread of Omicron variant, Fijian Government added new entry conditions for red list countries.² Omicron variant is being closely monitored as it has been shown to carry significant mutations that could spell higher rates of transmissibility and virulence.

¹ For more information on border restrictions, please visit: [Facebook](#)

² For latest information about COVID-19 in Fiji, please visit: <https://www.health.gov.fj/ease-of-covid-19-restrictions/>

Fiji Red Cross Society (FRCS), with support from IFRC, has been assisting the Ministry of Health and Medical Services (MHMS) with the COVID-19 response, including through risk communication and community engagement (RCCE) activities, administrative support for the national vaccination programme, support to the Fiji National Blood Service and donor recruitment. FRCS is working at the community level to raise awareness, promote COVID-safe behaviours, increase vaccine acceptance and support the MHMS in addressing vaccine hesitancy through the initiation of this vaccine hesitancy survey and implementation of a community feedback mechanism. Additionally, FRCS is coordinating with the MHMS to include pulse oximeters to identify low risk positive COVID-19 patients at home and health workers totalling 1,732 (with an additional 8,268 for future use) in conjunction with the supply of 1,800 COVID-19 hygiene kits. Personal Protective Equipment (PPE) is prepositioned at all branches and made accessible for all volunteers working with MHMS in vaccination and screening sites. FRCS have also been appointed as a member of Fiji's COVID-19 Incident Management Team to provide operational management of the Fiji COVID-19 outbreak. Currently FRCS and MHMS are in discussions to rollout community-based surveillance in targeted locations along with prepositioning of Epidemic Control for Volunteer (ECV) kits to support new community cases.

Why Vaccine Hesitancy Survey?

According to IFRC and FRCS sitreps in August and September 2021, a widespread community transmission was reported in the central and western division on the main island of Viti Levu in Fiji. The outbreak was a major concern in remote maritime communities with limited health infrastructure and lower vaccination rates. There were also some small clusters that had been reported in the northern division on the second largest island of Vanua Levu.

As of 29 September 2021, around 95.8% of over 18s received first dose, while 72.5% of over 18s received the second dose of COVID-19 vaccine in Fiji. Vaccine hesitancy was being reported impacting the vaccination rates, particularly for the second dose. In addition, information gaps among people led to misinformation and rumours.

To understand communities' perceptions on COVID-19 vaccine and reasons for hesitancy, this survey was conducted by FRCS, with support from IFRC, as part of the COVID-19 response from 4 to 26 October 2021. Understanding what people know or believe, and why they might be resistant to change can help develop effective, targeted information, engage in dialogue with communities, and promote positive behaviour. Hence the results will support FRCS to provide clear and accurate information about vaccination and respond to any misperceptions in the community.

Goal and objectives

The goal of this survey is to understand communities' perceptions on COVID-19 vaccine and reasons for hesitancy to inform risk communication, behaviour change and community engagement activities.

Key objectives are to understand communities':

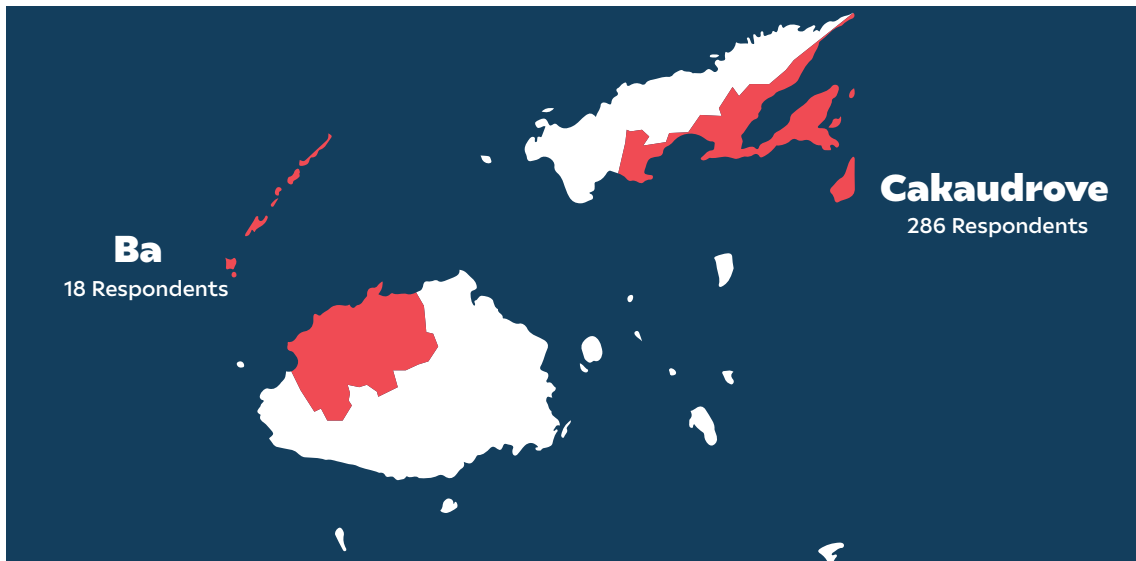
- vaccination status
- reasons for vaccine hesitancy
- information needs and their preferred channels to receive information
- access to health services

Method

This survey was conducted using convenience sampling technique targeting vaccine-hesitant groups or individuals who received their first dose but no-show for the second dose within Cakaudrove and Ba provinces of the northern and western divisions. The survey data was gathered by contacting community members with phone or during household visit with adhering COVID safe practices such as not entering households and communicating with community members through windows/doors whilst maintaining a 2-m distance.

KoBo Toolbox - a free open-source tool for mobile data collection - has been used to collect data for the survey. Online trainings on the survey were held on 29 September and 1 October 2021 for more than 60 FRCS staff and volunteers from different branches to explain the objectives of the survey, go through the survey questions and discuss how to use KoBo forms to collect data.

A total of 304 individuals had been interviewed in the two provinces, with 286 respondents from Cakaudrove province and 18 from Ba province. The analysis of the survey is conducted separately for the two locations. Given that the survey was done through convenience sampling technique, the results cannot be generalized to the target population in Fiji because of the potential bias of the sampling method and under-representation of subgroups in the sample in comparison to the population of interest. Therefore, inferences based on the convenience sampling is made only about the sample itself in the respective location.



Map 1 Fiji: provinces in red covered in the survey

Limitation

The survey was done through convenience sampling method, which means the sample was not representative of the population in Fiji and the results of the survey cannot be generalised for overall situation in the country. A comprehensive assessment is recommended with using random sampling technique as well as focussed group discussions targeting more provinces in the vaccine hesitant locations and having a representative sample size.

CAKAUDROVE PROVINCE

Demographic Profile

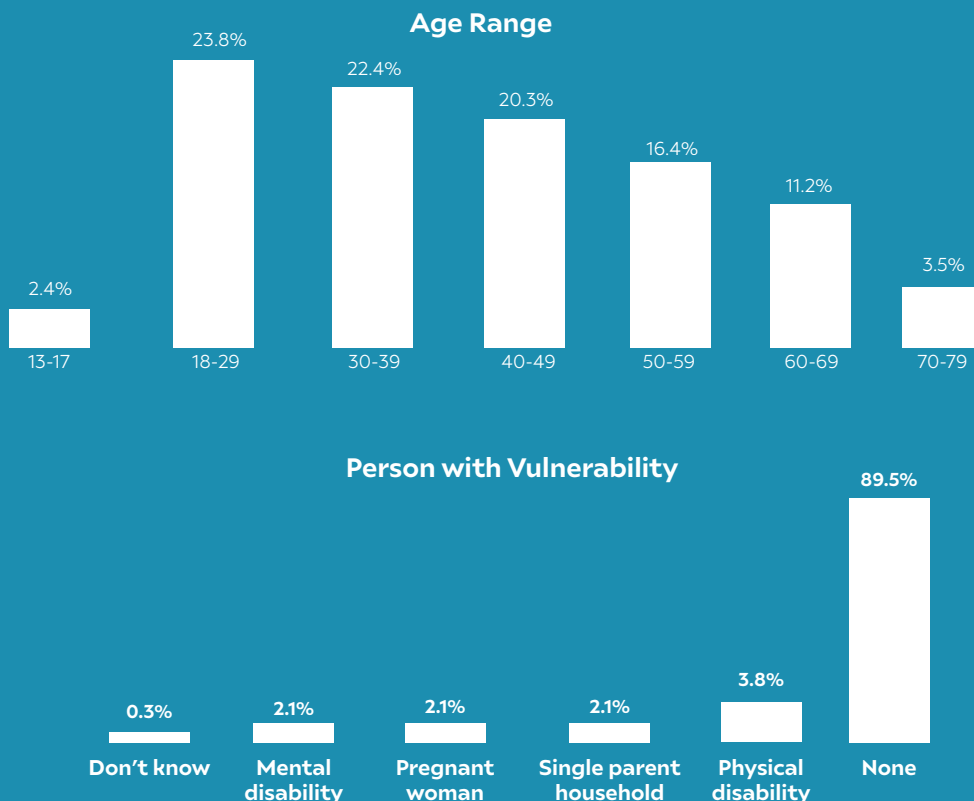
In Cakaudrove, a total of 286 respondents participated in the survey, of which 51.7% were female and 48.3% male respondents. All the below charts and narrative represent survey findings.

Figure 1: Number of Cakaudrove respondents and gender breakdown



The age distribution of the respondents was: 2.4% 13-17-year-olds, 23.8% 18-29, 22.4% 30-39, 20.3% 40-59-year-olds and 14.7% over the age of 60. Around 10.1% of the respondents reported to have a vulnerability, such as physical disability, mental disability (depression/anxiety), was a pregnant woman or a single parent household.

Figure 2: Age - Vulnerability structure of Cakaudrove respondents

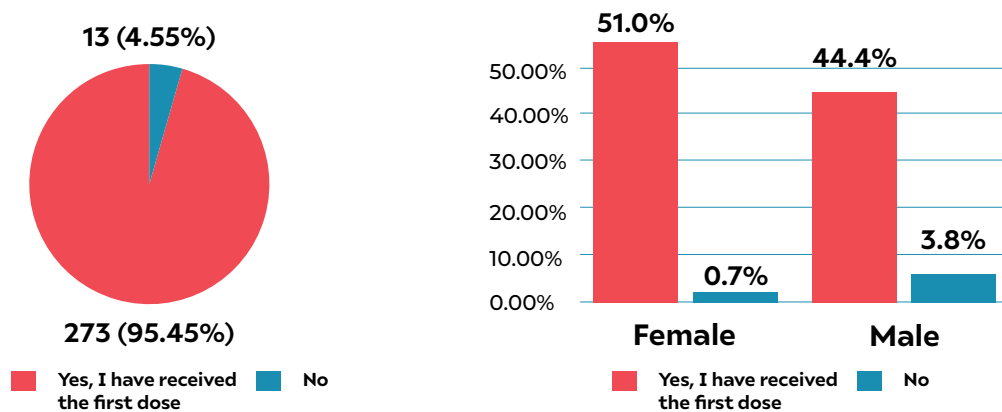


Survey Findings

Vaccination status and reasons for hesitancy

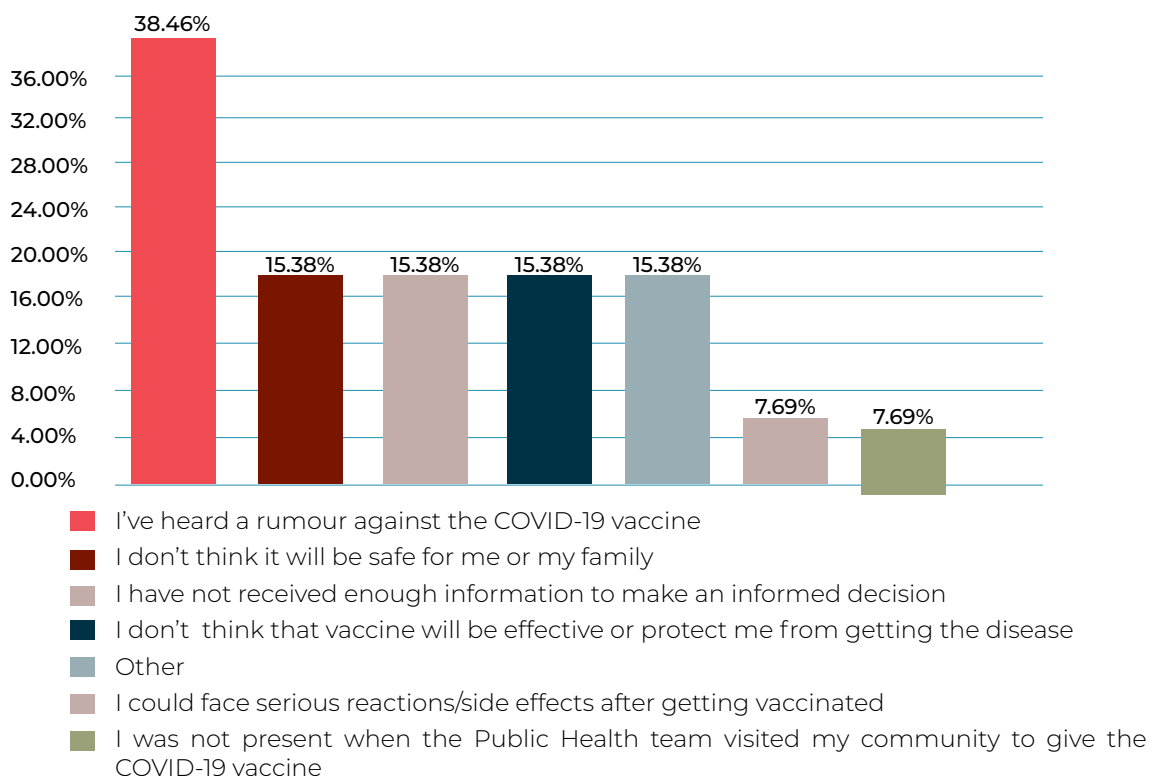
Survey findings show a majority – 95.45% - of the respondents have received the first dose of COVID-19 vaccine. Responses to this question was found to be higher among female (51.0%) respondents. The remaining, 4.55%, have reported not receiving any COVID-19 vaccine, majority of who were male respondents (3.8%).

Figure 3 Cakaudrove: Have you received a COVID-19 vaccine?



The main reason respondents gave (13 respondents) for not getting the vaccine was due to the rumours against the COVID-19 vaccine (38.46%). Other factors included beliefs that the vaccine will not be safe for an individual or his/her family (15.38%), it will not be effective against the disease (15.38%), while many others mentioned about not having enough information about the vaccine to make an informed decision (15.38%).

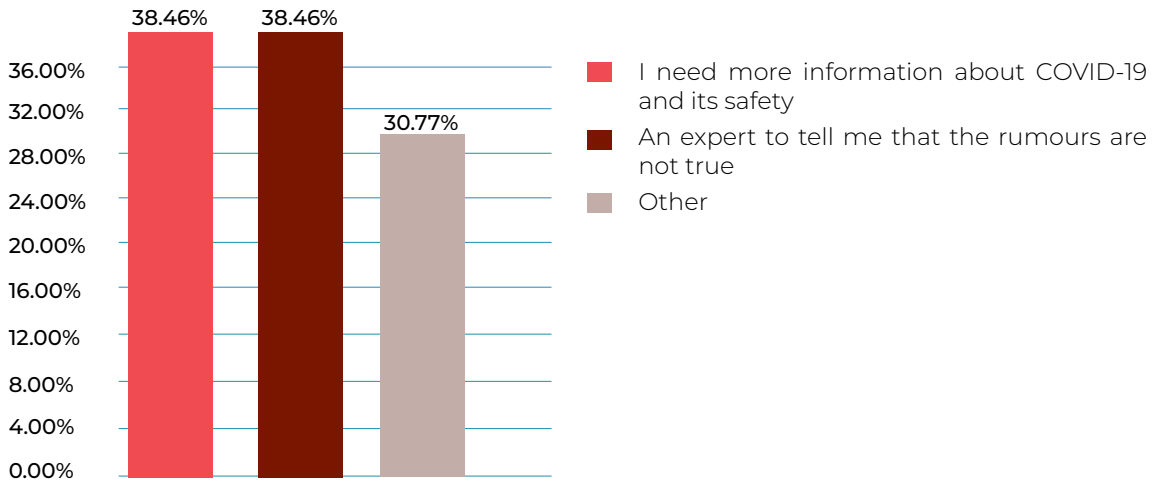
Figure 4 Cakaudrove: If you haven't had the COVID-19 vaccine, why not?



Responses under "Other": "I am not sure"

When asked about what would influence them in getting the vaccine, a majority of the respondents mentioned that they required more information about the vaccine and its safety (38.46%) and suggested to address rumours through verifying with the experts and sharing factual information with communities (38.46%). Others (30.77%) requested the vaccination team to visit their communities once again to provide vaccines and conduct awareness raising activities or campaigns on vaccination.

Figure 5 Cakaudrove: What will make you want to have the COVID-19 vaccine?



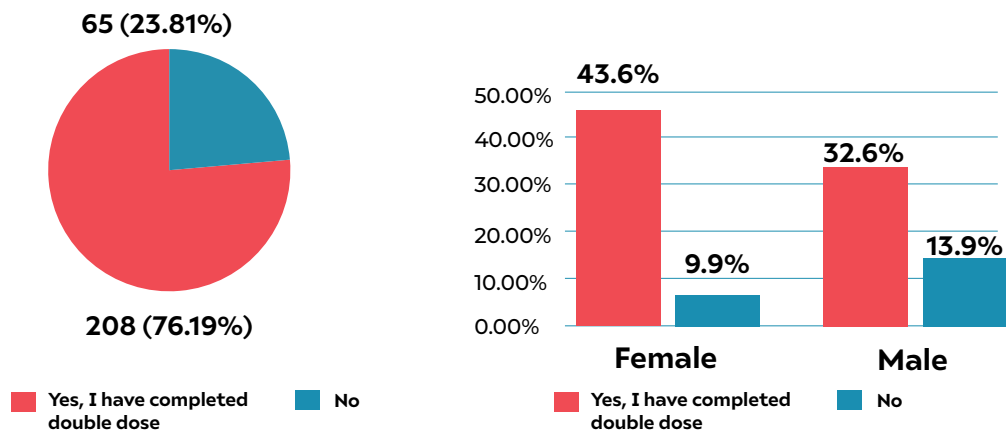
Sainiana Tinai, Ba Branch volunteer, talks to members from Koroboya village in Ba about COVID-19 and how they can stay safe from the virus.

“We want the vaccination team to come again to give us the vaccine.” - survey respondent in Cakaudrove province.

“There was no awareness campaign or information on vaccination. Vaccines are forced on people and it is taking away people’s right.” - survey respondent in Cakaudrove province.

Of those who received the first dose of COVID-19 vaccine (273 respondents), more than three-quarters of the respondents (76.19%) reported completing double dose. Once again, the response to this question was higher among female respondents (43.6%).

Figure 6 Cakaudrove: Have you had your 2nd dose?

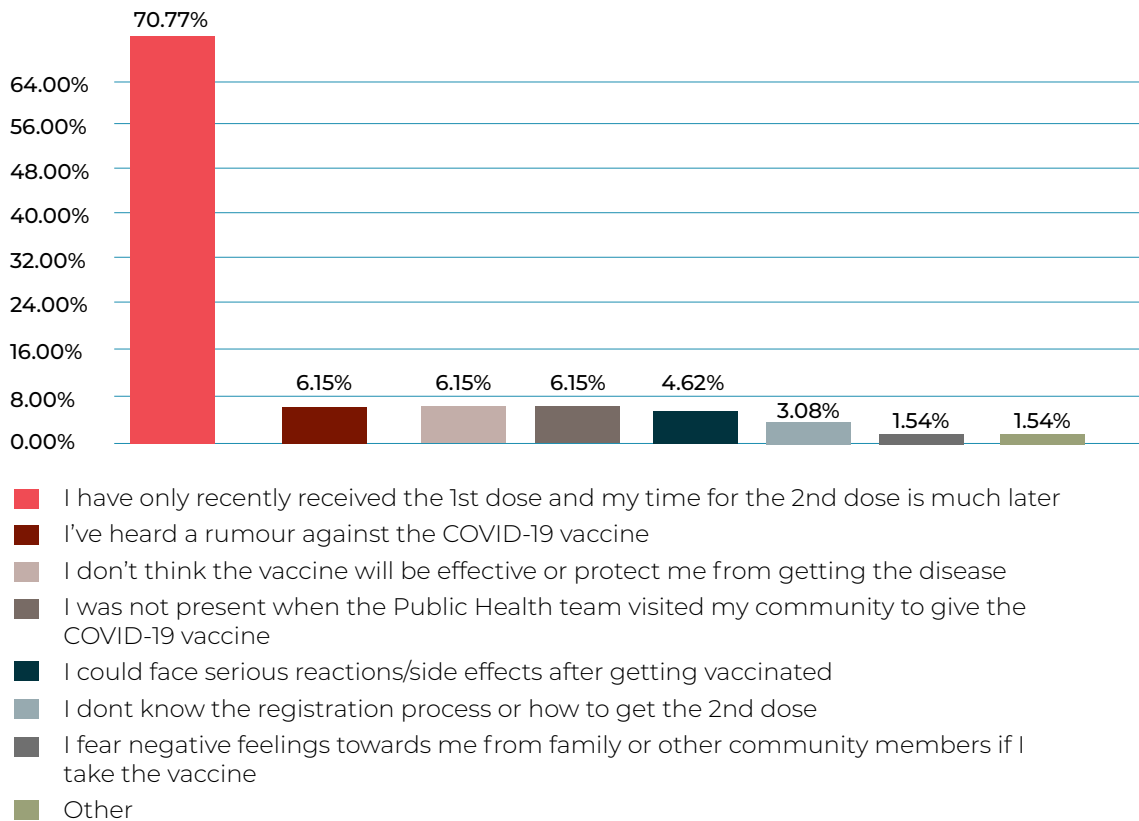


Of the 273 respondents who received the first dose, around 23.81%, 65 respondents, reported not having received the second dose, majority of who were male respondents (13.9%). The main reason respondents gave for this was that they had only recently received the first dose of the vaccine and the time for the second dose was due much later (70.77%). Other factors that prevented them in getting the vaccine were rumours (6.15%), concerns about the effectiveness of the vaccine (6.15%), and many reported not being present at their place when the Public Health team visited their community to give the vaccine (6.15%).



Fiji Red Cross volunteer distributes hygiene kits to a community member.

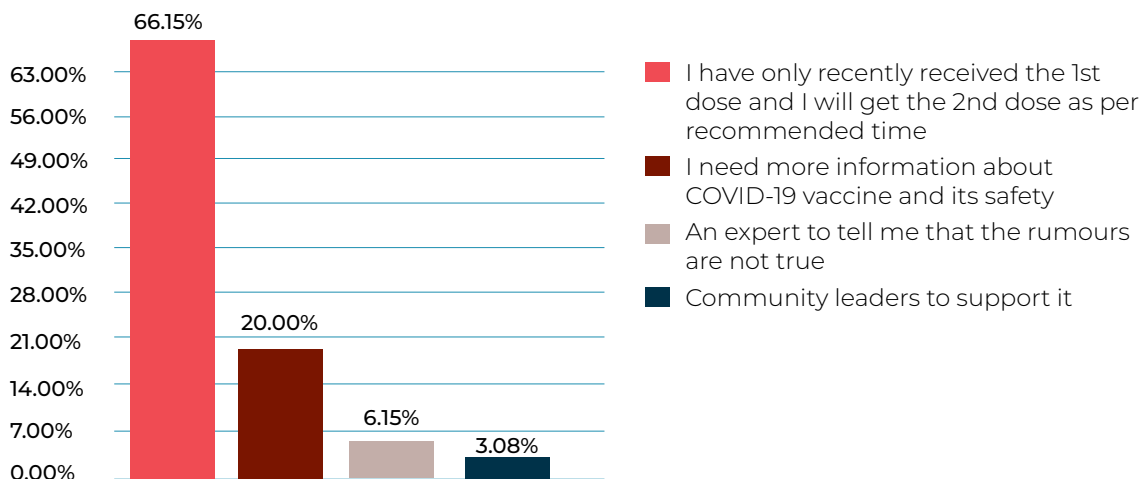
Figure 7 Cakaudrove: What kept you from taking the second dose?



Response under "Other": "I just received the first dose."

When asked about what would influence them in getting the second dose of the vaccine, a majority, 66.15%, of the respondents mentioned that they had only recently received the first dose and their time for the second dose was due much later. Others requested for more information about the vaccine and its safety (20.00%), factual information to counter rumours (6.15%) and suggested involving community leaders to talk about this topic (3.08%).

Figure 8 Cakaudrove: What would you need to change your mind to have the 2nd dose of COVID-19 vaccine?



Those who completed the double dose of the COVID-19 vaccine (208 respondents), said that the main reason for getting the vaccine was to protect themselves against the disease (80.29%). Response to this question was higher among female respondents (45.7%). Other factors that influenced people in getting the vaccine were to protect their family from the disease (12.02%), seeing others getting the vaccine (2.88%) and few mentioned there was no particular reason (2.40%). Some, 1.92%, reported that they received the vaccine only to access certain services such as health facilities, for travelling, government assistance and felt vaccination was mandated for people rather than given a choice.

Figure 9 Cakaudrove: What made you have the COVID-19 vaccine?

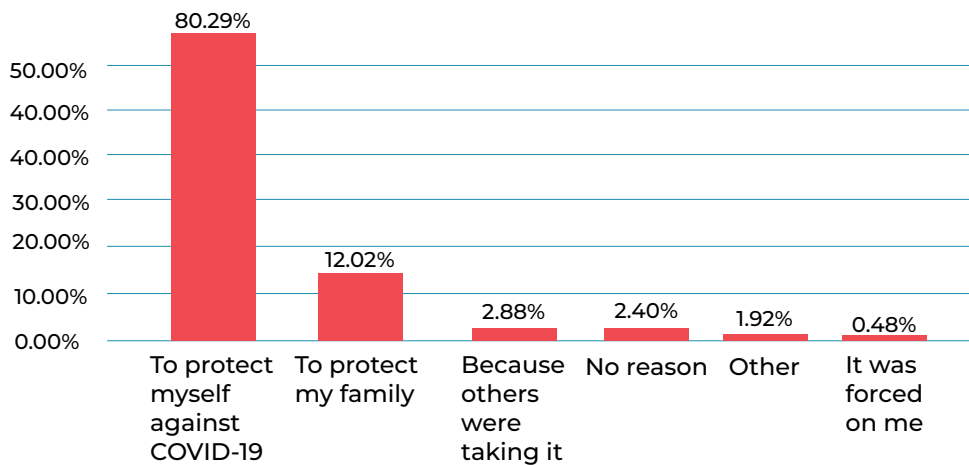
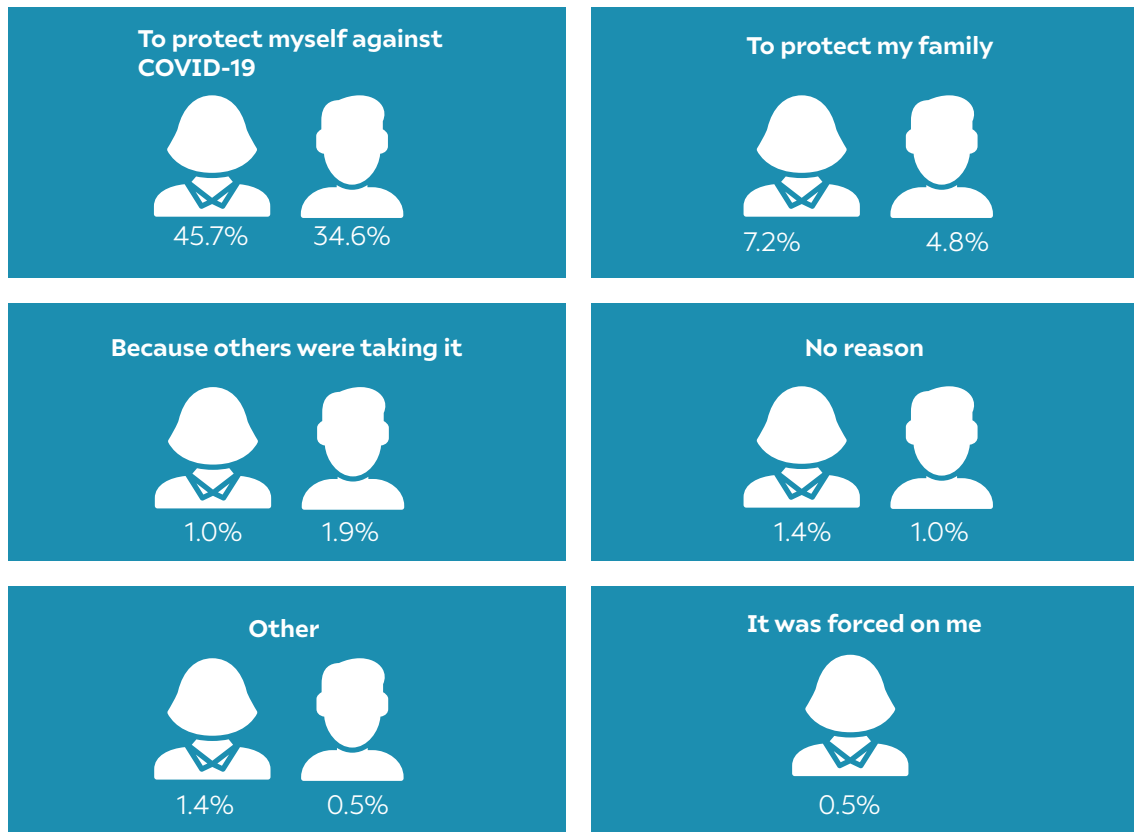


Figure 9a Cakaudrove: What made you have the COVID-19 vaccine? (by gender)



Responses under “Other”: “No jab no social welfare”; “To protect myself and to prevent my business from getting closed”; “I had no other choice as it was compulsory”; “No vaccination, No access to clinic”; “I got the vaccine for travelling pass. We understand the border will soon be opened”; “I agreed to get the vaccine when I understood how it will help my blood cells and prevent the disease.”

Information needs and communities’ preferred channels to receive information

Respondents’ most trusted sources of information was the Ministry of Health (56.64%). While this was the main trusted information channel, women (31.5%) rated this source of information higher than men (25.2%). This option was also rated highest by respondents aged between 40-49.

Overall, 23.78% of the respondents relied on doctors and ranked this option the second most trusted source of information. Again, female respondents (12.6%) rated this source higher than men (11.2%). This option was also popular for respondents aged between 18 – 39.

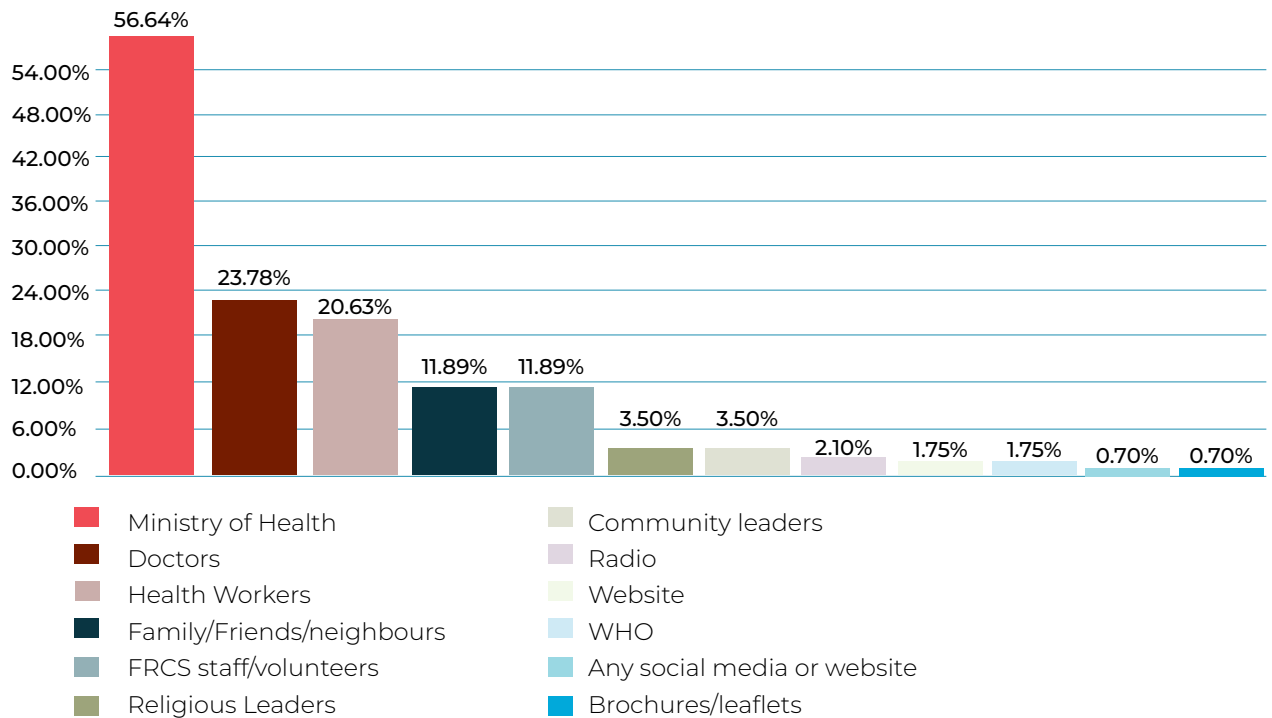
Ranked third after Ministry of Health, about 20.63% of the respondents mentioned health workers as the trusted information channel which was also rated higher by female respondents (10.8%) compared to men (9.8%). “Health workers” was also rated highest by respondents among the 18-29 age group.

Other channels mentioned included family or friends (11.89%) and FRCS staff and volunteers (11.89%). Fewer respondents mentioned about community leaders (3.50%) and religious leaders (3.50%) as also trusted sources of information in their community. While social media or website was selected only by some 0.70% respondents, Facebook was recognized as the popular sources of information on COVID-19 vaccine by these respondents.



A member of the Fiji Red Cross survey team distributes hygiene kits to a community member from Nabouwalu, Bua.

Figure 10 Cakaudrove: Which sources do you trust the most for information related to the COVID-19 vaccine?



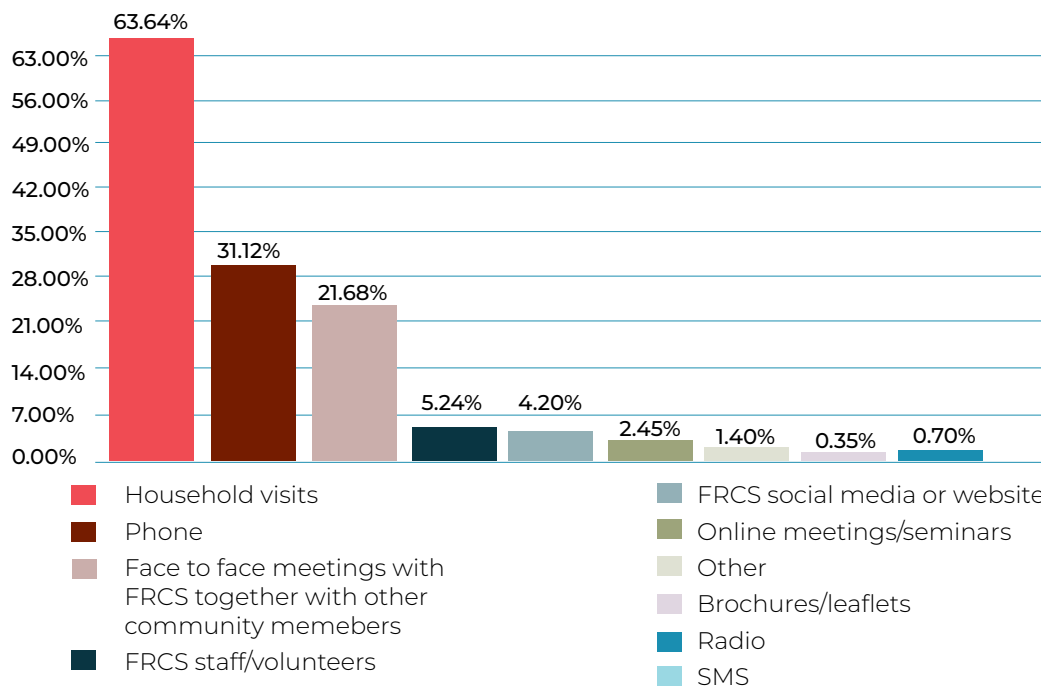
Over three-fifths of survey respondents said they would prefer to receive information on COVID-19 vaccine from FRCS through household visits (63.64%). Female respondents (32.87%) rated this channel higher than men (30.77%). This option was also rated high across all age groups but highest by respondents aged between 40-49.

Phone was selected as the second most preferred channel (31.12%) to receive information on the vaccine. Women (16.08%) rated this channel slightly higher than men (15.03%) and the option is also most preferred by respondents in the 18 – 49 age group.

Ranked third, about 21.68% of respondents mentioned face to face community meetings together with FRCS as another way to get information on the subject. Again, this was rated higher by female respondents (12.24%) than men (9.44%). This option was rated highest by the age group from 30-39.

Other channels preferred included FRCS staff and volunteers (5.24%), FRCS social media or website (4.20%) and online meetings/seminars (2.45%).

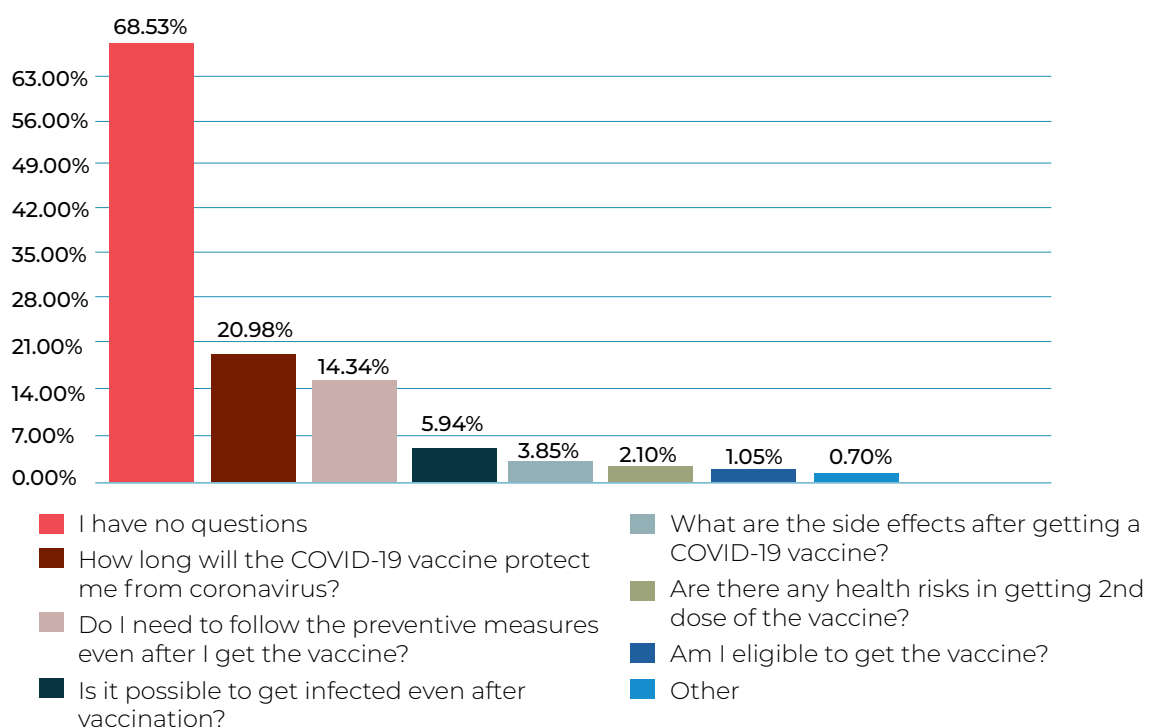
Figure 11 Cakaudrove: How would you prefer to receive information about COVID-19 vaccine from Fiji Red Cross Society (FRCS)?



Response under "Other": online.

A majority, 68.53%, 196 respondents, did not have any questions about the vaccine. Those who did (90 respondents) asked how long the vaccine would protect them (66.66%), if they needed to follow the preventive measures (45.55%) after vaccination, if it was possible to get infected after the vaccination (18.88%) and the possible side effects (12.22%) of vaccine. Fewer respondents were concerned about the health risks of getting the second dose of the vaccine (6.66%).

Figure 12 Cakaudrove: Do you have any questions about COVID-19 vaccine?



Responses under "Other":

- Will there be side effects of the vaccine later in the coming years?
- Am I going to have side-effects after getting the vaccine later on in life?
- Am I 100% saved from COVID-19 now?
- Will this COVID-19 vaccine provide 100% protection and will my baby be affected by this vaccine when I give birth?
- Is COVID-19 vaccine a drug?
- Will the vaccine really protect us from COVID-19?
- Will the same vaccine that we received be given to our children?
- Do you fall sick after you get the vaccine?
- Will there be any side effects of the vaccine if I have a vulnerability?
- Has there been any research on this vaccine before the roll out took place?
- Is the vaccine good or bad for us?
- I want more information about vaccination.
- Will the baby be affected if you are pregnant and you get the vaccine?
- Why do we need to get two doses of vaccines? Why children are being vaccinated later?
- Will the vaccine give me 100% protection if I complete two doses?
- How would the vaccine protect us from COVID-19?
- Why do we need to get vaccines, why not capsule?
- Does it really help when we all get the vaccine?

Survey respondents reported various rumours in their community about COVID-19 vaccine majority of which related to the safety and effectiveness of the vaccine and religious beliefs. Misperceptions and rumours can create social tension in a community or lead to practising harmful behaviour and therefore should be responded by providing communities with the right information. Below are the rumours reported by the respondents in Cakaudrove province:

- Is it true that Coronavirus is present in the vaccine?
- Is it true that there is a chip in the vaccine?
- Is it true that vaccine is very useful in our lives?
- There are videos on social media about magnetic reactions on the place where you get the jab.
- I am not sure about this COVID-19 vaccine. I took the vaccine because of travelling pass.
- I am not sure why I have to take the vaccine because I am not sick.
- Is it true that COVID-19 vaccine can have magnetic reactions?
- I am not sure if any disease can be cured by this vaccine.
- Not sure whether the vaccine will protect us.
- This vaccine is a sign for "666".³
- I don't think vaccines protect us from COVID-19.
- I am not sure about this vaccine. How long is it going to protect me?

³ "666" refers to a part of the Bible, as the number, or name, of wild beast. Some people refer COVID-19 vaccine as the "Mark of the beast" or sign for "666" which relates to the belief that COVID-19 vaccine is a conspiracy of governmental control or that the vaccine contains some sort of marking agent to identify those receiving the vaccine.

- COVID-19 vaccine is not good for our health.
- The vaccine is "Mark of the beast".
- I heard that when you get injected with the vaccine, your hand will become like a magnet.
- Is the COVID-19 vaccine "Mark of the beast"?
- There is a rumour that COVID-19 vaccine is a drug. We need expert advise on this.
- Vaccines make people afraid.
- Without jab, you are not allowed to move or travel freely.
- Vaccine is being forced on people.



Nacanieli Tavisoro, Ba Branch volunteer, talks to a members from Koroboya village in Ba about proper hand washing techniques.

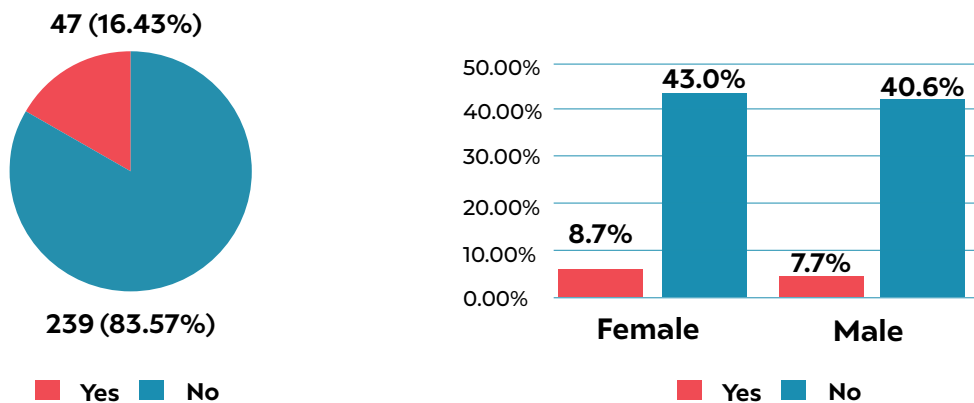


Fiji Red Cross volunteers in Savusavu, Cakaudrove, raising awareness on COVID-19 and how families can stay safe.

Access to health services

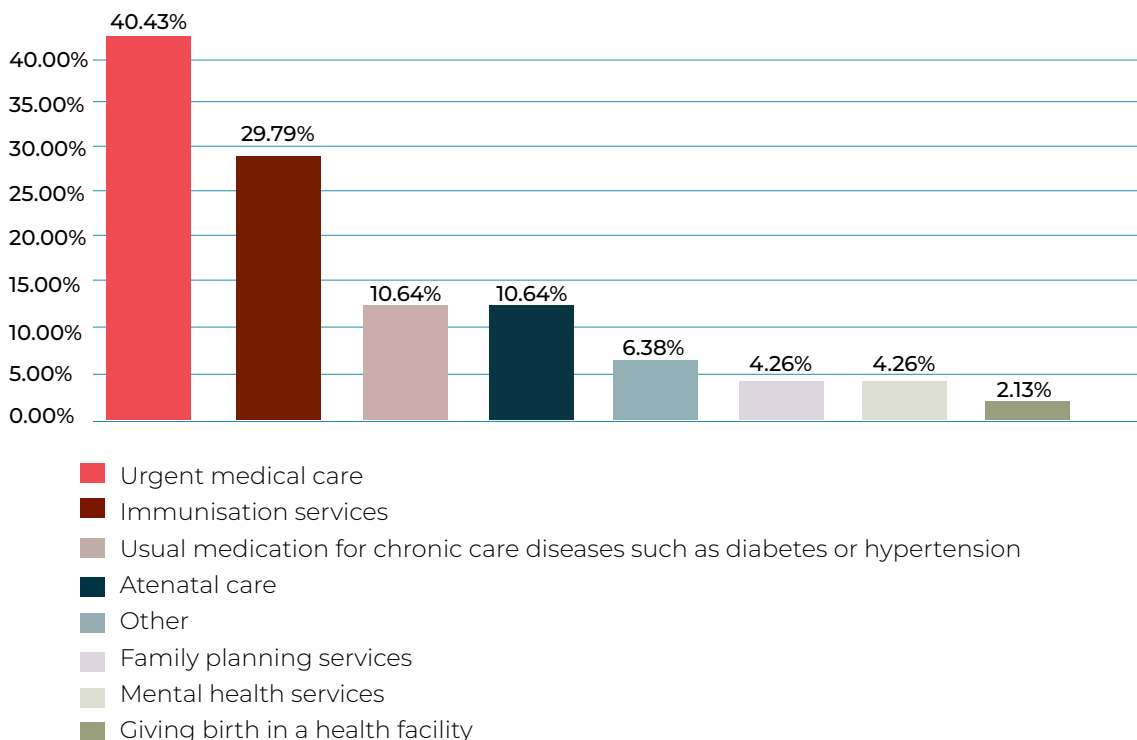
A majority, 83.57%, 239 respondents reported not facing any challenges accessing regular health services during COVID-19. The remaining, around 16.43%, 47 respondents, mentioned about experiencing difficulties in accessing health care services, majority of who were female respondents (8.7%).

Figure 13 Cakaudrove: Have you or a family member experienced any challenge accessing regular health services during this COVID-19 pandemic?



The type of services communities encountered challenges accessing were urgent medical care (40.43%), immunisation services (29.79%), usual medication for chronic care diseases (10.64%) and antenatal care (10.64%).

Figure 14 Cakaudrove: What type of health services have you had challenge accessing?

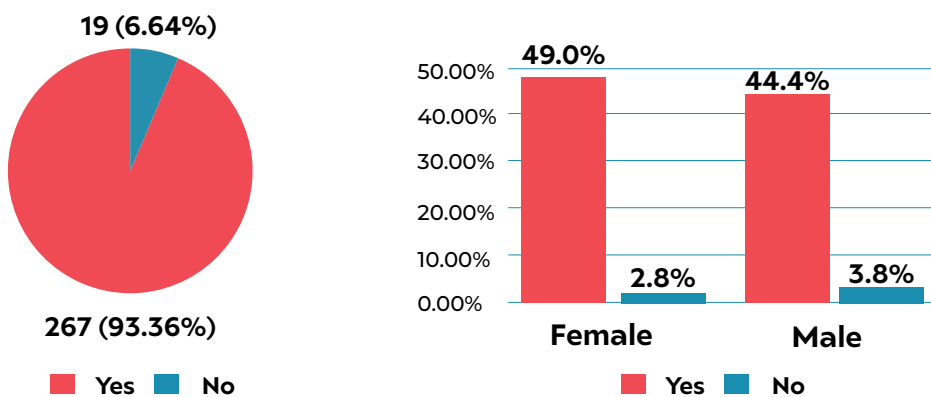


Responses under "Other": regular check-ups;

“Since borders are closed, community health workers could visit the vulnerable persons in the community and bring along medicines,” – a survey respondent in Cakaudrove province.

When asked what respondents would do if they or someone in their family showed symptoms of severe COVID-19, vast majority answered that they would go to a health facility (93.36%). This finding was higher for female respondents (49.0%).

Figure 15 Cakaudrove: If you or someone within your household or community had severe COVID-19, would you take them to a health facility?



Around 6.64%, 19 respondents said they would not go to the health facility, majority of who were male respondents (3.8%). Respondents gave several reasons for this that were related to the safety concerns and fear of being exposed to the virus at the hospitals, and lack of treatment facilities at the health facility. Below are the responses from the respondents:

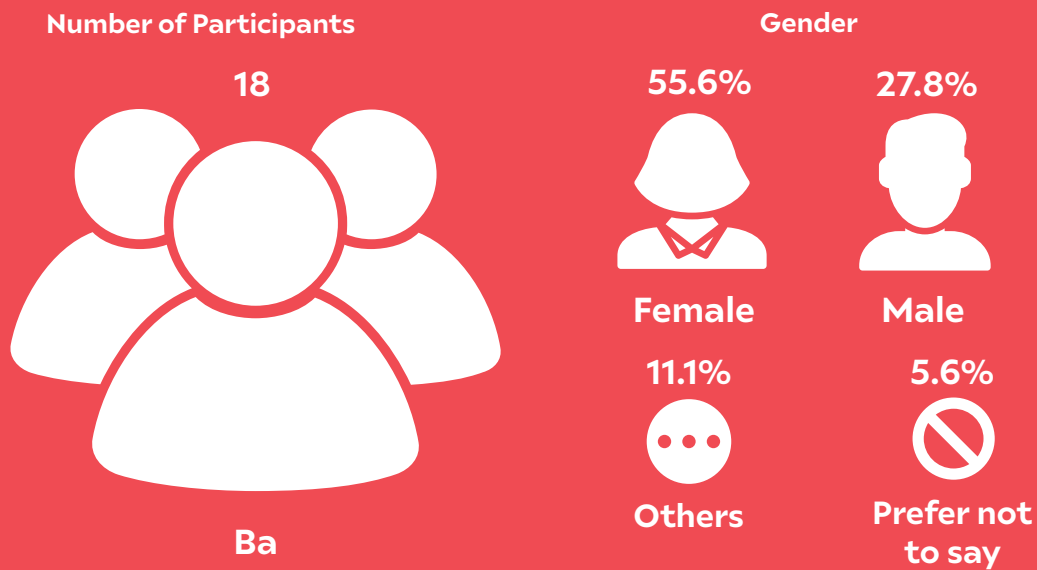
- There is no cure. People are given “Panadol” and then sent home in Suva later.
- It is safer to give herbal medicine at home.
- The hospital is not safe as it is exposed to the virus already.
- I will try to treat at home and isolate the infected person.
- The hospital is not like here at home.
- Hospital is exposed to the virus.
- Percentage of death is low at home compared to the hospital.
- It is much safer to isolate at home.
- The hospital is not well equipped.
- Because we will be infected and also spreading the disease to others.
- There is too much risk in hospital.
- We can give proper care at home compared to hospitals where there are lots of patients and the attention is not as favourable as at home.

BA PROVINCE

Demographic Profile

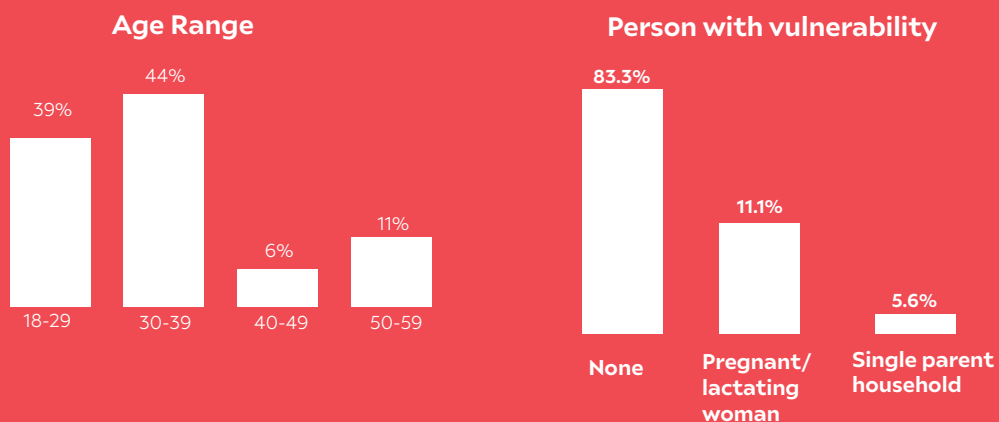
In Ba, 18 respondents participated in the survey, of which 55.6% were female and 27.8% male respondents. Around 11.1% classified themselves in the 'Other' category while 5.6% preferred not to answer the question. All the below charts and narrative represent survey findings.

Figure 16 Number of Ba respondents and gender breakdown



The age distribution of the respondents was: 39% 18-29, 44% 30-39-year-olds and 17% from 40-59. Around 16.7% of the respondents had a vulnerability, such as pregnant woman or a single parent household.

Figure 17 Age-vulnerability structure of Ba respondents

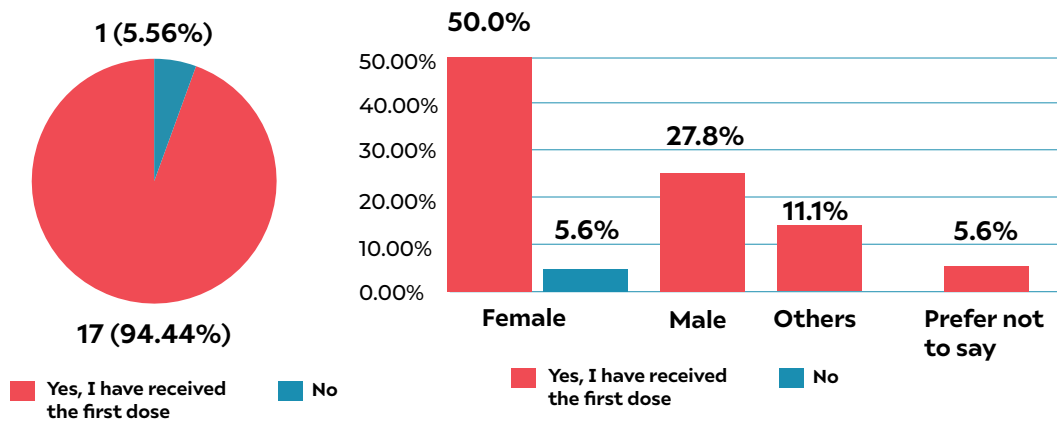


Survey findings

Vaccination status and reasons for hesitancy

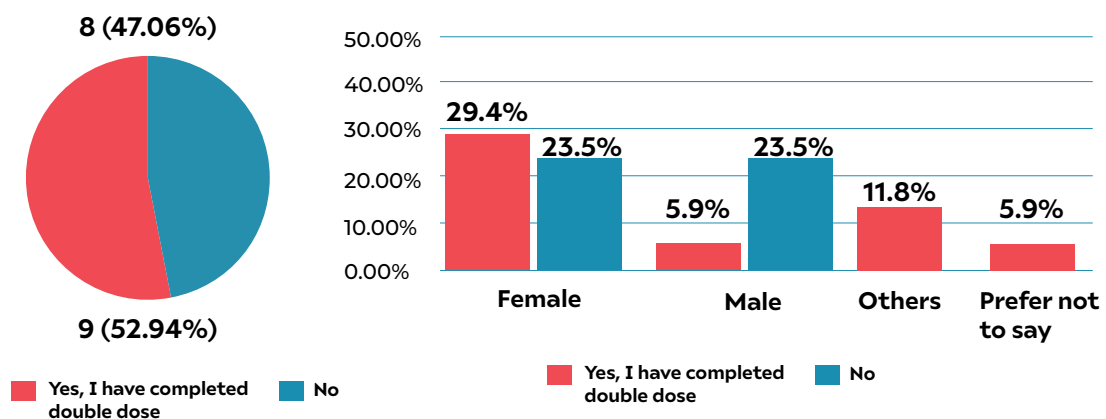
Survey findings show a majority – 94.44% - of the respondents received the first dose of COVID-19 vaccine. Responses to this question was found to be higher among female (50.0%) respondents compared to men (27.8%). Only one female respondent reported not having received any COVID-19 vaccine, mainly due to fear of negative attitude from family and community having received the vaccine and requested for more information about vaccine and its safety.

Figure 18 Ba: Have you received a COVID-19 vaccine?



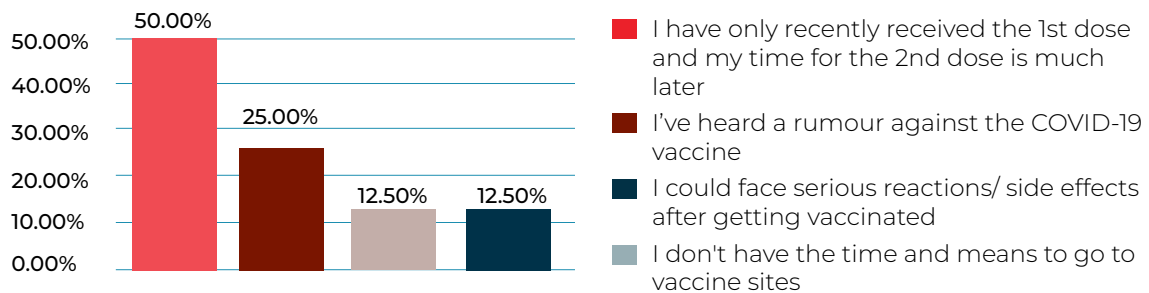
Of those who received the first dose of COVID-19 vaccine (17 respondents), more than half of the respondents (52.94%) reported completing double dose. Once again, the response to this question was higher among female respondents (29.4%) compared to men (5.9%).

Figure 19 Ba: Have you had your 2nd dose?



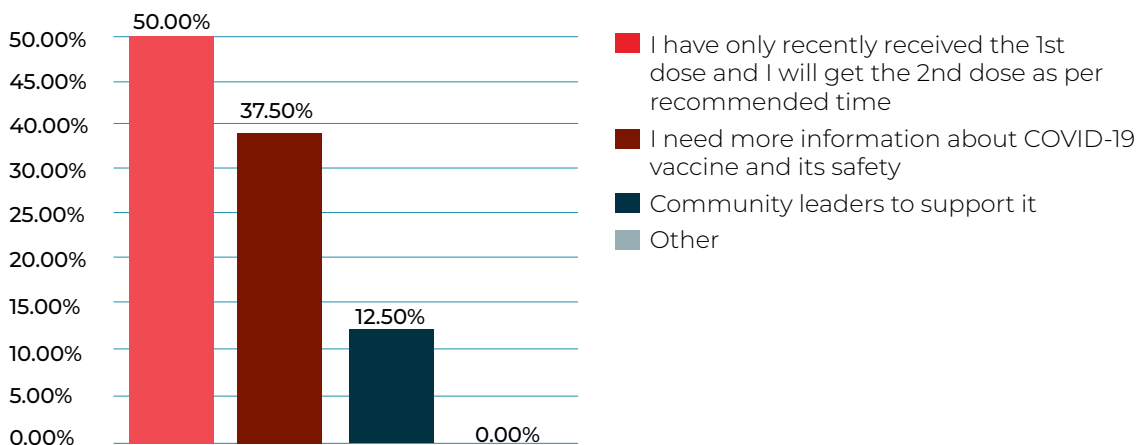
Of the 17 respondents who received the first dose, around 47.06%, 8 respondents, reported not having received the second dose, half of who were male and other half female. The main reason respondents gave for this was that they had only recently received the first dose of the vaccine and the time for the second dose was due much later (50.00%). Other factors that prevented them in getting the vaccine were rumours (25.00%) mainly reported by female respondents, and men were more concerned about the side effects of the vaccine and also said they did not have time/means to get to the vaccination sites.

Figure 20 Ba: What kept you from taking the second dose?



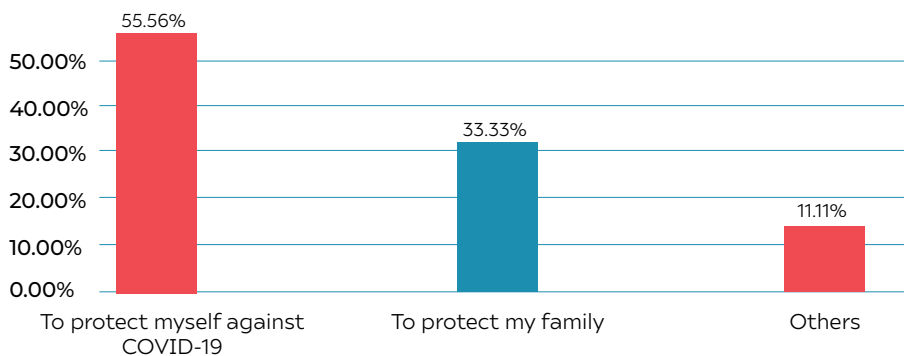
When asked about what would influence them in getting the second dose of the vaccine, a majority, 50.00%, of the respondents mentioned that they had only recently received the first dose and their time for the second dose was due much later. Others requested for more information about the vaccine and its safety (37.50%), and suggested involving community leaders to talk about this topic (12.50%).

Figure 21 Ba: What would you need to change your mind to have the 2nd dose of COVID-19 vaccine?



Those who completed the double dose of the COVID-19 vaccine (9 respondents), said that the main reason for getting the vaccine was to protect themselves against the disease (55.56%) and to protect their families (33.33%). Others (11.11%) reported that they received the vaccine to access different services such as government assistance.

Figure 22 Ba: What made you have the COVID-19 vaccine?



"I received the vaccine to get government assistance." - survey respondent in Ba province.

Information needs and communities' preferred channels to receive information

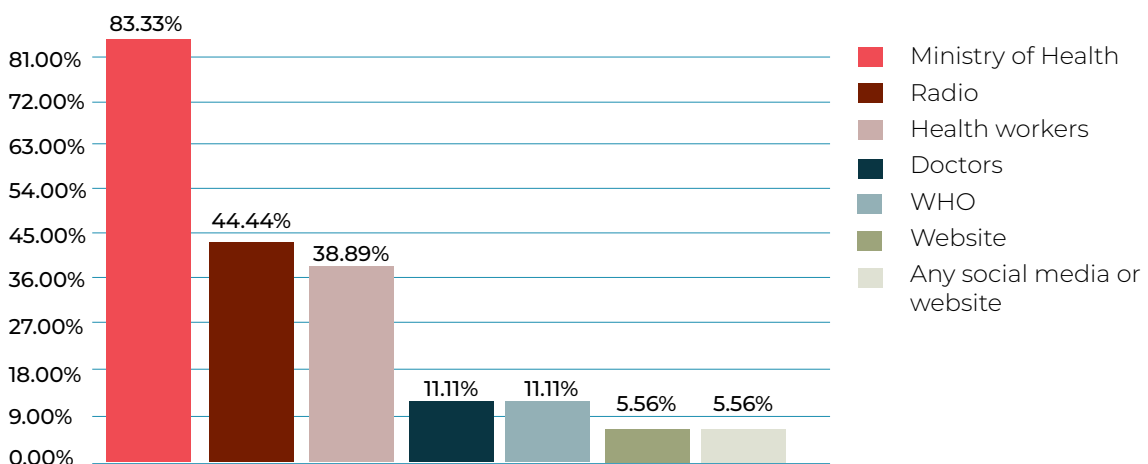
Respondents' most trusted sources of information was the Ministry of Health (83.33%). While this was the main trusted information channel, women (55.6%) rated this source of information higher than men (22.2%). This option was also rated highest by respondents aged between 30-39.

Overall, 44.44% of the respondents relied on radios and ranked this option the second most trusted source of information. Again, female respondents (27.8%) rated this source higher than men (11.1%). This option was also popular for respondents aged between 18 – 29.

Ranked third after Ministry of Health, about 38.89% of respondents mentioned health workers as the trusted information channel which was also rated higher by female respondents (27.8%) compared to men (11.1%). "Health workers" was also rated highest by respondents from 30-39 age group.

Other channels mentioned included doctors (11.11%) and WHO (11.11%). Fewer respondents mentioned about websites (5.56%) and social media (5.56%), mainly Facebook, as also trusted sources of information in their community.

Figure 23 Ba: Which sources do you trust the most for information related to the COVID-19 vaccine?



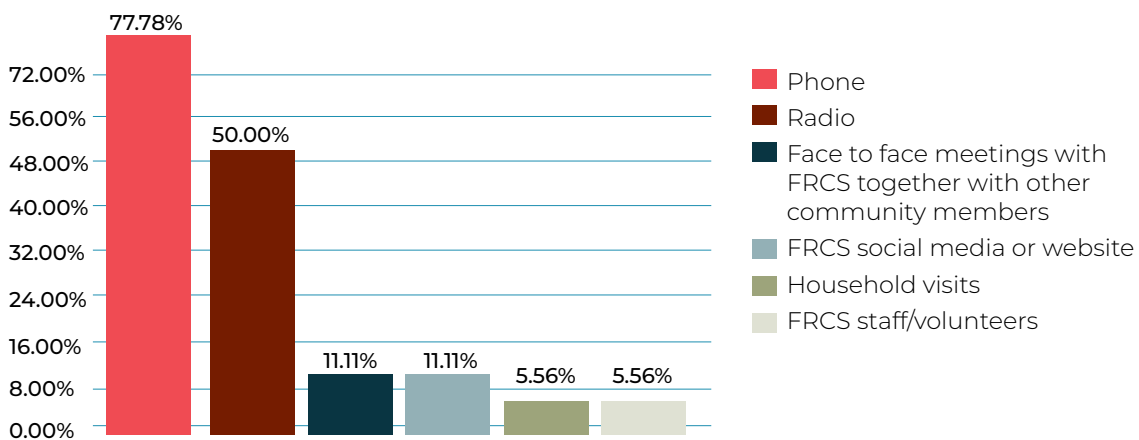
Fiji Red Cross volunteer Taraivini Kabuta shares information on COVID-19 in Uciwai settlement in Nadi.

Over three-fifths of survey respondents said they would prefer to receive information on COVID-19 vaccine from FRCS through phones (77.78%). Female respondents (50.00%) rated this channel higher than men (16.67%). This option was also rated highest by respondents aged between 18-39.

Radio was selected as the second most preferred channel (50.00%) to receive information on the vaccine. Women (38.89%) rated this channel higher than men (11.11%) and also most preferred by respondents in the 18 – 29 age group.

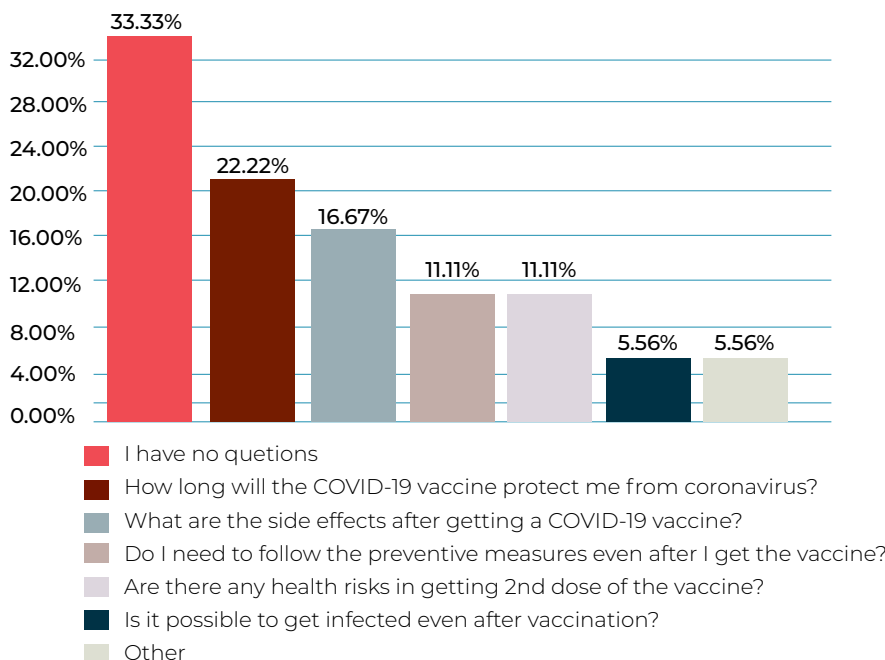
Other channels preferred included face to face community meetings together with FRCS (11.11%), FRCS social media or website (11.11%), household visits (5.56%) and FRCS staff/volunteers (5.56%)

Figure 24 Ba: How would you prefer to receive information about COVID-19 vaccine from Fiji Red Cross Society (FRCS)?



Around 33.33% of the respondents did not have any questions about the vaccine. The remaining (12 respondents, 66.66%) asked various questions on COVID-19 vaccine. This included how long the vaccine would protect them (33.33%), the possible side effects (25.00%) of vaccine, if they needed to follow the preventive measures (16.66%) after vaccination and questions about the health risks after getting the second dose of the vaccine (16.66%). Respondents also asked questions if there will be a vaccine for babies and the safety of vaccines, particularly for pregnant women.

Figure 25 Ba: Do you have any questions about COVID-19 vaccine?



Responses under "Other":

- Will there be COVID-19 vaccine for babies?
- Have any babies died due to the mother getting the vaccine?
- Which COVID-19 vaccine is safer to take?
- Will there be a third vaccination?
- Will we die if we take the vaccine?

Survey respondents reported rumours about COVID-19 vaccine which related to the safety the vaccine. Misperceptions and rumours can lead to practising harmful behaviour and therefore should be responded by providing communities with the right information. Below are the rumours reported by the respondents in Ba province:

- Is it true that we would get spoon stuck on our shoulder after getting the vaccine?
- I heard many people had bad reactions after getting the vaccine and some even died.

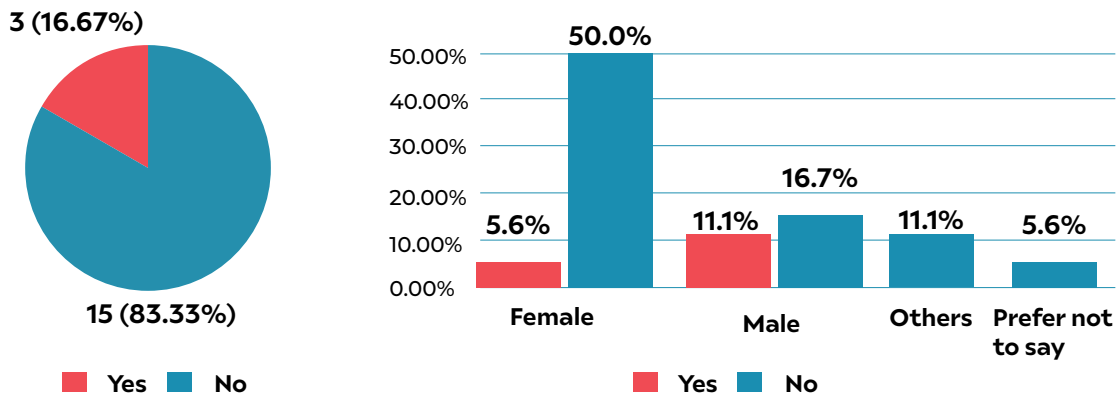


Fiji Red Cross volunteer raising awareness on COVID-19 and proper hand washing techniques.

Access to health services

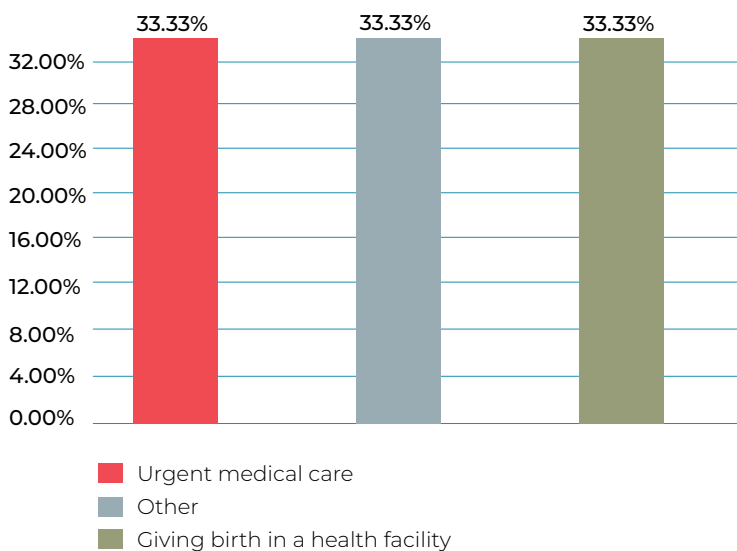
A majority, 83.33%, 15 respondents reported not facing any challenges accessing regular health services during COVID-19. Only 16.67%, 3 respondents, mentioned about experiencing difficulties in accessing health care services, majority of who were male respondents (11.1%).

Figure 26 Ba: Have you or a family member experienced any challenge accessing regular health services during this COVID-19 pandemic?



The type of services communities encountered challenges accessing were urgent medical care (33.33%) and giving birth in a health facility (33.33%). Another respondent mentioned about hospitals being full and having many requirements to get admitted.

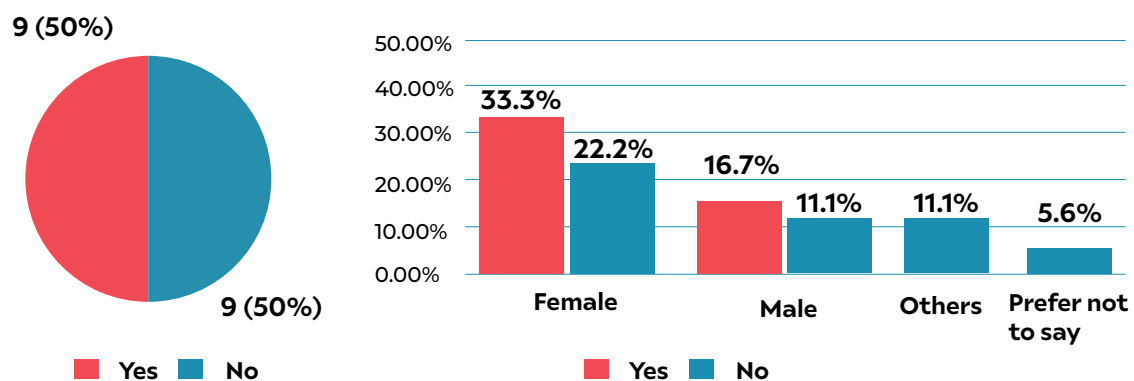
Figure 27 Ba: What type of health services have you had challenge accessing?



“The hospital is always full and there are a lot of requirements. Since I am not working it is hard to pay for transport as well.” - survey respondent in Ba province.

When asked what respondents would do if they or someone in their family showed symptoms of severe COVID-19, 50% answered that they would go to a health facility while the rest 50% said they would not. For both the answers, number of female respondents (33.3% and 22.2% respectively) was higher than men (16.7% and 11.1% respectively).

Figure 28 Ba: If you or someone within your household or community had severe COVID-19, would you take them to a health facility?



Respondents gave several reasons for not wanting to go to a health facility that were related to the fear of being infected and lack of treatment facilities at the hospitals and the preference of using herbal medicines for cure. Below are the responses:

- If we go to the hospital, we would be tested positive for COVID-19.
- We prefer home isolation.
- We had herbal medicine (vevedu) at home.
- I prefer Fijian herbal medicine.
- Scared to go to the hospital because of people dying.
- I heard that they do not actually treat COVID-19 patients in the hospital since there is no cure yet. I would rather give them herbal medicine.

Recommendations

Findings from the survey suggest it is important to address the rumours, questions and concerns around COVID-19 vaccine as well as health facilities and engage with communities in raising awareness using the trusted and suggested communication channels considering different age and gender groups. Below are key recommendations:

- 1** Going into detail, this survey found that women in Cakaudrove province are more confident in taking the COVID-19 vaccine, with higher number of vaccine uptake among female respondents both for the first and second dose compared to men. While majority of the male respondents (41.5%) mentioned they had only recently received the first dose and their time for second dose was much later, the remaining indicated hesitancy relating to beliefs that the vaccine will not be effective or safe, rumours against the vaccine and not having enough information about it. Few were not present when the public health team came to give the vaccine in their community and suggested that the vaccination team visit their communities again and to conduct more awareness raising activities or campaigns on vaccination.

In Ba, the hesitancy for taking the second dose of the vaccine was equally high among both male and female respondents. While many of these respondents mentioned their time for second dose was later, men were more concerned about the side effects of the vaccine and also said they did not have time/means to get to the vaccination sites and for women rumours against the vaccine was the main reason for hesitancy.

While further study is suggested to better understand the dynamics between male and female respondents on the subject, risk communication activities should take into consideration these findings and ensure engagement of both male and female members of the community to be involved in dialogue when discussing about COVID-19 or COVID-19 vaccine.

- 2** While the trusted sources of information on COVID-19 were similar in both provinces, that is Ministry of Health, doctors and health workers, radio was widely recognized as a communication channel that was trusted and also preferred in the Ba province. The choice of these channels slightly varied with age groups.

Regarding preferred channel to receive information from FRCS, household visit was greatly recommended in Cakaudrove province across all age groups and radio was a popular choice in Ba among the young and middle age groups (18 – 39). Radios could be used to broadcast public service announcements (PSAs) or interactive live shows to talk on various topics related to COVID-19 vaccine. Phones and community meetings were also commonly mentioned in both the provinces.

Risk communication approach should take into consideration these factors and use multiple channels when disseminating key messages on COVID-19 vaccine among targeted group/population. Equally important is to use the channels that foster and strengthen the two-way dialogue with communities to provide life-saving information, counter misinformation and encourage communities in the uptake of COVID-19 vaccine.

- 3** Information on various topics of COVID-19 vaccine was requested through the survey which related to the side effects of the vaccine, safety concerns for different groups of people (such as pregnant women and babies, people with a vulnerability) and its effectiveness in providing protection from the disease. Additionally, respondents asked if the preventive measures were required to be followed after vaccination and if there were chances of contraction after getting vaccinated.

Rumours reported in the survey were on similar topics but also included beliefs that the vaccine was a drug; it had magnetic reactions/contained chips; it was regarded as the "Mark of the beast", being part of a religious prophecy. Responses also included respondents getting the vaccine only to access certain services such as health facilities, travelling pass or government assistance without truly understanding the importance of vaccination to prevent COVID-19.

The survey identified reasons for respondents not wanting to go to a health facility in case they or their family members showed symptoms of severe COVID-19. These were related to fear of being infected, lack of treatment facilities at the hospitals and the preference of using herbal medicines for cure.

Key messages should be developed to address these questions, concerns and rumours and disseminated across multiple, trusted and preferred communication channels. Two-way dialogue with communities on these topics is critical to ensure communities understand the information shared and can feedback on the key messages. Survey respondents also suggested involving community leaders to talk about the topic of COVID-19 vaccine as part of raising awareness in their communities. The frequently asked questions (FAQ) document for FRCS volunteers should be updated to enable them to respond to communities' questions around these topics in the field.

- 4** Due to the methodology used, findings are not statistically representative and should only be considered as indicative of the province. A comprehensive assessment is recommended with using random sampling techniques as well as focussed group discussions targeting more provinces in the vaccine hesitant locations and having a representative sample size.
- 5** Key findings from the vaccine hesitancy survey are also presented in a dashboard "[HERE](#)".

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