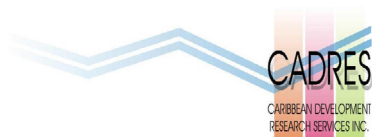




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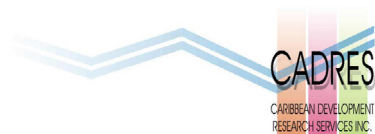
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COVID-19 Vaccine Hesitancy Survey Report 2021





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The views and opinions expressed herein do not reflect the views of the United States Government.

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Executive Summary

Introduction

Limited take up of COVID-19 vaccines has been an ongoing issue hampering the response to the pandemic across the Eastern Caribbean subregion as elsewhere.

This study, seminal and ground-breaking in its breadth and depth, was conducted during October and November of 2021 and sought to understand and explore the reasons why vaccine hesitancy exists. Where respondents were hesitant, could anything change their minds and encourage them to become vaccinated? Importantly, the survey also sought the views of respondents concerning the vaccination of their children.

Methodology

The countries surveyed were Barbados, Dominica, Grenada, St. Lucia, St. Vincent and the Grenadines and Trinidad and Tobago. In all countries, except for St. Vincent and the Grenadines, surveys were conducted face-to-face using an instrument that was designed by Caribbean Development Research Services Inc (CADRES) with the agreement of UNICEF and USAID.

CADRES relied on random stratified national samples ranging from 800 to 1,500 respondents, depending on the size of the country being surveyed.

Sample sizes		
	Mainland	Island
Barbados	1,080	
Dominica	800	
Grenada	800	
St. Lucia	800	
St. Vincent & the Grenadines	800	200
Trinidad & Tobago	1,080	400

The primary strata were age and sex, with interviewers instructed to ensure that 40% of their respondents were parents (the Caribbean average), given that UNICEF is particularly interested in the attitudes of parents regarding vaccination.¹

The main **limitation** of this survey is the fact that it is static and cannot speak to an evolving reality. In addition, the issue is controversial and interviewer concerns ranged from respondents not wanting to speak at all to respondents speaking too much and exhausting them.

A note on the Vaccine Hesitancy Index

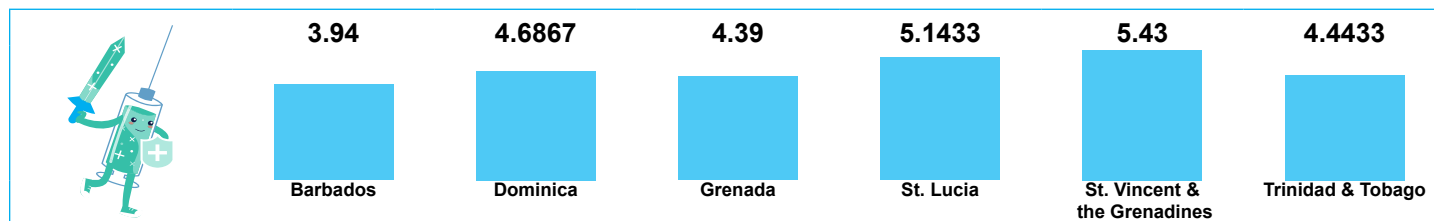
This index was a key tool in the study and amalgamates critical data points related to opinion and country data on vaccination levels. This allows stakeholders to establish a baseline and track movements in public opinion, or country data, from a perfect 1 to an imperfect 10. The index combines:

- The percentage of unvaccinated persons (national data)
- The percentage of persons surveyed who are eligible but are unvaccinated (survey data)

¹ The respondents were 50% male and 50% female, with age range 18-30 at 30%, 31-50 at 30% and 51 and over at 30%.

- The percentage of unvaccinated persons who answered negatively to the question: “*I would be persuaded to change my mind IF I were given more scientific or medical information*”.

These averages are multiplied by 10 to generate an index on a scale ranging from 1-10 with 1, as suggested, being the least hesitant and 10 being the most hesitant. In this regard, Barbados is closest to the objective of 3 and St. Vincent and the Grenadines farthest away.



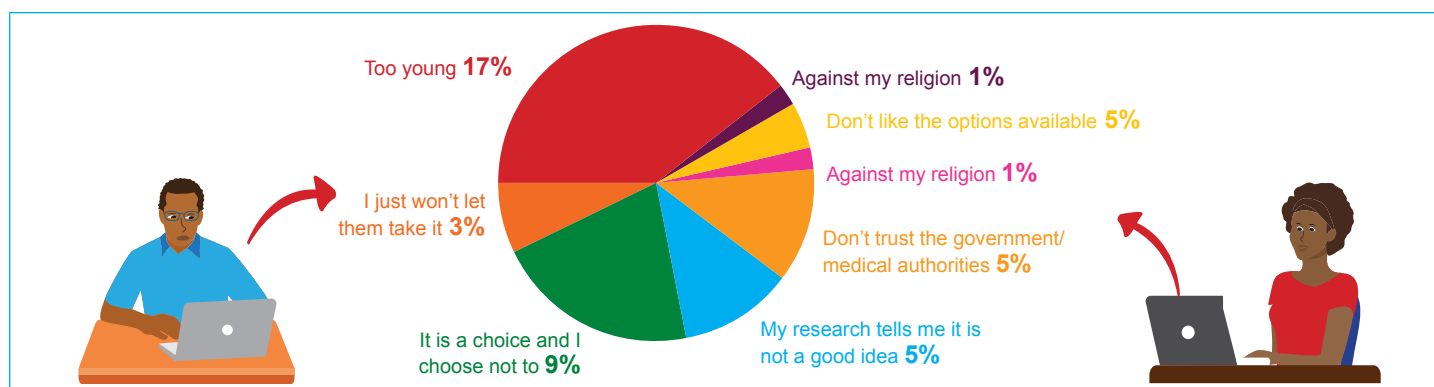
General findings

62% of respondents across the subregion indicated that they were vaccinated, while 38% said they were not.²

General views and opinions on the vaccination of children

Respondents were asked if they would agree to have their children vaccinated against COVID-19. Most said they would not at the **pre-primary and primary** level. However, the majority agreed to vaccination at the **secondary** and **post-secondary** levels.

The main reason why respondents were hesitant to have their children vaccinated was related to their age (17% said their children were too young), followed by 9% saying ‘I choose not to’. This rationale was consistent across all the countries.



When parents allowed their children to take these vaccines, this tended to follow respondents having done more research or speaking to their doctor or paediatrician.

Views and opinions of vaccinated persons

Oxford/AstraZeneca was the vaccine most used across the region, except for Trinidad and Tobago where Sinopharm was more readily accessed. Most persons did not choose their vaccine but took what was available,












² These levels may differ from the official vaccination statistics especially as some respondents might have considered the first vaccination enough to respond positively.

although in St. Vincent and the Grenadines a majority indicated that they made a deliberate choice based on personal research.

There were varying levels of *initial* hesitancy in each of the countries, with the highest level in Grenada and the lowest in St. Lucia.

The overwhelming reason given for this early hesitancy was a lack of trust in the vaccines due to the speed of development and uncertainty regarding the contents. There was also a similar level of concern over long-term side effects. This pattern was replicated in most of the countries.

Medical advice and personal research worked best to change minds. In Dominica personal research was more popular, while in Grenada, the combination was medical advice or compulsion by family, friends, or an employer. Grenada is the only country where compulsion was a significant factor, which is ironic since the Grenada government has resisted legislative vaccine mandates.

Factor that changed respondents' mind		
Offered the vaccine with which I was more comfortable		6%
Spoke to my doctor		11%
Did more research		12%
Consulted family and friends		5%
My spiritual/religious leader advised me		1%
Persuaded by government/public health authorities		4%
Noticed that a personality (public or otherwise) took it		1%
Was forced by my employer/family members/didn't have a choice		6%
Felt more comfortable because several people took it		6%
Frightened by the increased infections/deaths		5%
My circumstances changed (such as being pregnant or other medical or personal factor)		2%

Information and communication for vaccinated persons

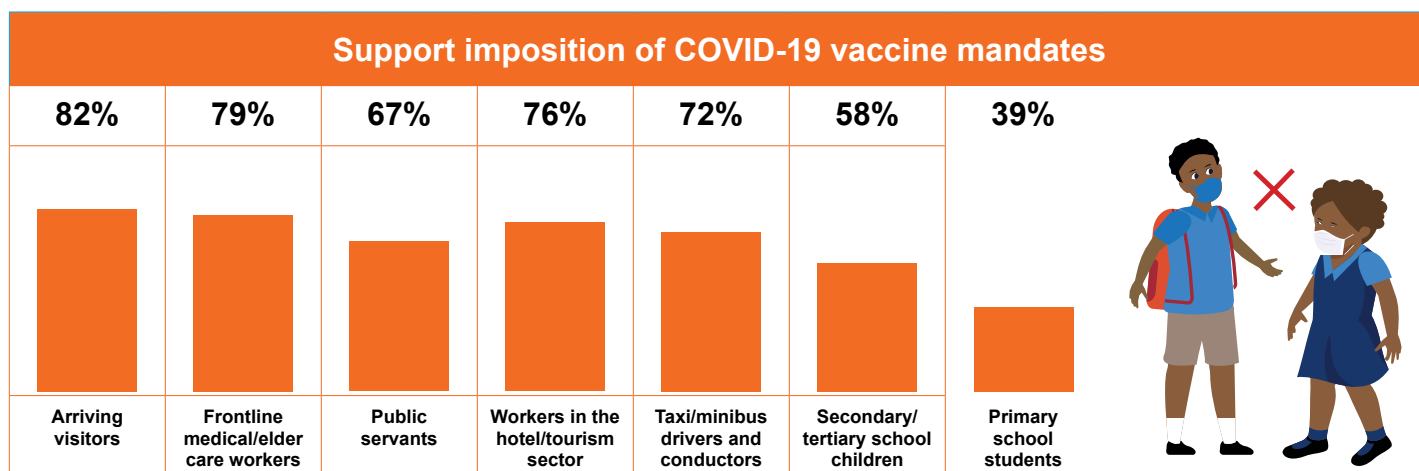
The government is the primary source of information on the COVID-19 vaccine situation, except in Dominica where personal internet research was the most popular option.

Vaccinated persons preferred to be reached by television/cable. However, for Dominicans, WhatsApp and radio are preferred, while in St. Vincent and the Grenadines social networks are prioritised.

Across all countries local and international personalities were being helpful in forming opinions.

Vaccine mandates

Vaccinated persons supported the imposition of mandates with respect to all categories identified, with the exception of primary school children.









Views and opinions of unvaccinated persons

Profile of unvaccinated persons

Unvaccinated people tend to be younger (18-30 in most instances or under 50 in others) and presumably are less concerned about the risk of being unvaccinated. They are also more likely not to be working either voluntarily or otherwise; the absence of the need (or desire) to enter an institutionalised environment may create a disinclination to vaccinate. Then there is the political factor highlighted in the October 2021 Barbados survey, suggesting that unvaccinated persons are more likely to oppose the government, which is a sentiment that is anecdotally evident across the region.

Unvaccinated persons tend to have a secondary-level education. This implies that those educated to a higher level are more likely to be vaccinated.

Profile of unvaccinated persons by country

<div style="text-align: center;"></div> <p style="text-align: center;">Barbados</p> <ul style="list-style-type: none"> Male and under 50 Educated to secondary level Unemployed (voluntarily or otherwise) Mistrustful of the vaccines – developed too quickly/do not know what is in them. 	<div style="text-align: center;"></div> <p style="text-align: center;">Dominica</p> <ul style="list-style-type: none"> Male and under 30 Educated to secondary level Unemployed (voluntarily or otherwise) Mistrustful of vaccines – think they were developed too quickly/do not know what is in them. 	<div style="text-align: center;"></div> <p style="text-align: center;">Grenada</p> <ul style="list-style-type: none"> Female and under 50 Educated to secondary level Not working in an institutional environment More inclined to be unvaccinated because they see it as a choice and choose not to.
<div style="text-align: center;"></div> <p style="text-align: center;">St. Lucia</p> <ul style="list-style-type: none"> Under 50 and either male or female Educated to secondary level Not working in an institutional environment Unwilling to take the vaccine on account of trust issues or the belief that it is a choice. 	<div style="text-align: center;"></div> <p style="text-align: center;">St. Vincent and the Grenadines</p> <ul style="list-style-type: none"> Under 50 and either male or female Not working in an institutional environment Educated to secondary or post-secondary level Mistrustful of vaccines – think they were developed too quickly/do not know what is in them. 	<div style="text-align: center;"></div> <p style="text-align: center;">Trinidad and Tobago</p> <ul style="list-style-type: none"> Of no particular age or sex Educated to secondary level Not working in an institutional environment Equally likely to be mistrustful or believe that it is a choice.

Reasons for not being vaccinated

- The major reasons given by respondents for being unvaccinated are that they do not trust the vaccines which they believe were developed too quickly; they do not know what is in them; they are worried about possible side effects and that it is their choice (and they choose not to vaccinate).
- These views have not changed over time. Indeed, a significant portion are now even less inclined to take a vaccine and this pattern is consistent across all the countries with the highest percentage in Trinidad and Tobago and the lowest in Grenada.
- Another reason given for not vaccinating was medical advice suggesting that it should not be done. However, in close to two-thirds of cases, respondents did not consult a doctor before taking this decision.

Information and communication for unvaccinated persons

Social media and personal internet research are two sources relied upon by those deciding not to get vaccinated. These persons also indicated that they could be convinced if they were offered information on the side effects and the efficacy of the vaccine. In Dominica and Trinidad and Tobago unvaccinated persons said they could be helped by information on the numbers of people who got sick or died and on the different vaccines available.

The preferred modes of communication for unvaccinated persons are television/cable and WhatsApp. Specific country information varies to some extent. In Barbados social networks of family and friends emerged as the second most popular, while in Dominica the radio was second to WhatsApp as a preferred mode of communication. In St. Vincent and the Grenadines, radio emerged among the top three sources.







A majority of unvaccinated respondents agreed that information conveyed by popular personalities, who have been used heavily in media campaigns, were either somewhat helpful or very helpful. However, in the specific cases of Barbados and Trinidad and Tobago, many unvaccinated respondents found the personalities to be unhelpful or distracting.

Regarding specific influencers, religious leaders were not very influential, as close to 90% of persons in all countries said they did not sway their decision. Family and friends were slightly more influential but were still not the key influencers in any single country. The social media factor was somewhat more influential and in St. Vincent and the Grenadines a majority agreed that this medium influenced their decision not to vaccinate.

Private doctors and family members are the most respected sources in terms of information.

Factors that could change the minds of unvaccinated persons

When asked about factors that could change their minds, the majority said that motivation could come from more scientific or medical information, followed by a mandate on account of the need to travel or work. In the case of Barbados, Grenada, St. Lucia and St. Vincent and the Grenadines, the second most popular motivation to vaccinate could be the sight of more people getting sick or dying.

Factors that could possibly change minds regarding the COVID-19 vaccine		
Necessary to secure/maintain job		34%
Allow free access to social activities		20%
More scientific or medical information		51%
Saw people they care about getting sick/dying		30%
Saw influential people switch their position		12%
Required to travel overseas		39%

The option of increasing vaccination levels versus continued restrictions was explored and the majority opted to continue restrictions. Apart from the imposition of restriction, respondents supported more handwashing and better social distancing.

Vaccine mandates

Unvaccinated respondents supported vaccine mandates with respect to arriving passengers, followed by frontline medical/elder care workers and those in the hotel and tourism sector, then taxi and minibus drivers. There was least support for mandates for public servants and school children.

Summary of recommendations

Recommendations are as follows:

Communication strategies need to speak to key concerns, target the demographic profile of the unvaccinated and hone the use of non-governmental personalities and influencers.

Supplemental strategies should consider the risk to vulnerable groups and, in respect of younger and unemployed persons, create infotainment products that might reach this audience.

Vaccination tracking is necessary to determine if strategies are working and it is therefore suggested that this exercise be repeated in another year if the issue continues to be relevant.

Introduction, Methodology and Limitations



Introduction

This study is seminal as there has not been a previous multicountry study on vaccine hesitancy although there have been mandatory vaccination programmes in Caribbean schools for several decades. The central focus was vaccine uptake on account of the impact of COVID-19 which has negatively affected the territories of the Caribbean along with the rest of the world since February 2020. During this time the impact on children has been particularly profound with both direct and indirect negative effects which have reversed every key measure of childhood progress. There have been both perceived and recorded increases in hunger, isolation, and abuse and, worse yet, an unquantified long-term impact on children's access to education and health services.

Thus far COVID-19 vaccinations have emerged as the best possible opportunity to stem the tide of this pandemic. As such, programmes have been rolled out across the subregion in respect of adults. More recently the Pfizer vaccine has been authorised for use on children between 12 and 18 and inoculation programmes in respect of this age group have therefore been initiated, though with limited success. More recently some countries have started the vaccination of children from five years old.

In respect of both adults and children, vaccine hesitancy appears to have been problematic and it is therefore important to better understand such hesitancy. In this regard, the survey speaks to the following research questions:

- What are the reasons for vaccine hesitancy?
- Why are some persons hesitant about their children taking the vaccine?
- Is there a relationship between age, sex, political affiliation, social economic status, religion, cultural beliefs, level of education and vaccine hesitancy?
- Which sub-groups have the highest vaccine hesitancy?
- What were the factors that led persons who were previously hesitant about taking the vaccine to take it and/or to allow their children to take it?
- Do people think they have enough information about the vaccine?
- What further information do they need?
- What factors will contribute to increased uptake of the vaccine?
- Who/what are people's main sources of information about the vaccine?

Methodology and limitations

Data for this study were collected during October and November 2021. In all countries except for St. Vincent and the Grenadines surveys were conducted face-to-face using a survey instrument that was designed by Caribbean Development Research Services Inc (CADRES) and agreed to by UNICEF and USAID. The reason for the St. Vincent and the Grenadines deviation was related to extreme challenges with COVID-19, which precluded in-person interaction.

The instrument used is presented in Appendix I and was designed in association with UNICEF and USAID to capture essential demographic information, disaggregating respondents into vaccinated and unvaccinated persons. Questions sought to understand whether vaccinated respondents were originally hesitant and, if so, what changed their minds. In situations where persons were unvaccinated the investigation sought to understand why and what would help them to change their minds. Importantly, the survey also sought to understand the views of respondents on the vaccination of their children.

CADRES normally relies on a national sample of between 800 and 1,000 depending on the size of the country being surveyed. The scientific justification is based on the desire to achieve 95% confidence in terms of assertions made at the national level. The formula $1/\sqrt{n}$ is the basis for determining the sample size and while this calculation is also subject to other factors, CADRES has found that in its experience regionally, the ideal size is reflected in Table 1.

Table 1: Sample sizes

	Mainland	Island
Barbados	1,080	
Dominica	800	
Grenada	800	
St. Lucia	800	
St. Vincent & the Grenadines	800	200
Trinidad & Tobago	1,080	400

The survey employed a stratified random sample of each country with the focus on age and sex as primary strata. In addition, interviewers were instructed to ensure that 40% of their respondents were parents, consistent with the Caribbean average and the fact that UNICEF is particularly interested in the attitudes of parents regarding vaccination and the impact that these attitudes have on children.

The proportion of males and females along with the proportion of persons in each age group varies from island to island. However, the precise dimensions of each cohort are often unavailable. As such, CADRES has found the standardised quota sampling approach presented in Table 2 is no less reliable and can be justified scientifically. The selection of males and females is therefore equally divided, while the three broad age groups of adults is a deliberate division most likely to generate reliable correlations in the analytical phase. On each island, teams of between 10 and 20 persons were deployed in specific areas which were identified based on national constituencies or electoral administrative districts. These divisions were selected as they come closest to an equal numerical partition of the population. Once the overall number of persons to be interviewed in each constituency/division was determined, the towns/villages to be used were identified based on the extent to which these were likely to be *typical* and *accessible by* interviewers.

Table 2: Stratification

Parent	Yes	40%
	No	60%
Sex	Male	50%
	Females	50%
Age Range	18-30	30%
	31-50	30%
	51 and over	30%

The surveys employed a stratified random approach which identified age, sex, and parenthood as primary strata; hence interviewers were instructed to identify a starting point for the interviews and then to approach a suitable respondent in each of every third house along the road with a maximum of three houses on short

roads and five on longer roads. Interviewers were given protocols/schedules that regulated the number of women and men, various age groups and parental status of respondents in each instance, which was intended to conform to the design presented in Table 2.

In the case of St. Vincent and the Grenadines, the telephone directory was filtered to identify addresses which conformed to the survey plan and interviewers were instructed to select potential household targets according to a randomised pattern in each constituency. Once they contacted a willing participant, they would seek to ensure that the required profile was achieved regarding one of the residents of that household.

Interviewers were advised to brief potential respondents about the general type of questions contained in the survey and to seek their willingness to proceed. Respondents were also given confidentiality assurances which are normal with this type of research. It should be stressed that participation in the survey was voluntary, and no children were interviewed.

In all instances, respondents were given the option of not answering a question or simply saying they were unsure about their view/opinion. These responses were generally eliminated, as it makes the report easier to read but does not compromise the integrity of the findings in any way: therefore, in several instances the positive and negative responses will **not** total 100%. Moreover, there are instances in which several questions are cumulatively presented, and these will exceed 100%. However, this is consistent with the fact that the relevant *figure* or *table* contains more than one question.

The report presents issues, along with regional trends, while country data are presented in tabular form underneath charts. In addition, the data are on occasion manipulated to provide useful summaries, such as the *unvaccinated* profile in each country.

The main **limitation** of this survey is the fact that it is static and cannot speak to an evolving reality. In addition, the issue is quite controversial and interviewer observations ranged from respondents not wanting to speak at all to respondents speaking too much and exhausting them.

Demographics



Interviewers were instructed regarding the quantity of men, women, parents, and persons in each age group to interview, based on a quota technique. In terms of the other demographic categories presented, these were comprised based on responses to relevant questions and could be broadly indicative of the level of education and employment in each country.

The extent to which unemployment has been impacted by COVID-19 is of particular importance and Table 3 has therefore consolidated this information regionally. It should be stressed that these data are indicative as the surveys were not designed to determine the level of unemployment and could be impacted by each country’s exposure to seasonal tourism. It would appear that Grenada has the highest level of COVID-19-related unemployment, while Dominica has the lowest, which is consistent with the fact that it relies least on tourism.

Table 3: Unemployed on account of COVID-19

Barbados	12%
Dominica	10%
Grenada	15%
St. Lucia	11%
St. Vincent & the Grenadines	13%
Trinidad & Tobago	13%
All countries	12%

Barbados

Figure 1: Sex and age group

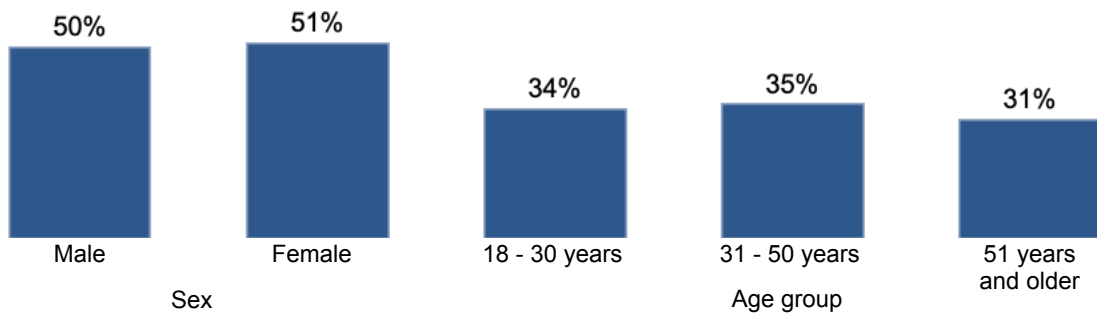


Figure 2: Parental status

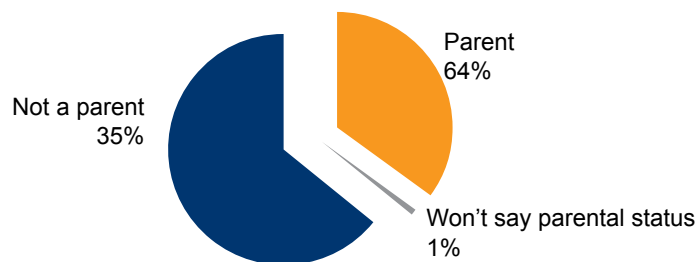
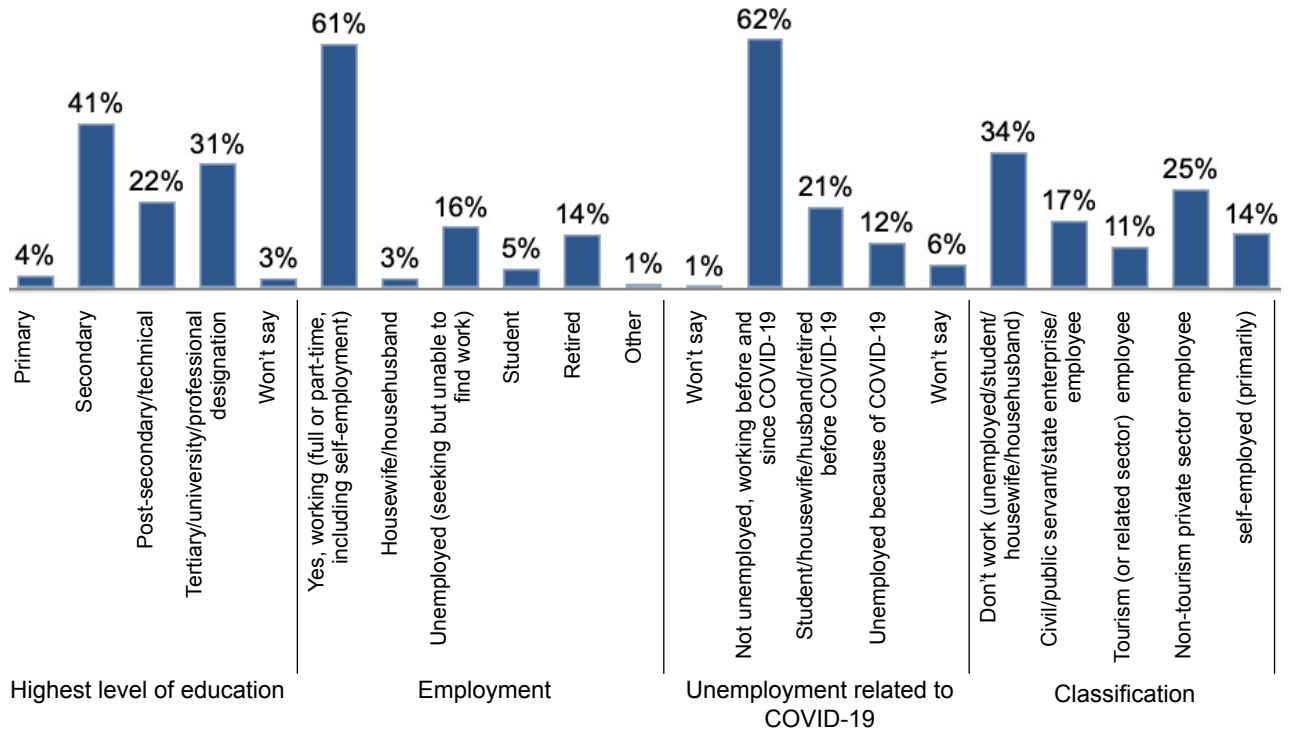


Figure 3: Education and employment profiles



Dominica

Figure 4: Sex and age profile

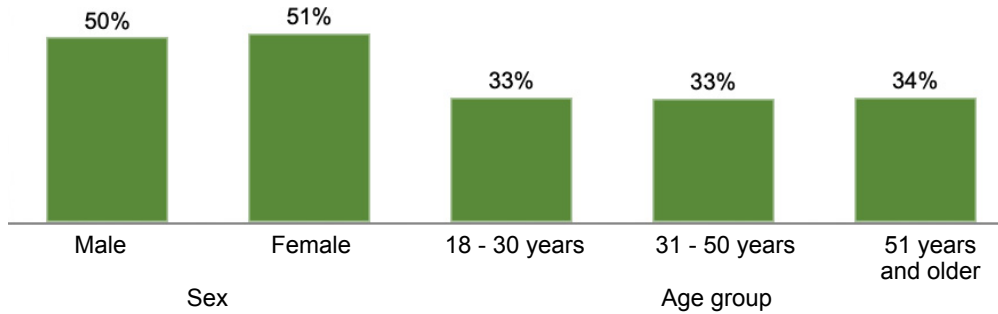


Figure 5: Parental status

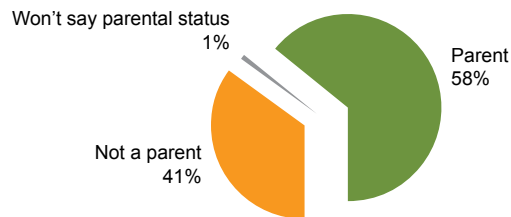
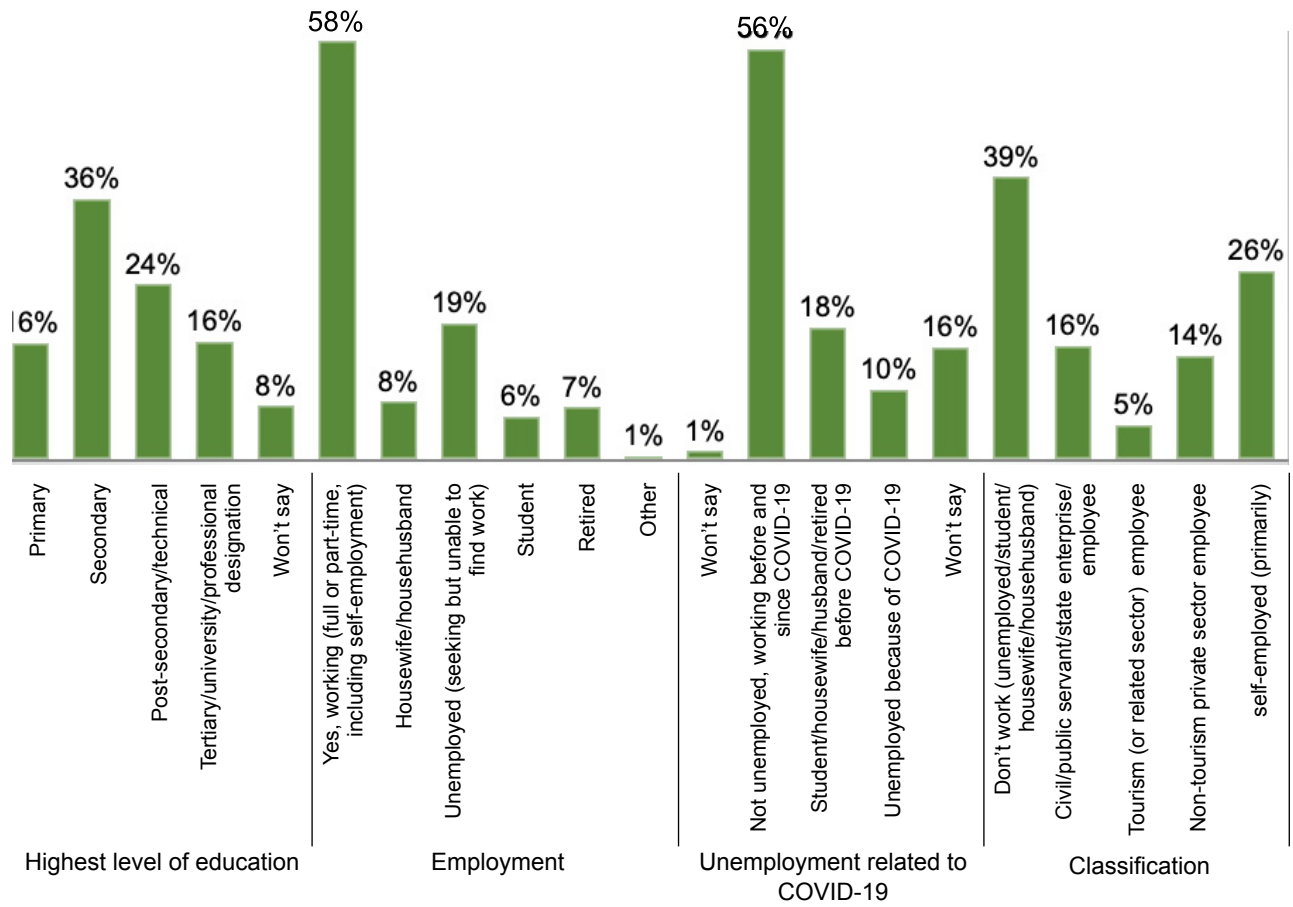


Figure 6: Education and employment profile



Grenada

Figure 7: Sex and age profile

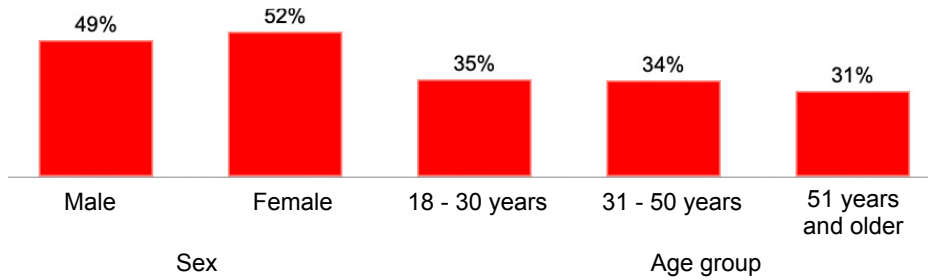


Figure 8: Parental status

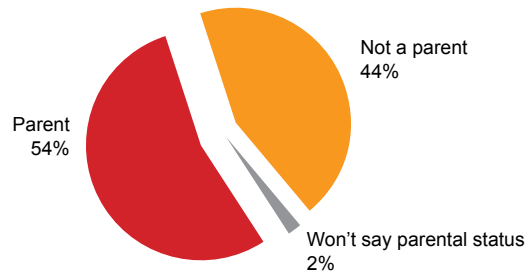
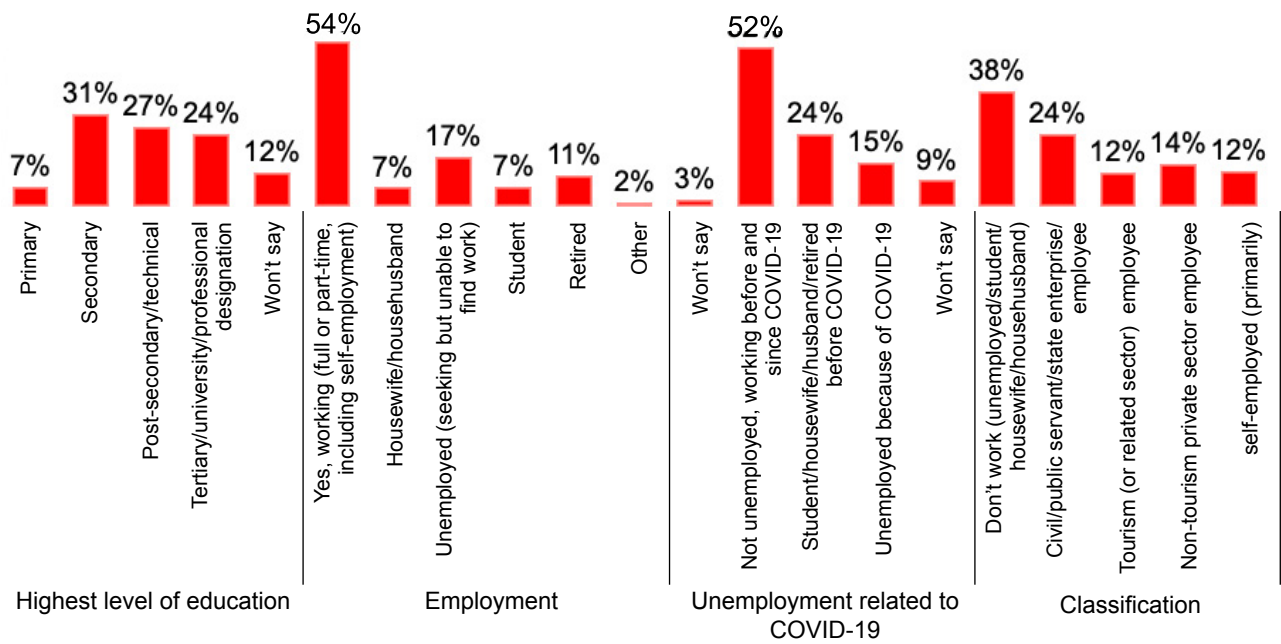


Figure 9: Education and employment profiles



St. Lucia

Figure 10: Sex and age profile

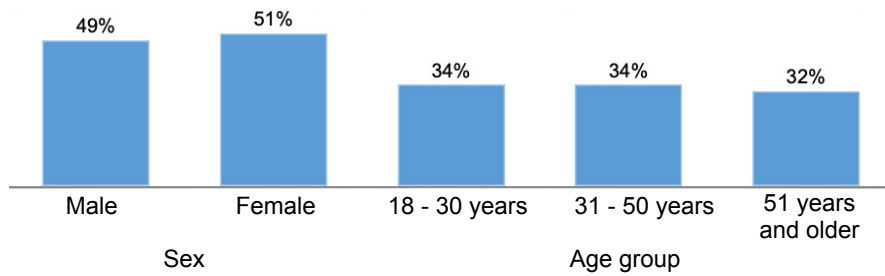


Figure 11: Parental status

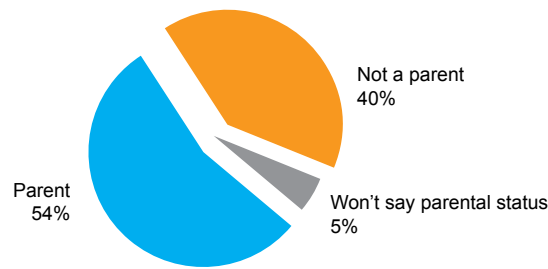
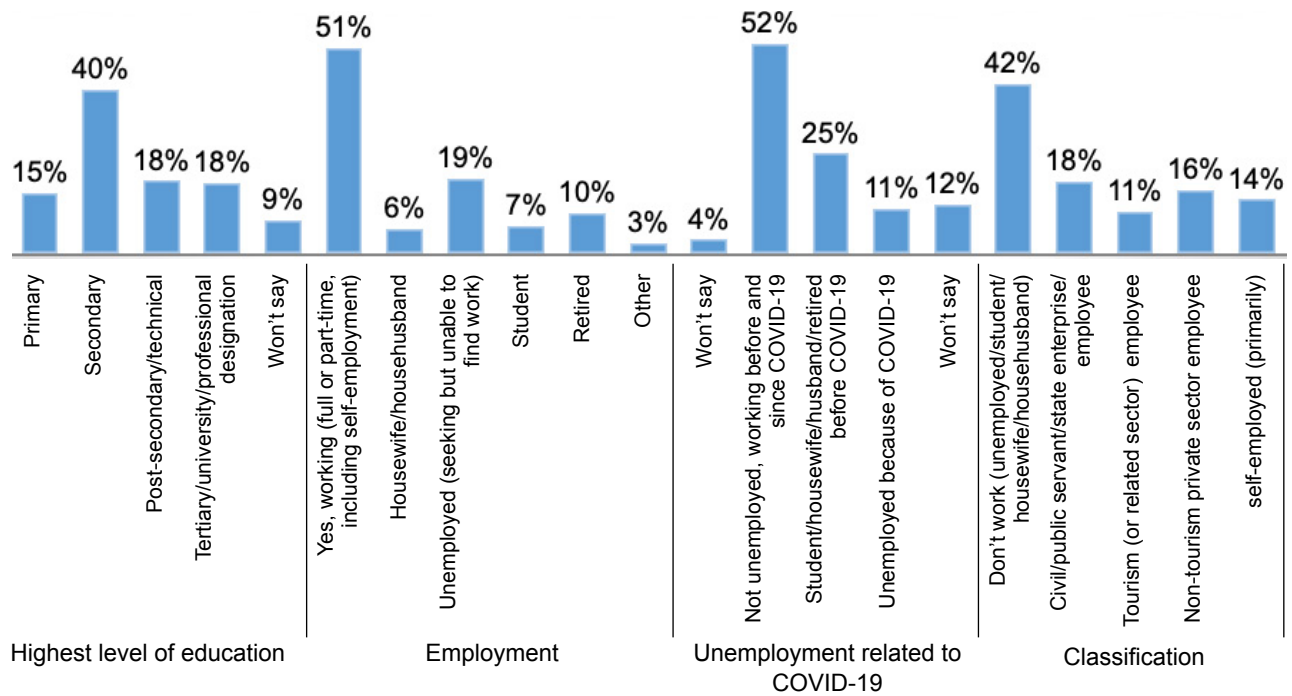


Figure 12: Education and employment profiles



St.Vincent and the Grenadines

Figure 13: Sex and age profile

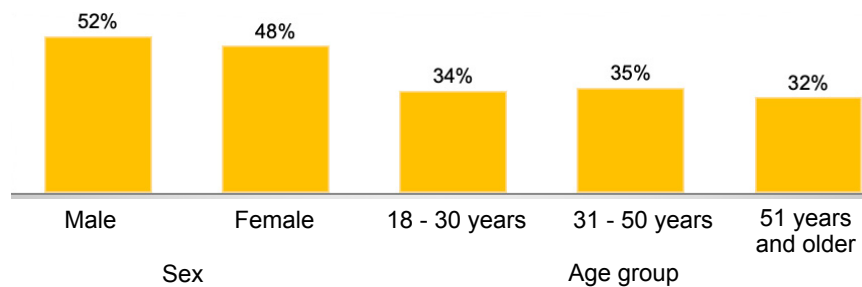


Figure 14: Parental status

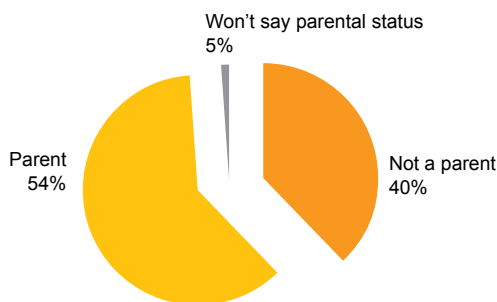
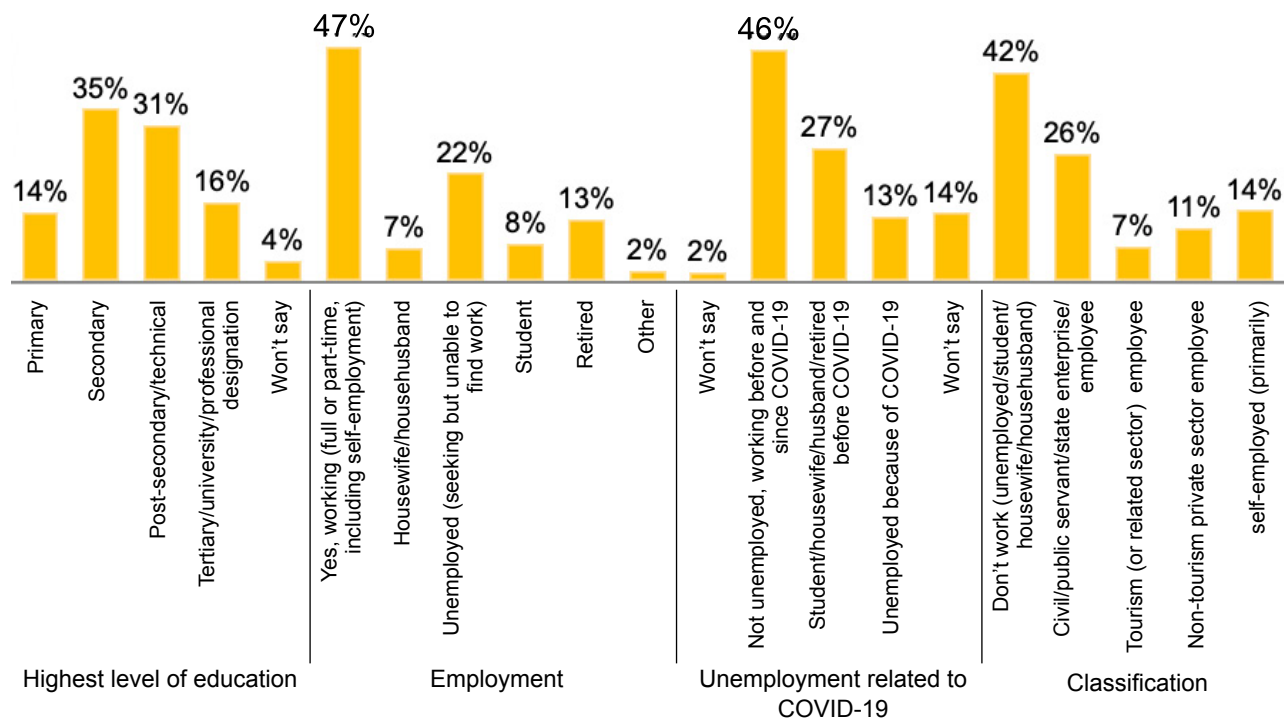


Figure 15: Education and employment profiles



Trinidad and Tobago

Figure 16: Sex and age profile

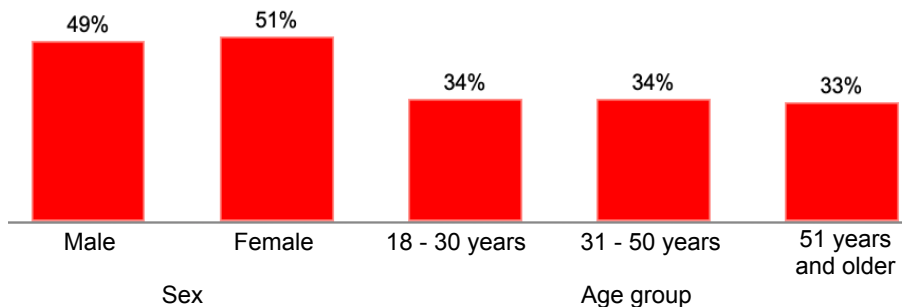


Figure 17: Parental status

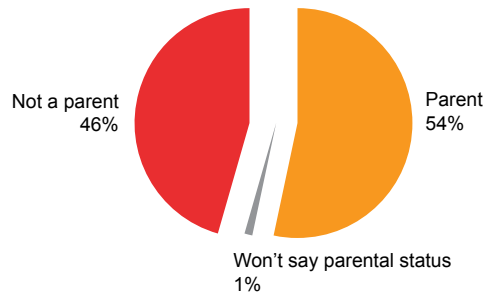
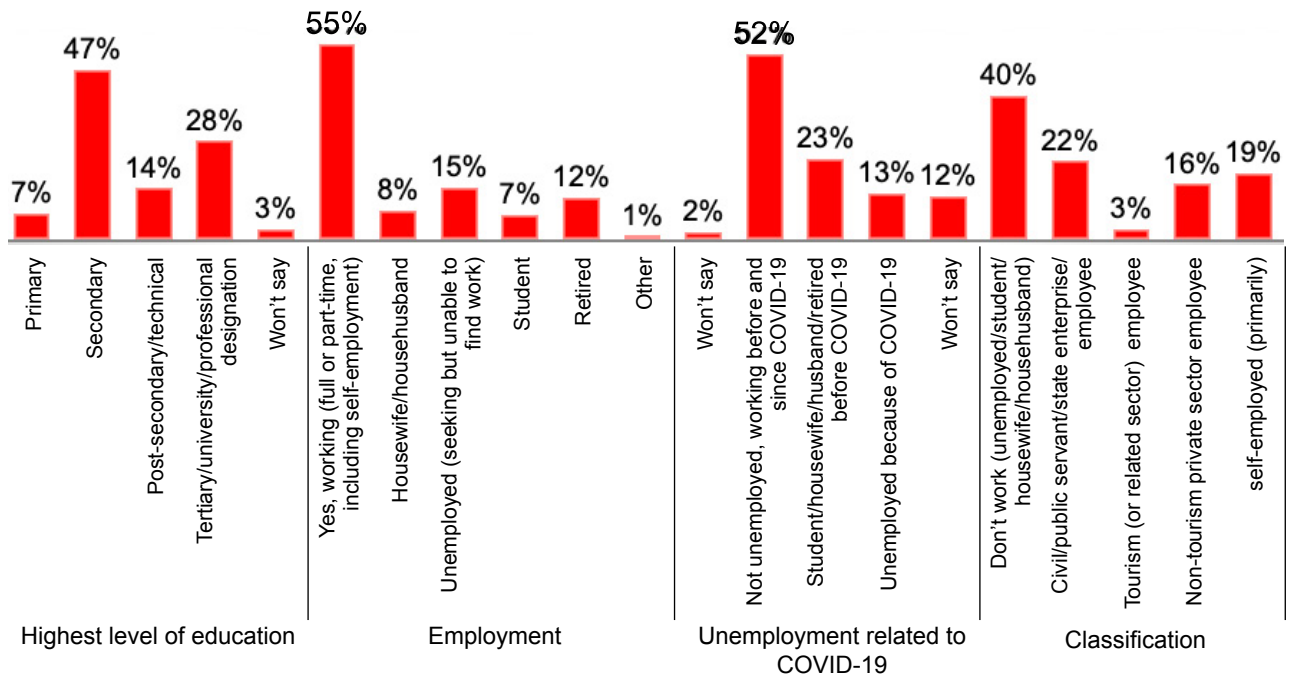


Figure 18: Education and employment profiles



Vaccine Hesitancy Index



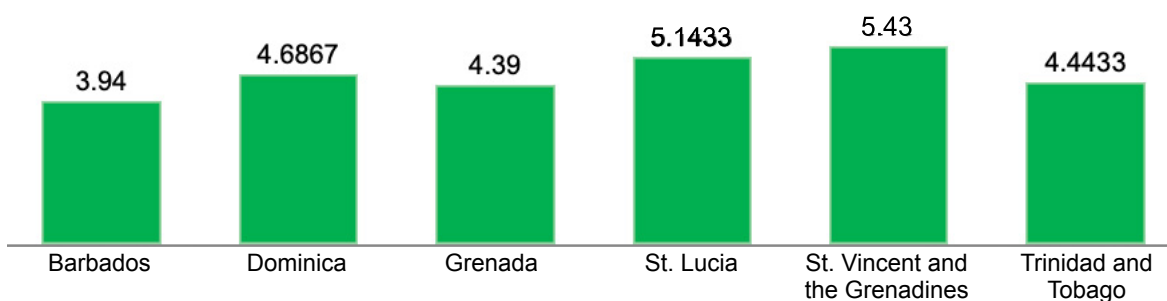
In the interest of fully utilising the data collected, it was agreed to produce a robust hesitancy indicator. This indicator would amalgamate critical data points related to opinion (reflected in the survey) and country data relating to vaccination levels. The tool would allow stakeholders to establish a baseline and track movements in public opinion, or country data and it was agreed that the target or objective would be to move countries towards a hesitancy score at or below 3 in a situation where scores could range from a perfect 1 to an imperfect 10.

To construct the index, the data selected reflects an average of the:

- Percentage of unvaccinated persons (national data)
- Percentage of persons surveyed who are eligible but are unvaccinated (survey data)
- Percentage of unvaccinated persons who answered negatively to the question: *“I would be persuaded to change my mind IF I were given more scientific or medical information”*.

These averages are multiplied by 10 to generate an index on a scale ranging from 1-10 with 1 being the least hesitant and 10 being the most hesitant. These scores are presented in Figure 19 while Table 4 provides the country data details used in calculating the score. Barbados is closest to the objective of 3 and St. Vincent and the Grenadines farthest away.

Figure 19: Vaccine Hesitancy Index



Details are presented in Table 4 which demonstrate that the percentage of the unvaccinated population contributes significantly to the type of score the country achieved. It is also important here to note that this is the opinion of the unvaccinated only since these persons are more critical to understanding and tracking hesitancy.

Table 4: Vaccine Hesitancy Index data

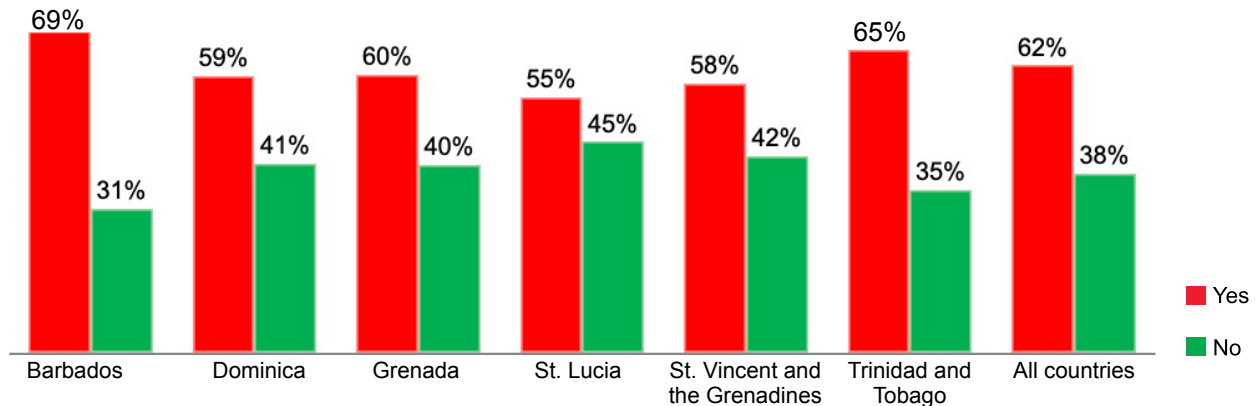
	Barbados	Dominica	Grenada	St. Lucia	St. Vincent & the Grenadines	Trinidad & Tobago
Unvaccinated population (national data)	49%	63%	69%	74%	79%	54%
Eligible but unvaccinated (survey data)	29%	38%	39%	44%	40%	32%
Would NOT be persuaded to change mind IF given scientific or medical information	40%	40%	23%	36%	44%	48%
Country average	39%	47%	44%	51%	54%	44%
Index	3.9	4.7	4.4	5.1	5.4	4.4

Vaccination Rates



Among respondents, 62% said they had been vaccinated. The highest number was in Barbados (69%) and the lowest in St. Lucia (55%), as Figure 20 shows. It is important to note that these numbers may differ from the official vaccination statistics, especially as respondents might consider the first vaccination enough to respond positively. Oxford/AstraZeneca was the most widely used.

Figure 20: Vaccinated against COVID-19 (with any vaccine)



General Views and Opinions on Vaccinations

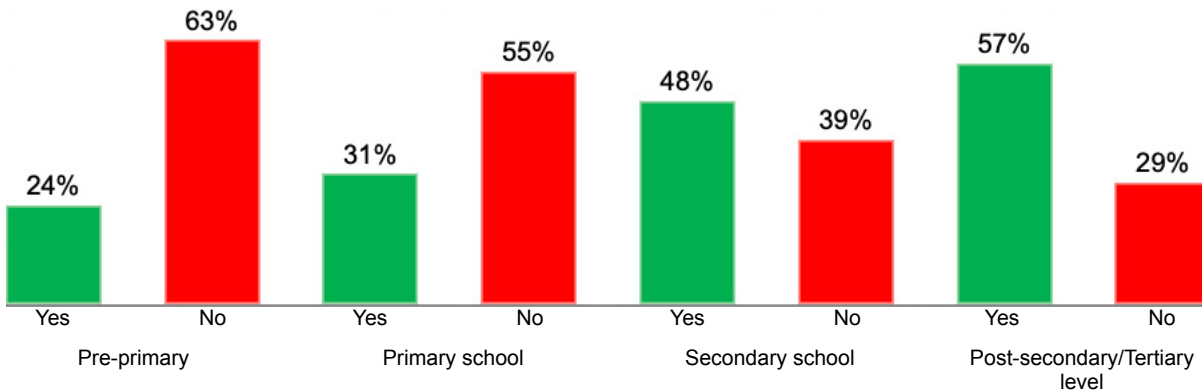


In this section all respondents were asked questions on issues concerning vaccinations and hesitancy.

On the vaccination of children

Respondents were asked if they would agree to have their children vaccinated against COVID-19. Most said they would not at the *pre-primary and primary* level. However, the majority agreed to vaccination at the *secondary and post-secondary* levels.

Figure 21: Would you agree to have children vaccinated against COVID-19?



The national specifics are consistent with the regional trend, other than in the cases of Grenada where support for, and opposition to, secondary vaccination is even and St. Vincent and the Grenadines where the level of opposition is higher than support at secondary level.

Table 5: Would you agree to have children vaccinated against COVID-19?

	Pre-primary		Primary school		Secondary school		Post-secondary/Tertiary level	
	Yes	No	Yes	No	Yes	No	Yes	No
Barbados	33%	51%	42%	45%	58%	32%	64%	25%
Dominica	35%	48%	41%	43%	56%	29%	64%	23%
Grenada	15%	73%	21%	66%	43%	43%	57%	31%
St. Lucia	19%	70%	25%	63%	43%	45%	53%	31%
St. Vincent & the Grenadines	14%	71%	20%	63%	36%	48%	44%	33%
Trinidad & Tobago	24%	65%	34%	55%	50%	40%	58%	31%
All countries	24%	63%	31%	55%	48%	39%	57%	29%

The main reason why respondents (vaccinated and unvaccinated) were hesitant to vaccinate their children, as shown in Figure 22 and Table 6, related to their age (17% said their children were too young), followed by 9% saying 'I choose not to'. This rationale was consistent across all the countries, with no significant deviation from the regional pattern.

Figure 22: Main reason for hesitancy

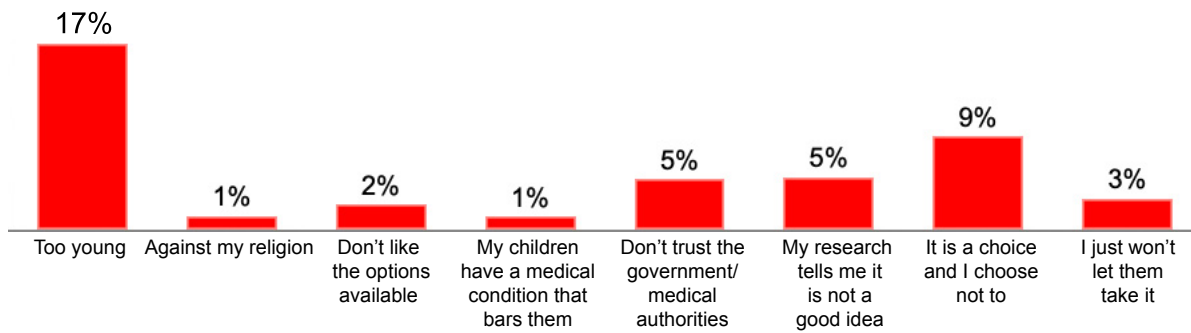
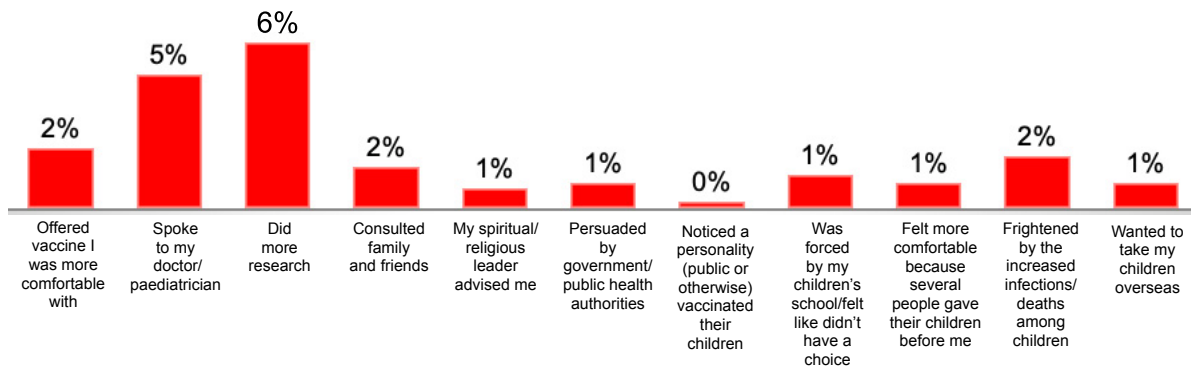


Table 6: Main reasons for hesitancy

	Too young	Against my religion	Don't like the options available	My children have a medical condition that bars them	Don't trust the government/medical authorities	My research tells me it is not a good idea	It is a choice and I choose not to	I just won't let them take it
Barbados	18%	2%	2%	1%	3%	7%	8%	3%
Dominica	13%	0%	1%	0%	4%	3%	10%	2%
Grenada	25%	2%	4%	3%	6%	5%	14%	3%
St. Lucia	22%	1%	3%	1%	4%	6%	7%	5%
St. Vincent & the Grenadines	17%	1%	3%	2%	6%	6%	9%	3%
Trinidad & Tobago	12%	2%	2%	1%	5%	3%	6%	2%
All countries	17%	1%	2%	1%	5%	5%	9%	3%

Figure 23 and Table 7 relate to the reasons why persons were persuaded to take vaccines. The most popular options suggested that respondents did more research or spoke to their doctor or paediatrician and, in this regard, they had the option to indicate that they were never hesitant.

Figure 23: Persuaded to take vaccine because...



Only Dominica deviates from the regional pattern (highlighted) and here the second most popular option was the provision of a vaccine that respondents were more comfortable with.

Table 7: Persuaded to take vaccine because...

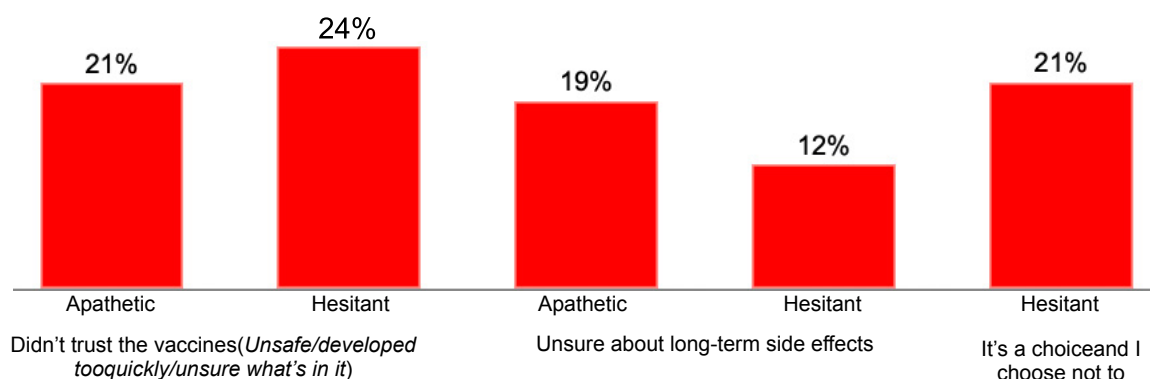
	Offered vaccine I was more comfortable with	Spoke to my doctor/ paediatrician	Did more research	Consulted family and friends	My spiritual/ religious leader advised me	Persuaded by government/ public health authorities	Noticed a personality (public or otherwise) vaccinated their children	Was forced by my children's school/felt like didn't have a choice	Felt more comfortable because several people gave their children before me	Frightened by the increased infections/ deaths among children	Wanted to take my children overseas
Barbados	3%	6%	8%	2%	0.6%	1.1%	0.2%	1.6%	1.0%	2.3%	1.2%
Dominica	3%	1%	4%	2%	0.1%	0.7%	0.4%	0.2%	1.0%	1.0%	0.6%
Grenada	2%	7%	8%	4%	1.0%	1.1%	0.6%	1.1%	1.7%	3.8%	1.8%
St. Lucia	2%	5%	4%	1%	0.5%	0.9%	0.2%	1.5%	0.9%	1.2%	1.4%
St. Vincent & the Grenadines	1%	7%	8%	2%	0.4%	1.0%	0.1%	0.4%	0.6%	1.4%	0.6%
Trinidad and Tobago	2%	5%	6%	1%	1.6%	1.2%	0.1%	2.0%	0.9%	2.1%	0.7%
All countries	2%	5%	6%	2%	0.8%	1.0%	0.3%	1.3%	1.0%	2.0%	1.0%

The hesitant vs the apathetic

The distinction between those who are *vaccine apathetic* and *vaccine hesitant* is explored in Figure 24 and Table 8, in respect of the reasons supporting either position. It should be stressed that the survey instrument was not designed to distinguish between the *apathetic* and *hesitant* as this was not a primary function of the research. Notwithstanding, working definitions can be constructed using relevant questions and here the *vaccine apathetic* are defined as *initially hesitant but vaccinated*, while the *vaccine hesitant* are *unvaccinated and unwilling to vaccinate*. In both instances respondents were offered several options and the three most popular are isolated here, with one of these being relevant only to the *hesitant* and therefore not comparable.

It would appear that the major motivations for the *apathetic* and *hesitant* differ little as both are primarily motivated by their lack of trust in the vaccines. There are statistically insignificant differences between the two categories, while long-term side effects are of greater concern to the *apathetic* than the *hesitant*, suggesting that some of these persons were persuaded as time passed and greater numbers were vaccinated without negative repercussions. In the case of the *hesitant*, the other major factor was that of choice which reflects a right they wish to exercise and was not relevant to those who were already vaccinated.

Figure 24: Main reasons for apathy and hesitancy



At the country level there are some significant departures with respect to trust and side effects. In Barbados and St. Vincent and the Grenadines trust issues are a more significant motivation for the *hesitant* than the *apathetic*, while the reverse is the case for Grenada. In Barbados and Dominica there is no statistically significant difference between the two categories.

Table 8: Main reasons for apathy and hesitancy

	Didn't trust the vaccines (<i>Unsafe/developed too quickly/unsure what's in it</i>)		Unsure about long-term side effects		It's a choice and I choose not to
	Apathetic	Hesitant	Apathetic	Hesitant	
Barbados	20%	29%	19%	18%	17%
Dominica	29%	27%	13%	11%	22%
Grenada	22%	16%	23%	12%	25%
St. Lucia	17%	22%	18%	10%	23%
St. Vincent & the Grenadines	16%	26%	24%	16%	15%
Trinidad & Tobago	20%	25%	17%	9%	21%
All countries	21%	24%	19%	12%	21%

Some additional findings of note

A general question related to any perceived iniquity in closing schools while allowing some businesses to open is explored in Figure 25 and Table 9 and here similar numbers of persons indicated that it was indeed unfair and also that it was justified as the two environments were different. The most popular response categories are statistically similar. However, in all country instances respondents were partial to one or the other option. St. Lucia and Trinidad and Tobago were partial to the idea that the closure of schools was unfair, while the other countries were inclined towards the idea that the two sets of institutions were different.

Figure 25: Justified that businesses including restaurants and bars are open, but schools are closed for in-person learning

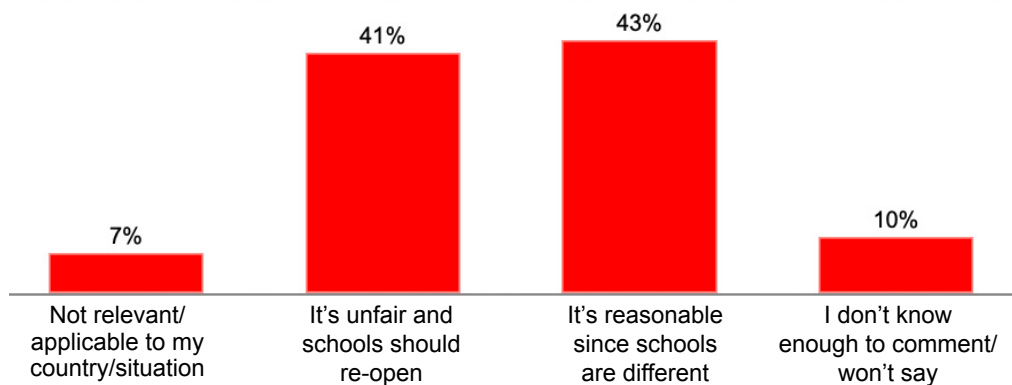
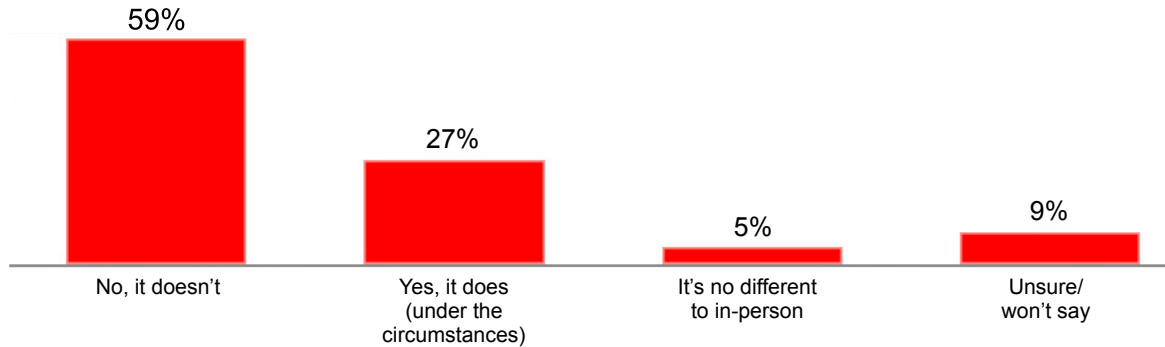


Table 9: Justified that business including restaurants and bars are open, but schools are closed for in-person learning

	Not relevant/applicable to my country/situation	It's unfair and schools should re-open	It's reasonable since schools are different	I don't know enough to comment/won't say
Barbados	2%	40%	48%	10%
Dominica	11%	28%	52%	9%
Grenada	5%	35%	48%	13%
St. Lucia	6%	59%	24%	11%
St. Vincent & the Grenadines	8%	25%	58%	9%
Trinidad & Tobago	10%	49%	34%	8%
All countries	7%	41%	43%	10%

Figure 26: Does the online environment offer children the best opportunity for learning?

The matter of online learning was examined in Figure 26 and there is overwhelming consensus that it does not offer children the best opportunity for learning, and this is consistent across all the countries.

Table 10: Does the online environment offer children the best opportunity for learning?

	No, it doesn't	Yes, it does (under the circumstances)	It's no different to in-person	Unsure/won't say
Barbados	74%	19%	3%	5%
Dominica	45%	34%	6%	15%
Grenada	55%	31%	5%	9%
St. Lucia	67%	15%	5%	13%
St. Vincent & the Grenadines	50%	38%	6%	6%
Trinidad & Tobago	58%	30%	6%	7%
All countries	59%	27%	5%	9%

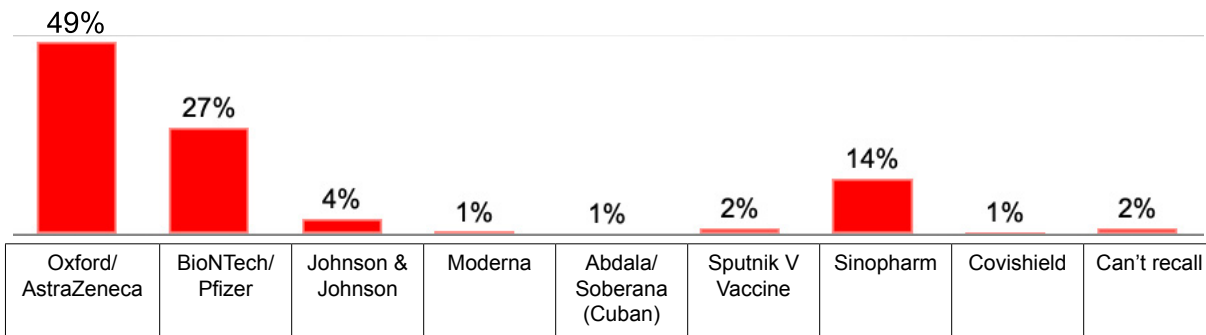
Views and Opinions of Vaccinated Persons



This section speaks exclusively to the views and opinions of vaccinated persons. Those who are unvaccinated were excluded and their views reflected separately. In the previous section it was determined that 62% of the entire survey population report having been vaccinated.

Vaccine choices and rationale

Figure 27: Vaccine used (if vaccinated)



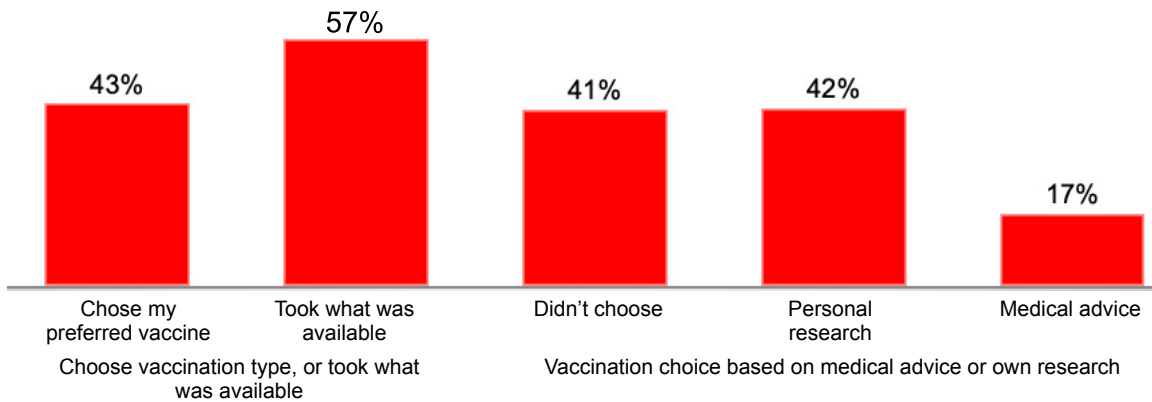
The initial question regarding the vaccine used is reported in Figure 27 and Table 11 and it should be noted that this speaks to the vaccine used and not the vaccine preferred (Table 12) since a significant proportion of persons would have vaccinated based on what was available. Generally, Oxford/AstraZeneca was the most used across the region except for Trinidad & Tobago where Sinopharm was more readily available.

Table 11: Vaccine used (if vaccinated)

	Oxford/AstraZeneca	BioNTech/Pfizer	Johnson & Johnson	Moderna	Abdala/Soberana (Cuban)	Sputnik V Vaccine	Sinopharm	Covishield	Can't recall
Barbados	63%	27%	2%	1%			4%	2%	2%
Dominica	62%	21%	1%		4%		8%	1%	4%
Grenada	57%	38%	2%	1%			0%		1%
St. Lucia	55%	41%	3%	0%					1%
St. Vincent & the Grenadines	50%	28%	1%	3%		14%		1%	4%
Trinidad & Tobago	23%	17%	11%	1%		0%	47%	0%	0%
All countries	49%	27%	4%	1%	1%	2%	14%	1%	2%

Figure 28 makes it clear that most persons (57%) did not choose their vaccine but took what was available, although in St. Vincent and the Grenadines 42% indicated that they made a deliberate choice based on personal research.

Figure 28: Vaccine choice



The other aspect of the issue of choice also reported in Figure 28 is directly related and here there are even numbers of persons whose vaccine choice was based on personal research as they were persons who did not choose. Among the countries, this even split is reflected in Barbados, St. Lucia and Trinidad and Tobago, while in the others there was no choice.

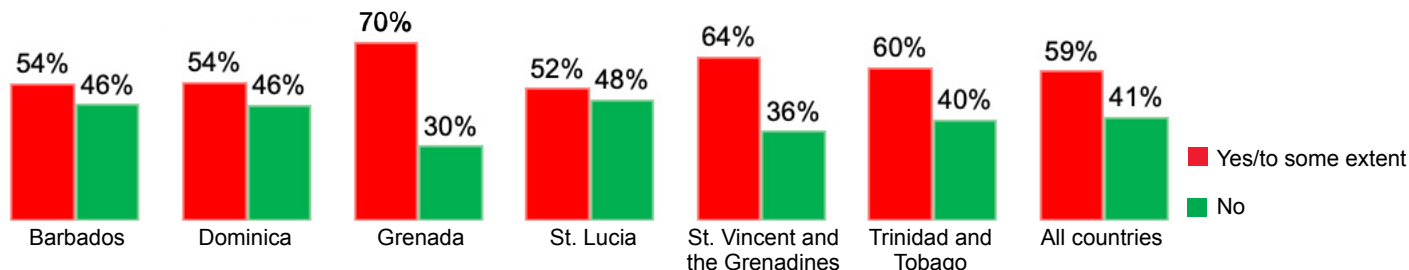
Table 12: Vaccine choice

	Choose vaccination type, or took what was available		Vaccination choice based on medical advice or own research		
	Chose preferred vaccine	Took what was available	Didn't choose	Personal research	Medical advice
Barbados	38%	62%	42%	42%	16%
Dominica	32%	68%	55%	34%	11%
Grenada	43%	57%	46%	30%	24%
St. Lucia	47%	53%	44%	44%	13%
St. Vincent & the Grenadines	54%	46%	21%	56%	23%
Trinidad & Tobago	45%	56%	40%	43%	17%
All countries	43%	57%	41%	42%	17%

Initial vaccine hesitancy

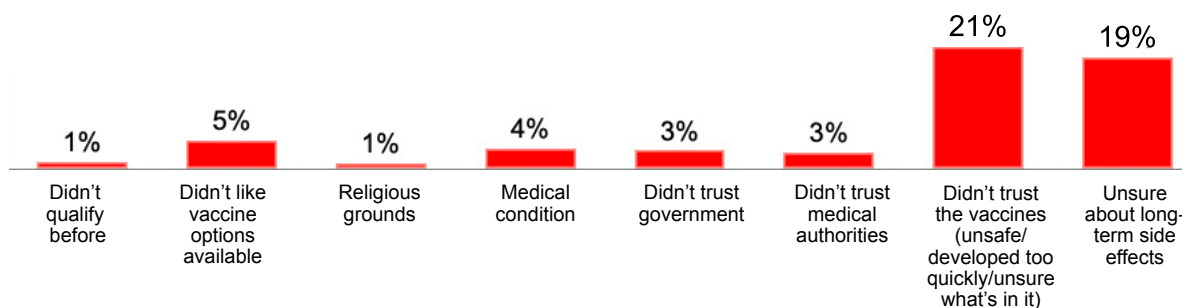
The extent of initial vaccine hesitancy is explored in Figure 29 which demonstrates varying levels of reluctance. The highest level of hesitancy was in Grenada, while the lowest was St. Lucia where statistically similar quantities of persons were hesitant and not hesitant.

Figure 29: Initially vaccine hesitant



The reasons for this hesitancy are examined in Figure 30 and Table 13 and the overwhelming concern was a lack of trust in the vaccines on account of the speed of development and uncertainty regarding the contents. There was also a similar level of concern relating to long-term side effects of these vaccines.

Figure 30: Reasons for hesitancy



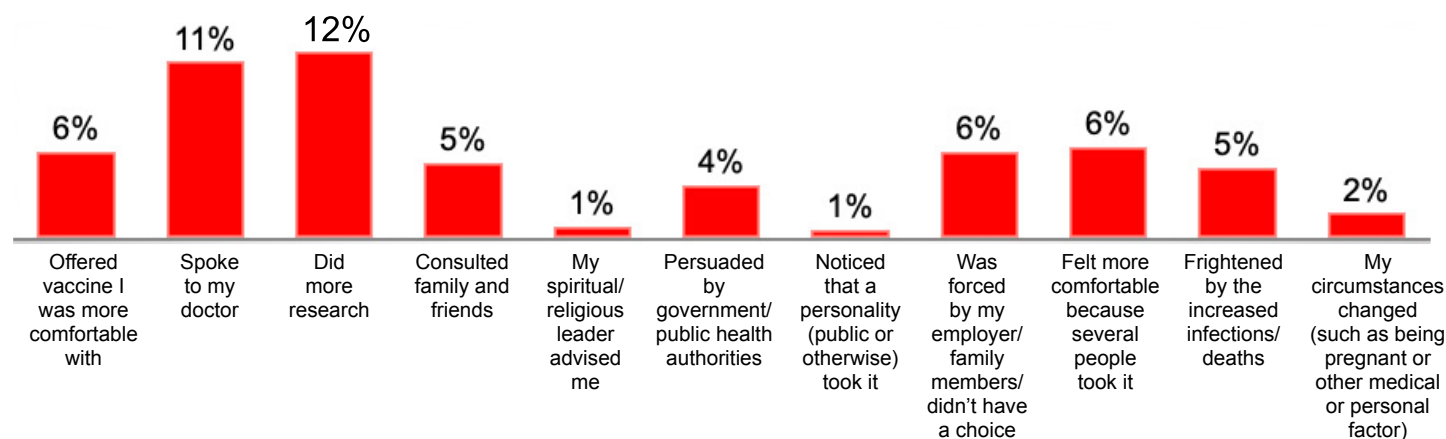
This pattern was replicated in most of the countries surveyed. However, in Dominica the majority was more concerned about trust issues regarding the vaccine, while in St. Vincent and the Grenadines most were preoccupied with long-term side effects.

Table 13: Reasons for initial hesitancy

	Didn't qualify before	Didn't like vaccine options available	Religious grounds	Medical condition	Didn't trust government	Didn't trust medical authorities	Didn't trust the vaccines (unsafe/develop too quickly/unsure what's in it)	Unsure about long-term side effects
Barbados	2%	4%	1%	4%	2%	2%	20%	19%
Dominica	-	2%	0%	2%	1%	3%	29%	13%
Grenada	1%	4%	1%	4%	7%	5%	22%	23%
St. Lucia	0%	3%	2%	3%	3%	4%	17%	18%
St. Vincent & the Grenadines	1%	8%	3%	5%	2%	2%	16%	24%
Trinidad & Tobago	2%	8%	1%	4%	4%	2%	20%	17%
All countries	1%	5%	1%	4%	3%	3%	21%	19%

Why respondents changed their minds

Figure 31: Factor that changed respondent’s mind



In Figure 31 and Table 14 a clear pattern emerges regarding the factor or influence that worked best to change persons’ minds, and these were *medical advice* and *personal research*. In *Dominica* *personal research* was more popular, while for *Grenada*, the combination was *medical advice* or *compulsion by family, friends, or an employer*. *Grenada* is the only country where compulsion was a significant factor in anyone deciding to become vaccinated, which is ironic since the *Grenada* government has resisted legislative vaccine mandates.

Table 14: Factor that changed respondent’s mind

	Offered vaccine I was more comfortable with	Spoke to my doctor	Did more research	Consulted family and friends	My spiritual/religious leader advised me	Persuaded by government/public health authorities	Noticed that a personality (public or otherwise) took it	Was forced by my employer/family members/didn't have a choice	Felt more comfortable because several people took it	Frightened by the increased infections/deaths	My circumstances changed (such as being pregnant or other medical or personal factor)
Barbados	6%	10%	11%	5%	0%	3%	0%	5%	7%	5%	2%
Dominica	2%	8%	17%	9%	-	2%	0%	2%	7%	4%	1%
Grenada	5%	14%	9%	5%	1%	6%	1%	13%	6%	7%	1%
St. Lucia	3%	10%	11%	2%	2%	4%	0%	4%	7%	4%	4%
St. Vincent & the Grenadines	9%	14%	14%	5%	1%	5%	0%	5%	2%	4%	2%
Trinidad & Tobago	7%	12%	11%	4%	1%	3%	1%	6%	6%	5%	1%
All countries	6%	11%	12%	5%	1%	4%	1%	6%	6%	5%	2%

Information and communication for vaccinated persons

The primary sources of information on the COVID-19 vaccine situation are presented in Figure 32 and Table 15 and here government sources emerge as the most popular in all countries except *Dominica* where personal internet research was the most popular option.

Figure 32: Primary source of information on COVID-19 situation

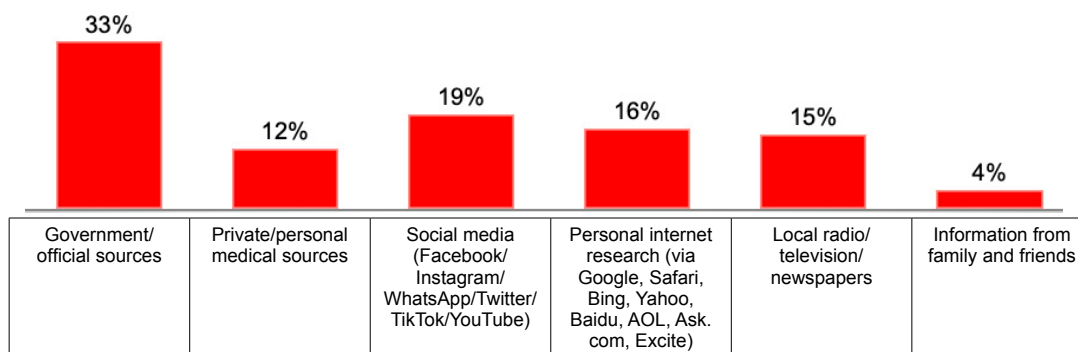


Table 15: Primary source of information on COVID-19 situation

	Government/Official sources	Private/personal medical sources	Social media (Facebook/Instagram/WhatsApp/Twitter/TikTok/YouTube)	Personal internet research (via Google, Safari, Bing, Yahoo, Baidu, AOL, Ask.com, Excite)	Local radio/television/newspapers	Information from family and friends
Barbados	31%	7%	24%	15%	19%	4%
Dominica	24%	7%	15%	30%	16%	7%
Grenada	38%	11%	23%	10%	16%	2%
St. Lucia	38%	12%	19%	13%	16%	2%
St. Vincent & the Grenadines	39%	17%	20%	11%	11%	3%
Trinidad & Tobago	33%	17%	15%	19%	13%	4%
All countries	33%	12%	19%	16%	15%	4%

The preferred mode of communication is explored in Figure 33 and Table 16 and television/cable emerges as the preferred option regionally. There are, however, notable exceptions in the case of Dominica where WhatsApp and radio are preferred and St. Vincent and the Grenadines where *social networks* are prioritised.

Figure 33: Best way to communicate/preferred source of information

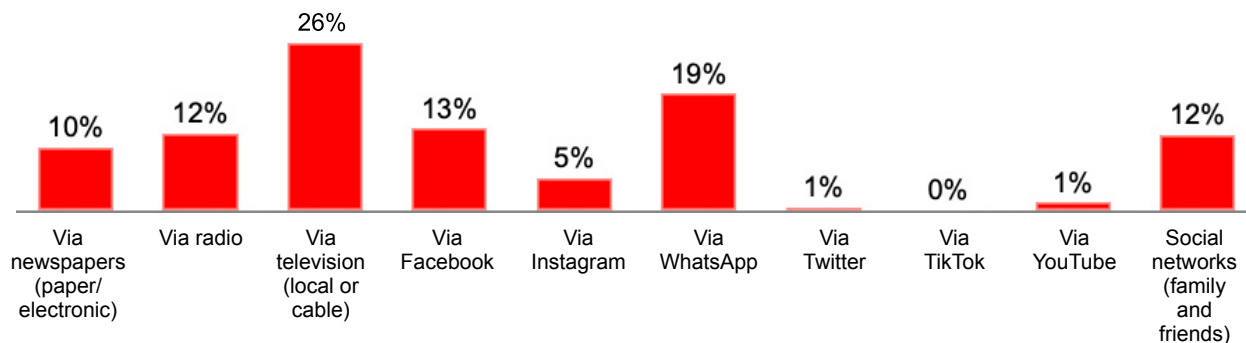
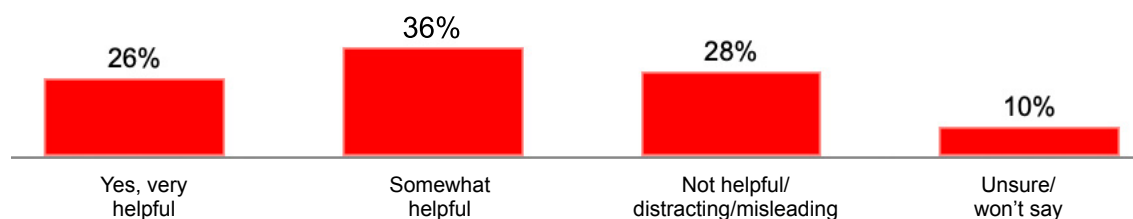


Table 16: Best way to communicate/preferred source of information

	Via newspapers (paper/ electronic)	Via radio	Via television (local or cable)	Via Facebook	Via Instagram	Via WhatsApp	Via Twitter	Via TikTok	Via YouTube	Social networks (family and friends)
Barbados	11%	15%	22%	10%	11%	17%	1%	0%	2%	11%
Dominica	1%	28%	13%	8%	0%	39%	0%		2%	9%
Grenada	4%	10%	36%	18%	6%	13%	0%	0%	1%	11%
St. Lucia	3%	6%	40%	15%	3%	16%	-	-	2%	15%
St. Vincent & the Grenadines	16%	14%	18%	18%	2%	10%	0%	-	1%	22%
Trinidad & Tobago	18%	5%	29%	12%	6%	18%	2%	1%	1%	9%
All countries	10%	12%	26%	13%	5%	19%	1%	0%	1%	12%

A specific question regarding the impact of local and international personalities is presented in Figure 34 and Table 17 since this has been one approach taken across the region to influence behaviour and 62% argued that it was either very or somewhat helpful. There was no instance in which the majority believed that these influencers were not helpful.

Figure 34: Information conveyed by local and international personalities helpful

Table 17: information conveyed by local and international personalities helpful

	Yes, very helpful	Somewhat helpful	Not helpful/distracting/misleading	Unsure/won't say
Barbados	19%	35%	34%	12%
Dominica	39%	33%	18%	10%
Grenada	31%	39%	21%	9%
St. Lucia	19%	40%	25%	16%
St. Vincent & the Grenadines	34%	41%	21%	5%
Trinidad & Tobago	22%	32%	37%	9%
All countries	26%	36%	28%	10%

Vaccine mandates

The controversial matter of vaccine mandates is explored in Figure 35 and Table 18. Respondents were asked if they would be willing to support specific mandates. Generally, vaccinated persons support the imposition of mandates with respect to all categories identified with the exception of primary school children. Although support levels vary among countries, the only significant difference that emerged was in Dominica where a majority of vaccinated persons supported mandates in every instance (including for primary school children).

Figure 35: Support imposition of COVID-19 vaccine mandates

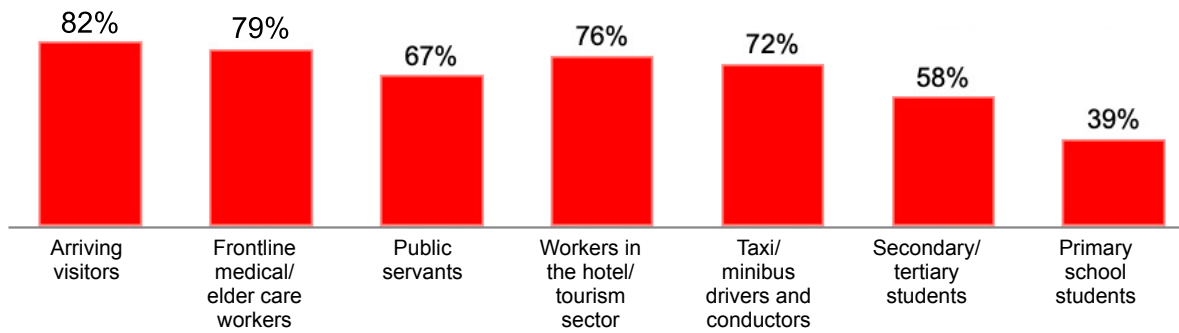


Table 18: Support imposition of COVID-19 vaccine mandates

	Arriving visitors	Frontline medical/elder care workers	Public servants	Workers in the hotel/tourism sector	Taxi/minibus drivers and conductors	Secondary/tertiary students	Primary school students
Barbados	81%	73%	58%	71%	69%	56%	43%
Dominica	75%	71%	66%	68%	67%	61%	52%
Grenada	84%	81%	66%	80%	72%	54%	29%
St. Lucia	85%	82%	68%	79%	77%	55%	31%
St. Vincent & the Grenadines	85%	83%	75%	82%	77%	60%	33%
Trinidad & Tobago	82%	83%	71%	77%	73%	60%	43%
All countries	82%	79%	67%	76%	72%	58%	39%

Views and Opinions of Unvaccinated Persons



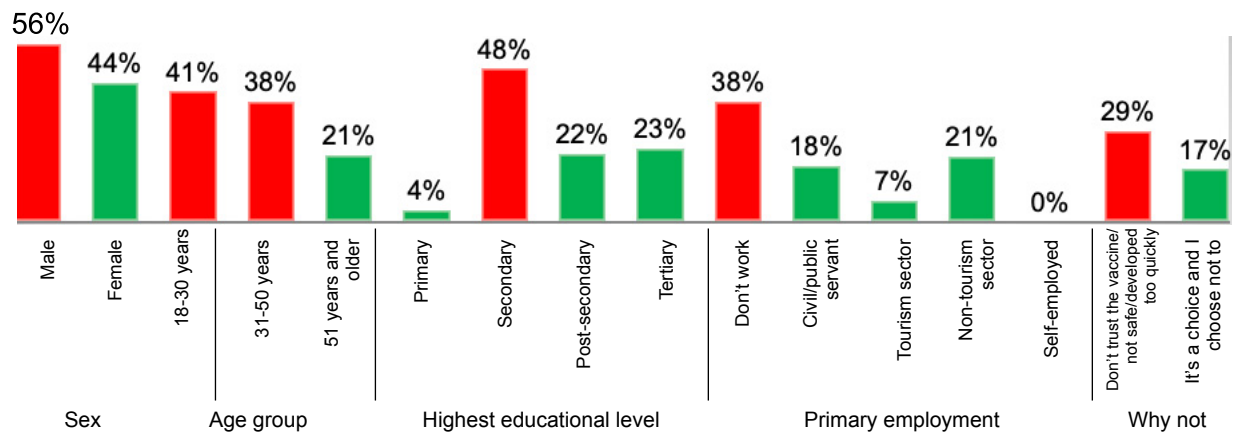
Profiles of those unvaccinated

In respect of unvaccinated persons, an important analysis would be an appreciation of the profile or type of person who remains unvaccinated and this is presented in Figures 36-42. In each instance unvaccinated persons alone are isolated, and the critical demographic details presented comparatively, with the RED bars indicating which demographic category the unvaccinated person is more likely to fall into.

In summary, the common characteristics across the countries surveyed are that unvaccinated persons tend to be younger and presumably are less concerned about the risk of being unvaccinated. These persons are also more likely not to be working either voluntarily or otherwise. The absence of the need (or desire) to enter an institutionalised environment may create a disinclination to vaccinate. In terms of education, the general trend is that unvaccinated persons are educated to the secondary level which reflects the compulsory educational component across the Caribbean. This implies that persons who are educated to a higher level are therefore more likely to be vaccinated. The two major reasons given by these persons for being unvaccinated are the belief that it is a choice (and they choose not to) and their lack of trust in the vaccines.

Barbados

Figure 36: Barbados unvaccinated profile

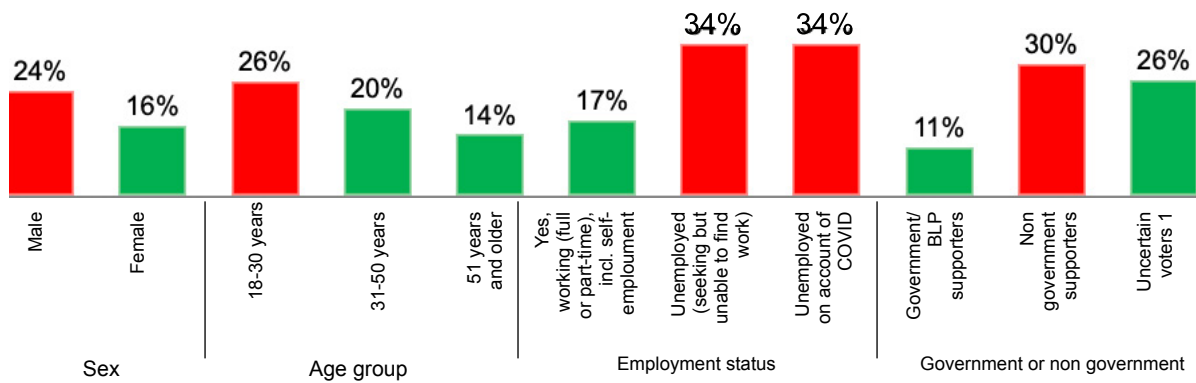


In the case of Barbados, the unvaccinated person is more likely to be male, under 50 and with a secondary education. The person is most likely unemployed (voluntarily or otherwise) and does not trust vaccines because of a perception that they were developed too quickly, or they do not know what is in them.

It is useful that CADRES was able to corroborate the Barbados data with a similar national survey, conducted in October of 2021 for another client. Although also a national survey, this version was able to highlight a significant factor that motivated persons which the UNICEF version could not speak to as the issue was political. The UNICEF policy which precludes reference to political preferences in surveys is understandable, therefore it was useful that a similar survey highlighted this clear motivation that appears to be as important as the others identified.

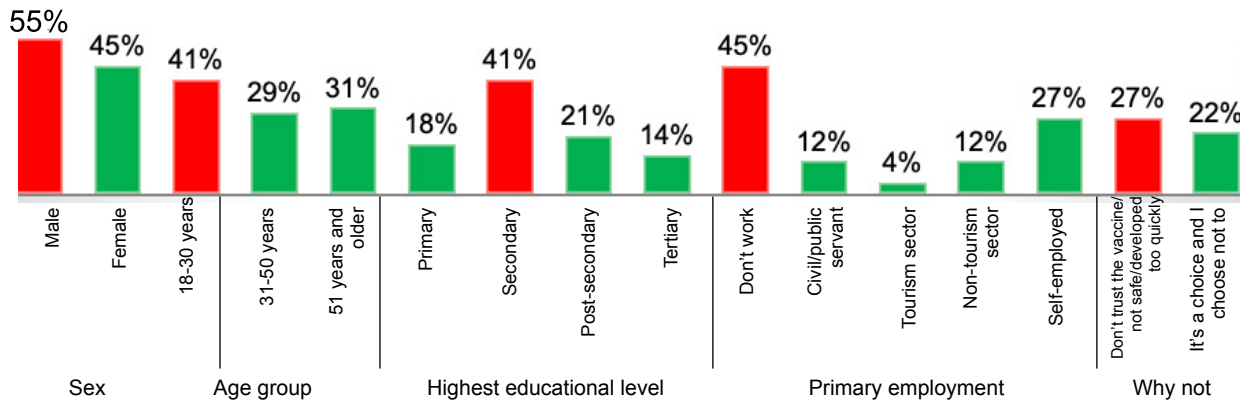
Anecdotally, it appears that across the region unvaccinated persons are more likely to oppose the government, as in Barbados, which implies the likelihood that there are similar motivations in other countries. This realisation is important as it is not based on logic, but a perception that vaccination is an act of support for government or would benefit the government more than the individual. This realisation therefore highlights the role of specific non-governmental actors in the vaccination campaign.

Figure 37: Barbados unvaccinated profile (CADRES October 2021)



Dominica

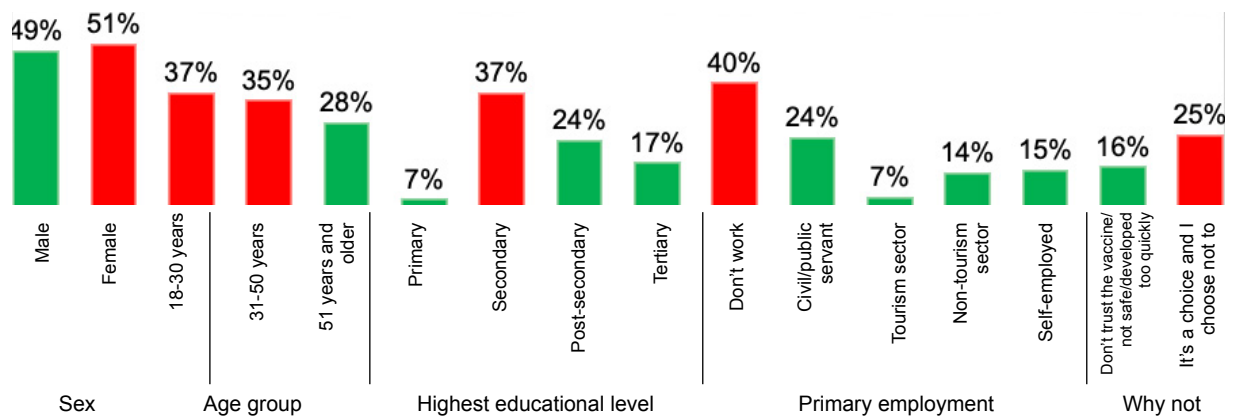
Figure 38: Dominica unvaccinated profile



In Dominica, the unvaccinated person is most likely to be male, under 30 and educated to secondary level. That person is also more likely to be unemployed (voluntarily or otherwise) and does not trust the vaccine because it was developed too quickly, or they do not know what is in it.

Grenada

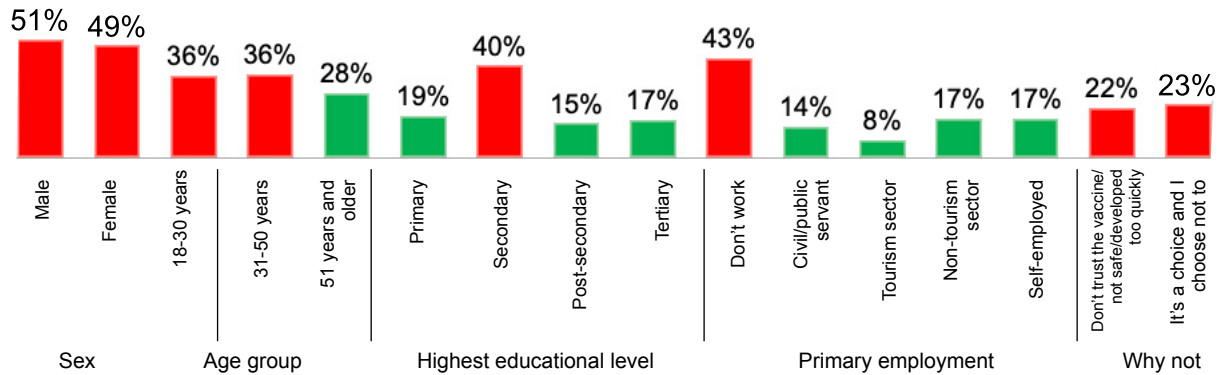
Figure 39: Grenada unvaccinated profile



In Grenada the unvaccinated person is more likely to be female and under 50 with a secondary education and not working in an institutional environment. They are more inclined to be unvaccinated because they see it as a choice and choose not to.

St. Lucia

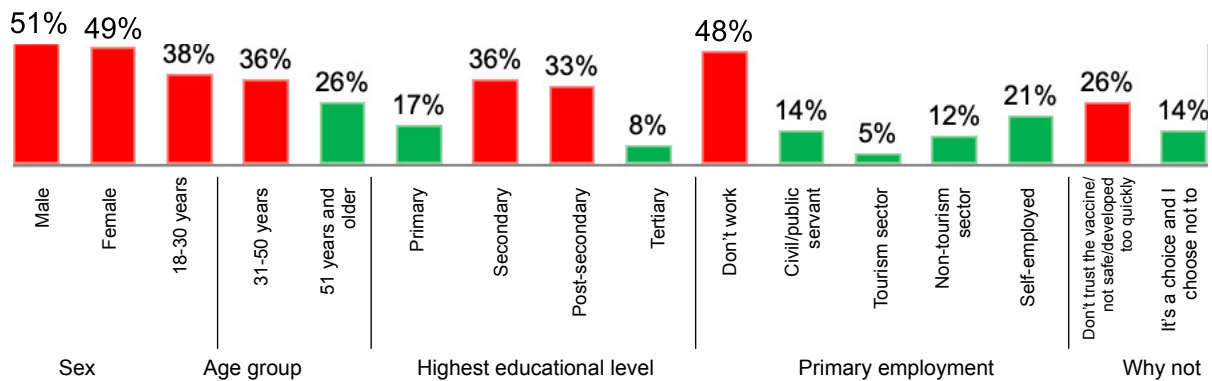
Figure 40: St. Lucia unvaccinated profile



The unvaccinated person in St. Lucia is under 50, could be either male or female and does not work in an institutional environment. They would have been educated to a secondary level and won't take the vaccine on account of trust issues or the belief that it is a choice.

St. Vincent and the Grenadines

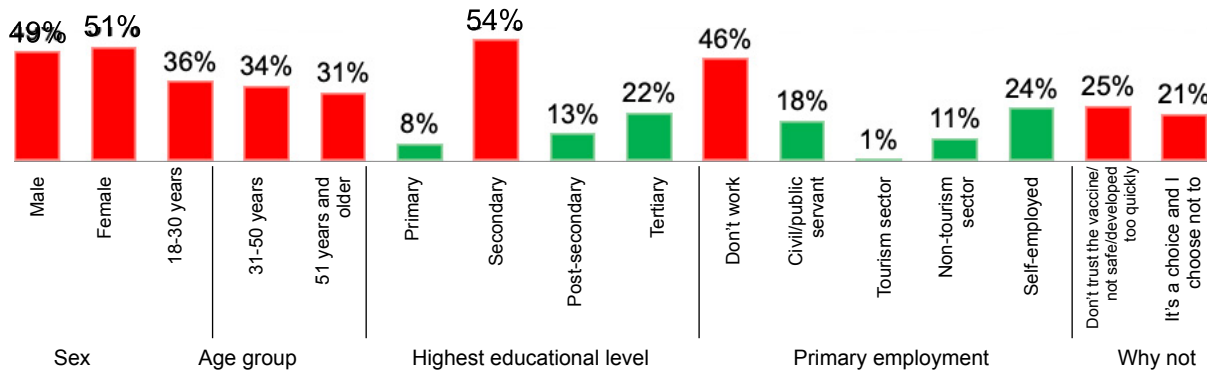
Figure 41: St. Vincent and the Grenadines unvaccinated profile



The unvaccinated in St. Vincent and the Grenadines could be either male or female, under 50, not working in an institutional environment and educated to either secondary or post-secondary level. They do not trust the vaccine because they think it was developed too quickly and do not know what is in it.

Trinidad and Tobago

Figure 42: Trinidad and Tobago unvaccinated profile



The unvaccinated in Trinidad and Tobago is not of any particular age or sex but would have been educated to the secondary level and does not work in an institutional environment. The reasons for being unvaccinated are equally split between a lack of trust and the belief that it is a choice.

More detail on reasons for being unvaccinated

In Figure 43 and Table 19 shows a wide range of reasons why respondents were unvaccinated. As suggested above, the majority opinion was that they did not trust the vaccines in that they did not think they were safe or were developed too quickly and it was a choice which they chose not to exercise.

Deviations from the overall trend were seen in Barbados and St. Vincent and the Grenadines. In both countries significant proportions of unvaccinated persons were concerned about side effects.

Figure 43: Main reason for being unvaccinated

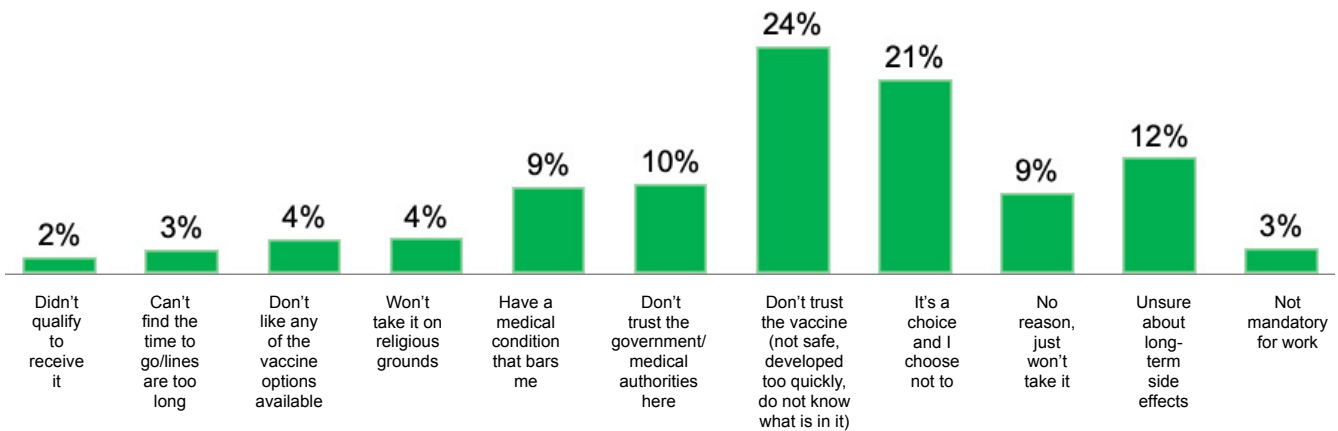


Table 19: Main reason for being unvaccinated

	Didn't qualify to receive it	Can't find the time to go/lines are too long	Don't like any of the vaccine options available	Won't take it on religious grounds	Have a medical condition that bars me	Don't trust the government/ medical authorities here	Don't trust the vaccine (not safe, developed too quickly, do not know what is in it)	It's a choice and I choose not to	No reason, just won't take it	Unsure about long-term side effects	Not mandatory for work
Barbados	2%	3%	2%	7%	8%	8%	29%	17%	6%	18%	2%
Dominica	3%	4%	2%	1%	8%	6%	27%	22%	15%	11%	2%
Grenada	1%	3%	6%	5%	11%	8%	16%	25%	7%	12%	6%
St. Lucia	1%	2%	5%	4%	10%	5%	22%	23%	15%	10%	3%
St. Vincent & the Grenadines	2%	1%	4%	6%	8%	14%	26%	15%	4%	16%	4%
Trinidad & Tobago	3%	2%	4%	2%	11%	16%	25%	21%	6%	9%	2%
All countries	2%	3%	4%	4%	9%	10%	24%	21%	9%	12%	3%

Motivation not to vaccinate

One of the reasons for not vaccinating was medical advice suggesting that it should not be done. Figure 44 and Table 20 speak to this issue and demonstrate that in close to two-thirds of the instances, respondents did not consult with a doctor before taking the decision and this was replicated in every country where the survey was conducted.

Figure 44: Consulted with doctor before making decision

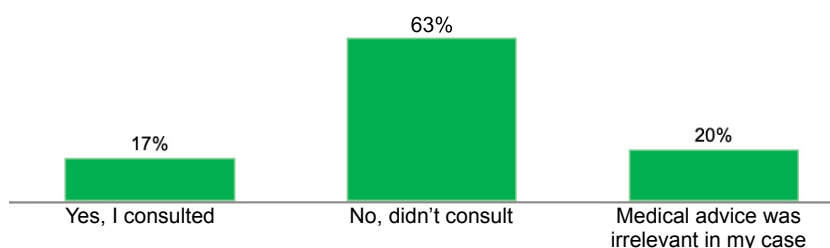


Table 20: Consulted with doctor before making decision

	Yes, I consulted	No, didn't consult	Medical advice was irrelevant in my case
Barbados	10%	73%	17%
Dominica	19%	66%	15%
Grenada	18%	69%	14%
St. Lucia	16%	60%	24%
St. Vincent & the Grenadines	18%	59%	24%
Trinidad & Tobago	20%	56%	24%
All countries	17%	63%	20%

Having established reasons for opposition to vaccination, the next issue explored was the extent to which the views of the unvaccinated have changed over time and in this regard Figure 45 and Table 21 suggest that the majority view is unchanged, while a significant portion are even less inclined to take it. This pattern is consistent across all the countries with the highest resistance in Trinidad and Tobago and the lowest in Grenada.

Figure 45: Views on COVID-19 changed over time

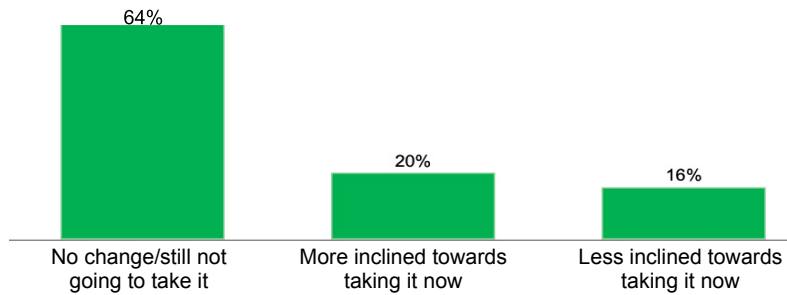
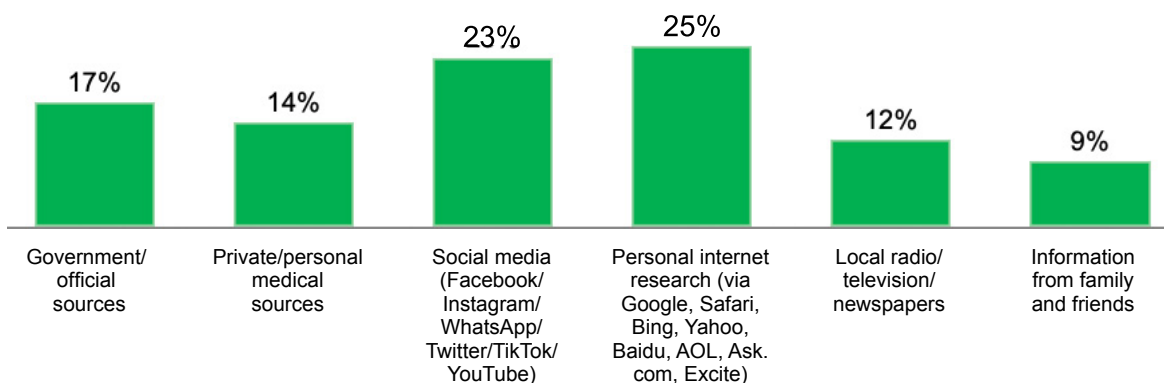


Table 21: Views on COVID-19 changed over time

	No change/still not going to take it	More inclined towards taking it now	Less inclined towards taking it now
Barbados	64%	20%	16%
Dominica	63%	26%	11%
Grenada	61%	28%	11%
St. Lucia	62%	21%	17%
St. Vincent and the Grenadines	65%	11%	24%
Trinidad & Tobago	68%	16%	16%
All countries	64%	20%	16%

Information and communication for unvaccinated persons

Figure 46: Source most helpful in deciding NOT to take vaccine



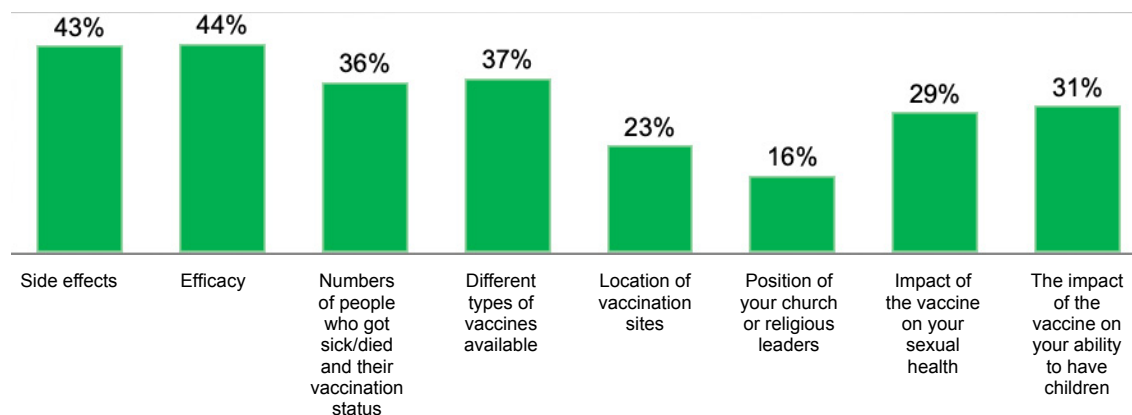
The sources relied upon in coming to the decision not to take the vaccine are examined in Figure 46 (above) and Table 22. Two stand out significantly: and these are social media and personal internet research which are to some extent related. There are two notable exceptions which are St. Vincent and the Grenadines and Trinidad and Tobago. In both these instances the second most influential source was government/official sources.

Table 22: Source most helpful in deciding NOT to take vaccine

	Government/ official sources	Private/ personal medical sources	Social media (Facebook/ Instagram/ WhatsApp/Twitter/ TikTok/YouTube)	Personal internet research (via Google, Safari, Bing, Yahoo, Baidu, AOL, Ask.com, Excite)	Local radio/ television/ newspapers	Information from family and friends
Barbados	14%	16%	25%	25%	9%	12%
Dominica	14%	10%	19%	33%	14%	10%
Grenada	18%	12%	26%	22%	13%	9%
St. Lucia	12%	18%	25%	21%	15%	9%
St. Vincent & the Grenadines	21%	13%	31%	18%	9%	8%
Trinidad & Tobago	22%	16%	16%	28%	12%	7%
All countries	17%	14%	23%	25%	12%	9%

With respect to information that could potentially help unvaccinated persons to take the vaccine, Figure 47 and Table 23 offer several suggestions regarding the type of information that could be influential, with the most popular being information on side effects and the efficacy of the vaccine. In this regard, respondents could answer positively or negatively to each option and these data were combined to facilitate this presentation.

Figure 47: Information that could help convince to take vaccine



Respondents in Dominica and Grenada were particularly interested in information on the numbers of people who got sick and died and on the different types of vaccines available.

Table 23: Information that could help convince to take vaccine

	Side effects	Efficacy	Numbers of people who got sick/died and their vaccination status	Different types of vaccines available	Location of vaccination sites	Position of your church or religious leaders	Impact of the vaccine on your sexual health	The impact of the vaccine on your ability to have children
Barbados	39%	37%	23%	28%	14%	4%	20%	20%
Dominica	52%	56%	51%	48%	41%	35%	47%	46%
Grenada	60%	61%	55%	54%	36%	23%	44%	46%
St. Lucia	40%	42%	34%	38%	20%	12%	26%	26%
St. Vincent & the Grenadines	36%	34%	25%	21%	11%	11%	19%	21%
Trinidad & Tobago	36%	35%	31%	32%	17%	14%	24%	29%
All countries	43%	44%	36%	37%	23%	16%	29%	31%

The preferred mode of communication for unvaccinated persons was explored in Figure 48 and Table 24 and here television/cable and WhatsApp emerge as the most popular. Specific country information varies to some extent and in Barbados social networks of family and friends emerged as the second most popular, while in Dominica the radio was second to WhatsApp as a preferred mode of communication. In St. Vincent and the Grenadines, radio emerged among the top three sources.

Figure 48: Preferred mode of communication/receipt of information

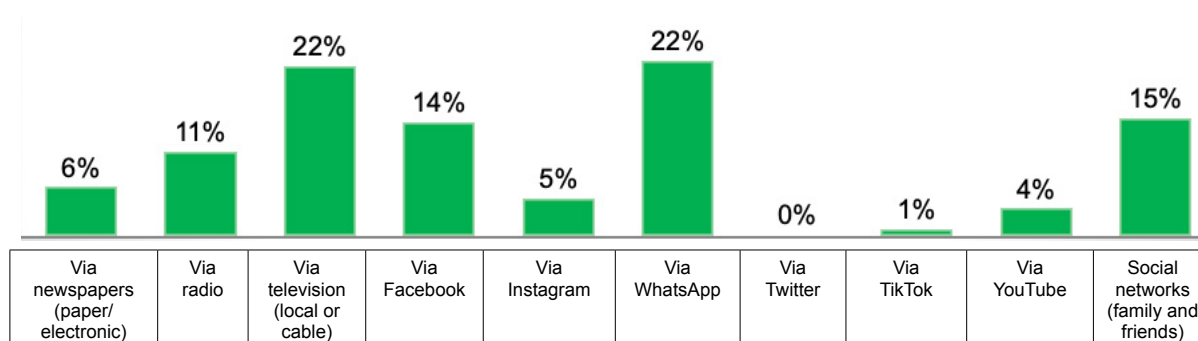


Table 24: Preferred mode of communication/receipt of information

	Via newspapers (paper/electronic)	Via radio	Via television (local or cable)	Via Facebook	Via Instagram	Via WhatsApp	Via Twitter	Via Tik Tok	Via YouTube	Social networks (family and friends)
Barbados	8%	7%	14%	9%	12%	28%	0%	2%	3%	17%
Dominica	2%	24%	12%	11%	1%	29%	-	0%	4%	17%
Grenada	3%	10%	33%	16%	5%	17%	-	0%	2%	14%
St. Lucia	2%	7%	29%	17%	4%	20%	-		8%	14%
St. Vincent & the Grenadines	7%	18%	12%	22%	3%	19%	0%	2%	4%	15%
Trinidad & Tobago	13%	4%	26%	13%	5%	22%	1%	2%	2%	14%
All countries	6%	11%	22%	15%	5%	22%	0%	1%	4%	15%

Respondents were asked about the utility of information conveyed by popular personalities who have been used heavily in media campaigns and regionally and in Figure 49 and Table 25 51% found these sources either somewhat helpful or very helpful. It is noteworthy that they were less useful for the unvaccinated than they were for the vaccinated and in the specific cases of Barbados and Trinidad and Tobago, a majority of respondents found the personalities to be unhelpful or distracting.

Figure 49: Information conveyed by popular personalities helpful

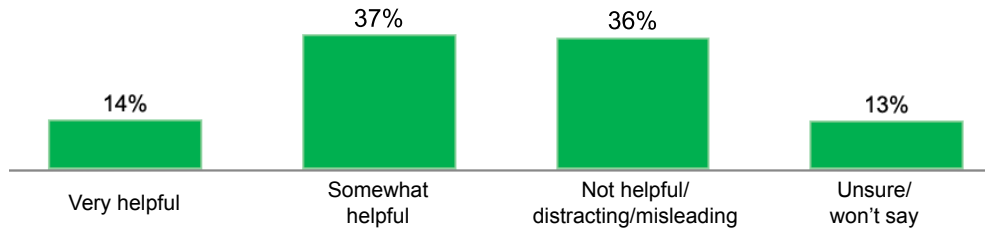


Table 25: Information conveyed by popular personalities helpful

	Very helpful	Somewhat helpful	Not helpful/distracting/misleading	Unsure/won't say
Barbados	13%	29%	46%	12%
Dominica	16%	42%	31%	11%
Grenada	18%	39%	26%	16%
St. Lucia	8%	42%	34%	16%
St. Vincent & the Grenadines	20%	48%	21%	11%
Trinidad & Tobago	10%	26%	51%	13%
All countries	14%	37%	36%	13%

Three specific influencers were explored in Figure 50 and Table 26 largely on account of their presumed popularity and the need for a direct answer regarding possible influence. Religious leaders were clearly not influential, as more than 90% of persons in all countries said these leaders did not affect their decision. Family and friends were slightly more influential but were still not the key influencers in any single country. The social media factor held somewhat more sway and in St. Vincent and the Grenadines a majority agreed that this medium influenced their decision not to vaccinate.

Figure 50: Was decision NOT to vaccinate based on...

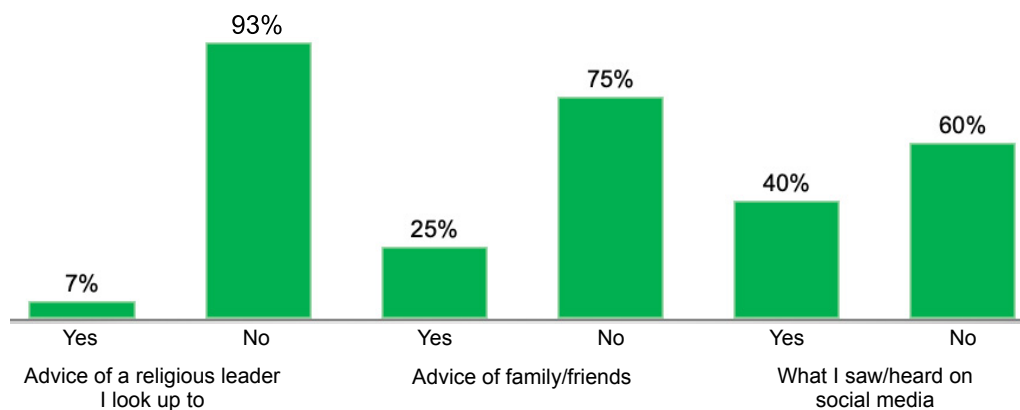


Table 26: Was decision NOT to vaccinate based on...

	Advice of a religious leader I look up to		Advice of family/friends		What I saw/heard on social media	
	Yes	No	Yes	No	Yes	No
Barbados	7%	94%	16%	84%	33%	67%
Dominica	4%	96%	29%	72%	35%	65%
Grenada	10%	90%	38%	62%	45%	55%
St. Lucia	5%	95%	17%	83%	41%	59%
St. Vincent & The Grenadines	13%	87%	29%	71%	52%	48%
Trinidad & Tobago	4%	96%	23%	77%	37%	64%
All countries	7%	93%	25%	75%	40%	60%

Respondents were asked to rate various institutions regarding the extent to which they respected their views and opinions and in this instance the rating was on a scale ranging from 1 to 10 with 1 being the lowest or worst rating and 10 being the highest or best. These scores are presented in Figure 51 and Table 27 according to country. Across the countries, private doctors and family members are the most respected avenues in terms of information.

Figure 51: Rating of respect for institutions' views and opinions

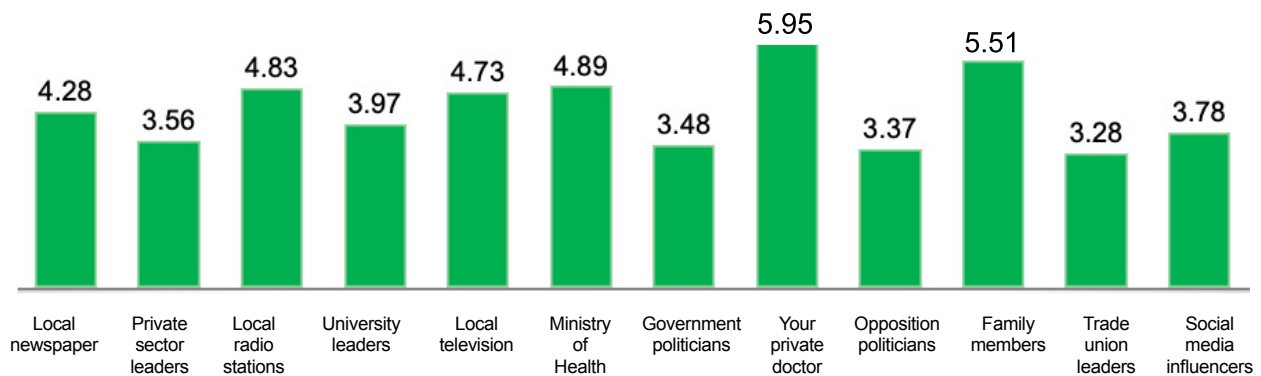


Table 27: Rating of respect for institutions' views and opinions

	Local newspaper	Private sector leaders	Local radio stations	University leaders	Local television	Ministry of Health	Government politicians	Your private doctor	Opposition politicians	Family members	Trade union leaders	Social media influencers
Barbados	4.3	3.4	4.8	4.0	4.4	5.4	3.3	5.8	3.1	5.4	3.1	3.3
Dominica	4.9	4.5	5.3	4.4	5.1	5.7	4.6	6.0	3.9	5.8	4.2	4.7
Grenada	4.2	4.1	5.6	4.0	5.4	5.5	4.5	5.7	3.8	6.0	3.9	4.6
St. Lucia	3.5	3.1	4.0	3.7	4.1	4.6	3.1	5.9	2.8	5.1	2.7	3.1
St. Vincent & the Grenadines	4.6	3.9	5.3	4.0	4.9	4.4	3.3	5.4	3.6	5.9	3.6	5.1
Trinidad & Tobago	4.4	3.0	4.5	4.0	4.7	4.3	2.8	6.6	3.3	5.2	2.8	2.8
All countries	4.3	3.6	4.8	4.0	4.7	4.9	3.5	6.0	3.4	5.5	3.3	3.8

In terms of the factors that could change the respondent’s mind regarding COVID-19 vaccination, Figure 52 and Table 28 present relevant views and opinions and suggest that the main motivation could come as a result of more scientific or medical information, followed by a mandate on account of the need to travel or work. For several countries, another popular motivation to vaccinate could come from seeing people they care about getting sick and dying.

Figure 52: Factors that could possibly change mind regarding COVID-19 vaccine

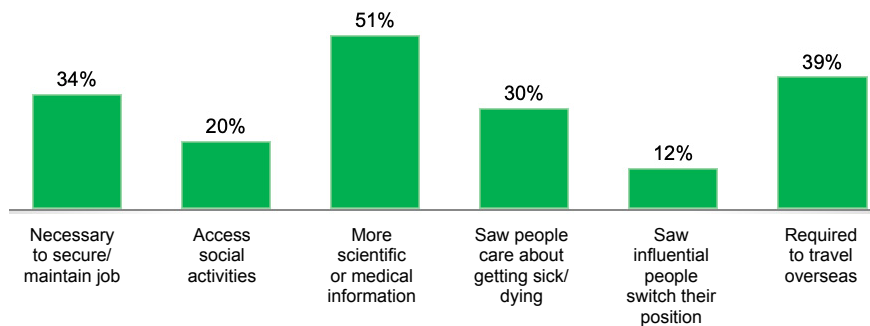


Table 28: Factors that could possibly change mind regarding COVID-19 vaccine

	Necessary to secure/maintain job	Allow free access to social activities	More scientific or medical information	Saw people care about getting sick/dying	Saw influential people switch their position	Required to travel overseas
Barbados	32%	18%	54%	26%	8%	33%
Dominica	36%	24%	52%	34%	21%	45%
Grenada	43%	27%	66%	42%	19%	53%
St. Lucia	35%	19%	54%	32%	13%	40%
St. Vincent & the Grenadines	23%	9%	39%	21%	5%	31%
Trinidad & Tobago	35%	24%	45%	26%	10%	35%
All countries	34%	20%	51%	30%	12%	39%

Vaccination options

In terms of options, respondents were asked first if they would prefer to increase vaccination levels or continue restrictions and the majority opted to *continue restrictions*. In the case of Dominica and Trinidad and Tobago a statistically similar quantity of persons said they were *unsure* and in all other countries, the level of uncertainty approached that of the continuation of restrictions.

Figure 53: Prefer to increase vaccination levels OR continue restrictions

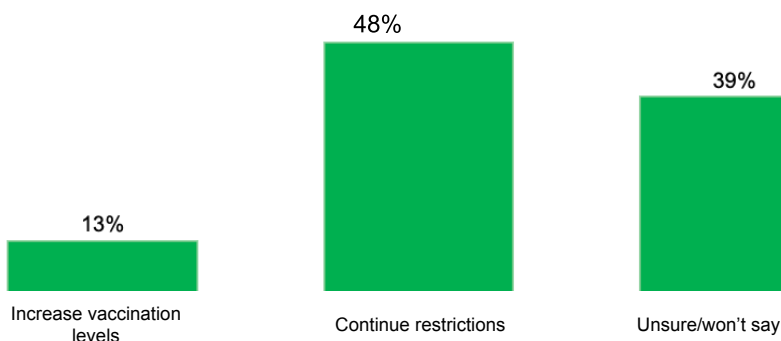


Table 29: Prefer to increase vaccination levels OR continue restrictions

	Increase vaccination levels	Continue restrictions	Unsure/won't say
Barbados	15%	39%	46%
Dominica	9%	48%	43%
Grenada	19%	48%	33%
St. Lucia	8%	51%	41%
St. Vincent & the Grenadines	5%	65%	30%
Trinidad & Tobago	21%	41%	38%
All countries	13%	48%	39%

Apart from the impositions of restrictions, respondents were asked about their support for several other options identified in Figure 54 and Table 30. Among these, more handwashing and better social distancing were overwhelmingly the most popular and no country surveyed departed from this trend.

Figure 54: Apart from vaccinations, what other options are available

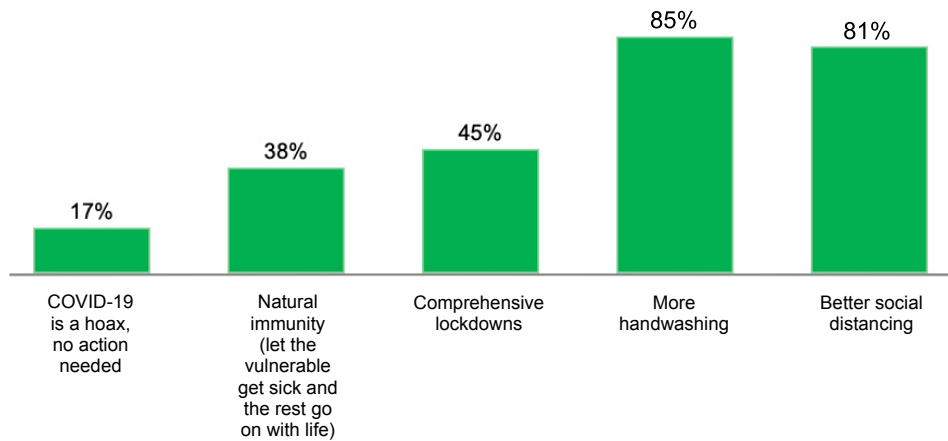


Table 30: Apart from vaccinations, what other options are available?

	COVID-19 is a hoax, no action needed	Natural immunity (let the vulnerable get sick and the rest go on with life)	Comprehensive lockdowns	More handwashing	Better social distancing
Barbados	22%	28%	23%	84%	79%
Dominica	20%	39%	60%	84%	82%
Grenada	20%	38%	55%	82%	78%
St. Lucia	17%	33%	47%	93%	82%
St. Vincent & the Grenadines	8%	22%	51%	90%	90%
Trinidad & Tobago	14%	58%	35%	78%	77%
All countries	17%	38%	45%	85%	81%

Finally, in respect of vaccine mandates, Figure 55 and Table 31 show that there was most support for mandates with respect to *arriving passengers*, followed by frontline medical/elder care workers and workers in the hotel and tourism sector, followed by taxi and minibus drivers. There was least support for mandates for public servants and primary and secondary school children.

Figure 55: Would support vaccine mandates in respect of...

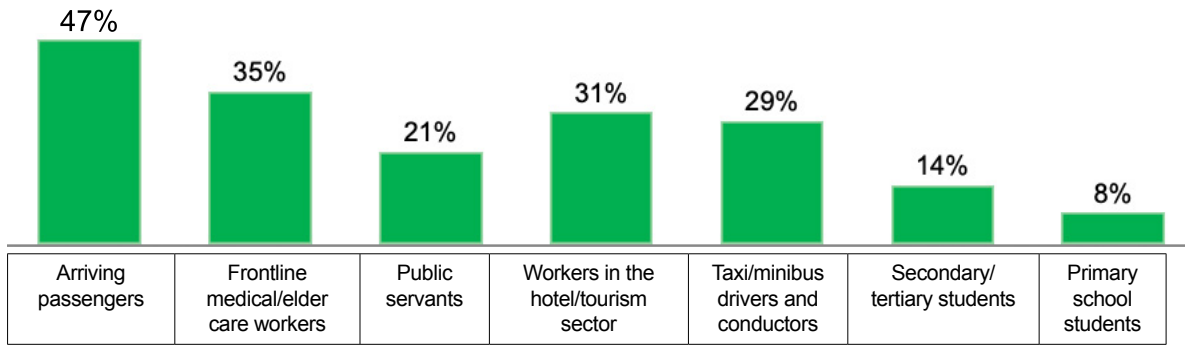


Table 31: Would support vaccine mandates in respect of...

	Arriving passengers	Frontline medical/elder care workers	Public servants	Workers in the hotel/tourism sector	Taxi/minibus drivers and conductors	Secondary/tertiary students	Primary school students
Barbados	48%	36%	23%	33%	30%	14%	9%
Dominica	35%	26%	22%	24%	23%	15%	12%
Grenada	54%	47%	30%	44%	34%	22%	7%
St. Lucia	49%	29%	15%	27%	26%	11%	7%
St. Vincent & the Grenadines	44%	34%	15%	25%	20%	8%	2%
Trinidad & Tobago	52%	39%	24%	30%	35%	14%	8%
All countries	47%	35%	21%	31%	29%	14%	8%

Recommendations



One major benefit of this research exercise is that it has conveyed a clear understanding regarding the motivation for persons to vaccinate, along with the reasons why unvaccinated persons have opted to remain this way. In addition, there is a useful profile on the unvaccinated person which helps to identify the type of person who is more likely to refuse the vaccination. This information should help in the production of targeted messages. However, it is perhaps important to consider the limitations of communication and information strategies without coercion in the context of the need to increase the quantity of people being vaccinated.

Communication strategies

- Messages need to target the key concerns of the unvaccinated which are trust issues as it relates to both the vaccines and the government promotion of them.
- Messages should address the demographic profile of unvaccinated persons, which is consistent across the region. In this regard it is unlikely that the messages could be altered to become attractive enough. However, the careful identification of influencers that mirror the profile of the unvaccinated could help convince the hesitant.
- Since governmental agencies might have limited influence, regional and international non-governmental institutions might have greater success in terms of communicating effectively.

Supplemental strategies

The data suggest that we might well have reached the upper limit in terms of vaccinations, with those who remain unvaccinated representing an unpersuadable minority that will not take the vaccination unless they have no alternative. It is noteworthy that many of these people do not work in an institutional environment which could form the basis of a mandate to persuade persons.

- A damage control and risk analysis strategy might be logical, where vulnerable groups are identified and protected.
- Creative mandates could target younger people with infotainment products to encourage their participation.

Vaccination tracking

As suggested, one of the limitations of the survey is that it is static and there would be a need to track movement over time. It will therefore be necessary to track this movement at some future point, assuming the issue continues to be relevant.

Appendices



11. Would you agree to have your children vaccinated against COVID-19 (if the respondent does not have children ask them to state what they would do if they did):

- | | | | |
|----------------------------|-----|-----|---------------------|
| a) Pre-Primary | Yes | No | Unsure/Won't say |
| b) Primary School | | Yes | No Unsure/Won't say |
| c) Secondary School | Yes | No | Unsure/Won't say |
| d) Post-Secondary/Tertiary | | Yes | No Unsure/Won't say |

12. IF you **are hesitant** to have your children vaccinated which of these options best describes your reasons?

- Not relevant (I do not have children/they are already vaccinated/they are too young to be eligible)
- I think they are too young to be vaccinated
- It's against my religion to have my children vaccinated
- I don't like the vaccine option available to my children
- I believe that my children have a medical condition that bars me from taking the vaccine
- I do not trust the government/medical authorities with respect to my children's health
- My own research tells me that it is not a good idea to give them
- I believe it is a choice and I choose not to
- No reason really, I just won't let them take it

13. IF you **were hesitant** to have your children vaccinated, what changed your mind?

- Not relevant (I do not have children/they are too young to be eligible/still or never was hesitant)
- I was offered a vaccine for them that I was more comfortable with
- I spoke to my doctor/paediatrician
- I did more research I consulted family and friends
- My spiritual/religious leader advised me to have them vaccinated
- I was persuaded by government/public health authorities
- I noticed that a personality (public or otherwise) vaccinated their children
- I was forced by my children's school or felt like I did not have a choice
- I felt more comfortable because several people gave their children before me
- I was frightened by the increased infections/deaths among children
- I wanted to take my children overseas and had to.

14. Do you think that it's justified that business including some restaurants and bars are open but schools are closed for in-person learning?

- Yes it's unfair and schools should re-open
- No, it's reasonable since schools are different
- I don't know enough to comment/prefer not to say

15. Do you think that the online learning environment gives children the best opportunity?

- No it does not
- Yes it does (under the circumstances)
- It's no different to in-person in my view
- Unsure/Won't say

16. At this point are you vaccinated against COVID-19 with any of the vaccines available? (Based on response, skip to either Section II or Section III as appropriate)

- Yes 1
- No 1

SECTION II: VACCINATED PERSONS SECTION

1. Which of the vaccines did you receive?

Oxford, AstraZeneca	BioNTech, Pfizer	Johnson & Johnson
Moderna	Abdala/Soberana (Cuban)	Sputnik V Vaccine
Sinopharm	Covishield	Can't recall

2. Did you choose your vaccination type, or did you just take what was available at the time?

Chose my preferred vaccine Took what was available

3. Was your choice of vaccination based on medical advice or your own research?

I did not choose Personal research Medical advice

4. Were you initially hesitant to take the vaccine? (**Note here that a hesitant person was eligible but previously unwilling**)

Yes/To some extent No

5. IF you were hesitant, please explain why you were initially hesitant

Not relevant, I was never hesitant

I did not qualify to receive it before

I did not like any of the vaccine options available to me

I had religious grounds for not taking it

I had a medical condition that barred me from taking it

I did not trust the government

I did not trust medical authorities

I did not trust the vaccines (not safe, developed too quickly, do not know what is in it)

I was not sure about long-term side effects of the vaccine

6. IF you were hesitant, what changed your mind? (Select option that best applies)

Not relevant I was never hesitant

I was offered a vaccine I was more comfortable with

I spoke to my doctor

I did more research

I consulted family and friends

My spiritual/religious leader advised me do it

I was persuaded by government/public health authorities

I noticed that a personality (public or otherwise) took it

I was forced by my employer/family members or felt like I did not have a choice

I felt more comfortable because several people took it before me

I was frightened by the increased infections/deaths

My circumstances changed (such as being pregnant or any other medical or personal factor)

7. What is your PRIMARY source of information on the COVID-19 vaccine situation?

- Government/Official sources
- Private/personal medical sources
- Social media (Facebook/Instagram/WhatsApp/Twitter/TikTok/YouTube)
- Personal internet research (via Google, Safari, Bing, Yahoo, Baidu, AOL, Ask.com, Excite)
- Local radio/television/newspapers
- Information from family and friends

8. What is the best way to communicate with you or the way that you generally prefer to receive information?

- | | | |
|-----------------------------------|---------------|--------------------------------------|
| Via newspapers (paper/electronic) | Via radio | Via television (local or cable) |
| Via Facebook | Via Instagram | Via WhatsApp Via Twitter |
| Via TikTok | Via YouTube | Social networks (family and friends) |

9. Do you find the information conveyed by popular personalities (local and international) on social media helpful in terms of forming your own opinions on COVID-19 related matters?

- Yes, very helpful Somewhat helpful Not helpful/Distracting/Misleading
- Unsure/Won't say

10. Would you support the imposition of COVID-19 vaccine mandates in respect of:

a) Arriving visitors	Yes	No	Unsure/Won't say
b) Frontline medical/Elder care workers	Yes	No	Unsure/Won't say
c) Public servants	Yes	No	Unsure/Won't say
d) Workers in the Hotel/Tourism sector	Yes	No	Unsure/Won't say
e) Taxi/Minibus drivers and conductors	Yes	No	Unsure/Won't say
f) Secondary/Tertiary school children	Yes	No	Unsure/Won't say
g) Primary school children	Yes	No	Unsure/Won't say

SECTION III: UNVACCINATED PERSONS SECTION

1. Which of these reasons **best explains** why you are unvaccinated at this time?

- I did not qualify to receive it before
- Can't find the time to go/lines are too long
- I don't like any of the vaccine options available to me
- I will not take it on religious grounds
- I believe that I have a medical condition that bars me from taking it
- I do not trust the government/medical authorities here
- I do not trust the vaccine (not safe, developed too quickly, do not know what is in it)
- I believe it is a choice and I choose not to
- No reason really, I just won't take it
- I am not sure about long-term side effects of the vaccine
- It is not mandatory for my work

2. Has your view on the COVID-19 vaccination always been the same or has it changed over time?
 No change- I still am not going to take it I am now more inclined towards taking it
 I am now less inclined towards taking it
3. Which of these sources of information has been the most helpful to you in terms of deciding NOT to take the vaccine?
 Government/Official sources
 Private/personal medical sources
 Social media (Facebook/Instagram/WhatsApp/Twitter/TikTok/YouTube)
 Personal internet research (via Google, Safari, Bing, Yahoo, Baidu, AOL, Ask.com, Excite)
 Local radio/television/newspapers
 Information from family and friends
4. Specifically, what type of information on the COVID-19 Vaccine would help you be more inclined to take it?
- | | | |
|---|-------------|-------------------------|
| a) The side effects of the vaccine | Yes, useful | Not particularly useful |
| b) How effective the vaccine is | Yes, useful | Not particularly useful |
| c) The numbers of people who got sick/died and their vaccination status | Yes, useful | Not particularly useful |
| d) The different types of vaccines available | Yes, useful | Not particularly useful |
| e) Location of vaccination sites | Yes, useful | Not particularly useful |
| f) The position of my Church or Religious leader | Yes, useful | Not particularly useful |
| g) The impact of the vaccine on my sexual health | Yes, useful | Not particularly useful |
| h) The impact of the vaccine on my ability to have children | Yes, useful | Not particularly useful |
| i) Other information (specify) _____ | | |
5. Was your decision not to vaccinate based on the advice of a medical practitioner that is familiar with your case?
 Yes, I consulted No, I did not consult Medical advice was irrelevant in my case
6. Was your decision not to vaccinate based on:
- | | | |
|--|-----|---------------------------------------|
| a) The advice of a religious leader that you look up to? | Yes | No, nothing to do with religion |
| b) The advice of family/friends? | Yes | No, nothing to do with family/friends |
| c) What you saw/heard on social media? | Yes | No, nothing to do with social media |
7. Consider these possibilities and tell me in each instance if any of them **would persuade** you to change your mind and take the COVID-19 Vaccine?
- | | | | |
|--|--------------|----|--------|
| a) If it were necessary for me to secure or maintain a job | Possibly/Yes | No | Unsure |
| b) If it would allow me to access social activities more freely | Possibly/Yes | No | Unsure |
| c) If I was given more scientific or medical information | Possibly/Yes | No | Unsure |
| d) If I saw people, I care about getting sick/dying from COVID-19 | Possibly/Yes | No | Unsure |
| e) If I saw influential people who now oppose it switch their position | Possibly/Yes | No | Unsure |
| f) If it was required for me to travel overseas | Possibly/Yes | No | Unsure |
| g) Other reason (Specify) _____ | | | |



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