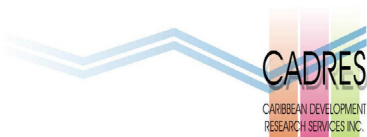




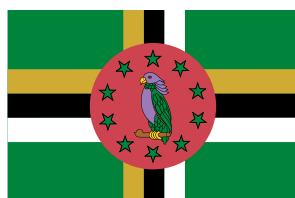
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COVID-19 Vaccine Hesitancy Survey Report 2021

Dominica



Background

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. Vaccination has emerged as the best possible tool to stem the tide of a pandemic which is having a profoundly negative impact on children and their families.

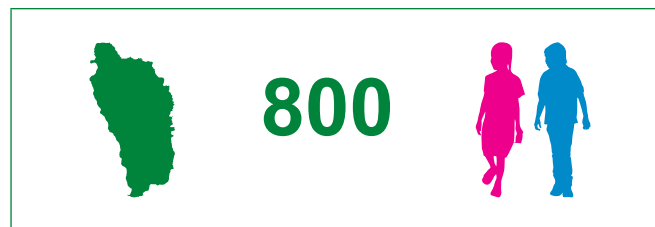
UNICEF and USAID commissioned Caribbean Development Research Services Inc (CADRES) to conduct a survey on vaccine hesitancy across six countries: Barbados, Dominica, Grenada, St. Lucia, St. Vincent and the Grenadines and Trinidad and Tobago.

The study was carried out in October and November 2021 and explores the extent of, and reasons for, COVID-19 vaccine hesitancy and if anything can be done to change the minds of those reluctant to take the vaccines.

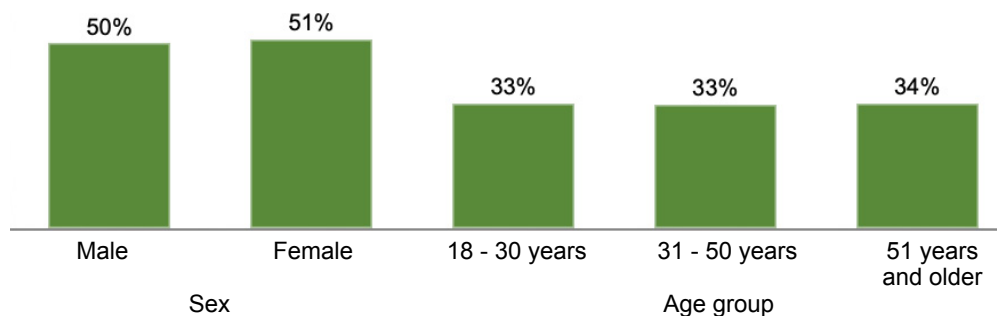
These are the findings for Dominica.

Demographics

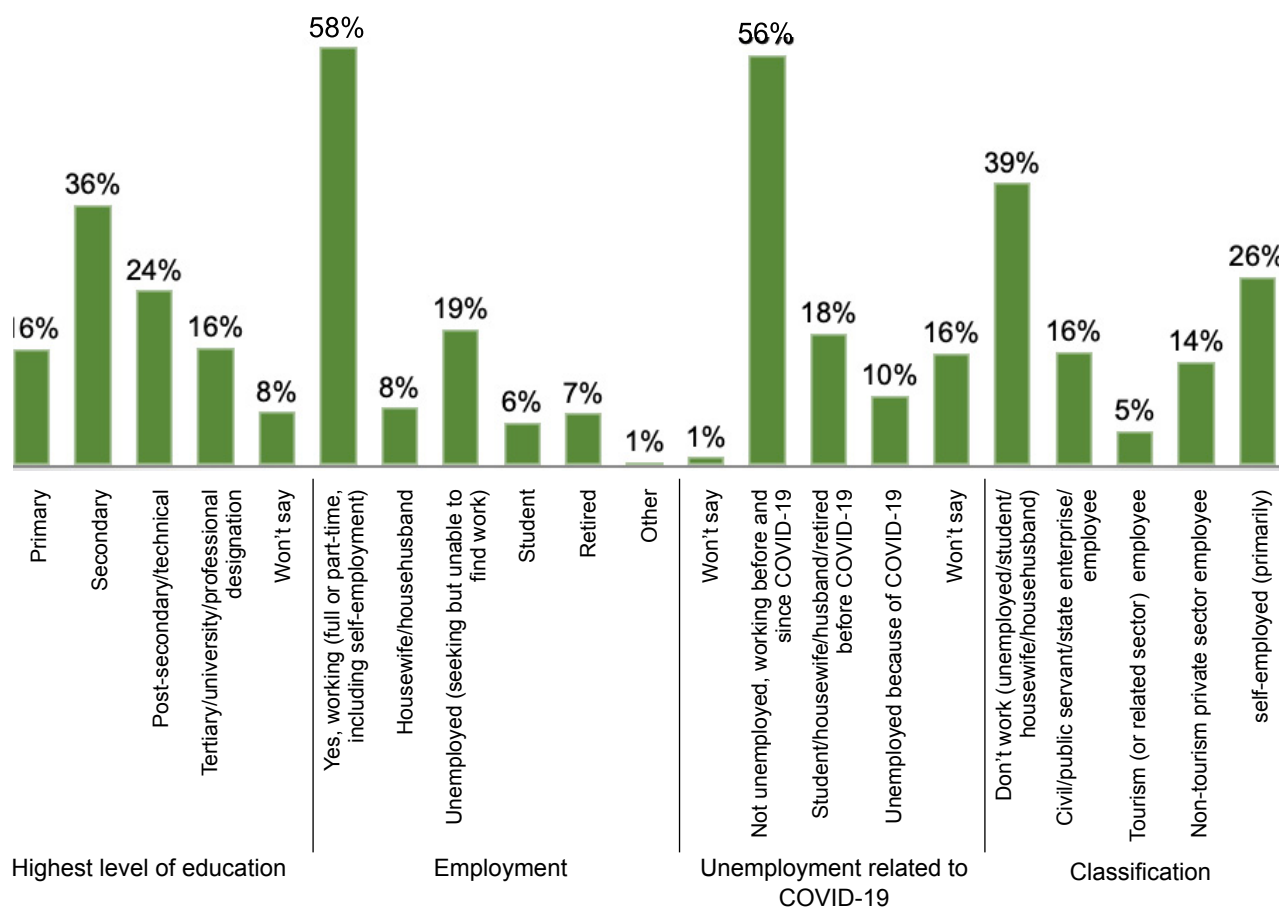
The Dominica survey was conducted face-to-face with 800 participants, evenly spread across males and females and three age ranges. 58% said they were parents. The majority were employed, had a secondary-level education and 10% said they were unemployed because of COVID-19.



Sex and age profile



Education and employment profile



General findings

1. **59% of respondents in Dominica said they had been vaccinated.**

Of the six countries surveyed, Dominica was the third most vaccine hesitant, after St. Lucia and St. Vincent and the Grenadines, according to the Vaccine Hesitancy Index tool used in this study. The country scored 4.7 on this index where 1 is a perfect score, 3 is the objective score and 10 an imperfect one.

General views and opinions on the vaccination of children

2. Respondents were asked if they would agree to have their children vaccinated against COVID-19. Only 41% said yes at primary level. However, for secondary students 56% said they would agree.



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
35%	48%	41%	43%	56%	29%	64%	23%

3. The justification respondents (vaccinated and unvaccinated) gave for hesitating to vaccinate their children related to their age (13% said their children were too young), followed by 10% saying 'I choose not to'.

Main reasons for vaccine hesitancy relating to children		
Too young	13%	
Against my religion	0%	
Don't like the options available	1%	
My children have a medical condition that bars them	0%	
Don't trust the government/medical authorities	4%	
My research tells me it is not a good idea	3%	
It is a choice and I choose not to	10%	
I just won't let them take it	2%	

4. For those who were persuaded to allow their children to take vaccines, this was because they did more research or were offered a vaccine they were more comfortable with.

Views and opinions of VACCINATED persons

Vaccine uptake

5. As noted, 59% of respondents in Dominica report having been vaccinated, with **Oxford/AstraZeneca** the most used at 62%. The next most popular was BioNTech/ Pfizer.

68% of people took what was available while 32% chose their preferred vaccine.

Initial vaccine hesitancy

6. The reasons for early hesitancy were a lack of trust in the vaccines on account of the speed of their development and uncertainty regarding the contents. There was also concern about long-term side effects.

Reasons for initial hesitancy		
Didn't qualify before	0%	
Didn't like vaccine options available	2%	
Religious grounds	0%	
Medical condition	2%	
Didn't trust government	1%	
Didn't trust medical authorities	3%	
Didn't trust the vaccines (unsafe/developed too quickly/unsure what's in it)	29%	
Unsure about long-term side effects	13%	

7. The major factors that convinced respondents to get the vaccine were personal research and consulting family and friends.

Factor that changed respondents' mind		
Offered the vaccine with which I was more comfortable	2%	
Spoke to my doctor	8%	
Did more research	17%	
Consulted family and friends	9%	
My spiritual/religious leader advised me	0%	
Persuaded by government/public health authorities	2%	
Noticed that a personality (public or otherwise) took it	0%	
Was forced by my employer/family members/didn't have a choice	2%	
Felt more comfortable because several people took it	7%	
Frightened by the increased infections/deaths	4%	
My circumstances changed (such as being pregnant or other medical or personal factor)	1%	

Information and communication for vaccinated persons

8. The **primary** sources of information on the COVID-19 vaccine situation for these respondents were personal internet research and government/official sources.

Primary source of information on COVID-19 situation		
Government/official sources	24%	
Private/personal medical sources	7%	
Social media	15%	
Personal internet research	30%	
Local radio/television/newspapers	16%	
Information from family and friends	7%	

9. The **preferred** medium of communication was WhatsApp, followed by radio.

Best way to communicate/preferred source of information		
Via newspapers (paper/electronic)	1%	
Via radio	28%	
Via television (local or cable)	13%	
Via Facebook	8%	
Via Instagram	0%	
Via WhatsApp	39%	
Via Twitter	0%	
Via TikTok	-	
Via YouTube	2%	
Social networks (family and friends)	9%	



10. In terms of whether the use of local and international personalities has any effect, 72% said it was either very or somewhat useful. This was among the highest across the six countries.

Information conveyed by local and international personalities helpful			
Yes, very helpful	Somewhat helpful	Not helpful/distracting/misleading	Unsure/won't say
39%	33%	18%	10%

Vaccine mandates

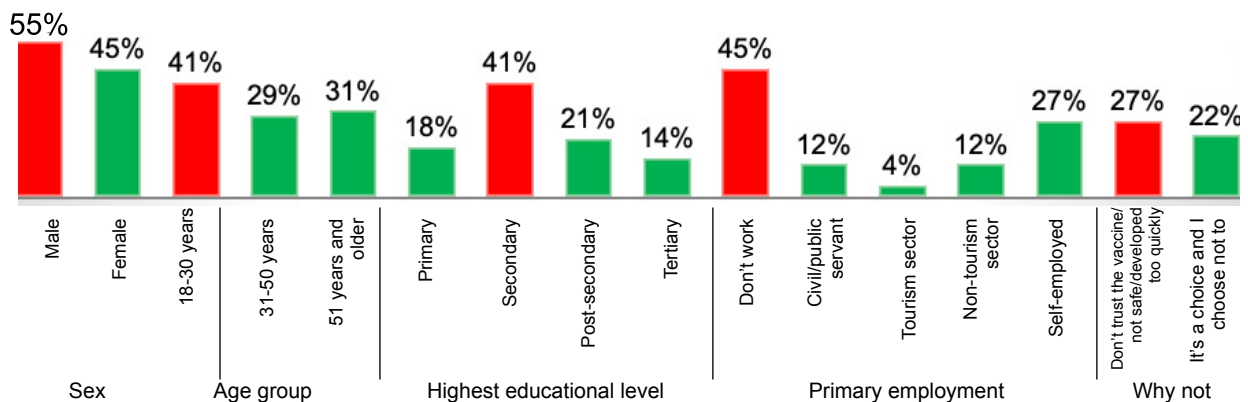
11. Most vaccinated respondents believe in a vaccine mandate for a wide range of people.

Support imposition of COVID-19 vaccine mandates		
Arriving visitors	75%	
Frontline medical/elder care workers	71%	
Public servants	66%	
Workers in the hotel/tourism sector	68%	
Taxi/minibus drivers and conductors	67%	
Secondary/tertiary students	61%	
Primary school students	52%	

Views and opinions of UNVACCINATED persons

Profile

Dominica unvaccinated profile



12. The unvaccinated Dominican is more likely to be male, under 30 and unemployed, with secondary-level education, who does not trust the speed with which the vaccines were developed or what is in them. He also believes that not taking the vaccine is a choice he is allowed to make.

13. There was a range of reasons for vaccine hesitancy.

Main reason for being unvaccinated		
Didn't qualify to receive it	3%	
Can't find the time to go/lines are too long	4%	
Don't like any of the vaccine options available	2%	
Won't take it on religious grounds	1%	
Have a medical condition that bars me	8%	
Don't trust the government/medical authorities here	6%	
Don't trust the vaccine (not safe, developed too quickly, do not know what is in it)	27%	
It's a choice and I choose not to	22%	
No reason, just won't take it	15%	
Unsure about long-term side effects	11%	
Not mandatory for work	2%	






14. When asked if their views on taking a vaccine changed over time, 63% of the unvaccinated said no, though 26% said they were now more inclined to get vaccinated. (11% said they were less inclined to do so).

Information and communication for the unvaccinated









15. The preferred mode of communication for unvaccinated persons was WhatsApp, followed by radio.

Preferred mode of communication/receipt of information		
Via newspapers (paper/electronic)	2%	
Via radio	24%	
Via television (local or cable)	12%	
Via Facebook	11%	
Via Instagram	1%	
Via WhatsApp	29%	
Via Twitter	0%	
Via TikTok	0%	
Via YouTube	4%	
Social networks (family and friends)	17%	

16. The sources that respondents relied on to inform their decision to remain unvaccinated were personal internet research, followed by social media.

Source most helpful in deciding NOT to take vaccine		
Government/official sources	14%	
Frontline medical/elder care workers	10%	
Social media	19%	
Personal internet research	33%	
Local radio/television/newspapers	14%	

17. Was there any information that would make reluctant respondents take the vaccine? Most said more information on side effects, efficacy and people who got sick/died could sway them. Note also that almost half were interested in the impact on their sexual health.

Information that could help convince you to take a COVID-19 vaccine		
Side effects	52%	
Efficacy	56%	
Numbers of people who got sick/died and their vaccination status	51%	
Different types of vaccines available	48%	
Location of vaccination sites	41%	
Position of your church or religious leaders	35%	
Impact of the vaccine on your sexual health	47%	
Impact of the vaccine on your ability to have children	46%	

18. Despite their unwillingness to follow their advice, unvaccinated respondents found information conveyed by personalities to be useful.

Information conveyed by popular personalities helpful			
Very helpful	Somewhat helpful	Not helpful/ distracting/ misleading	Unsure/ won't say
16%	42%	31%	11%

19. When asked if there were any other factors that could help change their minds, apart from more medical information, respondents suggested they might get vaccinated if it is required for overseas travel or to get/keep a job.

Factors that could possibly change your mind regarding COVID-19 vaccine		
Necessary to secure/maintain job	36%	
Allow free access to social activities	24%	
More scientific or medical information	52%	
Saw people care about getting sick/dying	34%	
Saw influential people switch their position	21%	
Required to travel overseas	45%	

Vaccine mandates

20. In relation to vaccine mandates, these respondents were much less likely than their vaccinated counterparts to support them.

Would support vaccine mandates in respect of...		
Arriving passengers	35%	
Frontline medical/elder care workers	26%	
Public servants	22%	
Workers in the hotel/tourism sector	24%	
Taxi/minibus drivers and conductors	23%	
Secondary/tertiary students	15%	
Primary school children	12%	

Recommendations

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, consider promoting 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.