

COVID-19 VACCINE COMMUNICATION NEEDS ASSESSMENT STUDY

FEBRUARY 2021



About TICA

As COVID-19 vaccine trials began to show promising results, the Rockefeller Foundation partnered with IDFC Institute to think through the vaccination rollout in India. The size and scale of vaccinating close to one billion people requires immensely complicated planning and coordination.

To this effect, a smaller group of IDFC team members along with a few task force members came together to develop a robust vaccination strategy for the country by drawing on insights from experts in public health, cold chain, manufacturing, communication and philanthropy.

This newly formed group is known as The Indian COVID-19 Alliance (TICA). TICA's intention is to provide non-partisan, high-quality research and data to support the central and state government's efforts in rolling out a COVID-19 Vaccine Deployment Strategy, which is suited to India's needs and contexts.

This report focusses on understanding public communications to nudge large masses of people to volunteer for the vaccine as and when offered. It is based on a qualitative study done in the month of February 2021.



ABOUT THE STUDY

FIELD DATES: 13TH-16TH FEBRUARY
2021

Objective of the Study

Government has published a Communication Strategy document for its COVID-19 Vaccination Program outlining 4 key areas:

- **Information on the new COVID-19 vaccine**
- **Vaccine Eagerness**
- **Vaccine Hesitancy**
- **COVID-19 Appropriate Behaviors**

IDFC Institute is supporting the niche communication needs for Government's large scale communication campaign.

Convergent conducted a COVID-19 Vaccine Hesitancy & Communication Needs Research to support IDFC, with the following objectives:

- **To gain a deeper understanding and to validate government's current understanding of the general attitudes towards COVID-19 vaccines and the vaccine roll out**
- **To guide the communication strategy and creative development for the communication campaign of COVID-19 vaccine**

Research Design and Rationale

Geographical Scope

- Urban/ Rural with differing characteristics in Punjab (Ludhiana) and Karnataka (Tumkur)

Respondent Groups

- 18+ years men and women; Healthcare workers; Local Influencers
- Urban SEC B1, B2 & C, and Rural R2 & R3 - the strata representing the largest proportion of the population
- Total of 44 research activities (22 in each state) have been conducted, among the target groups mentioned in the next slide

Exclusion Criteria

- Known COVID-19 recovered individuals for FGDs (not included in FGDs due to safety concerns of the group)

Research Design and Rationale

Sample Size

In-depth Interviews (26 Nos.)	Focus Group Discussions (18 Nos.)
Healthcare workers (Early vaccine receivers and influencers)	Adults 18-30 (Modern views, influential voice but last priority for vaccination)
Local Influencers (Credible voice for the community)	Adults 30-50 (highly productive group but lower priority for vaccination, key influencers/ decision makers for other family members, significant mass)
COVID-19 affected individuals (Account for potentially differing opinions)	Adults 50+ without co-morbidities (Priority for vaccination)
Adults 50+ with co-morbidities (Priority for vaccination; high risk group)	Adults 50+ with co-morbidities (Priority for vaccination; high risk group)

*IRB approved ethical protocols and COVID-19 safety protocols were adopted during implementation



STUDY FINDINGS

GENERAL POPULATION GROUPS

Determinants of COVID-19 Vaccine Behaviours

Vaccine behaviour is impacted by the following four key determinants



1 General Attitudes towards COVID-19



2 Awareness and Knowledge of the vaccine

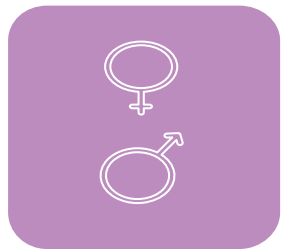


3 Attitude towards COVID-19 vaccine (for self & family)



4 Trust in government & their vaccine strategy

Determinants of COVID-19 Vaccine Behaviours



1

General Attitudes towards
COVID-19

General Attitude towards COVID-19

Punjab

Many in denial of COVID-19 threats, with responses suggesting:

- COVID-19 is a normal cold and cough
- COVID-19 is not a serious problem
- It was blown out of proportion
- Lower deaths from COVID-19 than heart attacks/strokes

“If there was corona, then **millions of farmers who are sitting in Delhi would have become victims of corona**. Farmers who have died have either died of accidents or heart attacks. If there is corona in Delhi, then all the brothers and sisters sitting there together would have been infected.” – 50+ yrs. Female w/o co-morbidities, Rural Punjab

Karnataka

Most believe COVID-19 is not as much of a problem anymore by expressing opinions such as:

- Cases have reduced
- COVID-19 is over
- Habituation factors: Have accepted the virus and resumed normal life, focus shifted to livelihoods

“We are not scared of it any more, **it was there earlier but now it is not.**” – 30-50 Females, Urban Karnataka

“Now everything seems to be **settling down**. Its high time we move out of the houses because **small kids need food** and we have to **earn our bread** by working hard” – 50+ yrs. Females w/o co-morbidities, Urban Karnataka

COVID-19 not perceived as severe in both states; but with slightly varying perspectives

General Attitude towards COVID-19

Punjab

Low risk perception because of healthy living, and immunity expressed through the following:

- Better air, water and food quality- thus better immunity
- Widely spread only in cities/ cities are more congested
- Low perceived personal risk: International travelers are more at risk; healthy individuals need not worry
- Better immunity due to regular consumption of *Kaada* (a traditional herbal concoction) and hot water.

*“In villages, weather is very good with **fresh air and water**. In Ludhiana, pollution was less that’s why we are safe”- 50+ yrs. Male without comorbidities, Rural Punjab*

Karnataka

Low risk perception as COVID-19 is concentrated in certain pockets/ segments reported as follows:

- Villages have better air, water and food quality/ houses are far away in villages - ensures social distancing
- Low perceived personal risk: Youngsters have better immunity & low risk; better immunity due to consumption of Ragi Balls & *Kaada* (a traditional herbal concoction)
- Feeling of safety after COVID-19 appropriate behaviors

*“Nothing happens even if we roam outside as long **as we follow safety protocols**” – 30-50 yrs. Females, Urban Karnataka*

Significantly low self-risk perception, particularly among youth and rural populations in both states

Determinants of COVID-19 Vaccine Behaviours



2

Awareness and Knowledge of
the vaccine

Awareness and Knowledge of the vaccine

Punjab

High misconceptions/ mistrust of COVID-19 vaccine observed by responses such as:

- Fear of severe side-effects; belief in hearsay
- Misinformation through social media
- Unsure of number of dosages & brands of vaccine
- Some health workers stated preference for Covishield
- One health worker mentioned people in her community viewing the vaccine as curative

*“I heard in the news that **one lady died after getting the vaccine and another one suffered paralysis.** This creates doubt in my mind again. There are **many rumors that people died** after taking the vaccine.” – COVID-19 affected individual, Urban Punjab*

Karnataka

Low knowledge but relatively more trust on COVID-19 vaccine suggested by:

- Most people aware of two doses
- Low COVID-19 vaccine brand awareness
- Trust Ayurveda and home remedies more
- Not sure of efficiency of the vaccine
- Vaccine is curative, not preventative (minority opinion)

*“We have seen a nurse who has taken the first dose of vaccine but she is suffering. We told **her why to take the vaccine to suffer from so much pain.** She said its mandatory, and she needs to take the second dose soon”– 50+ yrs. Females w/ co-morbidities, Urban Karnataka*

Low knowledge and high misconceptions related to the vaccine in both states

Determinants of COVID-19 Vaccine Behaviours



3

Attitude towards COVID-19 vaccine (for Self & Family)

Attitude towards vaccine (Self)

Punjab

Fear of side effects and low trust on the system as stated through:

- Might have longer term as well short term side-effects
- Vaccine not required if precautions are taken and if people are healthy
- Healthcare workers might tamper with vaccine before administering it
- Money-making propaganda

*“We heard that after getting this vaccine, **women have to face difficulty in conceiving**. Also, immunity of people will reduce. I read it in a newspaper”. – 30-50 yrs. Females, Rural Punjab*

Karnataka

Prudent behaviors driven by fear of side effects as observed through:

- Might have side effects
- Precautions and home remedies are enough
- Wait and watch approach
- If safe behaviors still need to be continued, no hurry to go for vaccination
- Reduced intensity of COVID-19 puts people at low self risk

*“We are living peacefully, and have no worry about corona. We are **fit and fine**. We eat ragi ball and hence will not get affected because that gives us strength.” – 30-50 yrs. Females, Rural Karnataka*

Inadequate trust in COVID-19 vaccine; people in both states concerned about side-effects

Attitude towards vaccine (Family)

Punjab

Low intention to get the elderly family members vaccination expressed through the following:

- Vaccine is not safe for elderly family members
- Vaccine can be avoided by everyone in the family
- Vaccine reaching everyone will take time anyway
- Vaccine could be expensive

*“We heard that after getting this vaccine, **immunity of people will reduce**. I would not get my family vaccinated without knowing that it is safe”.* – 30-50 yrs. Females, Rural Punjab

*“Vaccine is not safe. Side effects can be fatal. I would not to get vaccinated – especially **not for my parents** who are not at risk as **they do not go out at all**.”* – 30-50 yrs. Males, Urban Punjab

Karnataka

Higher intention to get elderly family members vaccinated but in a staggered manner, suggested by responses viz.:

- Would get the family vaccinated, if free of cost
- Priorities - elders first, earning members next, followed by children, and then the women in the household
- Might stagger the vaccination of the family members

*“Vaccine is good to keep us safe from COVID-19. **If it is free, our entire family is ready to take the vaccine**. We will have to see if its expensive”.* – 30-50 yrs. Males, Rural Karnataka

*“I told in my family that we will take the vaccine **with a gap of 15 days** because we don’t know if something will happen. I will take it first, followed by other family members after 15 days”.* – 30-50 yrs. Females, Urban Karnataka

Less trust on vaccine in Punjab, in relative terms; affordability & accessibility is a concern in both states, going forward

Attitude towards vaccine (Youngsters)

Punjab

Willing to wait for their turn to get the vaccine, as suggested by:

- Old people are more vulnerable to the virus – so it should be given to them first
- Willing to wait extra 3-6 months for the vaccine
- Decision to take the vaccine will depend on parents and/or husbands

*“We will get **advice from doctors and our parents**. If our parents don’t want us to take it or if they don’t support us, we won’t get it. **My husband** may influence whether to take it or not”. – 18-30 yrs. Females, Urban Punjab*

Karnataka

Relatively low willingness to take the vaccine, as substantiated by:

- COVID-19 is not serious – not for youngsters
- Will be confident to take the vaccine only when majority have taken it already
- Will get vaccinated only if it is free
- Afraid of the side effects
- Belief that government is not providing vaccines to all

*“First, they should give the **vaccine to the elder and pregnant people**. – 18-30 yrs. Females, Rural Karnataka*

*They are **not giving vaccines to everyone**; only to corona warriors, police, and govt. officials.” – 18-30 yrs. Males, Urban Karnataka*

Most youngsters (18-30 years) feel the staggering by priority groups is fair, eagerness not at play

Attitude towards vaccine (Rural vs. Urban)

Punjab

Rural groups are relatively better inclined towards the vaccine despite low COVID-19 risk perception, as suggested by:

Rural:

- Most rural groups positively disposed towards vaccine to go back to their pre-COVID 19 life, and going for work in urban areas
- However, general low risk perception from COVID-19 itself

Urban:

- Most urban groups negatively disposed to vaccine
- Negative attitude towards COVID-19
 - It is just a normal cold and cough
 - Government made the disease up
 - It was blown out of proportion

Karnataka

Though most urban & rural groups have shown positive disposition towards the vaccine, the low COVID-19 risk perception might be a barrier for vaccine uptake:

Rural:

- Low prevalence of COVID-19 in rural areas due to better air, water and food quality, houses are far away in villages hence ensures social distancing
- Widely spread only in cities

Urban:

- Negative attitude towards COVID-19
 - Cases have reduced
 - People have started going out for jobs, etc.

Rural groups positively disposed towards vaccine in both states; Urban only in Karnataka

Attitude towards vaccine (Post vaccine safe behaviours)

Punjab

- Most people do not intend to continue with safe behaviors after getting the vaccine
- Some see it as a deterrent to taking the vaccine
- Some others believe that safe behavior is for their own safety

*“If we have to wear mask and maintain distance then **what is the benefit of vaccination.** They will not go for vaccination.” – 30-50 Males, Urban Punjab*

*“Wearing mask, staying away from others and washing hands again and again are **good habits and for our safety.** We will be **safe from the contagious disease** if we do so even after getting vaccinated, as **suggested by the government.**” – 50+ Males w/ co-morbidities, Rural Punjab*

Karnataka

- Most people believe that safe behaviors need to be continued even after the vaccine for their own preventive care.
- Minority is opposed to taking the vaccine if safe behavior is required even after taking it.

*“I might have taken vaccine but there are others around me. It might spread and lead to other problems. **Till next 2-3 years, we have to use masks, sanitizers, etc.** until we come to know that the virus is not there anywhere. Actually use of mask also avoids the problems like dust allergy”. – 50+ Males with co-morbidities, Rural Karnataka*

*“If we are **free from using mask and sanitizer after the vaccine,** we will take it.” – 30-50 Females, Urban Karnataka*

Most people expressed willingness to continue safe behaviors in Karnataka, lesser in Punjab

Determinants of COVID-19 Vaccine Behaviours



4

Trust in government and their vaccine strategy

Trust in government and their vaccine strategy

Punjab

An undercurrent of lack of trust in government (also influenced by other current affairs) & discomfort with administrative machinery (police & government hospitals):

- Severe impact on livelihoods, and the associated relief/ support limited and inconsistent
- Blown out of proportion
- Tremendous concern around loss of education for kids
- Money-minded; will take care of the rich first

*“I was not satisfied with govt. policies. Some hospitals declared **fake positive cases to make money**. Govt. did not do anything, they only want to make money” – 50+ yrs. Female w/ co-morbidities, Rural Punjab*

Karnataka

Majority trust the government and its interventions – however there is issue-based discomfort around execution:

- Loss of work, reduced pay, and/or reduction in savings
- Government support was not enough and did not reach all
- Poor execution of policies, especially around addressing the impact of COVID-19 & lockdown on lives of people
- Lack of trust in vaccine distribution and execution

*“We work as domestic help in other people’s houses but the owners refused to call us. In such a condition, how could we manage with **only rice given by government?** To top this, we also had our rent, utility bills etc.” – 50+ yrs. Females w/o co-morbidities, Urban Karnataka*

Baggage of insufficient government support during COVID-19 and lockdown, in both states



STUDY FINDINGS

HEALTHCARE WORKERS AND LOCAL INFLUENCERS

Attitude among Healthcare workers

Punjab	Karnataka
<ul style="list-style-type: none">• More trust in Covishield than Covaxin as it's tested more• Faced problems in supplies for PPE kits; thus doubt that sufficient supplies of the vaccine will be ensured• Should have more information to address community concerns• Community Perceptions<ul style="list-style-type: none">• Limited information regarding the vaccine• Politicians & celebrities should advocate for the vaccine on social media	<ul style="list-style-type: none">• Were worried about side-effects/ scared of the vaccine• Faith in vaccine development process of government• Community Perceptions<ul style="list-style-type: none">• People were not provided enough information and misinformation through social media• Private hospitals are better and expensive• Testimonials of those who have taken the vaccine should be circulated
<p><i>“I am breastfeeding my daughter & she might not be able to handle any problems due to her weak immunity. So, I want to wait before getting the vaccine. I don't want to take any risk for my daughter.” – Healthcare worker, Urban Punjab</i></p>	<p><i>“After taking the vaccine, I got scared. I am scared of injections. I had heard of people dying of heart attack after taking the vaccine, so I was scared. But I had to take, otherwise people will not take it, looking at me.”– Healthcare worker, Rural Karnataka</i></p>

Some hesitancy seen among health workers; feel people's concerns need to be addressed better; Testimonials can help

Attitude among Local Influencers

Punjab

Lack of trust in the vaccine:

- *Done in a hurried manner*
- *Details not available – no information about its benefits and side effects (can lead to death)*
- *Preference for Covishield because it is clinically tested and safe*

Lack of trust in the Government:

- *No benefits received from government*
- *Corruption in the system – hence benefits did not reach the common people*
- *COVID-19 seen as money making propaganda*
- *Trust: Government ensures goodwill of the people*

Not Required:

- *Since COVID-19 is not so prevalent in rural areas, vaccine not required there*

Karnataka

Trust in the vaccine but fear of side effects:

- *Trust the efficacy of the vaccine*
- *Fear of side effects*

Trust in the Government:

- *Trust in the process of approval*

Not Required:

- *Not required in rural areas or for certain groups*

Vaccine not required for certain groups; fear of side-effects in both states



STUDY FINDINGS

SOURCE OF INFORMATION

Source of Information (Punjab)

18-30		30-50		50+ (Urban)		50+ (Rural)		50+ (with comorbidities)		
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Rural	Urban	Urban	Rural	Urban	Urban	Rural	Rural	Urban	Rural	Rural
TV	News paper	Social Media	News paper	Doctors	Mobile Phone	TV	TV	Internet	TV	P. A
Internet	TV	TV	TV	Friends	Social Media	Social Media	Mobile Phone	TV	Relatives	TV
Social Media	Internet	Camps	Internet	WHO	Doctor	Doctor (City)	News paper	Doctor	Family Doctor	
	Teachers	Doctor	Anganwadi			Relatives	Doctor	Friends		
	Doctors	Local Leaders				Friends	Local Leader			
	Relatives	Relatives	Testimonial							
	Famous Personality (Amitabh B.)		Famous Personality (Amitabh B./ Modi)	Famous Personality (Amitabh B.)	Famous Personality (Amitabh B.)	Famous Personality (Manmohan Singh)				

Sources of Information

Influencer

Source of Information (Punjab)

- “But we do not trust the national media as they said that **Punjabi people are terrorists**”. “If I will have any problem then I **will go to a doctor**, otherwise I will get information from others also like **my friend who is a policeman**. I trust him” - *50+ Male with co-morbidities, Urban*
- “**Amitabh Bachchan** should give advertisement to influence the people that this is important” - *50+ Female without co-morbidities, Urban*
- “We trust **city doctors**. We have no trust on village doctors because they are not well educated. **TV news** is also trusted more. **Manmohan Singh, a well-known hospital doctors** can be trusted, we will also trust our **relatives or friends, High court and Supreme court judges.**” - *50+ Male without co-morbidities, Rural*

Source of Information (Karnataka)

18-30		30-50		50+ (Urban)		50+ (Rural)		50+ (with comorbidities)			
Male	Female	Male	Female	Male	Female	Male	Female	Female	Female	Male	
Urban	Rural	Rural	Urban	Urban	Urban	Rural	Rural	Urban	Rural	Rural	
Aarogya Setu	TV9	TV9 /NEWS	TV9 /NEWS	TV9 /NEWS	TV /News	TV /NEWS	TV /NEWS	News	TV	TV /NEWS	
News paper	Doctor	Social Activist	Radio	News paper	Doctors	Hospital	Relative	Doctors	ASHA	Facebook	
News	ASHA	Doctor	Mobile Phone	Doordarshan	Relatives	News paper		Neighbour	Other people	Mobile	
Google				Family Doctor	Caller Tune	ASHA		Mobile		News paper	
TV9					Peers			Google		Google	
Advertisement					Famous Personality (TV Anchor Ranganath)			Famous Personality (TV Anchor Ranganath)		Health Worker	
Doctor										Doctor	
ASHA/ AWW											
Testimonial											

Sources of Information

Influencer

Source of Information (Karnataka)

- “**TV news, Facebook, Mobile, Newspaper** (most impactful). They feel **print media is better** than TV. They search for information on Google and verify it with their known doctors. **Social and health workers** have helped to spread awareness about the virus as well as the vaccines.” - **50+ Male with co-morbidities, Rural**
- “No trust in local news channels, we **trust newspapers** as TV channels exaggerate, but we **trust Doorsharshan** as its government channel and provides the correct information, we **also trust TV9** news channel; we also trust in our **family doctors**” - **50+ Female without co-morbidities, Rural**
- “Almost 50% of information are true on news channels, they do not check and enquire what is true and what is not”. - **30-50 Males, Rural**



ANALYSIS OF FINDINGS

Reasons for lack of willingness to take vaccine

Reasons broadly fall under one of these four categories

Not well tested

- Approved in a hurry
- Not well tested
- Covishield more tested than Covaxin

Low Effectiveness

- Concerns about efficacy and safety
- What if everyone does not take
- Continuation of safe behavior is still required

Side Effects

- Unknown side-effects and no information about how it will affect people with and without co-morbidities respectively
- Fear of death after taking the vaccine

Not required

- COVID-19 viewed more like a seasonal flu
- Belief that there is no vaccine at all
- Trust on local home remedies for preventing infection

Reasons to take the vaccine

Reasons broadly fall under one of these four categories

Well tested

- Believe that the government is working tirelessly to eradicate the disease; they believe that the vaccine is well tested and safe.

Someone known has taken the vaccine

- Need affirmation from someone they know who has taken the vaccine and says its fine.

Normalcy to life/work

- People need to be able to work outside without fear of getting affected by the virus. Kids will be able to go to school, people can engage in social life, cultural activities, etc.

Recommendation from Doctor

- If doctor/family doctor recommends
- Someone from the medical fraternity – ASHA/AIMS recommends

Attitude Mapping – Quadrant Analysis (Punjab)

Majority of the general population respondents are negatively disposed to taking the COVID-19 Vaccine

Positive attitude towards COVID-19 Vaccine

18-30 Males, Rural

30-50 Females, Rural

50+ Males w/ co-morbidities, Urban

50+ Males w/ co-morbidities, Rural

18-30 Females, Urban

50+ Females w/ co-morbidities, Rural

50+ Females w/ co-morbidities, Rural

Negative attitudes towards COVID-19

Positive attitude towards COVID-19

50+ Females, Rural

50+ Males, Urban

50+ Females, Urban

30-50 Males, Urban

50+ Males, Rural

Negative attitude towards COVID-19 Vaccine

Attitude Mapping – Quadrant Analysis (Punjab)

Influencers:

- **Negative:** Vaccine not safe because people have died
- Government hospital/ family doctors as role models
- Testimonials of known people and HCWs, ASHAs, teachers, Sarpanch, etc.
- Announcements by Gurudwara and Sarpanch
- Information by celebrities and politicians (ex. Manmohan Singh and Amitabh Bachchan)

Motivators:

- Vaccine equals safety from COVID-19/ increased immunity
- Reopening of schools, colleges, offices, shops, etc.
- Will take it if masks, sanitizers, etc. are not to be used after taking the vaccine
- Testimonials of known people and HCWs, ASHAs, teachers, Sarpanch, etc.

Facilitators:

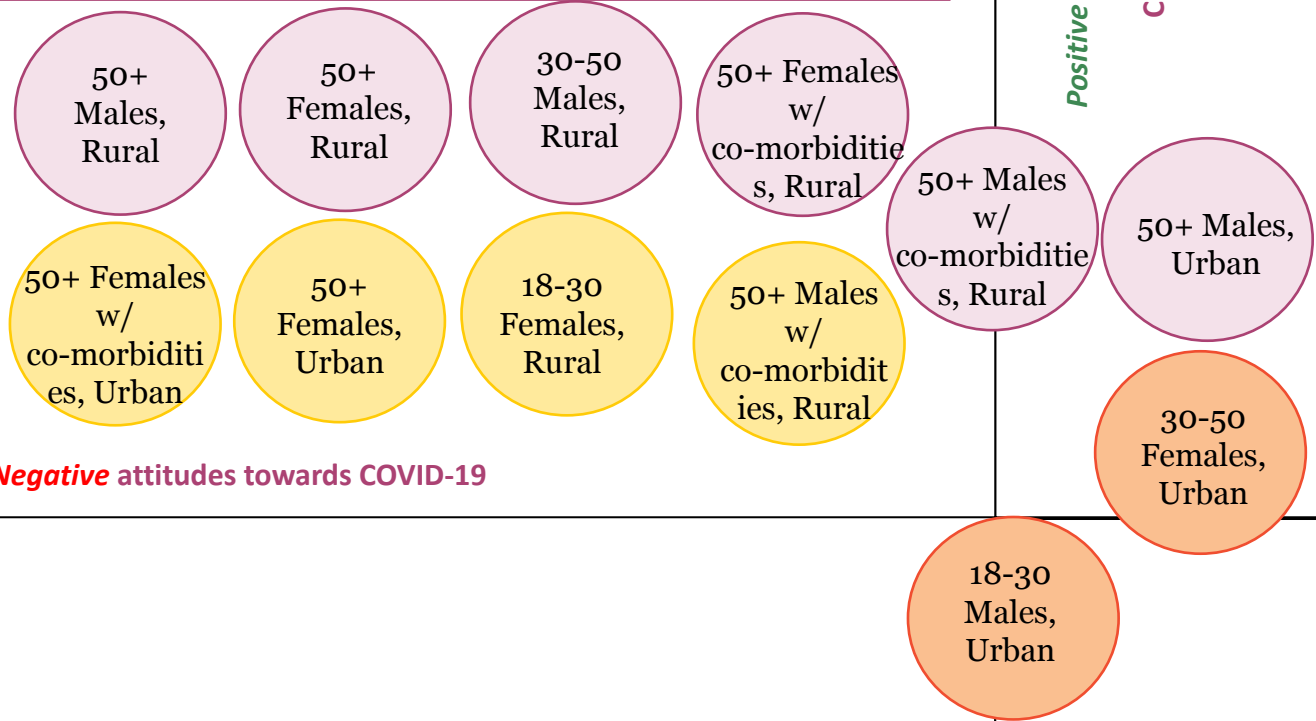
- Information via police stations, public announcements, and health camps
- Should reach general population soon (given India's population)/ should not be expensive
- More knowledge of COVID-19/ how vaccine helps prevent it
- Vaccine should be free of cost – and mandatory for all
- More trust on international vaccines

Barriers:

- COVID-19 widespread in cities, not villages
- Like normal cough & cold
- Hospitals might extort money from people
- Extreme mistrust in the government
- Mental barriers (HCWs will tamper with vaccine)
- COVID-19 blown out of proportion
- Vaccine not safe as people faced side effects/ died

Attitude Mapping – Quadrant Analysis (Karnataka)

Majority of the general population respondents are positively disposed to taking the COVID-19 Vaccine



Attitude Mapping – Quadrant Analysis (Karnataka)

Influencers:

- Visits by doctors, nurses, ASHAs to their houses to explain do's and don'ts
- Celebrities with credibility (Ex: Ranganath, Darshan) should take the vaccine
- State government officials to provide enough information (done in Andhra Pradesh)
- Neighbors to be vaccinated so they can be observed

Facilitators:

- Trust in the importance and efficacy of the vaccine (multiple tests/ trials)
- Information regarding cost, timelines, side effects, etc. – from trustworthy sources
- Should not take long to reach the poor
- Should be free of cost

Motivators:

- Reduction in risk from the virus
- Better future
- Avoid catastrophic treatment expenditure
- Resumption of economy and jobs
- Family health
- Testimonials of those who have taken the vaccine, particularly doctors

Barriers:

- Not for us- for cities/slums or for old people
- COVID-19 is just another viral fever – *not serious*
- Precautions/ Immunity are enough
- Trust in traditional medicine/ easily treatable
- Short term side effects like fever, pain, etc.
- Long term side-effects
- Private hospitals are expensive
- Lower tolerance of vaccine due to prior baggage

Impact of COVID-19 in day-to-day life

Low Health impact Concerns

“If we talk about our village, there are **no patients of coronavirus**. We **followed all the precautions and remained safe** at that time. It is mostly in cities because there is too much pollution and people don't eat good diet.” – 30-50 Females, Rural Punjab

Reduced wages/ livelihoods/
unemployment

“Bereavement of husband; burden of taking care of the whole family despite losing my own job as a domestic help forced me into **bearing the brunt of EMIs, rent, utility bills, as well as house work**” – 50+ Female, Urban, Karnataka

Educational Gaps

“During the lockdown, there was a major loss since **online study could be understood by only a few students**” - 18-30 Female, Urban Punjab

“We did not allow children to use mobile phones, but now they are addicted to them because of online classes.” - 30-50 Female, Urban, Karnataka

Reduced Social Connect

“We have to stay at home, and it was difficult to lead the life like that – **50+ Male with co-morbidities, Rural Karnataka**”

Restricted Mobility

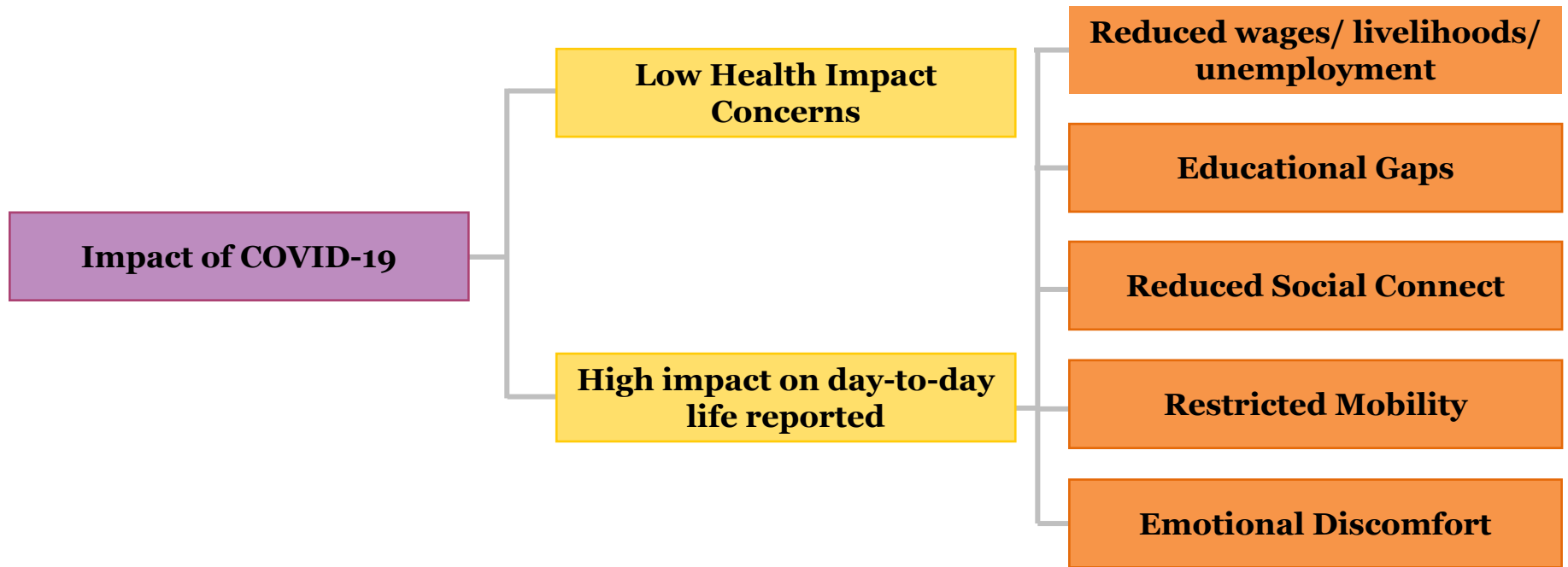
“Earlier I went for a walk before going to work but during lockdown, **we could not go out for a walk**” - 50+ Male with comorbidities, Urban Punjab

Emotional Discomfort

“My father-in-law expired due to COVID-19; they **did not send the body** as they asked for the signature of the District Commissioner, so we faced lot of problems.”- 50+ Female w/o co-morbidities, Urban Karnataka

Unanimous agreement on cascading impact on lives

Despite the differing attitudes towards COVID-19 and vaccine, there is unanimous agreement about the cascading impact of COVID-19 on the lives of the people.



The cascading impact of COVID-19 on life in general drives eagerness to go back to the pre-COVID 19 life.

Acceptance of vaccine as a way back to pre-COVID 19 life

Resumption of livelihoods

*I must take vaccination **since I go for work** and there are 1000 other people who work with me. My husband also works outside and we have kids, so **we must take vaccines for prevention**. – 30-50 yrs. Females, Urban Karnataka*

Resumption of Education

***Schools and colleges will open** after vaccine. Our **business will go good**. Our **GDP will increase**. If we want to finish this disease, then we should get this vaccine. – 50+ yrs. Males without co-morbidities, Rural Punjab*

Improved Social Connect

*People will take the vaccine to **live their life to the fullest**. – 50+ yrs. Females w/o co-morbidities, Urban Karnataka*
*Yes (want to take vaccine), for the **safety of people surrounding us and our family** as well. 18-30 yrs. Females, Urban Punjab*

Unrestricted Mobility

*Now people **are not scared to go out** after they have taken the vaccine. – 18-30 yrs. Males, Urban Karnataka*

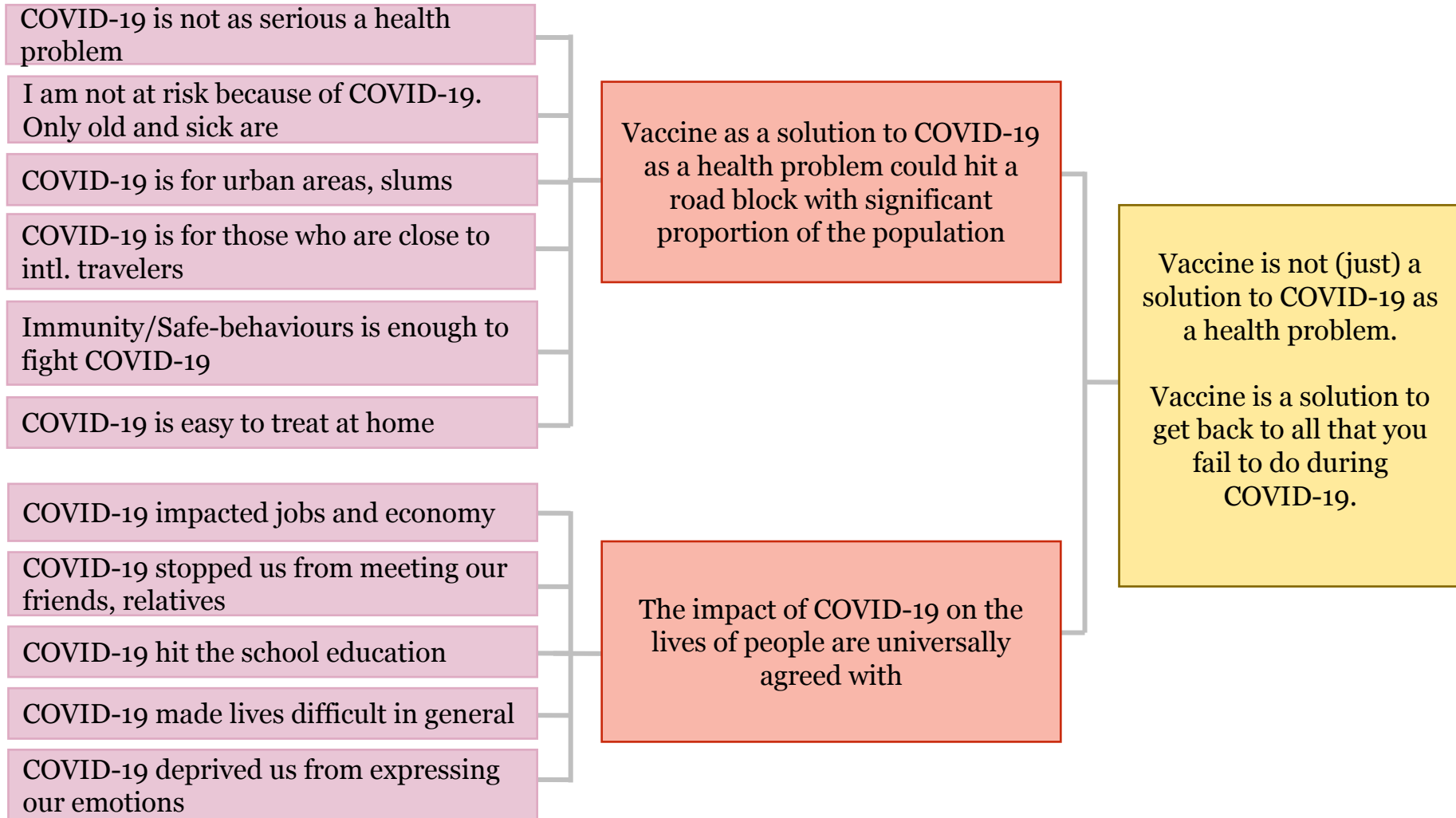
Emotional Comfort

*After getting vaccination, **everything will be okay** because vaccine will work. – 18-30 yrs. Males, Rural Punjab*
*Yes, we want to **finish this disease**. – 50+ yrs. Males without co-morbidities, Rural Punjab*



IMPLICATIONS FOR A COVID-19 BEHAVIOR CHANGE COMMUNICATION CAMPAIGN

Identification of the Problem for Communications

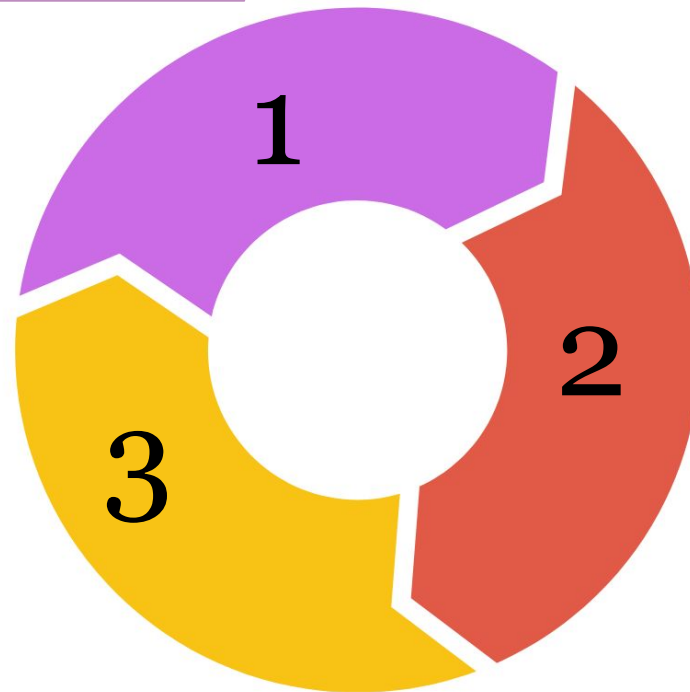


The Role of Behavior Change Communication

1. Identification of the Problem

Proposing vaccine as a solution to COVID-19 public health problem could hit a roadblock

Cascading impact of COVID-19 on the lives of people is the problem that the vaccine could solve



2. Build Awareness and Credibility for the Solution

Building vaccine credibility

Removing misconceptions

3. Desired Action

Voluntary registration for vaccination

Target Group Prioritization

	18-30		30-50				50+ (Urban)		50+ (Rural)		50+ (with comorbidities)						
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
	Urban	Urban	Rural	Rural	Urban	Urban	Rural	Rural	Urban	Urban	Rural	Rural	Urban	Urban	Rural	Rural	
Punjab	Attitude towards COVID-19		Red	Red		Red			Red	Red	Red	Red	Red		Red	Yellow	
	Trust in Govt.'s Strategy		Green	Green		Red			Green	Yellow	Yellow	Red	Red	Green		Green	Red
	Attitude towards Vaccine		Yellow	Green		Red			Green	Red	Red	Red	Red	Green		Green	Yellow
	Intention to take vaccine		Green	Green		Yellow			Green	Yellow	Yellow	Red	Red	Green		Green	Yellow
Karnataka	Attitude towards COVID-19	Yellow			Yellow		Green	Yellow		Green	Yellow	Yellow	Yellow		Yellow	Yellow	Yellow
	Trust in Govt.'s Strategy	Red			Red		Green	Red		Green	Green	Green	Green		Yellow	Green	Green
	Attitude towards Vaccine	Red			Green		Yellow	Green		Green	Green	Green	Green		Green	Green	Green
	Intention to take vaccine	Red			Yellow		Green	Yellow		Green	Green	Green	Yellow		Green	Green	Green

Positive
 Skeptical
 Negative

Intention to take the vaccine is negative if **either attitude towards COVID-19 or trust in the system or attitude towards the vaccine** is negative

Summary

Attitude towards COVID-19

- General perceptions that **COVID-19 is not severe (Punjab), not severe anymore (Karnataka)–or impacts a particular segment**
- **Denial/ distance from COVID-19 itself in Punjab; More focus on resuming lives in Karnataka**

Awareness and knowledge of vaccine

- **Widespread misconceptions** regarding **severe side-effects** (paralysis, death, etc.) and more trust on natural medicine and **home remedies**
- Most people **aware of the doses**; however **not sure of the vaccine brands**
- A **minority in both states** believed the vaccine to be **curative**

Attitude towards vaccine

- Fear of side-effects, lack of trust on the system and Health Care Workers– for self and elderly family members
- More **concern** around vaccination for **elderly family members**
- **Youngsters** – either **negatively disposed** to vaccine (not required / will wait & watch); or **willing to wait** until given to priority groups
- **Rural groups** – relatively **higher levels of disposition** towards vaccine in both states but **lower COVID-19 risk perception** could be a barrier
- **Urban groups-** relatively **positive in Karnataka**, but **not in Punjab**

Summary

- **Post-vaccine safe behaviors** – Most in **Punjab do not see merit** in taking a vaccine if safe behaviors need to be continued

Trust in government and their vaccine strategy

- **Lack of trust** in general on the government in **Punjab** and **lack of trust** in vaccine distribution efficiency in Karnataka

Attitudes among Healthcare workers

- HCWs **need more information** to address the concerns of the community
- **Testimonials** by politicians and celebrities, and **announcements** through the government are important

Attitudes among Local Influencers

- **Lack of trust in vaccine** and vaccine development process in **Punjab** but **not in Karnataka**; however **fear of side-effects common**
- Perception that **vaccine is not required for certain groups** or in the rural areas
- **Low health risk perception among all** (*precautions are enough, immunity is enough, rural areas are safe, youngsters are safe*) – COVID-19 not seen as a problem anymore for differing reasons

Summary

- However, **unanimous agreement** on the **cascading impact of COVID-19** on day-to-day lives of the people:
 - **Impact on livelihoods:** *Loss of work, reduced pay, reduction in savings*
 - **Children's Education:** *Gaps in learning outcomes, addiction to devices*
 - **Social Connect:** *Lack of social interaction, and inability to meet loved ones*
 - **Mobility:** *Hindrance in routine activities*
 - **Emotional and psychological well-being:** *Not able to attend cremation/ funerals of deceased relatives, and emotional burden*
- Therefore, **vaccine is widely accepted** as a **means to the pre-COVID 19 life**
- **Inputs for the Communication Strategy to promote desired behaviours:** Behaviour Change Wheel
 - **Recognition of the problem:** **COVID-19 vaccine to address the cascading impact on life**, not just a solution to public health problem
 - **Approving the proposed solution:** **Building vaccine credibility** and **removing the misconceptions**

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THANK YOU

