ROUND 5

UJ-HSRC COVID-19 DEMOCRACY SURVEY

Research briefing

Barriers to Covid-19 vaccination

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NRF National Research Foundation
HSRC Human Sciences Research Council
DCES Developmental, Capable & Ethical State

Summary of key findings

- At the time that Round 5 of the UJ/HSRC Covid-19 Democracy Survey was conducted (22 October 2021 and 17 November 2021), 38% of adults indicated that they were willing to take a COVID-19 vaccine but had not yet done so. This briefing report examines the barriers to vaccination that this group faces.

- The survey included a multiple response question that asked respondents whether any of six pre-coded barriers prevented them from getting the Covid-19 vaccine, addressing issues such as lack of awareness of vaccination site, access difficulties, cost and time constraints, and disability. An additional 'other barriers' option was provided, with respondents able to provide open-ended descriptions. These were subsequently coded and integrated into the analysis.

- Overall, 23% of unvaccinated but vaccine favourable adults stated that they did not know where to go for vaccination, 17% reported it was difficult to get to a vaccination site, 17% faced cost-related barriers in travelling to vaccination sites, while 16% referred to time constraints. These four reasons predominated, with less-mentioned challenges (6% or less) including general hesitancy, disability, administrative factors, health concerns, pregnancy or breastfeeding, and caregiving responsibilities.

- A large share, 28%, reported no difficulties in being able to access vaccination.

- Barriers to vaccination differed by whether one intended to 'definitely' or 'probably' vaccinate. Knowing where to go for vaccination and difficulties in accessing the site were more frequently reported by those who said they 'definitely' intended to vaccinate. These barriers were also shared by the 'probably' willing to vaccinate group, as was time constraints, but vaccine hesitancy also arose as a distinctive barrier among this group.

- Barriers to vaccination are experienced unequally across society, reflecting broader socio-economic inequalities.

- Black African and Coloured adults report more problems in not knowing where to go for vaccination and with the costs of getting to vaccination sites.

- A lack of knowledge about where to go for vaccination was also more frequently reported by those earing under R5,000 per month than those earning above R5,000 a month.

- Adults aged 18-34 years and 35-49 years experienced more problems with knowing where to go for vaccination, difficulties in getting to the vaccination site and cost-related barriers than adults aged over 50.

- Men and women broadly experienced the same barriers to vaccination.

- People living in the Free State and Gauteng reported more frequently that they did not know where to go for vaccination, while people in Mpumalanga and the Northern Cape reported more difficulties in being able to get to vaccination sites.

- Addressing the unrealised intention to vaccinate among a sizeable share of the South African public remains a crucial priority in the ongoing effort to expand coverage of the vaccine rollout programme. Better understanding the barriers that are frustrating progress in this regard is a key step towards identifying or adapting measures to overcome some of these challenges.

Introduction

This briefing presents findings from Round 5 of the University of Johannesburg (UJ)/Human Sciences Research Council (HSRC) Covid-19 Democracy Survey. The survey was conducted between 22 October 2021 and 17 November 2021. Only adults living in South Africa were surveyed. It found that 38% of adults were favourable towards vaccination but had not yet vaccinated. In an accompanying report to this brief, *Vaccine inequality and hesitancy*, we detailed inequalities in vaccine coverage. We now take this analysis further by profiling barriers to vaccination among the vaccine accepting by age, gender, race, income, settlement type, medical aid, and province. This briefing report analyses only the responses of those favourable towards vaccination, i.e., stating that they 'definitely' or 'probably would take a Covid-19 vaccine'. It concentrates on this group specifically as this is the group most likely to vaccinate if the barriers to vaccination can be overcome.

Survey methodology

The online survey was conducted using the #datafree Moya Messenger App. This app, which is operated by Datafree, has six million subscribers 800,000 of whom use the app every day. The survey was available in six languages: English, Afrikaans, isiZulu, isiXhosa, Setswana and Sesotho. English was the most common language used. The survey was fully completed by 6,358 participants via the Moya messenger app. Most people undertaking the survey did so using a smartphone, access to which has increased rapidly in recent years, with 64.1% of households now able to access the internet via a cellphone (up from 58.7% in 2019).[1] However, there is a skew in terms of who has access to smartphones, particularly between older and younger people. In order to address this, we fielded a supplemental telephonic survey, which was undertaken by Ask Afrika.

The telephone survey supplement was conducted between 28 October 2021 and 17 November 2021, and provided an additional 252 responses from those aged 55 and above. Ask Afrika was provided with key sampling criteria regarding this supplemental sample's demographic, social, and geographic characteristics. In addition, to address an under-representation of White adults in the survey, Ask Afrika also fielded our survey to 23 White adults drawn from their online panel. These cases were integrated with the Moya sample to produce an overall sample size of 6,633 respondents for this round. All of the data was weighted to match Statistics South Africa data on race, education and age, and can be regarded as broadly indicative of the views of the adult population at large. In addition, in Round 5 we incorporated an additional adjustment for vaccination rate by gender to match data provided by the Department of Health for the midpoint of the survey period.[2]

Barriers to vaccination amongst the vaccine accepting

In Round 5 of the UJ/HSRC Covid-19 survey we found that 38% of adults stated that they were unvaccinated but favourable towards taking a Covid-19 vaccination. This opens up an important question: why have those who indicate that they are favourable towards getting vaccinated not done so already?

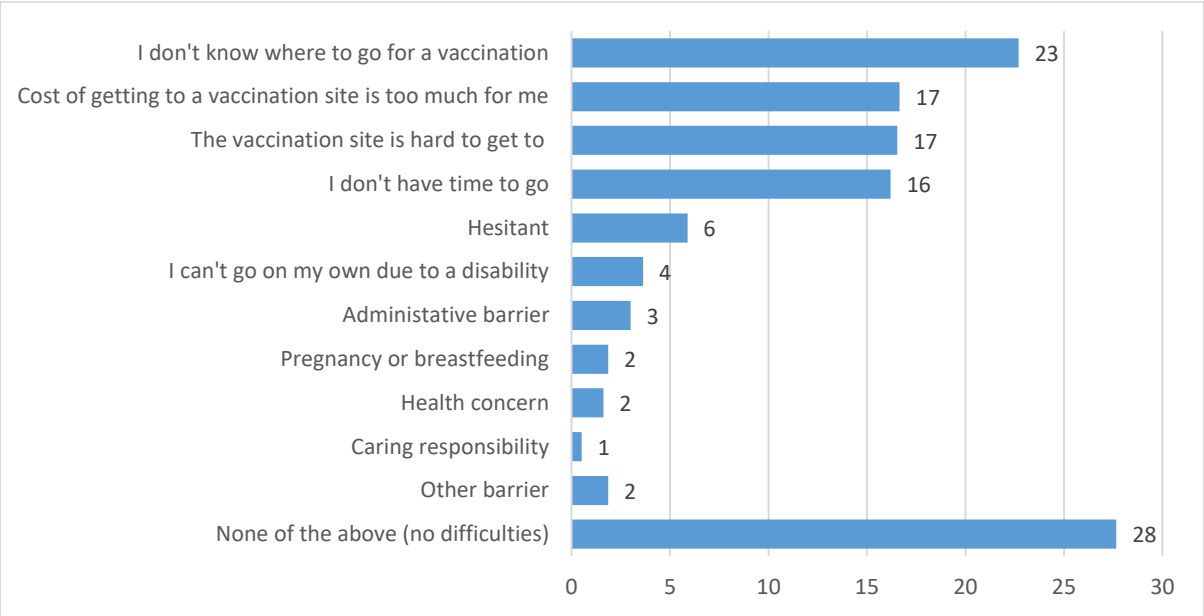
We asked those who have **not** vaccinated the question: 'do any of the following things make it difficult for you to get a Covid-19 vaccine? (Select all that apply).' Participants were presented with a list of 6 pre-coded barriers, as well as a 'something else' category, which allowed participants to explain in their own words what additional barriers they face in getting vaccinated. The 'something else'

[1] Because of the pandemic, StatsSA had to change its data collection method, so the figures are not strictly comparable. http://www.statssa.gov.za/publications/P0318/P03182020.pdf
https://www.statssa.gov.za/publications/P0318/P03182019.pdf

[2] https://sacoronavirus.co.za/latest-vaccine-statistics/

responses that were provided in English were then coded for reoccurring themes. Figure 1 presents an analysis that combines the pre-coded barriers with an analysis of the self-reported barriers among those that said they were favourable about taking the vaccine. For those experiencing no specific barriers, a 'none of the above' option was also included.

Figure 1: Barriers to vaccination amongst those favourable towards vaccination (multiple response graph, percentage mentioning each option)



The bar chart illustrates that a dominant response provided by unvaccinated adults who remain favourable towards getting a Covid vaccine is a lack of awareness about where to get vaccinated, mentioned by 23% of this group. Equivalent shares mentioned difficulty in accessing vaccination sites (17%), cost-related barriers in travelling to vaccination sites (17%), and a lack of time to go and get vaccinated (16%). However, it must be noted that the largest proportion of the responses from this favourable group was to state that they have no barriers to vaccination (28%), leaving it unclear why there is still a gap between intention and uptake of vaccination.

Smaller shares of this favourable group stated that some form of hesitancy (6%) was a barrier to vaccination. For example,

> I want to vaccinate but i am scared as some people are dying though they vaccinated

> I hear many stories about the vaccine which makes it hard for me to decide but I am going to vaccinate

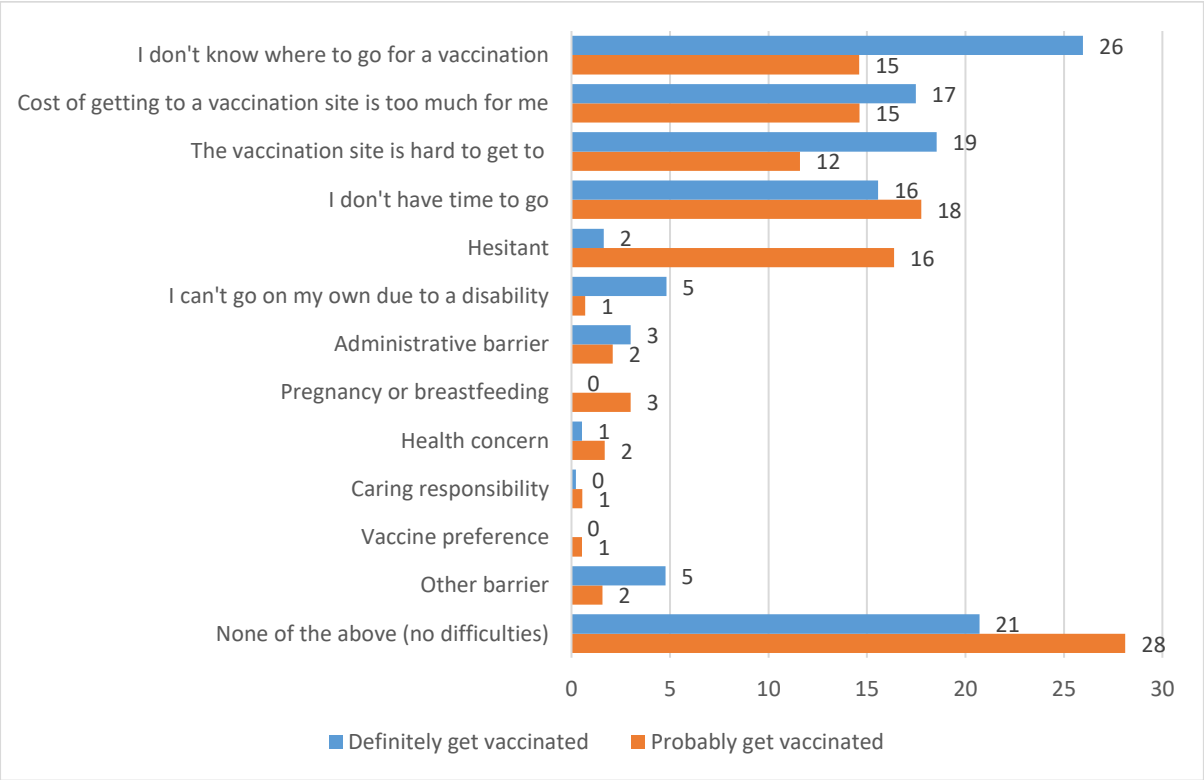
These self-reported explanations illustrate that, even amongst those favourable towards vaccination, lingering concerns delay vaccination uptake.

Other reasons for delaying vaccination included the need to be accompanied to vaccinate due to having a disability (4%), administrative barriers (3%), such as not having an ID, a concern that pregnancy or breastfeeding meant that one could not vaccinate (2%), having some other underlying health concern (2%), or having caregiving responsibilities (1%).

Figure 2 unpacks this analysis further by comparing the barriers reported by those that said they would 'definitely' vaccinate with those that said that they would 'probably' vaccinate. Among those that said

they would definitely vaccinate, the most common barriers were not knowing where to go for vaccination (26%), difficulties in getting to a vaccination site (19%), the cost of getting to a vaccination site (17%), and time constraints (16%). As above, a large share of the definitely and probably group stated that they faced no barriers.

Figure 2: Differences in barriers to vaccination amongst vaccine accepting categories (multiple response graph, percentage mentioning each option)



Of those that said they would probably vaccinate, the most common barriers were not having time to go (18%) and hesitancy (16%). As we may expect, levels of hesitancy are much higher among those that say they will probably vaccinate than those who say they will definitely vaccinate. Based on our previous research,[3] it is likely that much of the hesitancy in this group will be concentrated in concerns about the side-effects and the effectiveness of vaccination. Other barriers included not knowing where to go for vaccination (15%) and the cost of getting to a vaccination site (15%).

Barriers to vaccination by selected socio-demographic factors

The following sections provide an analysis of barriers to vaccination by age, gender, race income, settlement type and province. In this section, we present only the analysis of the pre-coded options presented to participants, meaning that there is no further analysis of each sub-group's 'something else' category. However, the analysis presented above provides an indicative sense of these other barriers.

[3] See Alexander, K., Runciman, C., Roberts, B., Bekker, M. and Bohler-Muller, N. 2021. *Vaccine Acceptance and Hesitancy: Findings from the UJ/HSRC COVID-19 Democracy Survey*. Johannesburg: Centre For Social Change; Runciman, C., Roberts, B., Alexander, K., Bohler-Muller, N. and Bekker, M. 2021. *Willingness To Take A COVID-19 Vaccine: A Research Briefing*. Johannesburg: Centre for Social Change.

Age

We analyse barriers to vaccination using the age categories used by the Department of Health so that the data may be compared. However, as we have previously identified, there are important differences in the youngest age category, 18-34 years and we therefore break this group down further into 18-24 years and 25-34 years cohorts. Table 1 demonstrates that the most common barrier for those aged 18-34 years and 35-49 years is knowing where to go for vaccination, mentioned by 24% of those aged 18-34 years and 26% of those aged 35-49 years. In contrast, very few of those aged over 50 reported facing the same barrier. Saying that the vaccination site was difficult to get to or the cost too high was also a barrier reported more frequently by those aged under 50 than by those over 50. The time taken to get a vaccination was a more frequently reported barrier by those aged 18-24 years. Among older people, those aged 50 years and above, 'something else' (42%) was the most frequently cited barrier.

Table 1: Barriers to vaccination amongst those favourable towards vaccination by age (multiple response graph, percentage mentioning each option)

	I don't know where to go for a vaccination	The vaccination site is hard to get to	The cost of getting to a vaccination site is too much for me	I don't have time to go.	I can't go on my own due to a disability	Something else (please specify)	None of the above (no difficulties)
18-34 years	24	17	18	18	2	20	25
18-24 years	26	16	19	21	1	17	24
25-34 years	23	17	18	15	2	22	26
35-49 years	26	16	16	12	3	19	29
50-59 years	3	6	11	6	6	42	27
60+ years	9	17	3	6	14	37	23

Gender

Barriers to vaccination show only minor differences by gender. Men more frequently report not knowing where to go for vaccination, difficulties accessing, and the cost of getting to, a site, and time constraints. Women more often stated that they had no problems in accessing vaccination.

Table 2: Barriers to vaccination amongst those favourable towards vaccination by gender (multiple response graph, percentage mentioning each option)

	I don't know where to go for a vaccination	The vaccination site is hard to get to	The cost of getting to a vaccination site is too much for me	I don't have time to go.	I can't go on my own due to a disability.	Something else (please specify)	None of the above (no difficulties)
Male	23	18	18	17	4	24	22
Female	20	13	13	12	3	21	31

Race

Based on our previous findings, we know that White and Indian or Asian adults have the highest levels of vaccination, and this higher level of vaccination cannot be attributed to higher levels of vaccine acceptance within these groups. Table 3 analyses the barriers to vaccination by race. It demonstrates that among vaccine favourable Black African and Coloured adults almost a quarter (23% and 24% respectively) report not knowing where to go for a vaccination, compared to only 6% of Indian or Asian adults. No White adults reported a lack of knowledge where to go for vaccination. Similarly, Black African and Coloured adults reported more difficulties with the cost of getting to a vaccination site than Indian or Asian and White adults.

The majority (74%) of responses from White adults indicated that their barriers to vaccination were related to 'something else'. Based upon the analysis above, it is likely that many of these self-reported barriers relate to vaccine hesitancy, which have we have documented is more prevalent among this group.

Table 3: Barriers to vaccination amongst those favourable towards vaccination by gender (multiple response graph, percentage mentioning each option)

	I don't know where to go for a vaccination	The vaccination site is hard to get to	The cost of getting to a vaccination site is too much for me	I don't have time to go.	I can't go on my own due to a disability.	Something else (please specify)	None of the above (no difficulties)
Black African	23	16	17	14	4	20	27
Coloured	24	13	18	21	4	15	26
Indian or Asian	6	32	5	11	3	33	23
White	0	1	0	11	0	74	15

Income

Table 4: Barriers to vaccination amongst those favourable towards vaccination by income (multiple response graph, percentage mentioning each option)

	I don't know where to go for a vaccination	The vaccination site is hard to get to	The cost of getting to a vaccination site is too much for me	I don't have time to go.	I can't go on my own due to a disability.	Something else (please specify)	None of the above (no difficulties)
Less than R1,000 per month	24	18	20	13	1	19	26
Between R1,001 and R2,500 per month	20	14	16	14	5	20	28
Between R2,501 and R5,000 per month	27	9	13	15	7	18	27
Between R5,001 and R10,000 per month	15	10	16	32	4	18	31
Over R10,000 per month	8	8	26	14	11	10	32

In the accompanying report to this brief, *Vaccine inequality and hesitancy*, we demonstrated that vaccination coverage was poorer among low-income earners in comparison to high-income earners.

Table 4 analyses barriers to vaccination by income. In our sample, most high-income earners have been vaccinated. Therefore, we had fewer high-income earners who answered this question. As a result, we had to combine together the income categories above R10,000 per month to be able to report on a reliable number of cases.

Lack of knowledge about where to get a vaccination was more prevalent among those earning under R5,000 a month compared to those earning more than R5,000 a month. The lowest income earners, those earning less than R1,000 per month, reported more difficulties with the ease with which they could get to a vaccination site. Interestingly, the cost of getting to a vaccination site had a curvilinear pattern to income, with those earning under R1,000 a month and those earning over R10,000 a month reporting similar levels of difficulty. The time it takes to get a vaccination was a barrier most frequently cited by those earning between R5,001 and R10,000 per month.

Settlement type

Table 5: Barriers to vaccination amongst those favourable towards vaccination by settlement type (multiple response graph, percentage mentioning each option)

	I don't know where to go for a vaccination	The vaccination site is hard to get to	The cost of getting to a vaccination site is too much for me	I don't have time to go.	I can't go on my own due to a disability.	Something else (please specify)	None of the above (no difficulties)
Township or RDP house	24	13	14	13	5	19	29
Backyard shack or room in a township	24	15	17	15	4	19	28
Informal settlement	25	15	17	19	2	23	27
Suburban house	11	6	7	8	1	63	11
Flat, apartment or townhouse	30	42	7	19	3	9	6
Rural area	17	19	22	11	2	20	28
Other	13	18	11	22	4	24	35

In our analysis of the Round 5 data we found that vaccination coverage was highest in the suburbs and lowest in informal settlements and backyard rooms and shacks in a township. Table 5 shows the barriers to vaccination by settlement type. For those living in informal settlements, knowing where to go for vaccination (25%),a lack of time to go for vaccination (19%), and the cost of getting to vaccination sites (17%) were prominent barriers to vaccination. A significant share (27%) nonetheless said they encountered no barriers or 23% stated ‘something else’.

Similarly, those living in backyard shacks or rooms reported difficulties in knowing where to go for vaccination (24%) and problems with the cost of getting to a vaccination site (17%). Again, a large share reported no difficulties with accessing vaccination.

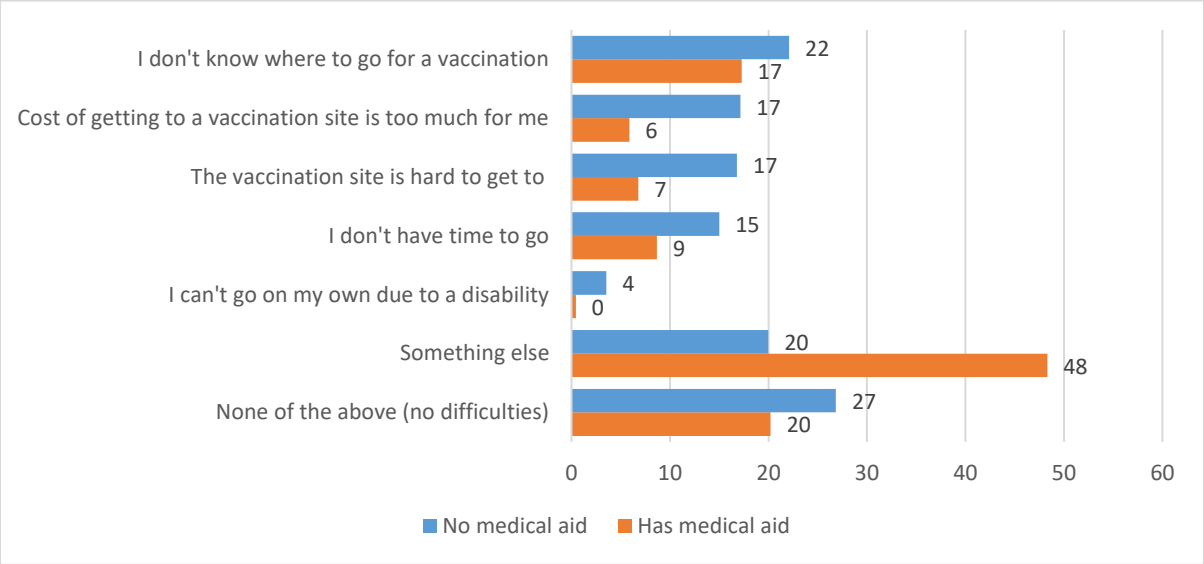
Although those living in flats, apartments or townhouses have a comparably high level of vaccination, amongst those that are favourable but unvaccinated, barriers to vaccination included concerns that the vaccination site is difficult to get to (42%), lack of knowledge about where to go for vaccination (30%) and not having time to go for vaccination (19%).

For people living in rural areas, concerns with the cost of getting to a vaccination site (22%), difficulties in getting to the vaccination site (19%) and not knowing where to go for vaccination (17%) were all barriers to vaccination. However, as with the other settlement types, a large share (28%) reported no difficulties. Those living in suburban houses selected few of the pre-coded barriers presented to them with most (63%) stating that their barrier was 'something else'. Again, based on the earlier coding of these self-provided responses, this is likely to primarily reflect hesitancy.

Medical aid

Our Round 4 data showed that 20% of adults with medical aid were vaccinated, which was twice as many as the unvaccinated. In Round 5 we see that this inequality has narrowed but there is still a gap of 8 percentage points between those covered by medical aid and vaccinated and those not covered who have been vaccinated. Figure 3 presents an analysis of the barriers to vaccination by whether one has a medical aid. While it must be noted that only a small proportion of households have medical aid, 15.2% of households in 2020,[4] it can serve as a good proxy for class.

Figure 3: Differences in barriers to vaccination amongst vaccine accepting categories by medical aid (multiple response graph, percentage mentioning each option)



As Figure 3 demonstrates, there are some differences in the barriers reported by those that have medical aid versus those without. Not knowing where to go for vaccination was a barrier reported by those with both medical aid and without but it was a larger barrier for those without medical aid. As we may expect, the cost of going to a vaccination site was a more significant barrier for those without medical aid. Similarly, difficulties in getting to the vaccination site were also more frequently reported by those without medical aid. It is striking that 48% of those with medical aid report that their barrier is 'something else', which is again a reflection of a greater tendency towards hesitancy among this group.

Province

We know from the data provided by government that there is uneven coverage of vaccination by province. Table 6 presents an analysis of the barriers to vaccination by province. Lack of knowledge about where to go for vaccination was mentioned more frequently as a barrier in the Free State (32%),

[4] http://www.statssa.gov.za/publications/P0318/P03182020.pdf

Gauteng (27%) and North West (23%). Concerns that the vaccination site is difficult to get to was also of more concern in Mpumalanga (24%), the Northern Cape (24%) and KwaZulu-Natal (19%). The cost of getting to a vaccination site was a barrier in most provinces, although less of a barrier in the Western Cape and the Free State. The time it takes to get a vaccination was a more significant barrier in the North West (19%), Mpumalanga (18%) and the Free State (18%).

Table 6: Barriers to vaccination amongst those favourable towards vaccination by province (multiple response graph, percentage mentioning each option)

	I don't know where to go for a vaccination	The vaccination site is hard to get to	The cost of getting to a vaccination site is too much for me	I don't have time to go.	I can't go on my own due to a disability.	Something else (please specify)	None of the above (no difficulties)
Western Cape	15	8	11	11	2	44	23
Eastern Cape	15	15	18	10	5	17	35
Northern Cape	20	24	18	9	10	12	27
Free State	32	10	11	18	2	20	23
KwaZulu-Natal	14	19	19	12	2	28	25
North West	23	12	18	19	0	16	27
Gauteng	27	16	16	15	6	20	26
Mpumalanga	23	24	16	18	1	19	20
Limpopo	19	18	16	13	1	13	33

Conclusion

This research briefing has analysed the barriers to vaccination faced by those who say that they are favourable towards taking a COVID-19 vaccination. At the time of the research (22 October 2021 and 17 November 2021), we estimate that this favourable group to be as large as 38% of the adult population. This is a significant section of the population to target. If barriers to vaccination can be identified and overcome, this group may likely convert the willingness to vaccinate into vaccination.

As documented throughout this report, significant shares of this favourable group state that they face no barriers to vaccination, meaning it is unclear what has prevented them from vaccinating to date. Despite this, this report assists in identifying critical challenges faced by those favourable towards vaccination. The key barriers are: not knowing where to go for vaccination, difficulties in accessing vaccination sites, the costs of getting to and from vaccination sites, and time constraints. Furthermore, the report demonstrates that these barriers to vaccination are experienced unequally across society. Low-income earners and people who live in townships, backyard rooms and informal settlements, who are more likely to be Black, report significantly more difficulties in knowing where to go for vaccination or problems in accessing the sites. This analysis supports the findings of our collaborator, Kate Alexander, who has identified similar issues based on qualitative research.[5]

This analysis reveals some critical areas for government to address. The key improvements that need to be made to get people vaccinated are: improved information about where to get vaccinated,

[5] Alexander, K. & Xezwi, B. 2021. Dose of discrimination: Why the government failed to reach its vaccination targets, *The Daily Maverick*, December 28, https://www.dailymaverick.co.za/article/2021-12-28-dose-of-discrimination-why-the-government-failed-to-reach-its-vaccination-targets/

ensuring that people have time to get vaccinated, reducing the cost of getting to a site, and making it easier to get to the site. In essence, bringing vaccines to the people.

Beyond this, the analysis also demonstrates the need for public health messaging to address both the hesitancy concerns of those who are broadly favorable towards vaccination and those who are hesitant. It is noteworthy that hesitancy to take the vaccine emerged as a more prominent concern among those who say they will probably take the vaccine. This underscores the importance of continuing to improve communications about vaccination.

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