



DSI-NRF Centre of Excellence
in Human Development

Individual and Society

In June 2021, the DSI-NRF Centre of Excellence in Human Development at the University of the Witwatersrand, conducted a snap online survey of 1,000 South Africans across the country, aged between 18 and 55 years. We explored various topical issues impacting quality of life in South Africa.

Report 1: Covid-19 and issues surrounding vaccine hesitancy

In early March 2020, the former Minister of Health Dr Zweli Mkhize confirmed the first known South African to test positive for the novel Covid-19 virus. The first related death occurred 20 days later. It is now almost 16 months later, and the pandemic has truly taken a social, economic and emotional toll on the country and its citizens. Over 2-million Covid-positive cases have been confirmed by laboratories, and 62,000 people have died from Covid-19 related complications. However, the Institute of Health Metrics and Evaluation suggests that South Africa has nearly three times this number – likely around 161 100 deaths. (<https://covid19.healthdata.org/south-africa?view=cumulative-deaths&tab=trend>).

South Africa has tried to navigate uncharted waters of the largest public health crisis in a generation by instituting “lockdowns”, in line with other countries. The first Level 5 lockdown was among the most stringent and strictest in the world. In July 2021 owing to a tsunami of cases and deaths, the country is back to Level 4. At the time of writing, over 3.3 million vaccine doses have been provided with over 480k citizens fully vaccinated (still at only 0.8% of the population). In the global context, over 11% of the population is fully vaccinated.

Survey findings

Impact

Overall, 70% of participants surveyed indicated that their lives were impacted by the Covid-19 pandemic, with 57% of this group of participants reported the impact was severe.

Vaccine willingness

Overall, the survey findings revealed that more work needs to be done to mitigate vaccine hesitancy. Regardless of age, 58% of respondents indicated their willingness to take a vaccine should it be made available to them tomorrow. However, one in five respondents were unwilling, and another one in five were still undecided to take a vaccine to prevent and reduce serious illness or death from Covid-19.

Socio-economic context matters in vaccine take-up

Despite concerns around Covid-19 impact and job security, one in four participants residing in households with the least household disposable income (based on household asset score) reported that they would not get vaccinated, and another one in four were undecided. Furthermore, 26% of participants who were unemployed opted not to get the vaccinated.

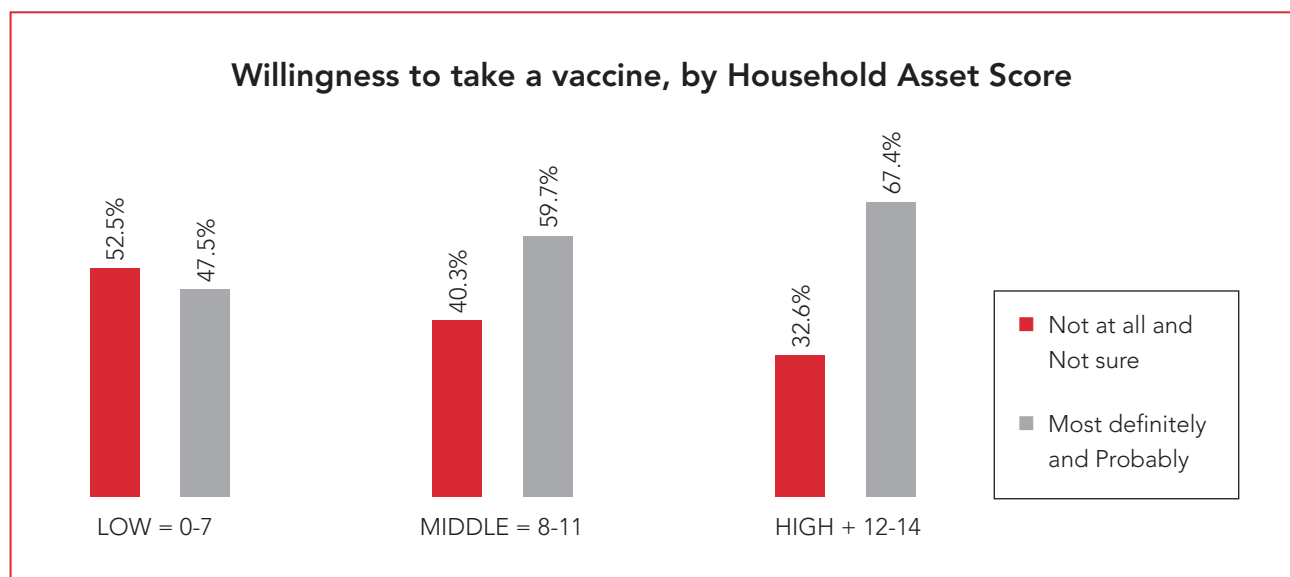


Figure 1: Willingness to take a vaccine, by household asset score

When multiple factors were modelled together:

- Job insecurity was associated with greater vaccine hesitancy.
- Those who were dissatisfied with health services were less likely to take the vaccine
- Those who were personally unaffected by the pandemic were less likely to indicate that they would be willing to take the vaccine
- Those who rely more on family and friends to receive information on COVID are 4 times more likely not to take the vaccine compared to those who prioritise government sources
- Education level was not associated with vaccine hesitancy

Preferred Sources on Covid-19 Information

Government news sites and reliable media sources are particularly important vehicles for the reduction of fake news around vaccines, and to raise awareness about the benefits of receiving vaccines for greater personal and public health safety.

Our survey reveals a strong possibility to capitalise on the trust in reputable media sources. Across all age groups, most respondents trust the media in relation to Covid-19 news, suggesting that this is a powerful way to raise awareness about the Covid-19 vaccine. Despite the perception that youth (18-29 yrs) are more likely to get their information around Covid-19 from social media, the survey indicated that youth reported greater likelihood to obtain information from Government sources.

Vaccine hesitant respondents reported receiving more information on Covid-19 news from less official information sources. Those who rely on family and friends to receive information on Covid-19 were four times more likely not to take the vaccine compared to those who use government sources.

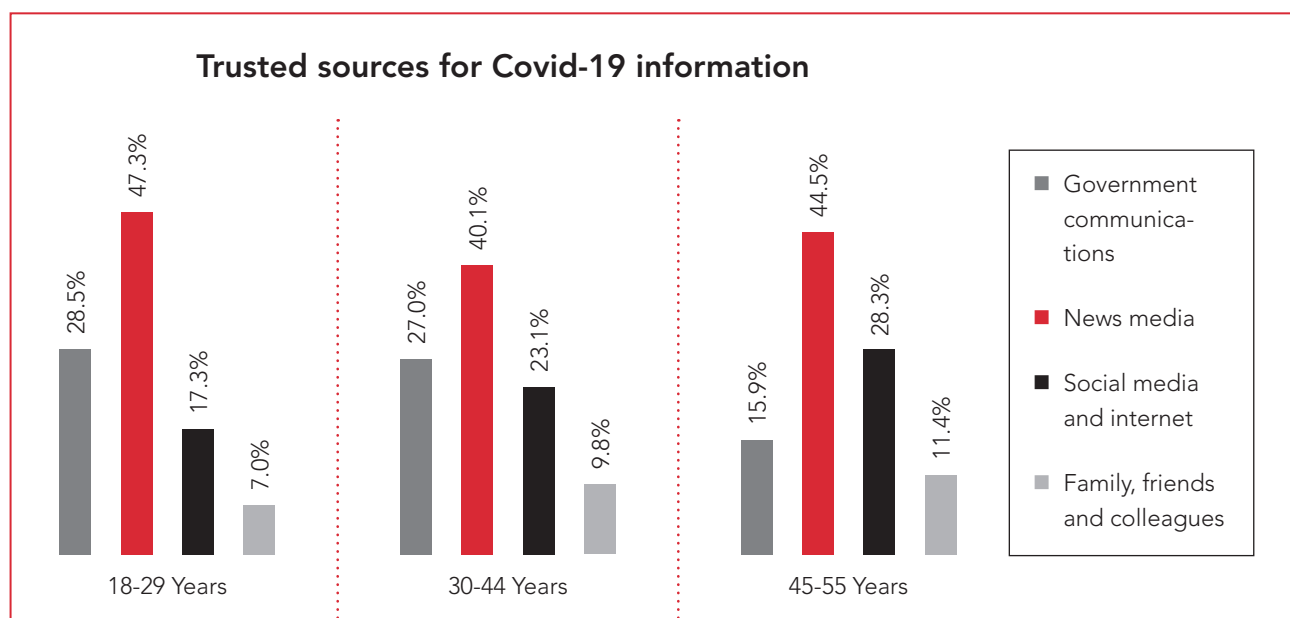


Figure 2: Trusted sources of Covid-19 information

Conclusions

The impact of Covid-19 has been pervasive across the adult age groups. Government and news media sources are critical information sources to communicate facts clearly and accessibly, minimise fear mongering, foster trust with less confusion and reduce vaccine hesitancy. However, Government must respond in a non-biased and consistent way to reach all South Africans, especially the marginalised and vulnerable, in terms of its messaging.

For more information please contact Beth Amato at the DSI-NRF Centre of Excellence in Human Development, based at the University of the Witwatersrand: coe.human@wits.ac.za