



VACCINE HESITANCY

Sample Report (Kenya Omnibus, November 2022)

Omnibus vs. Online Panels

- When Infinite Insight & Consumer Ideas decided to launch syndicated services with different sample sizes (Omnibus: n=2,000 / Taxi: n=1,000) and different methodologies (CATI wherever feasible), it was with the following rationales in mind:
 - Research among members of the public or general consumers can remain affordable: costs are standard for each question inserted reduce research costs per participating client when compared to ad-hoc research. In Kenya, the cost per pre-coded question is \$300 for a sample size of 1,000 respondents.
 - There are no Trade-offs in terms of coverage or quality! Fully nationally-representative samples, including rural locales, with fresh, randomly selected respondents (CATI: RDD; CAPI: Kish Grid), compare favourably against online panels, which, in our part of the world, still tend to be skewed toward young, urban, and educated consumers.
 - Customisations are possible to accommodate special requests by individual clients; e.g. booster samples. Costs for booster samples are calculated based on scale and respondent profiles.
 - Fast turn-around: time in field for 1,000 sample in the November Kenya Taxi was just 7 days.

Cost Breakdown:

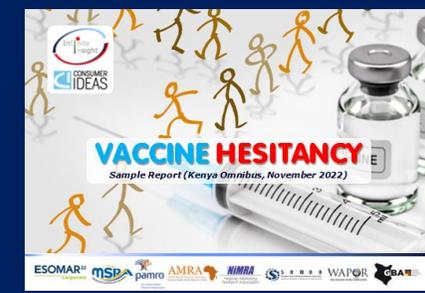
❑ African Fabric Designs:

4 questions, totalling \$1,200; i.e. **\$1.2** per respondent



❑ Vaccine Hesitancy:

7 Questions, totalling \$2,100; i.e. **\$2.1** per respondent



Demographic variables (e.g. gender, age, etc.) are part of the omnibus package; subscription charges are only calculated on the number of proprietary questions booked by participating clients.

Download the Brochure and Rate Cards: https://infiniteinsight.net/II&CI_Syndicated_Research_Brochure.pdf

- 1a Which infectious diseases that are affecting Kenyans are you aware of?
- 1b Which of these infectious diseases have you heard of?
- 2 Which of these diseases are preventable by vaccinations?
- 3 For which of these diseases have you been vaccinated yourself?
- 4 If you have not already been vaccinated, for which diseases would you be willing to be vaccinated?
- 5 And for which of these diseases would you have children vaccinated?

| | Q1a | Q1b | Q2 | Q3 | Q4 | Q5 |
|------------------|-----|-----|----|----|----|----|
| Chicken Pox | 1 | 1 | 1 | 1 | 1 | 1 |
| Cholera | 2 | 2 | 2 | 2 | 2 | 2 |
| Covid | 3 | 3 | 3 | 3 | 3 | 3 |
| Ebola | 4 | 4 | 4 | 4 | 4 | 4 |
| HIV | 5 | 5 | 5 | 5 | 5 | 5 |
| HPV | 6 | 6 | 6 | 6 | 6 | 6 |
| Measles | 7 | 7 | 7 | 7 | 7 | 7 |
| Monkey Pox* | 8 | 8 | 8 | 8 | 8 | 8 |
| Mumps | 9 | 9 | 9 | 9 | 9 | 9 |
| Polio | 10 | 10 | 10 | 10 | 10 | 10 |
| Rubella | 11 | 11 | 11 | 11 | 11 | 11 |
| Tuberculosis | 12 | 12 | 12 | 12 | 12 | 12 |
| Yellow Fever | 13 | 13 | 13 | 13 | 13 | 13 |
| Others (specify) | 97 | 97 | 97 | 97 | 97 | 97 |
| None | 98 | 98 | 98 | 98 | 98 | 98 |
| Don't know | 99 | 99 | 99 | 99 | 99 | 99 |

6 In general, how do you feel about vaccinations?

| | |
|----------------------------|----|
| In support | 1 |
| Neither support nor oppose | 2 |
| Oppose | 3 |
| Don't know | 98 |
| Refused | 99 |

7 Why do you generally oppose vaccinations?

| | |
|------------------------------------|----|
| Fear of side effects | 1 |
| Doubts about efficacy of vaccines | 2 |
| Religious objections | 3 |
| Distrust of Western medicine | 4 |
| Belief in natural healing power | 5 |
| Childhood diseases are not serious | 6 |
| Others (specify) | 97 |
| Don't know | 98 |
| Refused | 99 |

* On November 28th 2022, WHO recommended referring to “monkey pox” as “Mpox”; hence, during fieldwork (15th to 21st November), the term monkey pox was still used.

- The poll was conducted telephonically (CATI), using mixed method dialling protocols (RDD + geographically targeted calling).
- Quality Control measures included verification calls and auditing of recorded interviews; Informed Consent was obtained from all respondents.
- Results are nationally representative by province, urbanisation within each province, and gender. The table to the right lists unweighted results. Imbalances were corrected by weighting educational achievement.
- The Universe is Kenyans, aged 18 and above.
- Fieldwork was conducted between 15th and 21st November, 2022.
- The Achieved Sample was **1,014** respondents.
- The Margin of Error is **±3.1%** at 95% Confidence.

Achievement:

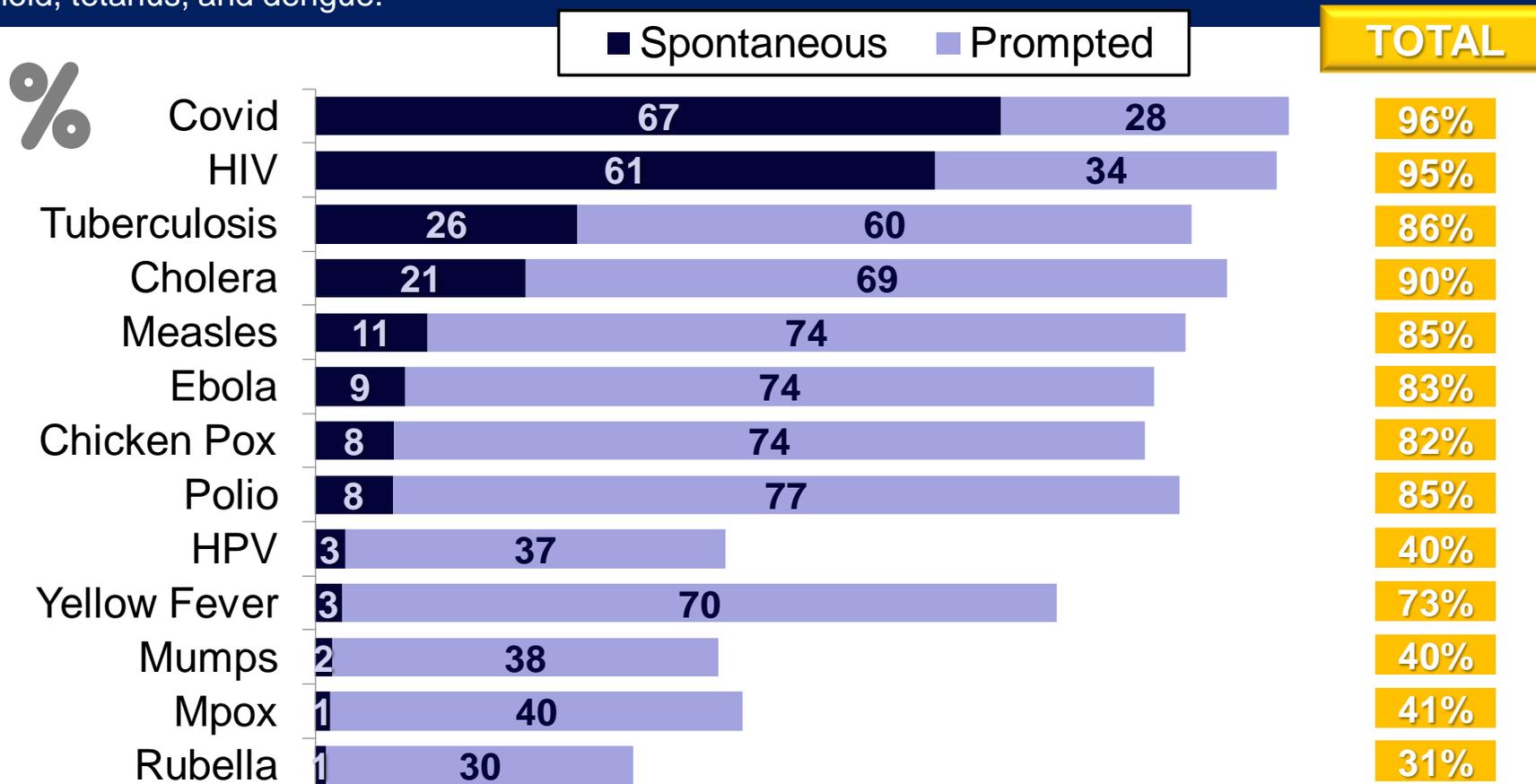
| | |
|---|--------------|
| <input type="checkbox"/> Total: | 1,014 |
| • Nairobi: | 9.1% |
| • Rift Valley: | 26.3% |
| • Central: | 11.0% |
| • Coast: | 10.2% |
| • Eastern: | 14.2% |
| • North-Eastern: | 4.2% |
| • Nyanza: | 14.5% |
| • Western: | 10.5% |
| <input type="checkbox"/> Gender: | |
| • Male: | 49.6% |
| • Female: | 50.4% |
| <input type="checkbox"/> Urbanisation: | |
| • Urban: | 31.0% |
| • Rural: | 69.0% |
| <input type="checkbox"/> CATI Protocols: | |
| • RDD: | 75.7% |
| • Target Dialing: | 24.3% |

Awareness of Common Infectious Diseases

Just 4% of Kenyans could not spontaneously mention any infectious disease. On prompting, this proportion contracted to 1.1%.

On average, respondents spontaneously recalled 2.5 diseases; after prompting, 7.4 different diseases were mentioned.

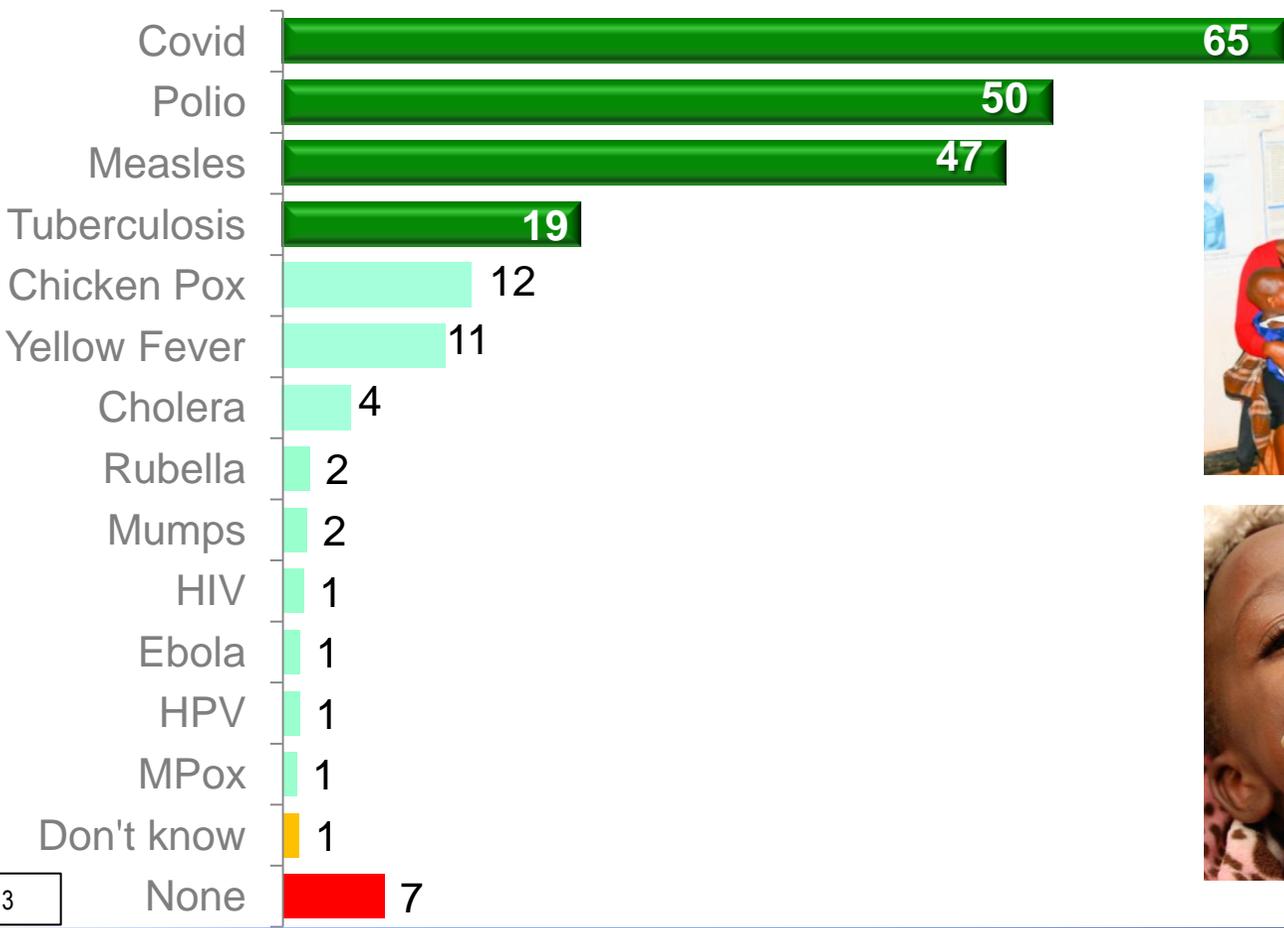
A fifth of respondents (20.1%) proffered names of diseases, which had not been prelisted, ranging from STDs to influenza, typhoid, tetanus, and dengue.



Base: Total Sample (weighted); n=1,013

Personal Vaccination Status

Mention of vaccination status was high, due, no doubt, to the requirement to provide vaccination certificates; 65% of Kenyans claim to have had Covid jabs. Since vaccinations for Polio, Measles (as MMR combination, hence also covering Mumps and Rubella), and Tuberculosis are typically administered to infants, respondents may not even remember they had them. Yellow Fever is endemic in Kenya; the occasional outbreaks are contained with ring vaccinations rather than immunisation of the general population.

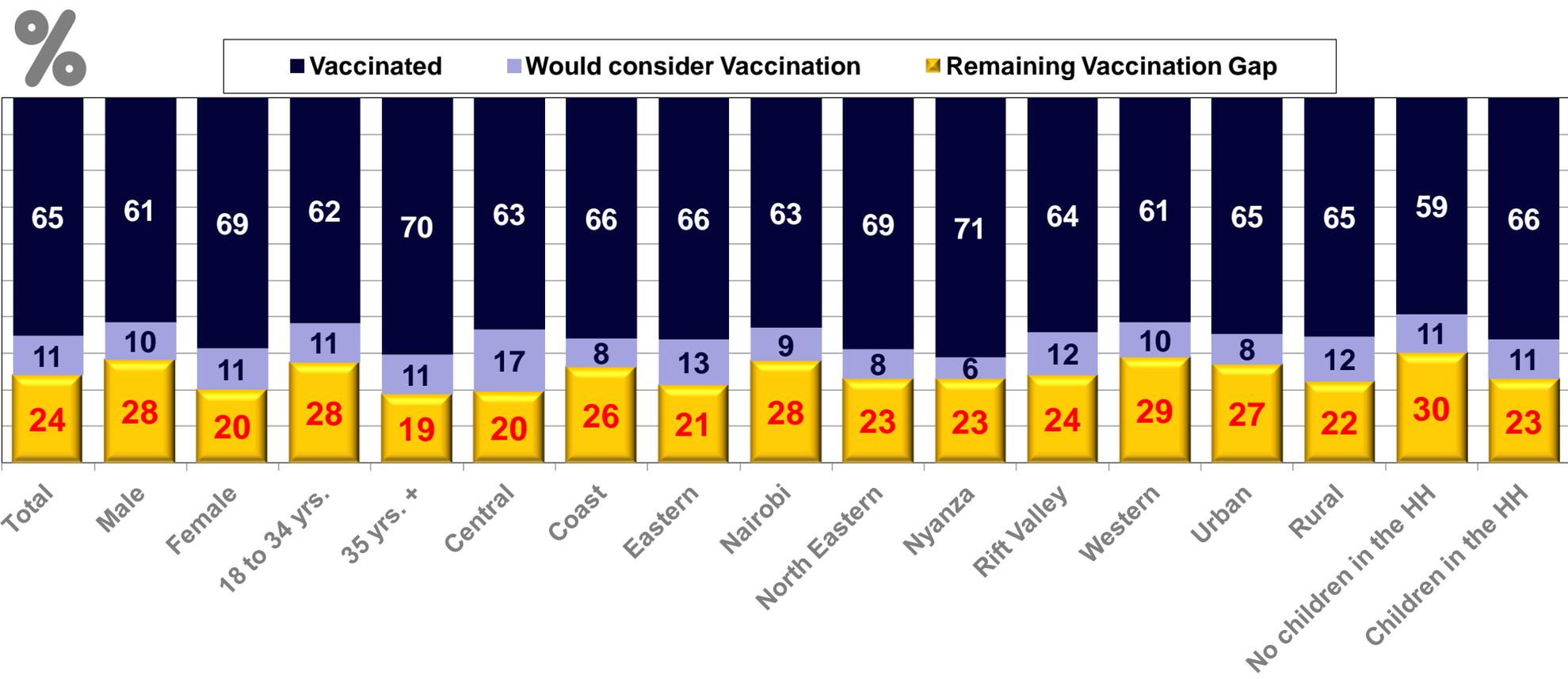


Base: Total Sample (weighted); n=1,013

Vaccination Profile: Covid

65% of adult Kenyans claim to have been immunised against Covid; even when willingness to be vaccinated is added, a substantial gap of 24% remains. Since Proof of Vaccination (via QR Code) was decreed to have been required to even use public transportation (this mandate was rarely enforced), there seems to be substantial over-claim (the official WHO number of 42.08 doses having been administered to every 100 inhabitants in Kenya).*

Personally vaccinated:
65%



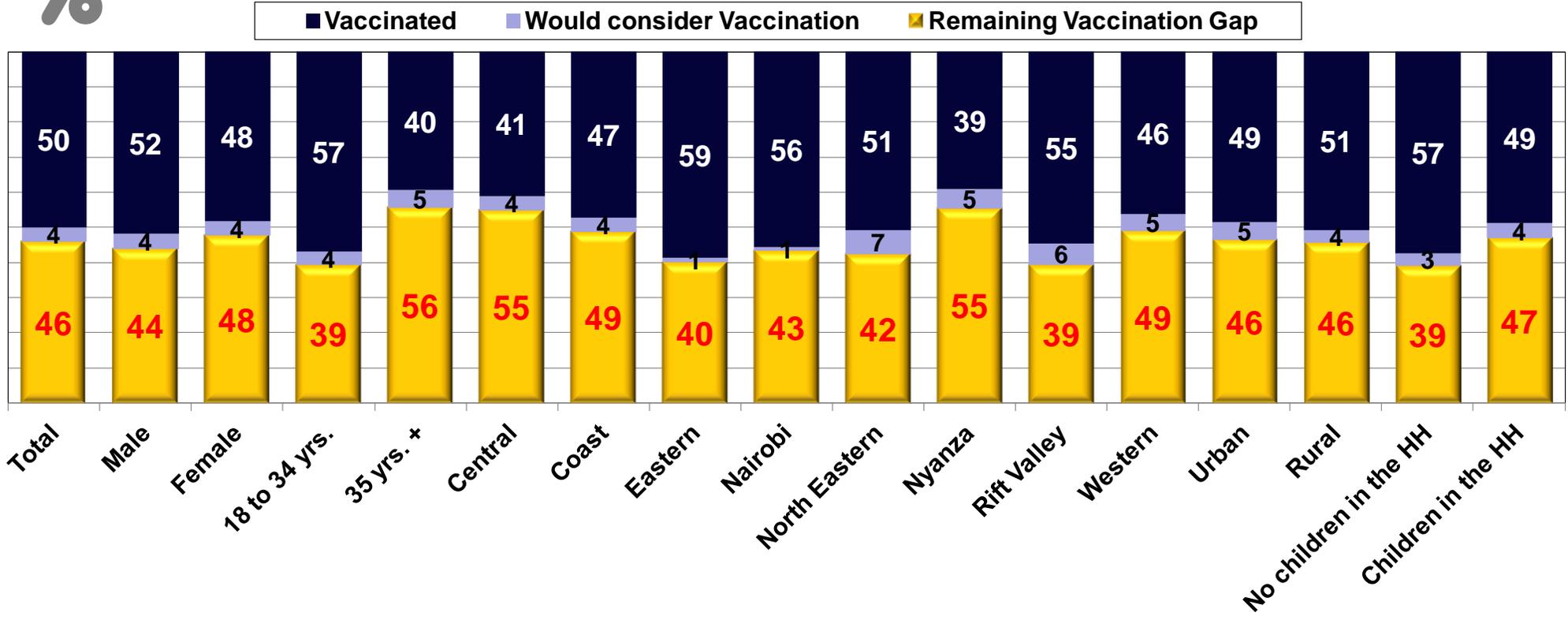
Base: Total Sample (weighted); n=1,013

Source: <https://covid19.who.int/region/afro/country/ke>

Vaccination Profile: Polio

Since 1980, immunization schedules have been implemented in Kenya. Infants are given oral vaccines against polio at birth and monthly for the first three months of life (or as inactivated polio vaccine at the age of 3 months). As a matter of public policy, every Kenyan below the age of 42 should have been immunised. Responses, on the other hand, indicate that adults do not keep their childhood records and do not opt for recommended boosters.

Personally vaccinated:
50%



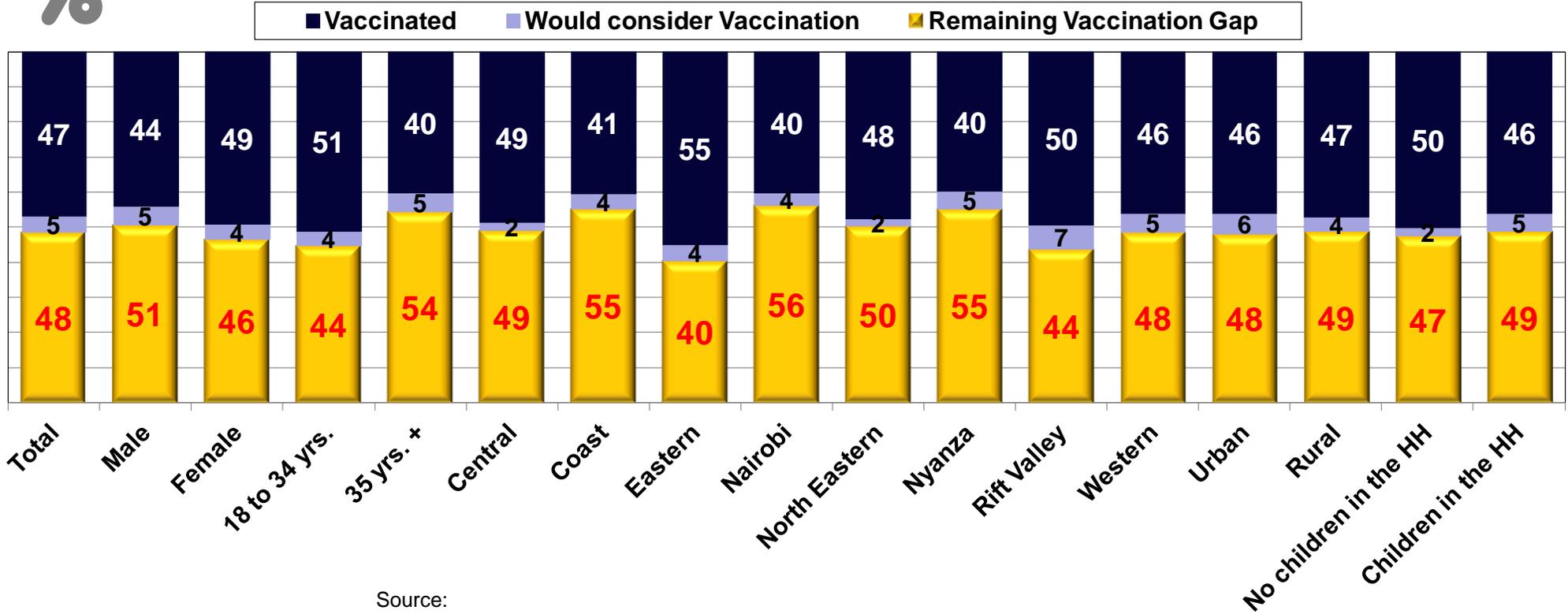
Base: Total Sample (weighted); n=1,013

Source: <https://immunizationdata.who.int/pages/schedule-by-country/ken.html>

Vaccination Profile: Measles

The measles inoculation is first given at the age of 9 months, with the second jab being administered at the age of 18 months. In 2020/2021, at the height of the Covid pandemic, the vaccination programme stalled; and emergency inoculation campaigns needed to be implemented to curb outbreaks. Among adult respondents, the sense of urgency seems limited to confirm their vaccination status.

Personally vaccinated:
47%



Source: <https://www.africaparent.com/immunization-schedule-in-kenya-2020>
<https://www.theguardian.com/global-development/2021/jul/07/kenya-in-rush-to-vaccinate-4m-children-as-measles-cases-surge>

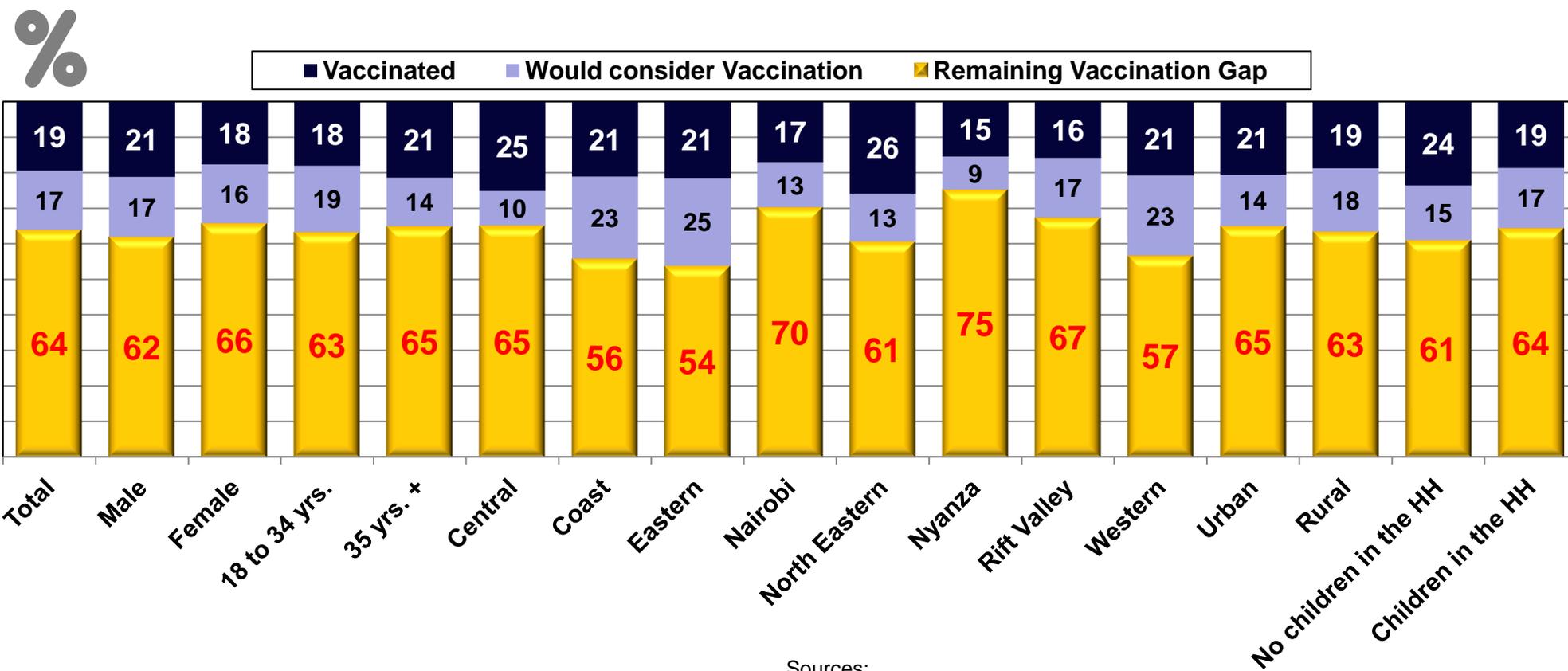
Base: Total Sample (weighted); n=1,013

Vaccination Profile: Tuberculosis

Bacillus Calmette–Guérin (BCG) vaccine is given at birth; UNICEF/WHO estimated coverage at 92% in 2020. In 2020, the incidence of TB stood at 259 cases per 100,000 Kenyans (i.e. 0.259%).

Personally vaccinated:
19%

The low stated readiness to even consider inoculation indicates that TB is not considered a serious risk to health by adult Kenyans.

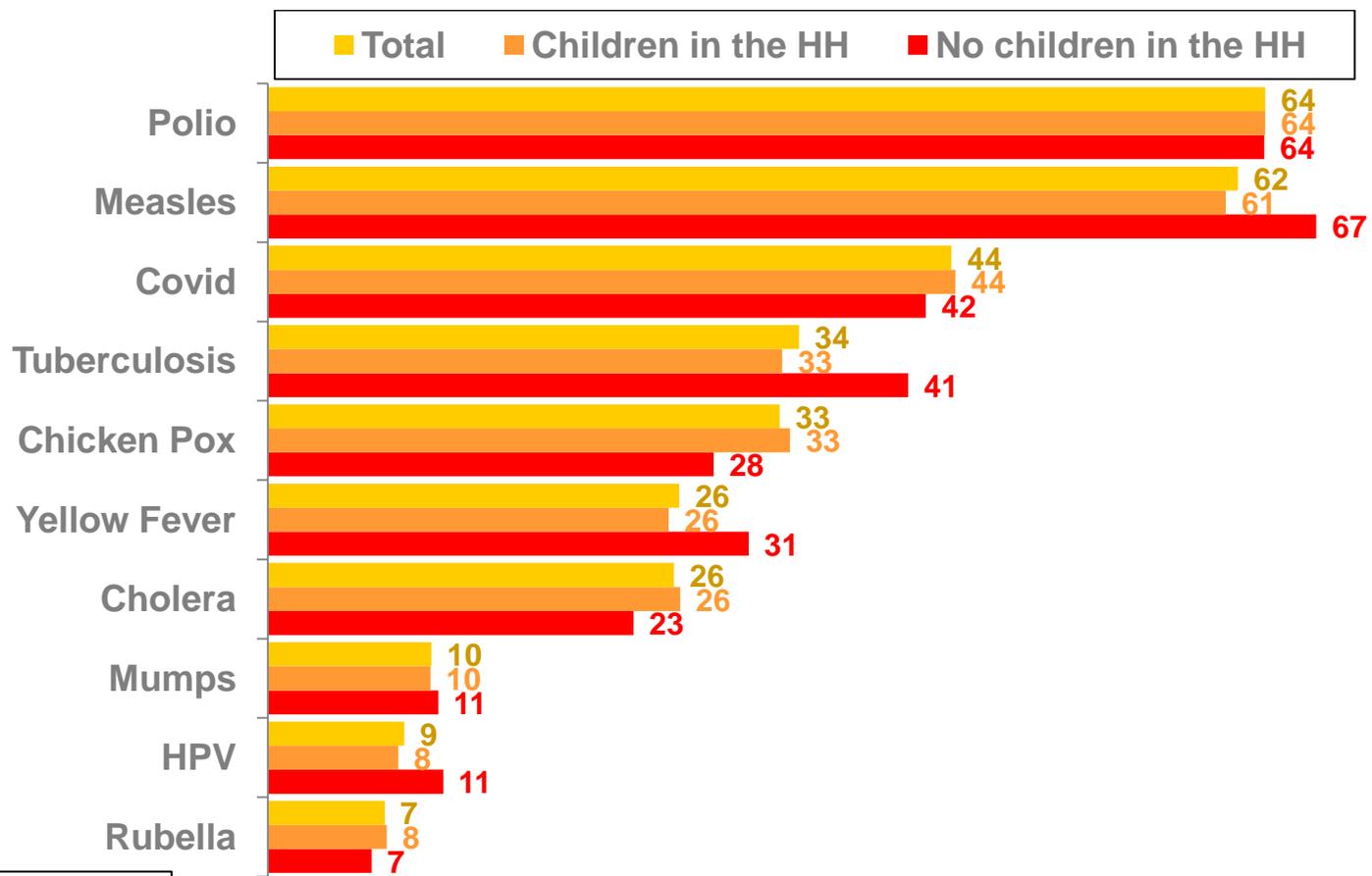


Base: Total Sample (weighted); n=1,013

Sources:
Kenya: WHO and UNICEF estimates of immunization coverage: 2021 revision
<https://data.worldbank.org/indicator/SH.TBS.INCD?locations=KE>

Willingness to vaccinate children mirrors claimed vaccination levels among adults.

Whether or not children are actually present in the household seems not to impact greatly on decisions; in the cases of tuberculosis and measles, stated intent is higher among households with no children.



Base: Total Sample (weighted); n=1,013

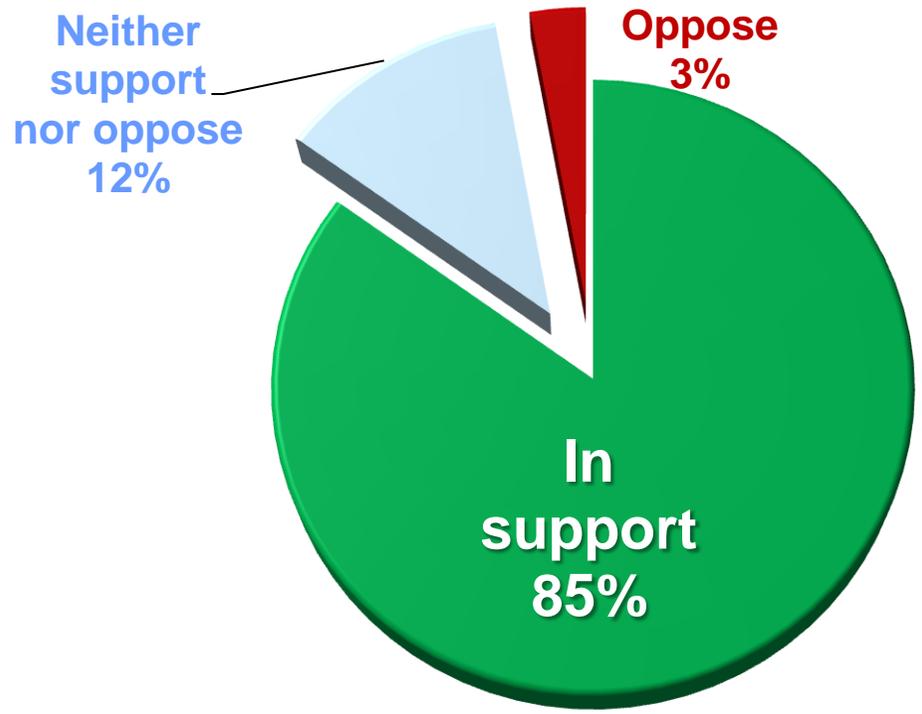
General Attitudes Toward Vaccinations

Among Kenyans, claimed support for vaccinations is high (85%).

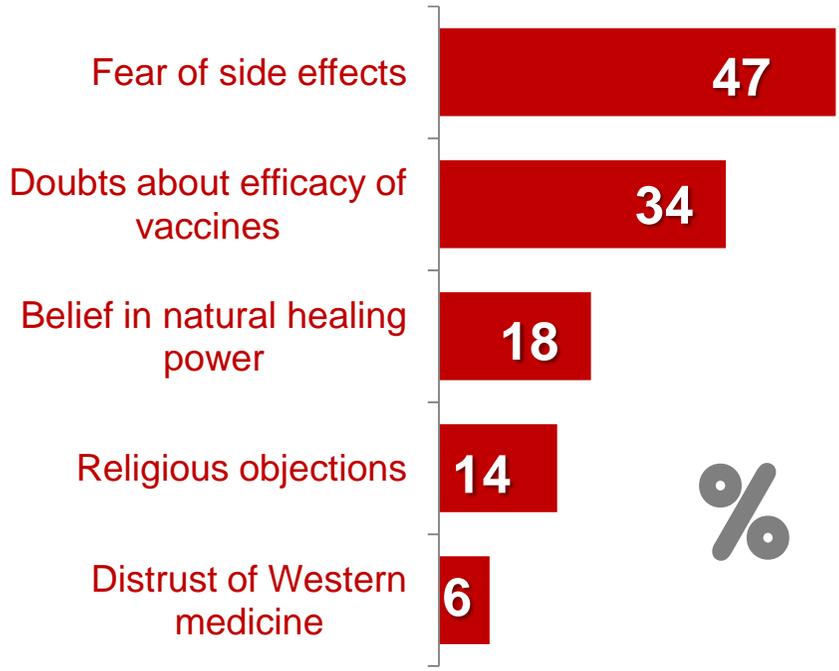
Just 3% oppose vaccinations, mainly on the grounds of them possibly having side effects or that their efficacy isn't sufficiently established. Religious objections are cited by a quarter (14%) of anti-vaxxers.

12% feel indifferent about vaccinations. By reducing the effort at obtaining vaccinations and making the non-standard ones available for free, they might be swayed into accepting them.

ATTITUDE TOWARD VACCINATIONS



REASONS FOR OPPOSING VACCINATIONS



Base: Total Sample (weighted); n=1,013

Base: Those opposing;; n=29

- Kenya saw the first national vaccination programme in the early 70s, covering smallpox, polio, yellow fever, and measles; vaccinations occurred on an ad-hoc basis through primary schools and major public health care institutions.
- In 1980, the Kenya Expanded Programme on Immunization (KEPI) was implemented by the Ministry of Health*. Vaccinations are a part of routine post-natal care and are provided free of charge.
- Among adult Kenyans, awareness of a wide range of infectious diseases is high, with just 1% being unable to name a single one even after being prompted.
- However, asking Kenyan respondents about their vaccination status results in a paradoxical situation: on the surface, anti-vaccination sentiment appears low to almost non-existent. Just 3% declare their opposition to vaccination, with a further 12% claiming to be indifferent.
- Survey data, on the other hand, imply that a more realistic estimate of vaccine hesitancy should be in the range of **30% to 35%**.

* Source: <http://e-cavi.com/wp-content/uploads/2014/11/KENYA-NATIONAL-POLICY-ON-IMMUNIZATION-2013.pdf>

- Just 10.9% of our respondents were born before 1970. Thus, the majority would have benefited from the Ministry of Health's vaccination strategy to cover 80% and above within each age cohort with immunity to the most dangerous childhood diseases.
- Self-reported vaccination status, except for Covid, however, come in well below expected levels. Which ignorance of childhood vaccinations may be partly to blame for this shortfall, the levels of reluctance to have children vaccinated make a convincing, albeit circumstantial argument that levels of vaccine hesitancy are higher than Kenyans like to admit.
- Anti-vaccine sentiments are frequently furthered by coalitions of faith-based organisations, not just in Kenya; and frequently have to be counteracted by innovative messaging at the grassroots level.
- These messaging campaigns, which usually are not fully documented, may follow strategies to convince women to adopt family planning methods in opposition to their husbands' objections.



Margit Cleveland,
Managing Director
(Infinite Insight, Kenya)



For more than 35 years, Margit has worked in markets as diverse as Germany, USA, and Sub-Saharan Africa.

Margit is a member of ESOMAR, MSRA, PAMRO (founder member) and WAPOR. From January 2013 to December 2016, Margit was the ESOMAR representative for Kenya; from January 2020 to December 2021, she was the WAPOR representative in the country.

Jean-Jacques Moolman
Managing Director
(Infinite Insight, South Africa)



Jean is based in South Africa; with more than 20 years research experience on the continent, mostly working with global clients such as Bill and Melinda Gates Foundation and particularly large international agencies. He worked for 11 years at Ask Afrika as Global Accounts Executive. Previously he was at Synovate (now Ipsos) for 6 years and another 6-year media research background in data analytics and reporting. Jean has worked on hundreds of research projects across more than 30 countries.

He has post-graduate degrees in both psychology and sociology.

Althea McCourt
Director
(Infinite Insight, Kenya)



Prior to joining Infinite Insight, Althea was the Operations Director at Research Solutions. She has over 20 years experience in management consultancy.

Althea holds an MBA – IT (University of Leicester), and a BA (Hons) in Business Studies (University of North London). She is a Member (KIM), Marketing and Social Research Association (MSRA), SAMRA, ESOMAR, and Kenya Institute of Management. In 2017, Althea was the chair person of MSRA.

Anne Mambo
Partner (DRC)



Anne has vast experience covering 20 years in multi-national corporations. She held various leadership roles including Managing Director, British American Tobacco Distribution, based in Kinshasa and Sales and Marketing Director, Diageo in both Cameroon and Kenya.

Anne studied at the University of Nairobi and Strathclyde University in Scotland. Anne is fully proficient in English, French and Kiswahili and conversational Lingala.

Yemi Oniyitan
Managing Director
(Consumer Ideas, Nigeria)



Yemi is an experienced market researcher with more than 20 years of experience in the industry, straddling both agency and client side as well as local and international markets. He has vast experience in social, services, media and FMCG studies.

A graduate of political science (BSc.), Yemi is well tuned-in to the socio-cultural and political interplay in consumer and public behaviour.

Naftali Waburi
Research Director , quantitative
(Infinite Insight, Kenya)



Naftali started in market research in 2002. Naftali has handled projects in almost all the markets within the Eastern Africa Region. Naftali holds a MBA Strategic Management and an BBA in Marketing

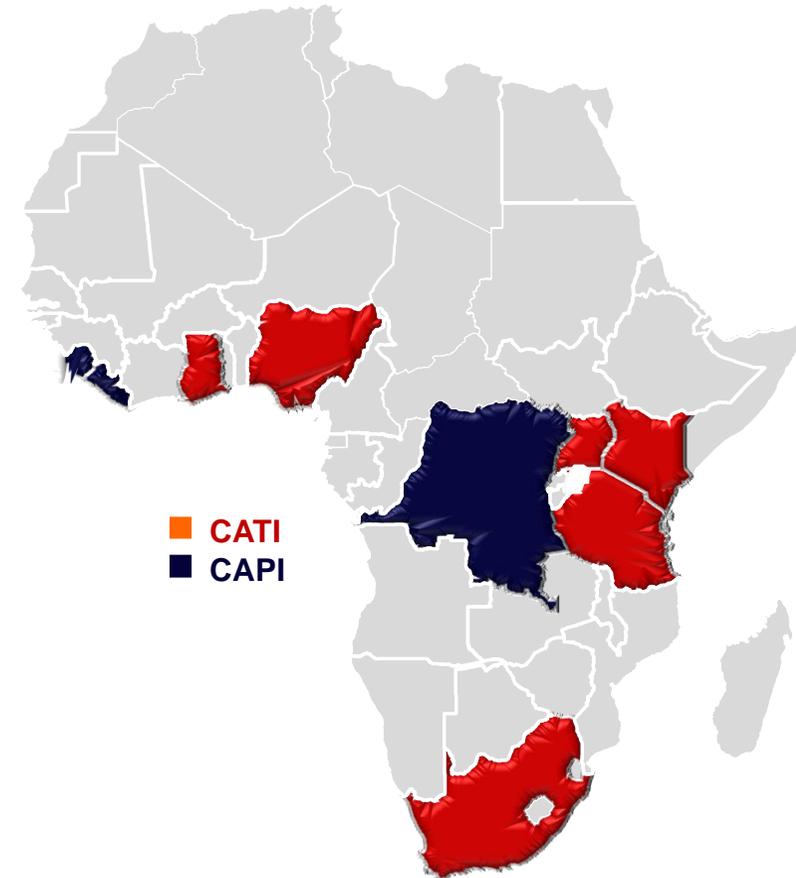
Maryann Murugi
Finance & General Manager
(Infinite Insight, Kenya)



Maryann has over eight years experience in financial monitoring and analysis of financial reports.

She is a certified Public accountant and has a Bachelor's of Commerce degree from University of Nairobi. She is also a member of ICPAK and MSRA

- We have launched a series of quantitative and qualitative syndicated services:
 - **Omnibus and Taxis:**
 - **CATI:** Kenya, Tanzania, Uganda, Nigeria, Ghana, and South Africa
 - **CAPI:** Democratic Republic of Congo (DRC), Liberia, and Sierra Leone
 - **Focus Groups and Online Communities:**
 - Initially available in Kenya, Nigeria, and South Africa
- The brochure, including rate cards, can be downloaded at:



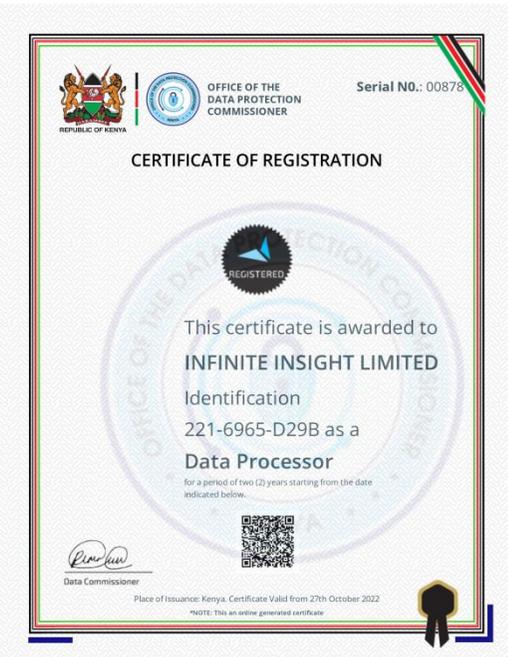
https://infiniteinsight.net/II&CI_Syndicated_Research_Brochure.pdf

Ad-Hoc Coverage & Clients



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