

South Africa

Sally Frampton, University of Oxford, Oxford, UK
Janet Seeley, London School of Hygiene and Tropical Medicine, London, UK
Kingsley Orievulu, Africa Health Research Institute
Philippa C. Matthews, The Francis Crick Institute, London, UK
Joshua Horder, University of Oxford, Oxford, UK

Infecting Minds? The past, present and future of vaccine hesitancy in South Africa

Study Documentation

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Infecting Minds? The past, present and future of vaccine hesitancy in South Africa

Overview	
Identification	AHRI.InfectingMinds.VaccineHesitancy.2022.v1
Version	v1.0.0
Abstract	
<p>In 2019 the World Health Organisation listed vaccine hesitancy as one of the top ten threats to global health. In the midst of 2020/21s global Covid-19 pandemic, from which vaccination may be a fundamental exit strategy, vaccine hesitancy re-emerged at the forefront of public health. Vaccine hesitancy is a complex interplay of beliefs and behaviour, underpinned by historical events, diverse cultural, political, and religious perspectives and media representation, as well as practical issues such as accessibility to vaccines and limited resources for communication strategies. The Infecting Minds study investigated population beliefs, perceptions, and behaviours towards vaccines (and vaccination) in the KwaZulu-Natal province. To achieve this aim, the study is set around three major objectives: (1) To investigate the historical backdrop to vaccination and vaccine hesitancy in South Africa; (2) To understand the beliefs, behaviours, and acceptance of vaccines in urban and rural communities in KwaZulu-Natal; and (3) To identify implications and recommendations for health care policy and practice. The study focused on vaccines in general but also sought to understand how people experienced, perceived, and engaged the Hepatitis B vaccines (HBV), Tuberculosis vaccine (TBV), Measles (MMR) vaccines. The study population included ONLY adults (aged 18 and above) willing to share their opinions about vaccines. This included ordinary citizens, traditional leaders, traditional healers, and healthcare practitioners, including nurses. Data collection (qualitative interviews from 17 May to 21 October 2022) was conducted in IsiZulu, covering topics centred on the social context of vaccine perception and engagement, including: the religious and cultural context to vaccine uptake and vaccine hesitancy; specific cultural framings of vaccine uptake and vaccine hesitancy; participants' response to: incentives for vaccination, or penalties for not vaccinating; and to public education campaigns; the impact of/knowledge of the global circulation of anti-vaccination claims; dissemination of vaccination campaigns in urban and rural sites; how the results can inform recommendations for healthcare practice and policy, as well as effectively engage public audiences; and learning for current Covid-19 vaccine trials/roll out.</p>	
Kind of Data	Qualitative data drawn from interviews
Unit of Analysis	The unit of analysis here is the individual study participant.

Scope & Coverage	
Keywords	COVID-19, Public Engagement, Vaccine Confidence, Vaccine Hesitancy, South Africa
Topics	Vaccine Hesitancy
Time Period(s)	2022
Countries	South Africa
Geographic Coverage	
South Africa; Southern Africa; Sub-Saharan Africa	
Universe	
Adult Population	

Producers & Sponsors	
Primary Investigator(s)	Sally Frampton, University of Oxford, Oxford, UK Janet Seeley, London School of Hygiene and Tropical Medicine, London, UK Kingsley Orievulu, Africa Health Research Institute Philippa C. Matthews, The Francis Crick Institute, London, UK Joshua Hordern, University of Oxford, Oxford, UK
Other Producer(s)	Africa Health Research Institute (AHRI)

Funding Agency/ies	Wellcome Institutional Strategic Support Fund (ISSF) , Project Funder Wellcome [Strategic Core award] for AHRI , Core Funder for AHRI
Other Acknowledgment(s)	Nondumiso Mpanza , Research Assistant , AHRI Thabisile Mjilo , Research Assistant , AHRI Samukelisiwe Nxumalo , Research Assistant , AHRI Anita Edwards , Head of Department , AHRI Khethokuhle Nkosi , Study Coordinator , AHRI Thabo Vumase , Administrator , AHRI

Sampling
Sampling Procedure Purposive Sampling

Data Collection
Data Collection Dates start 2022-05-17 end 2022-10-21

Data Processing & Appraisal
Data Editing The face-to-face interviews were audio recorded, while the telephonic interviews were conducted using a Management Studio tool to record interviews and call centre earphones that eliminated sounds. Interviews were then transcribed and translated into English. Data was coded collaboratively using NVivo 12 Pro. This study was approved by the Biomedical Research Ethics Committee (BREC) of the University of KwaZulu-Natal, South Africa (BREC Ref: BREC/00003409/2021), and the Oxford Tropical Research Ethics Committee (OxTREC Reference: 520-21).

Accessibility
Access Conditions Access to the data requires accurate completion of the online data access application form accessible on the AHRI Data repository(< https://data.ahri.org/ >). Data users are required to abide by the data use conditions stipulated on the application for access to the data. Failure to do so may result in their data access privileges being revoked by the Data Custodian. In order to recognise the effort and intellectual contributions of AHRI investigators in producing and curating the data, users of AHRI data must acknowledge the source of the data and abide by the terms and conditions under which the data is accessed and must cite the dataset in publication using the citation provided as part of this documentation. All analytical datasets published on the AHRI Data Repository are assigned digital object identifier (DOIs) and the DOIs can be found on the Data Repository under Study Description tab - Access policy. AHRI data users are required to always cite the dataset using the relevant DOI.
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Files Description

Dataset contains 0 file(s)

Variables List

Dataset contains 0 variable(s)