

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

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Identification

SURVEY ID NUMBER

AHRI.InfectingMinds.VaccineHesitancy.2022.v1

TITLE

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

COUNTRY

Name	Country code
South Africa	ZA

ABSTRACT

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.

KIND OF DATA

Qualitative data drawn from interviews

UNIT OF ANALYSIS

The unit of analysis here is the individual study participant.

Version

VERSION DESCRIPTION

v1.0.0

Scope

TOPICS

Topic	Vocabulary	URI
Vaccine Hesitancy	Africa Health Research Institute	www.ahri.org

KEYWORDS

Keyword	Vocabulary	URI
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COVID-19, Public Engagement, Vaccine Confidence, Vaccine Hesitancy, South Africa	Africa Health Research Institute	www.ahri.org
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Coverage

GEOGRAPHIC COVERAGE

South Africa; Southern Africa; Sub-Saharan Africa

UNIVERSE

Adult Population

Producers and sponsors

PRIMARY INVESTIGATORS

Name	Affiliation
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PRODUCERS

Name	Abbreviation
Africa Health Research Institute	AHRI

FUNDING AGENCY/SPONSOR

Name	Abbreviation	Role
Wellcome Institutional Strategic Support Fund	ISSF	Project Funder
Wellcome [Strategic Core award] for AHRI		Core Funder for AHRI

OTHER IDENTIFICATIONS/ACKNOWLEDGMENTS

Name	Affiliation	Role
Nondumiso Mpanza	AHRI	Research Assistant
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Khethokuhle Nkosi	AHRI	Study Coordinator
Thabo Vumase	AHRI	Administrator

Sampling

SAMPLING PROCEDURE

Purposive Sampling

Data collection

DATES OF DATA COLLECTION

Start	End
2022-05-17	2022-10-21

Data Processing

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).

Access policy

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.

CITATION REQUIREMENTS

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Metadata production

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PRODUCERS

Name	Abbreviation
Africa Health Research Institute	AHRI

Data Dictionary

Data file	Cases	Variables
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Technical documents

DDI:Infecting Minds

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