

2nd Bulletin, March 2022

Diversity Impact on Vaccine Equity (DIVE) in Pakistan



Overview

This is the second bulletin of the research, conducted by Bytes for All (B4A) and Minority Rights Group (MRG), with the aim of tracking and understanding online sharing across diverse ethnic, religious and linguistic communities about Covid-19 vaccine confidence, uptake and access in Pakistan. For this purpose, social media monitoring software tools (e.g., CrowdTangle) were used to capture and analyse content shared online about Covid-19 vaccines.

Due to partial penetration of social media use among some poor/remote communities, the social media data is triangulated. For data triangulation, B4A has collected on-the-ground data from different areas of Pakistan, about vaccine access uptake, fears and confidence among religious minority groups, through a network of citizen journalists.

Methodology

The data sources for this research are Facebook comments (n=424), journalistic articles (n=12), a video story based on the in-person interviews, and a survey of minority communities from various cities of Pakistan.

Interviews were conducted in Islamabad, Rawalpindi, Multan, Lahore, Sargodha, Faisalabad, Peshawar, Rabwah, Quetta, while a survey was conducted in Sanghar, Mirpurkhas, Umarkot and Tharparkar. These locations were selected for a number of reasons: 1) to include all provinces of Pakistan; 2) to ensure urban and rural areas both were included; 3) to focus on locations with larger minority populations. The interviews were conducted with members of minority communities: Hindus (164), Christians (16), Sikhs (9), Shia Muslims (3), Ahmaddiya (6), Hazara (4) and transgender (6), with Hindu constituting 81 per cent of those interviewed, with the rest making up to 8 per cent (Christians) and lower. Therefore, these data cannot be considered representative of all ethno-religious minorities in Pakistan, but rather indicate common trends among the communities surveyed.

A total of 213 comments were selected from the on-ground data from interviews and a survey. These comments included voices of local community and religious representatives, researchers and ordinary residents of these communities (154 men, 50 women, 6 transgender people). Of those 213, 202 could be identified as members of minority communities.

It is important to note that representatives of the communities, religious leaders and researchers, who were interviewed, usually spoke on behalf of the community and provided observations, hence analysis of their comments is not based on their personal opinions per se, but on their observations.

Due to various limitations, such as lack of access to internet among minority communities, who often reside in remote location in Pakistan, the Facebook data analysed mainly represents the views of the Sunni Muslim population (96 per cent), later referred as majority community.

Sunni Muslims represents a majority community in Pakistan, however, there are other Muslim communities, such as Shia and Ahmadiyya that are members of Muslim minorities^[1], among other minority communities. Thus, some comments identified as from Muslim social media users do not necessarily mean coming from Sunni Muslim. There is a possibility that those identified as majority Muslim may belong to a minority Muslim community, however, given the limitation of social media this information may not be clarified.

The data generated from the interviews, the survey and the Facebook comments were analysed with respect to their sentiments on: (1) Covid-19 vaccine confidence, (2) reservations towards the vaccine, (3) access to vaccines, and (4) distrust in government authorities regarding the administration and dissemination of information related to the vaccine.

[1] Shia community is yet Muslim but can come under sectarian minorities, however, Ahmadi community call themselves to be recognized as Muslim, but Constitution and populace of Muslim community doesn't recognize them as Muslims.

Key Findings

1. Data from both social media and journalistic articles reveal that the majority (mainstream Muslim) population and minority communities have high confidence in Covid-19 vaccines, although interview data suggests that minority communities have significantly higher levels of confidence in vaccines than the majority population (64 per cent of minority interviewees reported this versus 38 per cent in the social media data by majority social media users).

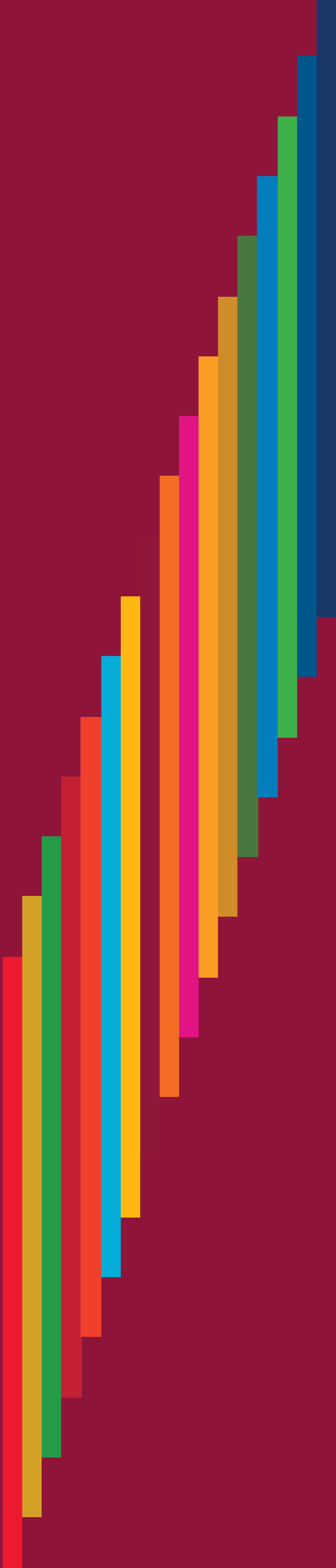
2. A major reservation in both groups was ‘doubt over vaccine safety’ (25 per cent minority communities and 14.3 per cent majority).

3. Other concerns were infrequent among minority communities, but were quite common among majority communities, such as ‘doubt over vaccine efficacy’ (11 per cent), ‘conspiracy related fears’(12 per cent) and ‘religious reasons’ (8 per cent).

4. Nevertheless, many interviewees reported having been victims of misinformation regarding vaccines in the early stages of vaccine roll out, such as rumours that the vaccine caused death after two years, affected sexual function, or was a method of surveillance as part of a foreign agenda or conspiracy.

5. Based on social media findings, distrust of authorities among majority community is quite high (58 per cent of comments could be assessed as revealing trust or distrust and of these 77 per cent contained content indicating significant distrust in authorities). When interviewed, more than half of those from minority communities indicated that tackling misinformation and rumors happened with the help of local community leaders who encouraged them to get vaccinated.

6. A significant finding of the interviews that was not reflected in the social media data was that most people from minority communities opted to vaccinate due to economic hardships (linked to work requirements for vaccinations) and government pressures.



Level of Vaccine Confidence

Twice as many minority members in interviews indicated high confidence level in vaccines (64 per cent), whereas the proportion of the majority community commenting on social media was only 38 per cent. On the other hand, those indicating no confidence were closer but still much lower among minority communities (24 per cent versus 36 per cent) (Figures 1 and 2).

Notably, many interviewees from minority communities reported that they opted to vaccinate due to economic hardships and government pressures, and many members of ethno-religious minorities did not have the option to work from home, so in a way they were forced to choose vaccination. Yet, as mentioned in the first bulletin, women who are housewives did not face the same external pressure to get vaccinated because they don't leave their house as often.[2] The fact that the majority of those interviewed were men, with this economic factor at play, partially explains the high level of confidence in vaccines among minority communities.

Relevant Qualitative Findings

'People had been spreading all sorts of news about the grave side effects of the vaccine and I got sick for two days after receiving the first dose. After getting fully vaccinated, all my fears and uncertainties were proven wrong and now I encourage everyone in my circle and family to get vaccinated.'
-Hazara community member from Quetta

'I also encountered misleading information; however, I disregarded these rumors and preferred to receive vaccine.'
-Hazara community member from Quetta

'He is right this all has a purpose first they will inject then they are going to collapse economies and then war be ready ... what's coming is all planned.'
-Muslim Facebook user

'Some people are becoming zombies. and some people are having Characteristics of homosexual that's true my cousin vaccinated and tried to cling to me frequently.'
-Muslim Facebook user

بیس کرو مزید یہودی سازشوں کا ساتھ مت اگر آپ مسلمان ہیں تو اسلامی احکامات پر عمل کرو موت اپنے وقت پر آئے گا موت سے فرعون بچ نہ سکا آپ کس کو بچائیں گے اللہ کے مخلوق کو اپنے حال پر چھوڑ دو
Translation: Stop it. Don't support Jewish conspiracies. If you are a Muslim, follow Islamic orders. Death will come at its time. Pharaoh could not escape death. Whom will you save? Leave the creatures Allah on their own.
-Muslim Facebook user

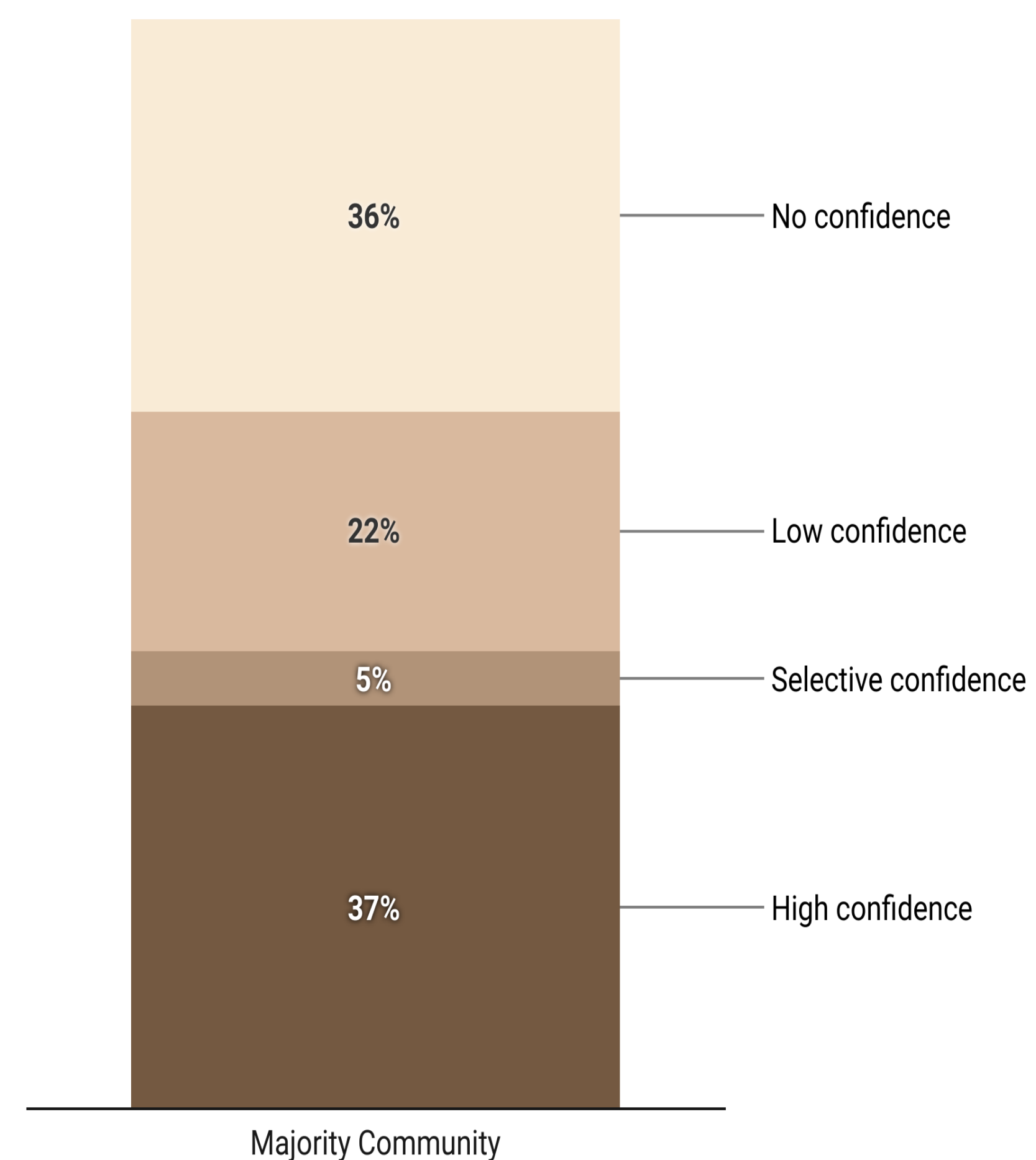


Figure 1: Vaccine confidence among social media users [3]

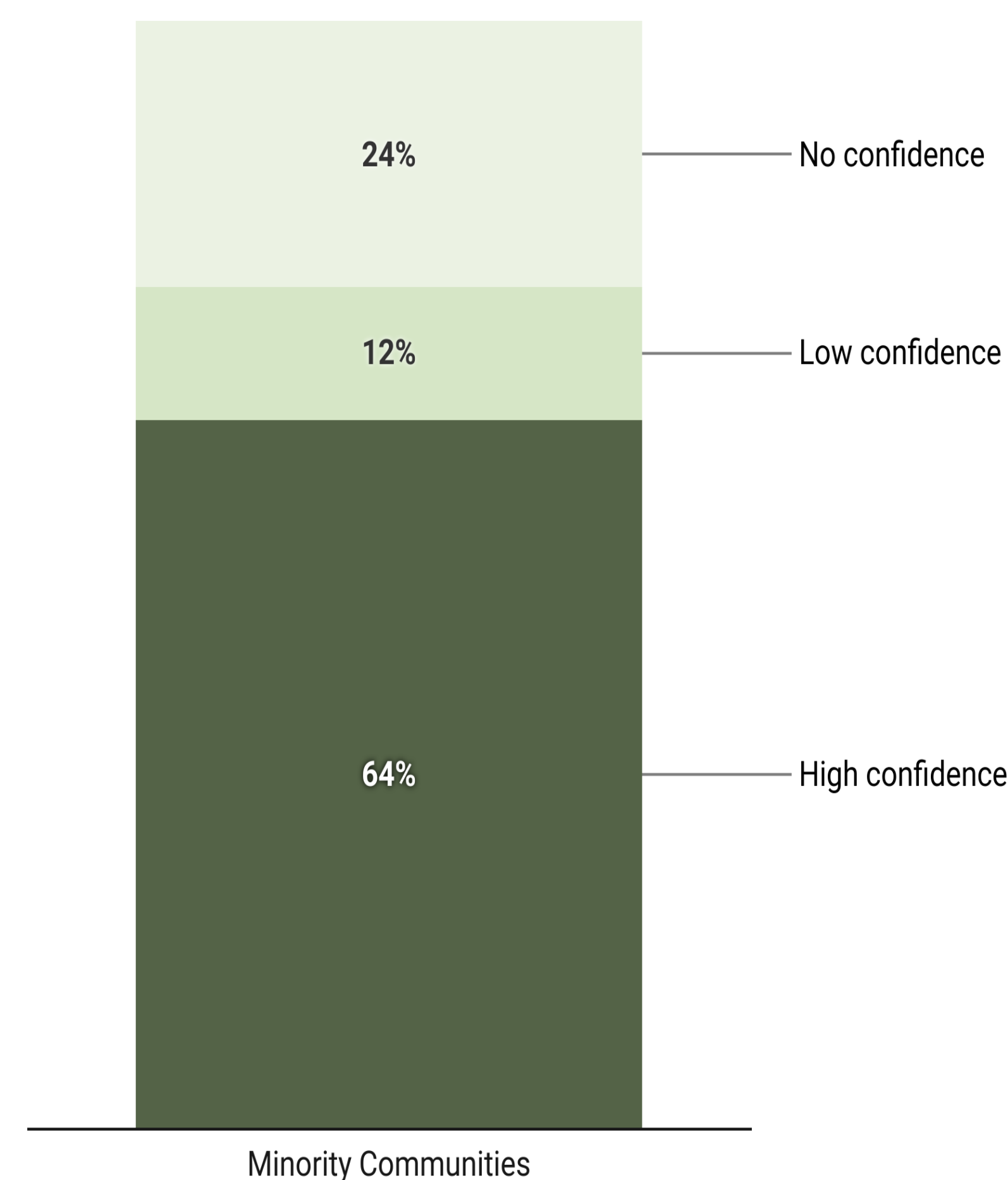


Figure 2: Vaccine confidence among interviewed minority communities

[2] In Pakistan, proof of vaccination such as vaccination certificates are a mandatory pre-requisite to visit public places.

[3] Of 424 conversations, only 93.4% were about vaccine confidence

Reservation towards vaccines

Of those social media conversations collected, over 93 per cent were about reservations towards vaccines and from interview conversations the portions of conversations dedicated to reservations were 95.6 per cent.

Although a major concern about vaccines in both data was ‘doubt over vaccine safety’, the proportion among majority and minority communities varied. The first group had almost equal distribution of various reservations, with ‘doubt over vaccine safety’ dominating conversations, followed by ‘conspiracy related fears’, ‘doubt over vaccines efficacy and ‘religious reasons’. Other include: ‘prefer traditional medicine’, ‘trust in natural immunity’, and ‘don't want to be forced to vaccinate’ (Figure 3).

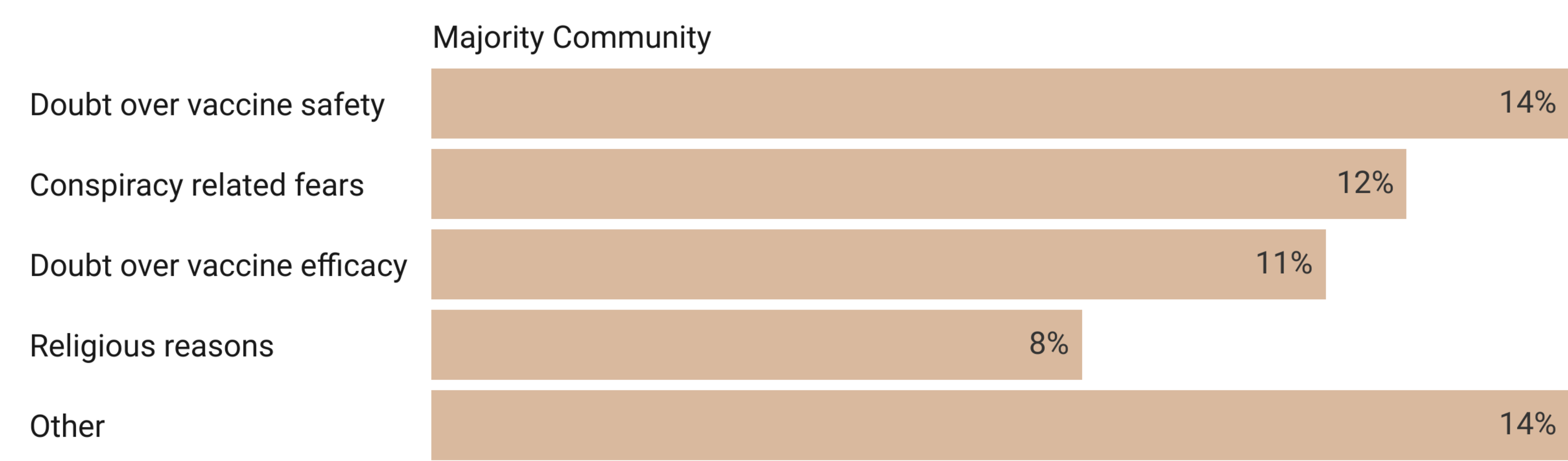


Figure 3: Reservations of social media users towards Covid-19 vaccines

Among minority communities, 66 per cent of conversations did not indicate any reservations, corresponding to high confidence level in vaccines. The rest of the conversations concerned ‘doubt over vaccine safety’. ‘Doubt over vaccine efficacy’ received very low traction, and ‘religious reasons’ were not mentioned as reservations (Figure 4).

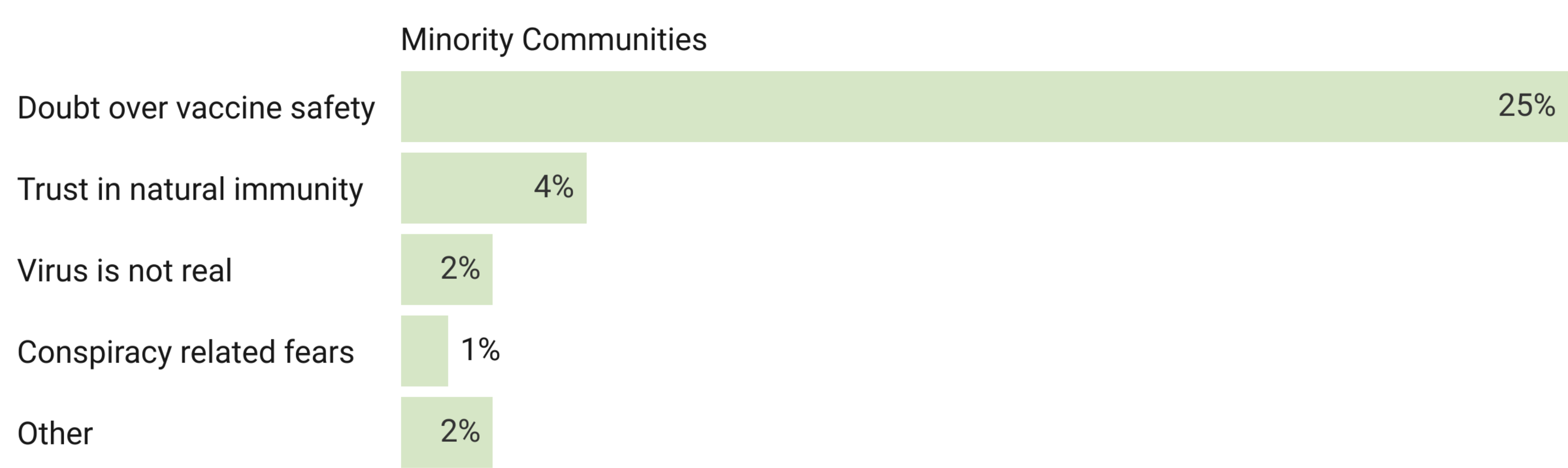


Figure 4: Reservations towards Covid-19 vaccines among minority communities

Relevant Qualitative Findings

‘Any of covid-19 vaccine causes infertility?? Some of my doctor colleagues don't get vaccine for this reason.’
-Muslim Facebook user

‘Sindh Government is fascist. They are forcing people to get vaccinated. They are only making our doubts reality.’
-Muslim Facebook user

ویکسین کی مختلف اقسام ملک میں لانے کا مقصد دال میں کچھ کالا ... مختلف لوگوں کو مختلف مقاصد کیلئے ویکسین لگائے جائے گے۔۔۔ مگر بچانے والا صرف ایک اللہ
Translation: Bringing different types of vaccines into the country means that there is something suspicious. Different people will be vaccinated for different purposes. But the only savior is Allah.
-Muslim Facebook user

Reservation towards vaccines (cont'd)

Some of the members of minority communities expressed concerns about the vaccines’ impact on health: they were fearful about the side effects of the vaccines. Many revealed that they have been victims of misinformation regarding vaccines, such as rumours that the vaccine caused death after two years, affected sexual functioning, or it was a method for surveillance as part of a foreign agenda or conspiracy.

The findings from Facebook data also confirm that a lot of misinformation and fake news about the vaccines was circulating on social media.

In interviews, many people talked about misinformation and rumours that they dealt with initially, but they also mentioned that their local community leaders helped them counter these rumors and misinformation and encouraged them to get vaccinated.

Relevant Qualitative Findings

‘Initially on Facebook, YouTube and other social media we saw that everyone getting vaccinated will die in two years. It took me 4-5 months to make up my mind, and so far haven't received any infection or other side effects. We haven't seen any incident where religion became base for discrimination.’
-45-year-old Hindu man from Rawalpindi

Access to vaccines

Only 60 per cent of conversations in social media could be assessed in relation to access or issues around access to vaccination. Out of those that could be assessed, nearly 60 per cent of social media users indicated that they did not face any issues with access. A very similar trend was found on the data collected from interviews, where over 92 per cent indicated no problem with access to vaccines.

Unlike interview conversations, social media data also revealed that in some cases social media users could not access second dose of vaccines (16 per cent).

Minority communities had their own particular issues with access to vaccination. For example, transgender people faced several gender discrimination issues while trying to get vaccinated. In particular, they had to hide their identity while visiting vaccination centers in an attempt to avoid being ridiculed by people. There wasn’t a separate line for trans people so they either had to queue up in a line for men or for women; however, unfortunately neither men and nor women were comfortable standing with transgender people.

It's important to note that members of both minority and majority communities mentioned similar issues with access to vaccines, such as administrative issues (9 per cent among majority community from social media and 5 per cent among minority communities), and difficulty accessing vaccines in the area or vaccine centers being located far away (7 per cent versus 2 per cent respectively).

Access to vaccines (cont'd)

Supplementary information from interviews suggests that these difficulties impacted particularly female and elderly minority community members, although in many interviews it was noted that such issues has been resolved with the help of local community leaders (Figures 5[4] and 6).

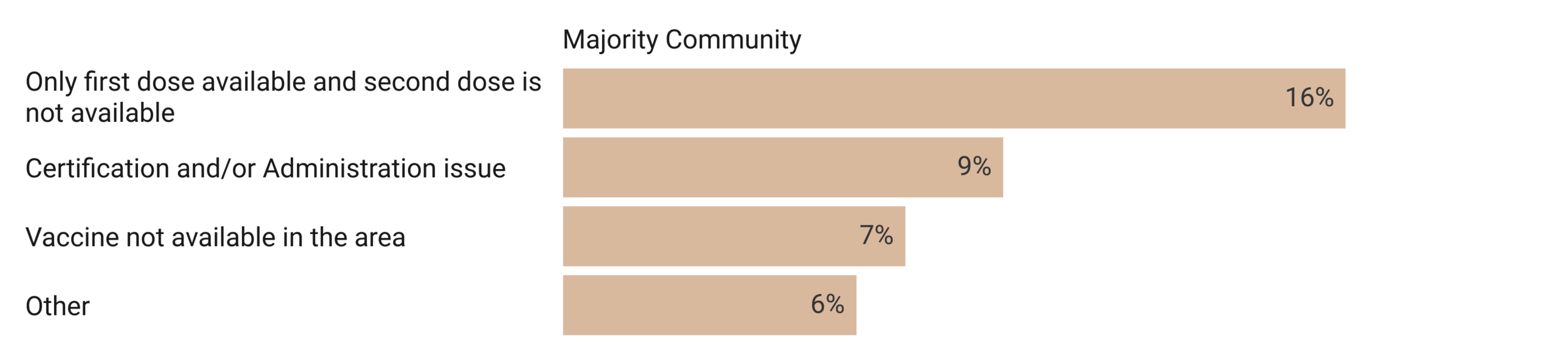


Figure 5: Access to vaccines of social media user

Such community leaders' actions, as well as their active engagement in tackling misinformation on vaccines and encouragement of local communities to vaccinate, contributed to quite high confidence levels among minority communities, indicating trusted relationships between minority communities and their community and religious leaders.

However, social media data indicates an opposing trend among the majority community, where from the 58 per cent of conversations that were in relation to distrust in authorities, over 75 per cent demonstrated distrust in authorities.

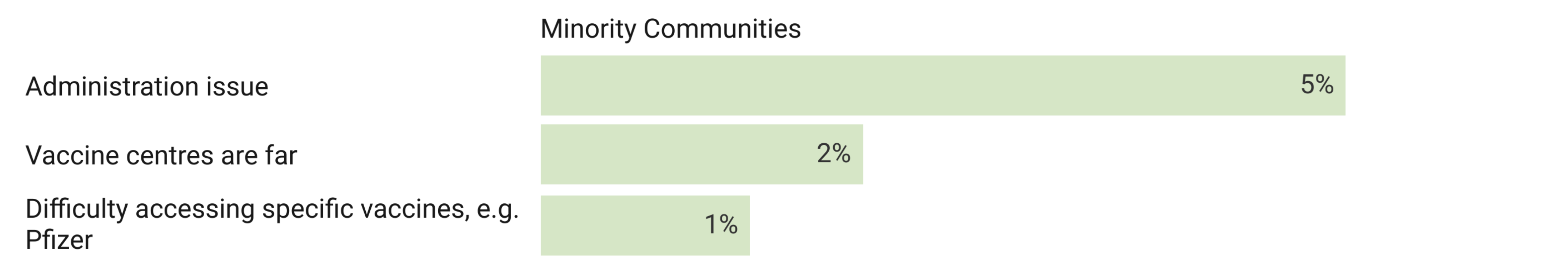


Figure 6: Access to vaccines among minority communities

Relevant Qualitative Findings

‘1st dosage completed but record is not updated when I go for second dosage they said me your first dosage record is not updated and I tried many times JDC but they're not giving any positive response. Kindly suggest me further. Location: Karachi, Center 1st dose: JDC Camp Malir Saudabad.’
–Muslim Facebook user

‘It was not comfortable to go to the vaccine Centre outside Rabwah and wait in queues to get vaccinated.’
–An elder from Ahmaddiya community, Rabwah

‘Due to rise of Covid-19 cases and everyday deaths, the news of vaccination was a light of hope for me. I thought that after the vaccination, I would get my job back. There was a lot of fear about Covid-19 vaccine, but we saw that people were getting vaccinated. vaccine centers were a bit far and it took time to get started. Taking the elderly outside home was also a problem but we mustered enough courage. The pandemic is coming to an end and our jobs are being restored, but we still use sanitizers when we go to work.’
–25-year-old Christian woman from Lahore

‘There are few areas where the vaccination yet needs to reach. He also says that some of his workers belong to Jokhi Morr, Landhi, and Quaidabad who inform him that many Christians and Hindus residing in these areas are not yet vaccinated due to hesitancy, fear, and rumours however, a significant number of Hindu families in these areas have completed their vaccine shots.’
–Head of a janitorial business in Karachi

‘Transgender people in Pakistan were already marginalized. Now the vaccination process is adding to their plight. Many minorities, including transgender people living in Karachi are either not ready to get vaccinated, or have been unable to do so. Some of the people in these communities don't have the official identity documents to get themselves registered for vaccination. Many are still unconvinced of the safety and efficacy of vaccination.’
–Transgender activist from Karachi

[4] Others include: I can't access the centre, I was refused the vaccine, vaccine is not free, each less than 1 per cent

Conclusion

Upon launching the research, the evidence about access and confidence levels in Covid-19 vaccines among ethno-religious communities was limited in Pakistan. Throughout this research we collected data from Facebook, citizen journalism pieces, and a survey to analyze factors that affect the vaccine confidence and uptake in Pakistan among minority communities.

Our research demonstrated that misinformation was widespread among both majority and minority communities through social media and word of mouth and in the early stages affected the uptake of the vaccine creating doubts about vaccines and mistrust in the government.

However, imposed requirements linked to paid work and commerce created an environment that forced many people to vaccinate and this impacted particularly on communities largely involved in low paid jobs with no option to work from home – which included many minority community members. Although it led to higher confidence in vaccines among minority communities (due to the fact that those forced to vaccinate in this way did not suffer any of the rumoured side effects), we can assume such measures disproportionately had least impact on women (mainly housewives) and other unemployed people (including elderly and people with disabilities), who may well still not feel the need to be vaccinated as they do not leave houses frequently, this may either be due to their personal choice or may result from a lack of freedom to leave and access vaccine.

Hence, we found significant differences in levels of vaccine confidence, in reasons for reservations about vaccines and in some way access to vaccines between social media users identifiable as majority and minority communities from interviews and a survey.

While distrust in authorities showed extremely high levels among majority social media users, trust in local authorities among minority members was much higher, and in a way also contributed to a high level of vaccination (after some reported false starts) and success in tackling misinformation.

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