Diversity: Impact on Vaccine Equality (DIVE)

February 2022   #VaccineEquality

Context and overview

Grand Synergy Development Initiative (GSDI) in collaboration with Minority Rights Group International (MRG) is implementing a project on Vaccine Equality in Kenya. The project, titled *Diversity: Impact on Vaccine Equality (DIVE)*, tracks and helps us understand online sharing across diverse ethnic, religious and linguistic communities about Covid-19 vaccine confidence, uptake and access in Kenya, mainly among Muslim Somalis, but also other local indigenous and/or minority communities.

The ethnic Somali population has been resident in Kenya for centuries. Augmented by more recent refugee arrivals from Somalia, the community experiences discrimination in access to documentation. Their traditional home province, Mandera, has social, educational, economic and health indicators significantly below the national average. The Somali community in Kenya is estimated to number over almost 2.8 million people.[1]

Governance in Kenya is based on a devolved system and consists of eight provinces divided into 47 counties, represented by elected governors and senators. Such devolution splits responsibility for different elements of the immunization system, with the federal government controlling nationwide policy, procurement and financing of vaccines, but commodities (syringes and safety boxes) being paid by the counties. Immunization operations are also split, with the national government delivering vaccines to regional warehouses while counties ensure delivery of vaccines to local facilities and are responsible for organizing the actual delivery to citizens.

In spite of or perhaps due to the devolution process, underserved populations such as the urban poor, nomadic pastoralists, minority communities in the arid northern districts, and refugees have been left acutely vulnerable. Historic mistrust of vaccines, spanning from mild confusion (such as when parents questioned why polio vaccinators were making so many home visits) to aggressive opposition (when the Catholic Church in Kenya

claimed the HPV and tetanus vaccines were forced contraception) has also served to undermine confidence in the Covid-19 vaccines.

Kenya launched the rollout of Covid-19 vaccination procured through the Covid-19 Vaccines Global Access facility (COVAX) in March 2021.[2] First introducing AstraZeneca in March 2021 to its public, later procuring Moderna (August 2021), Johnson and Johnson, Pfizer and Sinopharm (September 2021).[3] Based on official data from the Ministry of Health in Kenya, as of 14 February 2022 nearly 26% of the population fully vaccinated.[4] Other sources however indicated less than 13% of the population being fully vaccinated.[5]

The country's capital, Nairobi, has the highest number of administered doses among Kenyan counties with around 44.3% of the local population vaccinated as of 13 February 2022. The nearby Nyeri County is leading in vaccination rates, however, currently reaching 46.7%. The lowest was Mandera with just 8.4% of the population fully vaccinated.[6]

According to the *National Covid – 19 Vaccine Development Plan – 2021* developed by the Ministry of Health, the population receiving vaccine has been prioritized by vulnerability, vaccine availability and health system capacity. The estimated total cost of implementing the plan targeting vaccination of 26 million people is Kshs.46.3 billion (USD 421.3 million). Procurement and delivery of vaccines takes the largest proportion of the estimated budget at 94%, while advocacy, communication and community mobilization initiatives take the

1 Kenya National Bureau of Statistics, '2019 Kenya population and housing census', available at https://www.knbs.or.ke/?wpdmpro=2019-kenya-population-and-housing-census-volume-iv-distribution-of-population-by-socio-economic-characteristics&wpdmdl=5730
2 https://www.gavi.org/covax-vaccine-roll-out/kenya#:~:text=Kenya%20completes%20its%20first%20round,of%20COVID%2D19%20vaccine%20doses.
3 Kenya Ministry of Health COVID -19 Vaccine updates https://www.health.go.ke/#1621663315215-d6245403-4901
4 https://www.health.go.ke/wp-content/uploads/2022/02/MINISTRY-OF-HEALTH-KENYA-COVID-19-IMMUNIZATION-STATUS-REPORT-13TH-FEBRUARY-2022.pdf
5 Our World in Data (2022) 'Kenya: Coronavirus pandemic country profile', available at https://ourworldindata.org/covid-vaccinations?country=OWID_WRL 6 Ministry of Health (2022) 'Kenya COVID-19 vaccination program – daily situation report: Date: Sunday 13th February 2022', 13 February, available at https://www.health.go.ke/wp-content/uploads/2022/02/MINISTRY-OF-HEALTH-KENYA-COVID-19-IMMUNIZATION-STATUS-REPORT-12TH-FEBRUARY-2022.pdf

second largest proportion at 2% (8,745,052.73 USD) among the other key support areas.[7]

Methodology

To conduct the research, social media listening and monitoring tools (e.g., CrowdTangle) were used to capture and analyze content shared online on Facebook and Twitter about Covid-19 vaccines in Kiswahilii, Somali and English.

The findings of this study are specific to the social media monitoring conducted on Facebook for the period 1 January to 17 December 2021. As a result, a Sample of n=322 relevant Facebook comments were analyzed with respect to their sentiments on four indicators: (1) Covid-19 vaccine confidence, (2) reservations towards the vaccine, (3) access to vaccine, and (4) distrust in health and the government authorities regarding the administration and dissemination of information related to the vaccine.

Facebook comments were selected for evaluation based on two criteria: (1) evidence of sentiment relating to the factors mentioned above, and (2) ability to identify the ethnicity of the author of the comment. This report, therefore, limits its insights to the distribution of Facebook comments among Muslim, Somali, and Christian social media users. However, the sample of Muslim and Somali comments was proportionally lower, 45 comments versus 277 comments from Christian social media users. The sample of 45 minority comments is not sufficient to generate statistically significant

findings, thus at this stage social media findings reported in this bulletin are solely focused on the general narratives without minority /majority disaggregation. The research is ongoing: a future bulletin will report in more detail when a larger sample of minority comments has been captured and analysed.

Due to incomplete penetration of social media use among poor and remote communities in Kenya, we have adopted a concurrent triangulation mixed design approach characterized by more than one method of data collection (both online and offline) to confirm and cross-validate our findings. Nearly all Kenya's adult population have access to radio in both urban (94%) and rural (95%) areas.[8] Thus, radio talk shows have been selected as data triangulation method.

In addition to the social media analysis and radio talk shows, our findings also draw on results from concurrently collected data from open sources and excerpts collected in one-on-one conversations with county health officials and minority community members during our project Focus Group Discussions (FGDs) convened in Garissa County.

Key findings

Out of the 322 comments analysed, 90% of comments included concerns about Covid-19 vaccine confidence and reservations about the vaccine, 39% on access to vaccines, and over 58% related to distrust in health and other government authorities.
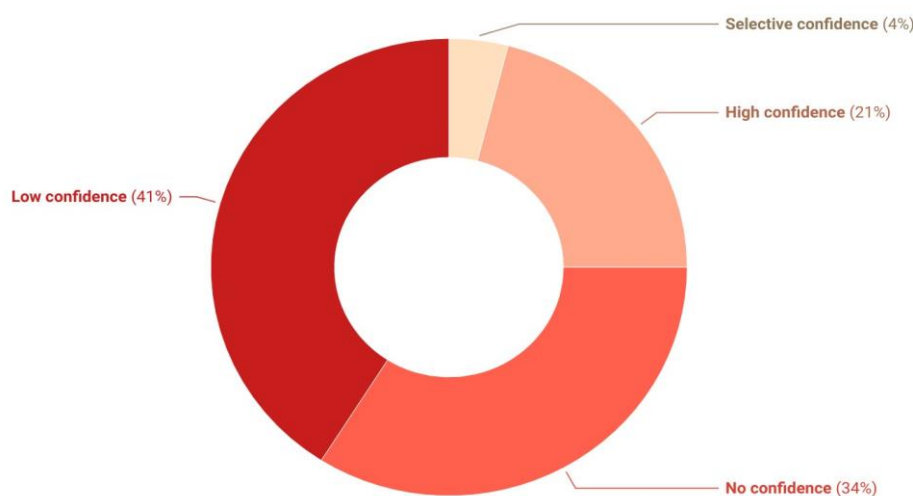
Figure 1: Breakdown of vaccine confidence

Selective confidence (4%)

High confidence (21%)

No confidence (34%)

Low confidence (41%)

Chart: GSDI • Created with Datawrapper

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7 Kenya Ministry of Health - COVID – 19 Protocols and Guidelines: https://www.health.go.ke/#1621662557097-37ed30fd-e577
8 https://www.communityengagementhub.org/wp-content/uploads/sites/2/2019/09/Kenya-Media-Landscape-Report_BBC-Media-Action_November- 2018v2.pdf

The online conversations of the social media users from the sample show that the majority had either 'Low confidence' or 'No confidence' in Covid-19 vaccines, overall. Only 21% showed high confidence, while 41% of comments in indicated low confidence, 34% no confidence, and only 4% selective confidence (Figure 1.)

The major difference between those expressing low and no confidence concerned religious reasons for refusing the vaccine: 25% of respondents reporting no confidence referenced religious reasons while only 11.5% of those with low confidence did so. In contrast, those reporting no confidence were (surprisingly) less likely to cite doubts about vaccine safety or vaccine efficacy than those with low confidence (Figure 2). This suggests that those with religious reasons for avoiding a vaccine have views that are very firmly expressed and may be harder to overcome. However, at this stage, this is only a suggestion and more work is needed.

Figure 2: Reservations towards Covid-19 vaccines by 'low' or 'no' confidence level

■ Low confidence ■ No confidence

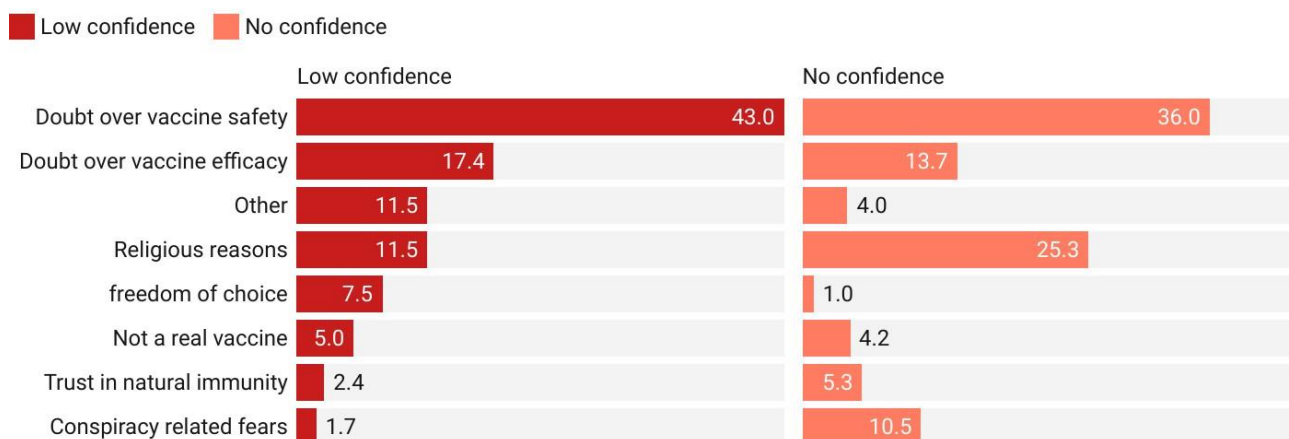|	Low confidence	No confidence
Doubt over vaccine safety	43.0	36.0
Doubt over vaccine efficacy	17.4	13.7
Other	11.5	4.0
Religious reasons	11.5	25.3
freedom of choice	7.5	1.0
Not a real vaccine	5.0	4.2
Trust in natural immunity	2.4	5.3
Conspiracy related fears	1.7	10.5

Chart: GSDI • Created with Datawrapper

Note: 'Other' also consists of such reservations as 'affect fertility/sexual functioning', 'prefer traditional medicine', 'unsafe for pregnant mothers, each being 3.5% or less.

Relevant qualitative findings (quotes from comments):

'God is in control and so concerned about my life and definitely know that death awaits for me because it was written in the holy script that every soul which lives definitely will die, but God will remain my redeemer and my protection not your vaccine'. | Facebook user

'I choose not to take vaccine at the moment, it's until if the spirit of Jesus Christ tells me to do so.' | Facebook user

'A lot of people are suffering from vaccine reaction and especially young men are suffering from heart problems. If you have underlying health issues, it's even worse if you take vaccine.' | Facebook user

Of the comments that could be assessed in relation to access to Covid-19 vaccine (39%), the majority (79%) reported no issues with accessing vaccines and only 8% indicated an issue of vaccines not being free and 3% those vaccines were not available.

However, the highest concern after confidence and reservations was mistrust in authorities. Of those comments that could be assessed (58%), over 97% indicated distrust in health and other authorities. Most of the comments did not trust the government in general and specifically in relation to how the vaccination process has been handled.

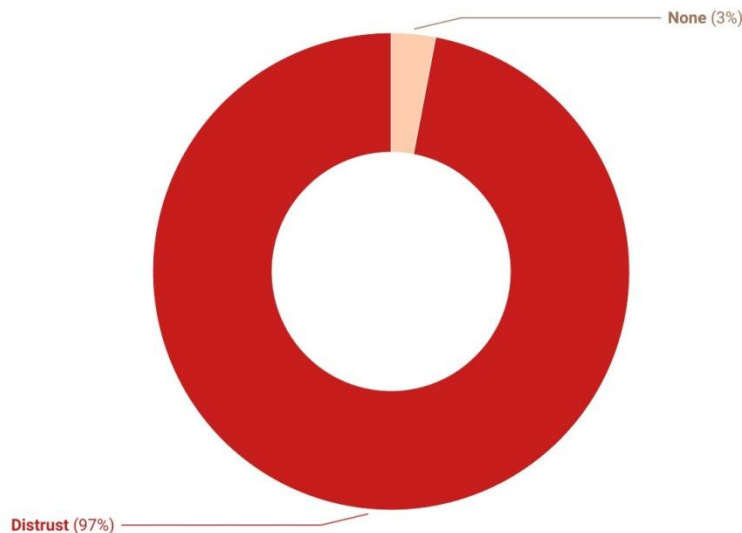## Figure 3: Breakdown of distrust in authorities

None (3%)

Distrust (97%)

Chart: GSDI · Created with Datawrapper

Relevant qualitative findings (quotes from comments):

'Death traps are here in Kenya where the government cannot protect its citizens. People with complications are never guaranteed on the outcome of the side effects of these vaccines. No one can prove whether the vaccine was brought in or not. All we know is to follow what our dictator says.' | Facebook user

'Too sad. Big question, why doesn't health agencies and vaccine proponents share numbers and give details of vaccine fatalities and bad side effects??? All we see is advertising, pushing and forcing of vaccines. Terrible and irresponsible.' | Facebook user

'I don't trust anything in Kenya, even if we say leaders be vaccinated first in my sight, can't be sure it's the corona jab given to them. The moment I'll hear it being introduced to schools, that's when my kids will end education.' | Facebook user

'I don't trust our Kenyan government. They will swap and sell the vaccine then end up injecting us water at an expensive cost.' | Facebook user

Data Triangulation

In our local radio broadcast activities, radio talk shows were conducted for one hour each, covering Garissa, Wajir, Marsabit and Tana River counties to cross validate the online finding and to deeper understand the frustrations, confidence and uptake of the vaccine from different angles.

We have so far conducted 18 talk shows in three local languages: Kiswahilii and Somali in Wajir, Garissa, and Tana River, and Kiswahilii and Borana in Marsabit. Participants of the radio talk shows were identified based on their understanding of the vaccine administration or having credentials that may guide our study. Thus, recorded statements include voices of religious leaders, county vaccine administrators, public participants and actors from civil society organizations with experience on the subject.

The radio talk shows covered topics around Covid-19 based on the respondents' responsibilities and addressed the following:

1. level of understanding about vaccines
2. whether the participants were vaccinated
3. reservations against the vaccine and how they expressed them
4. difficulties accessing or locating the Vaccine facilities
5. Covid – 19 myths/misinformation participants were aware of and where they accessed them
6. quality of the Ministry of Health services
7. how awareness campaigns were conducted, and
8. whether they were aware of the government's planned Covid-19 vaccination rollout

General observations

The radio broadcasts observed both negative and positive views, and varying levels of understanding among minority communities about the vaccine compared to the majority. Religious misconceptions and cultural attitudes against vaccination contributed to the obstruction of vaccine administration among minority communities; however, that alone is not sufficient to make a final judgment on the subject. Indications of mistrust between the target population (minorities) and government were very clear. 100% of those who had negative opinions about the vaccine did not express grievances around accessing it, even when it was still a challenge; they simply made it clear that they did not trust the vaccine.

Conclusion

This document is an interim report and findings projected herein may slightly change as we continue with our analysis and further monitoring. Most of these findings may just describe symptoms of bigger problems that seem to be deep routed within the minority communities. It is therefore too early to declare a final position on the level of confidence minority communities have in the Covid-19 vaccine.

Acknowledgements

minority
rights
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international