

# Formative Assessment of COVID-19 Vaccine Hesitancy in the Maldives

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*Summary Report*



Ministry of Health  
Republic of Maldives



EpiC  
Meeting Targets and  
Maintaining Epidemic Control



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## 1. Introduction —

COVID-19 scenario and people's reaction to it is witnessing rapid changes across the globe. In Maldives too there are certain sections of populations that are resistant to generalized messages on the importance of COVID-19 vaccination and are either not willing or are hesitant to take the vaccine. In this context, the EpiC<sup>1</sup> project in Maldives conducted a formative assessment on vaccine hesitancy<sup>2</sup>.

Findings are expected to inform on-going and future Risk Communication and Community Engagement (RCCE) campaigns and efforts, including community engagement strategies and approaches.

The project was implemented by the Maldivian Red Crescent (MRC) and FHI 360 guided relevant stakeholders from government and UN partners in the Maldives.

## 2. Objectives —

1. To understand the reasons and barriers why the community has low vaccine- booster shots uptake despite widespread vaccine availability; and
2. To identify, based on community needs and perceptions, the potential strategies, communication messaging, approaches, channels, methods, and innovations for increasing COVID-19 vaccine uptake currently and be prepared for future infectious disease outbreaks or pandemic.

## 3. Conceptualizing Vaccine Hesitancy and Acceptance —

Vaccine hesitancy or vaccine acceptance is conceptualized through the lens of 3Cs of vaccine hesitancy.

- Complacency: threat perception low; need to move on & get on with life;
- Confidence: about vaccine efficacy; self-efficacy, people's perceptions towards vaccination and the vaccine per se.
- Convenience: about accessibility and administration process for vaccination; perceptions about the systemic arrangements.

Approaching the assessment through the 3Cs allows for analyzing the information using complementary theoretical frameworks such as the Behavioral and social drivers (BeSD) model of vaccine acceptance (WHO 2022); the health belief model (HBM) (Green et al. 2020); and protection motivation theory (PMT) (Normal et al. 2015).

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## 4. Methodology —

Qualitative inquiry methods are adopted and conducted in two stages.

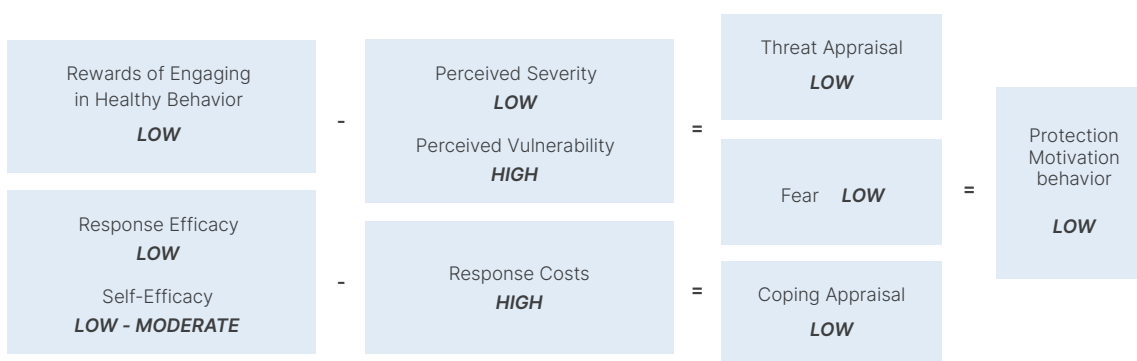
Stage 1 consisted of: a desk review of existing scientific literature, consultations with experts in the country, social media listening, and interaction with youth. The findings from the stage 1 are used to define enquiry areas, identify potential target audiences and preparation of tools for the consultations in the Stage 2.

Stage 2 consists of primary data collection from primary and secondary audiences in five locations viz. Male', HA, Ihavandhoo, ADh. Digurah, L. Gan and GDh. Madaveli. In-depth interviews were conducted with secondary audiences consisting of frontline workers, faith- leaders, community leaders, and influencers using an interview guide. Focus group discussions were used for primary audience groups consisting of the elderly, those with chronic disease conditions (co-morbidities), migrant workers, youth, parents, caregivers of elderly. Flashcards informed by the Stage 1 findings were used in the focus group discussions with the primary audience consultations. The inquiry areas addressed in the flashcards are:

- Perceived vulnerability and susceptibility,
- Perceived seriousness/threat,
- Response efficacy of the vaccine
- Self-efficacy
- Trust in the systems
- Barriers to action, inconvenience, access
- Response costs
- Cues to action – information sources, social norms, government restrictions

## 5. Findings —

Overall, protection motivation is low among the public, there is complacency about COVID-19 booster vaccinations, driven by low threat appraisal and low coping appraisal. This situation poses a significant challenge for health and communication experts working to improve vaccine coverage.



Status of factors of protection motivation behaviour of the community

<sup>1</sup> Meeting Targets and Maintaining Epidemic Control (EpiC) project is funded by USAID.

<sup>2</sup> Approval was obtained from the National Health Research Council (NHRC) for the study (NHRC/2022/19)

## 5.1. Key Informant Perspectives —

- At the beginning of the pandemic;
  - people were very fearful as it was a new and unknown disease, and there was much uncertainty, so people followed the rules.
  - The restrictions on movement and constant media messages on how people could protect themselves from the virus and vaccination there was high interest in getting vaccinated.

“ Then (early stages of vaccination) you can't do anything without having the COVID-19 vaccine. Can't travel between islands. Can't go to work, Can't enter schools. — Key Informant Influencer

- At present;
  - People are not as afraid of the disease and are not worried about being hospitalized if they contract the disease.
  - There are no government-imposed restrictions on movement and there is little media coverage about COVID-19 related aspects.
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“ Now very few take the vaccine. There are very few people that worry about vulnerable individuals at home; some people to feel that if they get infected, they might infect and put the children, elderly, or family members with co-morbidities at risk. — Key Informant Women Development Committee

## 5.2. Youth Perspectives —

- Many are unwilling to get vaccinated due to various reasons. The primary reasons for not getting vaccinated were:
    - concerns about side effects,
    - misinformation, and
    - uncertainties regarding the different brands of vaccines.
  - People's attitudes are greatly influenced by community beliefs and social media. Many people tend to place blind faith in these sources rather than relying on information provided by the health protection agency, i.e. trustworthy sources.
  - Government fails to address pressing concerns, which leaves room for panic and doubt. If effective communication strategies/methods were utilized, there would not have been as much hesitancy towards the vaccinations as there is now.
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### 5.3. Social Media Listening —

- Predominantly negative sentiments towards COVID-19 vaccination.
- Significant increase in traction and engagement across misinformed individuals.
- Doubts, misperceptions and vaccine hesitancy.

### 5.4. Community Perspectives —

- There is no perceived need to vaccinate (no serious consequences of diseases).
- The vaccine is not effective for preventing infections.

“ I personally got covid after being vaccinated thrice. I don't know what's in the vaccine, but I got vaccinated because I was told I should get vaccinated. I don't know what the effects of the vaccine are. — Parent

“ Nothing happens to children. I got it three times, I wasn't vaccinated, and nothing happened to my kids. They just test positive and that's it. — Parent

### 5.4. Community Perspectives —

- There are adverse effects including unexplained deaths.

“ Many of my friends had problems with periods. We don't know how that will affect us. — Youth

“ We are seeing all these deaths even in young people after vaccination. A very well know Maldivian died abroad after getting vaccinated, it was in the news. — Youth

- Hesitant to give COVID-19 vaccine to children;

“ We don't know the effects of the vaccine on children. We have seen many negative effects after vaccination in the family and relatives. I will be hesitant to give COVID-19 vaccine to my child. — Parent

“ If it becomes mandatory to go to school then we don't have a choice. I will not give my boy covid-19 vaccine if I have a choice. — Youth

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- Big push to get vaccinated in the primary doses was the restrictions of the government.
    - “ People had the vaccine because they were forced into that position”- employed worker.
  - The vulnerable within families (chronic patients, elderly) need protection
    - “ It’s not that we don’t want booster dose, it’s that government does not spread awareness to get the booster dose. — Elderly
  - There are practical barriers such as timing of the vaccine center, lack of proper information on where the vaccines are being offered and so on
    - “ It is very hard to find time when we work in shift duty, there is no time to go and get vaccinated, we don’t get time off just for vaccination. — Youth
    - “ Boss says 2 is fine, no need to get the third one. — Foreign Migrant
    - “ (went to the hospital) 6 months ago. They said they will message and let us know but they never got back to us — Foreign Migrant
  - Social media is the most common source of Information and also misinformation – people do not trust the information on social media as much.
    - “ Social media is where most people get information. Twitter, Facebook — Parent
  - Healthcare worker advice is most trusted
    - “ but health centre do not have awareness sessions for us — Parent
    - “ even if we call for an awareness session, people don’t come — Frontline Healthcare Worker
  - Group chats of family and friends are trusted and motivational.
    - “ There are family viber groups. People believe the information in these chat groups — Youth
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*The main causes of these issues are:*

The COVID-19 vaccine is not effective in preventing infections – Other vaccines, such as those for polio and measles, they effectively prevent the disease from ever happening.

The misconceptions are not addressed - There are many rumors on unexplained deaths and anecdotes floating around on social media about the vaccines and the potential dangers of taking the vaccine.

Mismatch in where people seek information and where healthcare workers provide information,

## **6. Conclusions and Recommendations —**

The formative assessment indicates protection motivation is low among the public. Yet, there are opportunities as the social values of protecting dependents in family is the core motivation of vaccine acceptance.

It is recommended that messaging needs to reposition vaccination about protection of family and loved ones and reducing severity of disease through trusted healthcare workers on social media most frequented by the population groups.

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