

# UJ-HSRC COVID-19 DEMOCRACY SURVEY

## Willingness to take a Covid-19 vaccine: A research briefing

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25 January 2021

## Executive summary

- Findings come from the largest and most comprehensive survey on people's willingness to take a Covid-19 vaccine.
- 67% said they would definitely or probably take a vaccine.
- 18% said they would definitely not or probably not take the vaccine.
- 15% were unsure if they would take the vaccine.
- Race, education and age play a role in shaping vaccine acceptance.
- White adults tend to be least accepting of a Covid-19 vaccine; 55% say they would take the vaccine compared to 69% of Black African adults.
- Those with less than matric-level education were generally more open to receiving a vaccine (72%) than those who have completed matric (62%) or have a tertiary education (59%).
- Support for vaccination increases with age.
- Political discontent plays a role. People who think President Ramaphosa is doing a bad job are much less likely to want vaccination, only 36%, compared to 73% for those stating he was doing a good job.
- The most common explanations that people gave for wanting to vaccinate were to protect oneself (29%), closely followed by the desire to protect others (25%).
- For those who were either unsure or against taking the vaccine the most common explanations related to concerns about side-effects (25%) and concerns about the overall effectiveness of the vaccine (18%). Explanations related to conspiracy theories or the occult did not appear frequently, 7% and 4% respectively.

## Contents

Executive summary .....	1
Introduction .....	3
Survey methodology .....	3
Vaccine acceptance.....	3
Factors shaping vaccine acceptance .....	4
Gender .....	4
Age .....	4
Race.....	5
Education .....	5
Income and subjective class status.....	5
Proximity to Covid-19 infections.....	6
Political party support.....	7
Evaluation of government performance.....	7
Willingness to sacrifice for the common good .....	8
Self-reported explanations for vaccine acceptance and non-acceptance: a methodological note on qualitative findings.....	9
Explanations for vaccine acceptance .....	10
Protect self.....	11
Protect others .....	11
Qualified support .....	11
Prevention.....	12
Trust in government and/or science.....	12
Explanations for vaccine non-acceptance .....	12
Side-effects .....	13
Effectiveness .....	13
Vaccine distrust.....	13
Distrust of institutions .....	14
Need more information/Unsure .....	14
Conspiracy theories .....	14
Occult.....	15
Not at risk.....	15
Affordability .....	15
Conclusion.....	16

## Introduction

Alongside debate on the availability of vaccines in South Africa, there is widespread concern about people’s willingness to be vaccinated. This briefing reports on findings from Round 3 of the University of Johannesburg (UJ)/Human Sciences Research Council (HSRC) Covid-19 Democracy Survey. This was conducted between 29 December 2020 and 6 January 2021. Only adults living in South Africa were included. We asked: ‘If a Covid-19 vaccine became available to you, would you take it?’ This was followed by an open-response question that allowed participants to explain their answer in their own words. Here we present key findings and offer critical insights into the public’s acceptance of the Covid-19 vaccine. This report provides crucial information for the public health campaign that will need to precede and accompany the vaccine roll out.

## Survey methodology

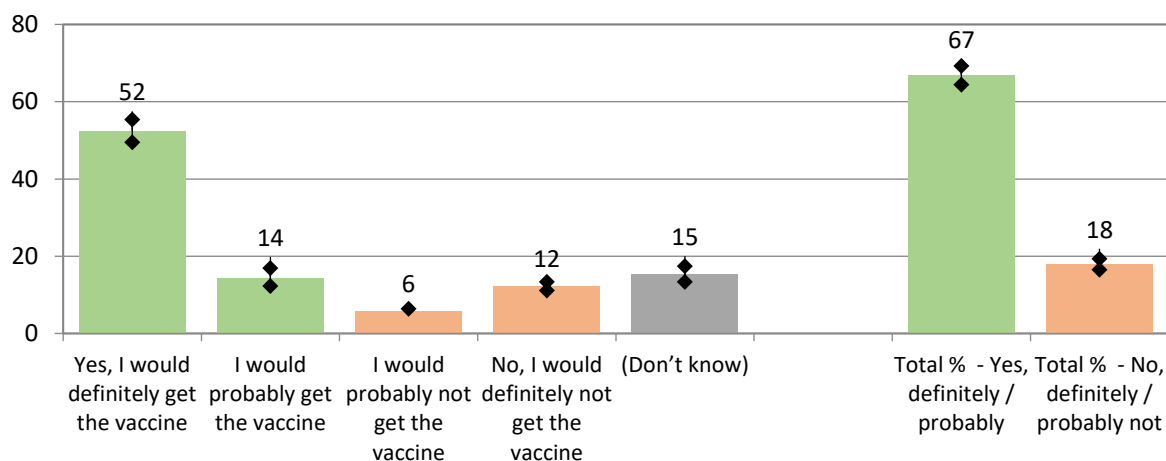
The online survey was conducted using the #datafree Moya Messenger App and through links from social media adverts on Facebook and Twitter. The Moya Messenger app, which is operated by biNu, has 4 million users, 800,000 of whom use the app every day. The survey was available in six languages: English, isiZulu, isiXhosa, Setswana, Sesotho and Afrikaans. English was the most common language used. The survey was fully completed by 10,618 participants. This is by far the largest and most comprehensive survey on whether or not adults in South Africa are willing to be vaccinated.

Most people undertaking the survey did so using a smartphone, access to which has increased rapidly in recent years. However, there is a skew in terms of who has access to smartphones, particularly between older and younger people. For this reason, in particular, it was essential to weight our data, which we did using Statistics South Africa data for race, education and age. This produced findings that can be regarded as broadly representative of the population at large.

Specific issues related to analysis of the open-response question are included later.

## Vaccine acceptance

Figure. 1 Willingness to take COVID-19 vaccine if it becomes available (%)



Source: UJ/HSRC COVID-19 Democracy Survey, Round 3

To understand the pattern of potential vaccine acceptance and hesitancy among the South African public, the survey included a question that asked respondents: ‘If a Covid-19 vaccine became available to you, would you take it?’ Our findings (see Figure 1) show that 67% of adults are definitely or probably willing to be vaccinated. Fifty-two percent stated that they would definitely take the vaccine,

and a further 14% said they would probably take it.\* Only 18% said they would definitely or probably not take the vaccine, with 12% saying ‘definitely not’ and 6% saying ‘probably not’. Fifteen per cent said they ‘don’t know’. With 67% of people saying they favour the vaccine, the findings are encouraging for those who want vaccination to reach a level of ‘population immunity’, which, coincidentally, is widely cited as 67%, though this is the total population, not the adult population. Nevertheless, a third of the adult population remains unconvinced by arguments for vaccination, so debate and public education must continue.

Other questions in the survey and our high response rate make it possible to unpack who is more likely and who is less likely to accept a vaccine. The following sections of the report provide analysis of some of the key demographic and other influences on vaccine acceptance.

## Factors shaping vaccine acceptance

### Gender

The findings demonstrate that men are marginally more inclined than women to be willing to take a Covid-19 vaccine. Sixty-nine percent of men were indicated that they would definitely or would probably take the vaccine in comparison to 65% of women. We also report findings for those who do not identify with binary gender categories; however, it must be noted that this is based on a small number of responses and must be interpreted with caution.

Table 1: Willingness to take a Covid-19 vaccine by gender (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely / probably get)	Total % hesitant (definitely / probably not get)
<b>Gender</b>								
Male	55	14	5	12	13	100	69	17
Female	50	15	6	12	17	100	65	18
Other	46	20	8	13	13	100	66	21

### Age

Table 2: Willingness to take a Covid-19 vaccine by age (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely / probably get)	Total % hesitant (definitely / probably not get)
<b>Age group</b>								
18-24	48	15	7	15	16	100	64	21
25-34	51	13	7	13	16	100	64	20
35-44	53	13	6	12	15	100	66	19
45-54	56	13	5	14	12	100	70	18
55+	55	19	4	7	15	100	74	11

\*Because of rounding, numbers in tables and graphs may appear to conflict with numbers in the text, so, in the key case, the more precise figures were 52.4% and 14.4%, which totals 66.8% and is rounded off to 67%.

Persons aged 55 and older were more likely to say they would take the vaccine compared to those in younger categories. There was an 11 percentage point difference in vaccine acceptance between those aged 24 and under and those aged 55 and above.

### Race

Attitudes to taking a Covid-19 vaccine vary by race. White adults were least accepting, with only 56% willing or probably willing to be vaccinated. Comparable figures were 69% for Black African adults, 68% for Indian adults and 63% for Coloured adults.

Table 3: Willingness to take a Covid-19 vaccine by race (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely / probably get)	Total % hesitant (definitely / probably not get)
<b>Population group</b>								
Black African	55	14	5	11	15	100	69	17
Coloured	46	17	6	9	22	100	63	15
Indian or Asian	50	17	7	7	18	100	68	14
White	39	17	8	24	13	100	56	31

### Education

The findings demonstrate that education plays a role in vaccine acceptance. Those with a tertiary education are least accepting of a vaccine. Only 59% of those with a tertiary education would probably or definitely take a vaccine, compared to 72% of those with a less than matric-level education.

Table 4: Willingness to take a Covid-19 vaccine by educational attainment (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely / probably get)	Total % hesitant (definitely / probably not get)
<b>Educational attainment</b>								
Less than matric	58	13	4	10	15	100	72	14
Completed matric	48	14	7	14	16	100	62	21
Higher education	42	17	10	19	13	100	59	28

### Income and subjective class status

Our findings do not show any clear and consistent association between personal income and the likelihood of vaccine acceptance (see Table 5). The same is true in relation to respondents' own views of their class status (see Table 6). For some reason, worthy of further exploration, the lowest levels of acceptance were among the middle categories. With income, the highest level of acceptance was among those getting R1001-R2500 per month, and with subjective class status it was among those describing themselves as 'wealthy' (closely followed by those describing themselves as 'poor')

Table 5: Willingness to take a Covid-19 vaccine by personal income (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely/ probably get)	Total % hesitant (definitely/ probably not get)
<b>Personal income</b>								
Less than R1,000 per month	56	11	5	12	15	100	68	18
R1,001 to R2,500 per month	56	19	5	9	11	100	75	14
R2,501 to R5,000 per month	55	13	5	12	15	100	68	17
R5,001 – R10,000 per month	46	14	8	19	14	100	60	26
R10,001 – R20,000 per month	23	43	5	18	11	100	66	23
More than R20,000 per month	55	13	10	10	11	100	68	21

Table 6: Willingness to take a Covid-19 vaccine by subjective class status (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely / probably get)	Total % hesitant (definitely / probably not get)
<b>Subjective class status</b>								
Wealthy	70	6	1	12	10	100	76	14
Very comfortable	57	16	6	10	11	100	73	16
Reasonably comfortable	47	15	7	14	16	100	63	22
Just getting along	46	17	6	14	16	100	64	20
Poor	61	14	4	9	12	100	74	14
Very poor	64	8	4	12	12	100	72	16

## Proximity to Covid-19 infections

Table 7: Willingness to take a Covid-19 vaccine by proximity to Covid-19 infections (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely / probably get)	Total % hesitant (definitely / probably not get)
<b>Know someone infected</b>								
Yes, myself	55	11	5	15	14	100	65	21
Yes, someone who stays in the same household as me	52	13	7	18	10	100	65	25
Yes, a member of my extended family who does not live with me	51	15	8	12	13	100	66	21
Yes, a close friend	49	16	7	15	13	100	65	22
Yes, someone else I know	50	20	6	10	14	100	70	16
No, I do not know anyone	54	11	5	12	17	100	65	18

Whether or not one has been infected by Covid-19 or knows someone who has been infected makes little difference to views about vaccine acceptance.

### Political party support

As part of the survey, we asked people to indicate who they would vote for if there was an election tomorrow. The findings (see table 8) demonstrate that supporters of the African National Congress (ANC) were significantly more likely to demonstrate a willingness to vaccinate (78%) than those of the Democratic Alliance (DA) (65%), Economic Freedom Fighters (EFF) (62%), and other parties (67%). Significantly, vaccine acceptance decreased to 48% amongst those who said they would not vote. This suggests that political disillusionment plays a role in vaccine acceptance.

Table 8: Willingness to take a Covid-19 vaccine by voting intention (row %).

<b>Party affiliation</b>	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely / probably get)	Total % hesitant (definitely / probably not get)
ANC	64	14	3	7	12	100	78	10
DA	50	15	7	15	12	100	65	22
EFF	49	13	8	16	13	100	62	24
Another party	49	18	5	15	13	100	67	20
Would not vote	34	14	10	25	16	100	49	35

### Evaluation of government performance

The public's evaluation of how the President and the national government have been handling the Covid-19 pandemic plays a major role in vaccine acceptance. Those who think the President and national government have been doing a bad job were appreciably less favourable towards vaccination than those offering positive approval ratings. Only 36% of those stating that President Ramaphosa was doing a 'bad job' definitely or probably wanted the vaccine, compared to 73% of those stating that he was doing a 'good job' (see table 9). Similarly, only 45% of those rating the national government's Covid response poorly were favourably disposed to vaccination, compared with 73% of those who were positive about the government's performance (see Table 9).

Table 9: Willingness to take a Covid-19 vaccine by rating of presidential performance (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely / probably get)	Total % hesitant (definitely / probably not get)
<b>Presidential performance</b>								
Good job	58	15	5	8	14	100	73	13
Neutral	34	16	10	19	20	100	50	30
Bad job	25	11	10	43	12	100	36	53



Table 10: Willingness to take a Covid-19 vaccine by rating of national government performance (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely / probably get)	Total % hesitant (definitely / probably not get)
<b>National govt performance</b>								
Good job	59	15	4	8	14	100	73	13
Neutral	42	15	9	14	20	100	57	23
Bad job	34	11	9	34	12	100	45	43

There was also a 21 percentage point difference (see table 11) in vaccine acceptance depending on whether one was satisfied or dissatisfied with the government's handling of Covid-related corruption (73% versus 55%). These results speak to the importance of leadership.

Table 11: Willingness to take a Covid-19 vaccine by satisfaction with government handling of Covid-19 corruption (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely/ probably get)	Total % hesitant (definitely/ probably not get)
<b>Satisfaction with govt handling of Covid corruption</b>								
Satisfied	61	15	4	7	13	100	76	11
Neutral	43	15	8	12	21	100	59	20
Dissatisfied	42	13	9	22	14	100	55	31

### Willingness to sacrifice for the common good

Another notable finding was that those who expressed a willingness to sacrifice certain human rights to stop the spread of the virus were far more favourable towards vaccination than those opposed to sacrificing rights (73% versus 40%). In a similar vein, those that believe that the pandemic is likely to make South Africans more united and supportive of each other are somewhat more accepting of vaccination than those believing the pandemic will promote interpersonal suspicion and distrust (76% versus 66%). Such patterns may reflect perceptions regarding the collective societal contribution of vaccination in potentially beating the pandemic and saving lives. This is a theme that also comes through in examination of personal reasons provided for vaccine acceptance.

Table 12: Willingness to take a Covid-19 vaccine by (a) willingness to sacrifice human rights to stop the spread of the pandemic, and (b) views on the unifying effect of the pandemic (row %).

	Yes, I would definitely get the vaccine	I would probably get the vaccine	I would probably not get the vaccine	No, I would definitely not get the vaccine	(Don't know)	Total	Total % accepting (definitely / probably get)	Total % hesitant (definitely / probably not get)
<b>Willing to sacrifice human rights to stop Covid-19</b>								
Agree	58	15	4	9	13	100	73	13
Neutral	37	14	11	17	22	100	51	28
Disagree	28	13	9	41	10	100	40	50
<b>Social solidarity: pandemic is more likely to make South Africans...</b>								
More united and supportive of each other	63	13	4	7	12	100	76	12
More suspicious and less trusting of each other	49	18	6	15	12	100	66	22
Neither	43	13	9	17	17	100	57	26

## Self-reported explanations for vaccine acceptance and non-acceptance: a methodological note on qualitative findings

As part of the survey, respondents were asked to explain, in their own words, why they would or would not take a vaccine. Given the importance of this issue we felt it was worth providing participants the opportunity to express themselves freely rather than present them with a pre-coded list of reasons. The analysis of reasons that people gave for or against vaccination is based on a random sample of 1,960 taken from the English-language responses. The majority, 75%, of the English language responses were provided by Black African participants, 13% by Coloured respondents, 4% by White respondents and 2% by Indian respondents. In future we intend to code responses for all languages. The account presented here is provisional.

The qualitative responses were coded thematically, the themes were developed from a close reading of the data. This resulted in six themes for vaccine acceptance and nine themes for vaccine non-acceptance. 'Acceptance' includes responses of 'Yes, I would definitely get the vaccine' and 'I would probably get the vaccine'. 'Non-acceptance' includes the three responses 'I don't know', 'I would probably not get the vaccine' and 'No, I would definitely not get the vaccine'. The decision to code the 'don't knows' alongside more negative responses arose from the fact that people who explained why they were 'don't know' often used the same terms as people in the other two categories, though sometimes to a different degree (see below).

The names and descriptions of the thematic codes can be found in Tables 13 and 14 below. Inevitably, people may hold more than one reason for wanting or not wanting to take a vaccine. In cases where this occurred, we either coded the first idea expressed or the primary idea, based on the number of

words used to express each idea. In this report we present all quotations exactly as they were written with no corrections.

Table 13. Thematic explanations for vaccine acceptance

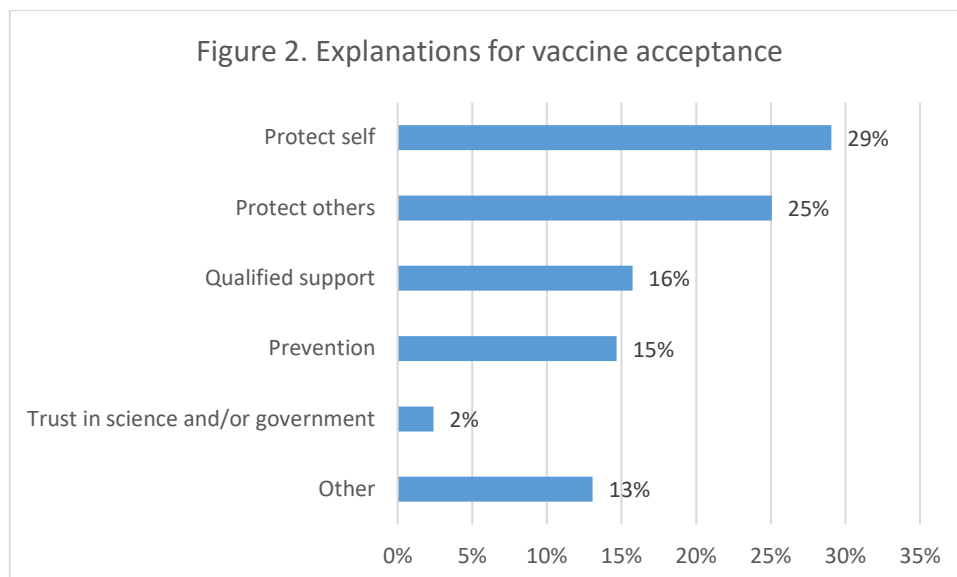
Protect self	Explanation discusses protecting the self.
Protect others	Explanation discusses protecting people such as family, community or society at large.
Qualified support	Where doubt or a condition is placed on willingness to vaccinate.
Prevention	Explanation makes explicit mention of prevention or wanting to prevent transmission of the virus.
Trust in science and/or government	Explanation discusses trust in government and/or science or scientists.
Other	Other ideas not captured in the coding scheme.

Table 14. Thematic explanations for vaccine hesitancy

Vaccine effectiveness	Responses that are concerned with the general effectiveness and safety of the vaccine, excluding side effects.
Vaccine side-effects	Responses that are concerned with side-effects.
Vaccine distrust	Responses stating lack of trust in the vaccine with no further explanation.
Vaccine linked to occult	Responses that associate the vaccine with the occult.
Distrust of institutions	Responses that raise concerns about the ability to trust institutional powers such as the government, 'the system', the WHO, or simply expressions of general distrust.
Conspiracy concerns	Responses that doubt the existence of Covid-19 or attribute the virus and/or vaccine to powerful groups with vested interests.
Not at risk	Responses that express the belief that the individual is not at risk of Covid-19.
Affordability	Responses that express concerns about the affordability of the vaccine.
Other	Responses that cannot be captured in the other categories.

## Explanations for vaccine acceptance

In this section we examine self-reported explanations for vaccine acceptance (those that said they definitely would or probably would take the vaccine). Figure 2 provides an overview. The most common reason given was to protect oneself (29%), closely followed by the desire to protect others (25%). Sixteen percent raised doubts about the vaccine or placed conditions on the circumstances under which they would take it and 15% explained their answer in relation to the idea of wanting to prevent the spread of the virus. Only 2% explained their answer in relation to trust in government and/or science. Other explanations were provided by 10% of respondents.



The following sections of this report provide examples and some further exploration of the self-reported explanations for vaccine acceptance.

### Protect self

The most common explanation for vaccine acceptance was the desire to protect oneself. Sentiments such as these were common:

*Because I will protect myself from the virus* – Black African man, 25-34 years, Gauteng, would definitely take the vaccine.

*Because I don't want to get infected* – Black African man, 18-24 years, Limpopo, would definitely take the vaccine.

### Protect others

A quarter of the vaccine acceptance responses provided explanations that were framed around the desire to protect others, as illustrated below:

*Because the vaccine will help millions of people in our country* – Black African man, 18-24 years, Mpumalanga, would definitely take the vaccine.

*I would definitely get the vaccine as soon as it is available to protect my family and colleagues. It will also assist in getting more people back to work* – Coloured woman, 35-44 years, Eastern Cape, would definitely take the vaccine.

### Qualified support

Among those who indicated in the pre-coded vaccine acceptance question that they 'definitely' or 'probably' would take the vaccine, 16% of responses expressed doubts or concerns in the follow-up open-ended question. These are examples:

*I would take it but I have to be well informed if it has an after effects after all* – Black African woman, 35-44 years, Limpopo, would definitely take the vaccine.

*If the side effects are not life threatening* – White woman, 65-74 years, Gauteng, would probably take the vaccine.

*Want more information first* – White woman, 55-64 years, Gauteng, would probably take the vaccine.

This highlights that even among some of those willing to take the vaccine, there are still questions or concerns. The fact that they ultimately favoured vaccine acceptance suggests that the perceived benefits outweigh the reservations for those falling into this grouping.

### Prevention

Prevention was the fourth most common explanation for vaccine acceptance. Here, people explained themselves differently from ‘to protect myself’ or ‘to protect others’. For example:

*Protection is better than cure it is better to try all possible way to stay healthy* – Black African man, 25-34 years, Northern Cape, would probably take the vaccine.

*Prevention is better than cure* – Black African man, 35-44, Gauteng, would definitely take the vaccine.

### Trust in government and/or science

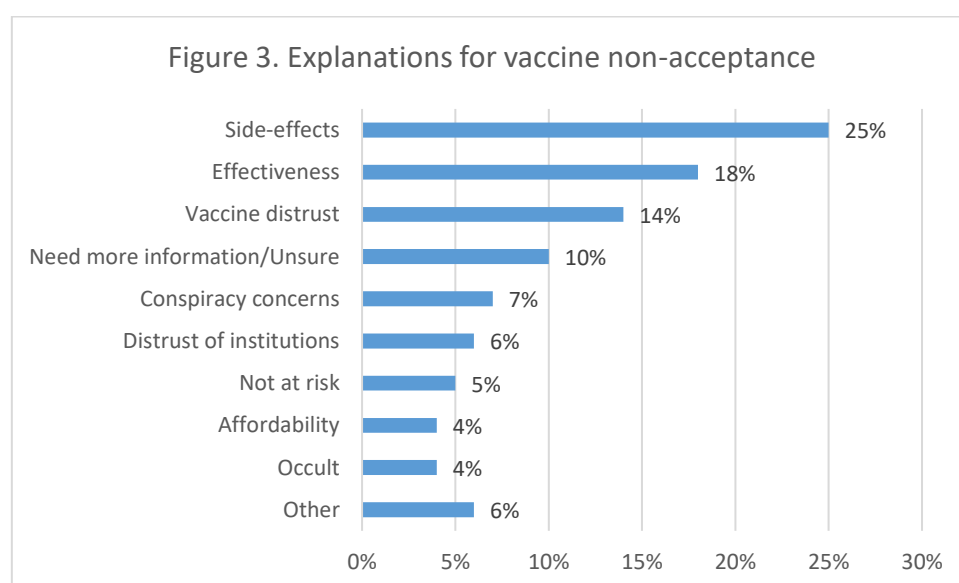
A relatively small number of people explained their vaccine acceptance in relation to trust in government or science. Those who did, expressed themselves in ways like this:

*I trust the medical profession* – White man, 55-64 years, KwaZulu-Natal, would definitely take the vaccine.

*I trust our government* – Black African man, 18-24, KwaZulu-Natal, would probably take the vaccine.

### Explanations for vaccine non-acceptance

In this section, we examine the different explanations given for non-acceptance, that is, by those who said they definitely or probably would not take the vaccine and those who were ‘unsure’, that is, they said ‘don’t know’ in response to the preceding question. As explained above, the ‘don’t know’ responses have been combined with the negative responses to taking the vaccine because of the similarity in the explanations between these two groups. Figure 3 presents an overall analysis of explanations given.



The most common explanation for non-acceptance was concern about possible side-effects, with this representing a quarter of the total. Effectiveness was the second most commonly cited concern. This was distinct from anxiety about side-effects as it raised unease about the extent of medical testing or overall safety of the vaccine. Fourteen per cent of responses simply stated lack of trust in the vaccine, with little other explanation, making it difficult to determine what specifically the respondent distrusted. Needing more information or a general statement of being unsure accounted for 10% of the explanations.

Explanations related to conspiracy theories, that is, responses that either expressed doubt in the existence of Covid-19 or attributed the virus or vaccine to powerful groups or interests, accounted for only a small proportion of non-acceptances (7%). Similarly, only 4% of the explanations provided reasons relating to the occult. Both these reasons have received significant media attention, and, while these are not unimportant, our findings demonstrate that most explanations for vaccine non-acceptance are driven by legitimate concerns about safety and effectiveness. The findings highlight the need for the government, media and civil society to provide more information on how the vaccine has been developed and tested and why it is considered safe to use.

Six per cent of the sampled vaccine hesitant responses expressed their concerns in relation to a wider distrust of government, international agencies or 'Big Pharma'. The perception that they were not at risk of the virus was given by 5% and a small minority, 4%, raised concerns about affordability.

The following sections of the report explore in more detail how people framed their concerns about taking the vaccine.

### Side-effects

'Side-effects' are the dominant worry driving non-acceptance. People expressed themselves like this:

*Am not sure if it will work or not and am worried about the side effects* – Black African man, 25-34 years, Northern Cape, unsure about taking a vaccine.

*Because I am not sure about the outcome of the vaccine once it's in my body* – Coloured man, 45-54 years, Gauteng, unsure about taking a vaccine.

*Do not know if it will have side effects in future* – White woman, 55-64 years, Western Cape, unsure about taking a vaccine.

### Effectiveness

Worries about the effectiveness of the vaccine were largely framed around concerns about the speed at which the vaccine had been developed, and doubts about whether the clinical trials had been sufficient. For example:

*According to the knowledge I got from school the long term effects of the vaccine are unknown and the vaccine has not been tested enough and the trials took a short time* – Black African woman, 18-24 years, Gauteng, would definitely not take the vaccine.

*Am concerned about the speed of its development and release, and about the possible lack of proper testing* – White man, 65-74 years, Gauteng, would probably not take the vaccine.

### Vaccine distrust

14% of the vaccine non-acceptances simply stated that they do not trust the vaccine, with statements like:

*It's because I don't trust it – Black African man, 35-44 years, Mpumalanga, would definitely not take the vaccine.*

*Don't trust the vaccine – White woman, 45-54 years, Gauteng, would definitely not take the vaccine.*

This provides a rather limited insight into what specifically people are worried about but does indicate something about generalised fears and concerns about the vaccine.

### Distrust of institutions

Distinct from vaccine distrust were explanations of non-acceptance that related to distrust of government or other agencies. People expressed themselves in terms such as,

*I don't trust our government – Black African man, aged 25-34 years, Limpopo, unsure about taking the vaccine.*

*I don't trust anyone especially the WHO – Black African man, 25-34 years, Gauteng, would definitely not take the vaccine.*

*Because I don't trust the system – Black African man, 25-34 years, KwaZulu-Natal, unsure about taking the vaccine.*

### Need more information/Unsure

Many of those categorised as 'non-acceptance', explained that they wanted more information. This explanation was particularly important among those who said they 'don't know' if they will take the vaccine. This explanation was provided by 18% of the 'don't knows' compared with 2% of those who said they would definitely not or probably not take the vaccine. People expressed themselves like this:

*I have no idea what a vaccine is – Black African man, 25-34 years, KwaZulu-Natal, unsure about taking the vaccine.*

*I don't have enough information about vaccine – Black African man, 25-34 years, North West, unsure about taking the vaccine.*

*I need more information about the vaccine first – White man, 25-34 years, KwaZulu-Natal, unsure about taking the vaccine.*

### Conspiracy theories

While there has been much public focus on conspiracy theories in relation to vaccinations, our findings demonstrate that this accounts for a small (7%) proportion of the reasons that people give for not wanting to be vaccinated. Some respondents indicated that their reason for not wanting to take a vaccine was because they did not believe in Covid-19 in the first place. Thus:

*I don't believe in corona – Black African woman, aged 25-34 years, Gauteng, would definitely not take the vaccine.*

*Because I don't think there is covid19 here in South Africa – Black African man, aged 18-24 years, Mpumalanga, unsure about taking the vaccine.*

Others indicated that they believed the vaccine was part of wider conspiracies to kill particular sections of the population or track the population. These are examples:

*The vaccine might just be a way of the government keeping track of us – White woman, 25-34 years, Gauteng, unsure about taking the vaccine.*

*This virus was man made to kill what makes you think the vaccine is safe this is a plot by a few assholes who are trying to control the world* – Black African man, 25-34 years, Mpumalanga, would definitely not take the vaccine.

*The vaccine is sent here to decrease the world's population* – Black African man, 18-24 years, Limpopo, would definitely not take the vaccine.

Mention was also made of the 5G conspiracy theory and comments made by Chief Justice Mogeng Mogeng about the vaccine.

*The Chief Justice has criticized the vaccines* – Black African man, 25-34 years, Free State, would probably not take the vaccine.

*Vaccination will not work unless they remove all the 5g tower's and allow people to pray against this pandemic because it is illuminati...* - Black African woman, 35-44 years, Gauteng, would definitely not take the vaccine,

### Occult

Similarly, only a small per cent of responses (4%) provided an explanation that was related to the occult. These are some explanations:

*The mark of the anti-Christ/devil (666)* – Coloured woman, 18-24 years, Western Cape, would definitely not take the vaccine.

*People say it is infused with 666* – Black African man, 45-54 years, Gauteng, unsure about taking the vaccine.

*Am Christian the vaccine comes from the devil* – Black African woman, 25-34 years, Mpumalanga, would definitely not take the vaccine.

### Not at risk

Five percent of those that are vaccine-hesitant explained the reasoning behind their belief that they were not at risk of catching Covid-19. For some, this was because they believed that strict adherence to public health protocols such as social distancing or mask wearing were sufficient. For instance:

*Am truly looking out for myself and staying in doors and going out if is necessary only and if so I will put my mask and have hand sanitizer in my bag for my safety* – Black African woman, 25-34 years, Gauteng, would definitely not take the vaccine.

*If I stay safe wearing my mask and staying indoors I won't get it* – Coloured woman, 18-24 years, Western Cape, unsure about taking the vaccine.

Other participants motivated that they were generally healthy and therefore strong enough to fight infections. For example:

*I believe I am strong enough to survive a covid infection* – Coloured man, aged 25-34, would probably not take the vaccine.

*I am not prone to flu and I follow covid protocol* – White woman, aged 55-64 years, Gauteng, would probably not take the vaccine.

### Affordability

Affordability of the vaccine was not mentioned frequently in people's reasons for non-acceptance (4%). Responses from the participants below indicates some of the concerns:



*I won't be able to afford it because it will be expensive I know* – Black African woman, aged 18-24, Gauteng, definitely would not take the vaccine.

*Because the vaccine might be sold I will not be able to afford it as I am currently unemployed* – Coloured woman, aged 18-24, Gauteng, definitely would not take the vaccine.

*Because im hungry i wont take medication without food* – Black African woman, aged 35-44, Mpumalanga, definitely would not take the vaccine.

## Conclusion

Two-thirds (67%) of the South African adult population would definitely get or probably get a Covid-19 vaccine if it was available. This is the key finding of the latest UJ/HSRC Covid Democracy Survey, the largest and most comprehensive survey to consider the issue of vaccine acceptance and hesitancy in South Africa. Analysis is based on 10,618 completed questionnaires that were weighted by race, education and age, making findings broadly representative of the total adult population. It was conducted between 29 December 2020 and 6 January 2021.

Breaking the figures down, the majority of adults, 52%, would definitely get the vaccine, and 14% would probably get it. By contrast, only 15% said they definitely would not, with a further 6% saying they probably would not get vaccinated. Finally, 15% said they did not know whether or not they would take the vaccine.

Vaccination was supported across nearly all demographic and political categories, but there was some variation. For instance, 69% of black African adults definitely want or probably want the vaccines (we call this acceptances) compared with 57% of white adults. The level of acceptance is 72% among those with less than matric level education, compared with 59% of those with tertiary education. There were also differences by age, where acceptance ranged from 63% among those aged 18-24 to 74% for those aged 55 and over.

The level of acceptance was especially high among ANC supporters – 78%. There was also clear support among supporters of other parties. The figures were 65% among DA supporters, 62% among EFF supporters, and 67% among those who backed other parties. However, the figure slumped to only 48% among those who said they would not vote. While some of these numbers probably reflect demographic variation, it also looks likely that political leadership matters. Statements by the three main party leaders since the survey was conducted may have increased the acceptance level. Our assessment is re-enforced by the contrast between those believing the President is doing a good or very good job in his handling of the Covid-19 outbreak (73% acceptance) and those who think he is doing a bad or very bad job (only 36%). Similar patterns are evident in how effectively Covid-19 corruption has been dealt with. The implication is that if Ramaphosa falters, perhaps over acquisition of the vaccine, the level of acceptance might decline.

We also asked a simple open-ended question: 'please explain your answer.' Responses were organised into two main categories: acceptance (67%) and non-acceptance (33%), with the latter including those who answered 'don't know' as well as those who would probably or definitely not get the vaccine. The predominant reasons for acceptance were simply 'to protect myself' and 'to protect others'. The most important reasons for 'non-acceptance' were about efficacy, side effects, and uncertainty about testing. The proportion of people swayed by conspiracy theories was only about 10%.

The proportion of adults in South Africa willing to be vaccinated is still lower than for most countries, so there are no grounds for complacency. However, the findings show an improvement on those

coming from other recent surveys and will, doubtless, be welcomed by those recognising that halting the Covid carnage requires mass vaccination. More than half the adult population definitely want to be vaccinated and, adding in those who probably want to be vaccinated, the figure for acceptances comes to 67%, two-thirds of the population.

Sixty-seven percent of the adult population is not quite enough for population ('herd') immunity, calculated at 67% of the *total* population (not just the adults). Two things combined will shift the situation: vaccinating minors (which is likely to be agreed by regulators soon) and convincing waverers that vaccination is good for themselves, their families and society at large. The latter is not difficult. It can be achieved by an education campaign that provides authoritative factual information for people who believe they are inadequately informed or are confused by hearing different message.

The big problem now is not public acceptance, it is getting vaccine into people's arms.