

Attitudes towards COVID-19 vaccination amongst Pacific peoples



Objectives for this research



The Ministry of Health are committed to improving Pacific peoples' health outcomes and reducing health inequalities faced by Pacific peoples. Within this context, the Ministry commissioned this research to better understand Pacific peoples attitudes towards the COVID-19 vaccine and to identify the barriers to Pacific peoples getting the vaccine.

The specific objectives of the research were to:

- Understand levels of intention to get a vaccine
- Identify the rational and emotive barriers to getting a COVID-19 vaccination
- Co-create solutions (behavioural interventions or communications) with the Pacific community that are likely to increase the proportion of people who decide to get vaccinated.



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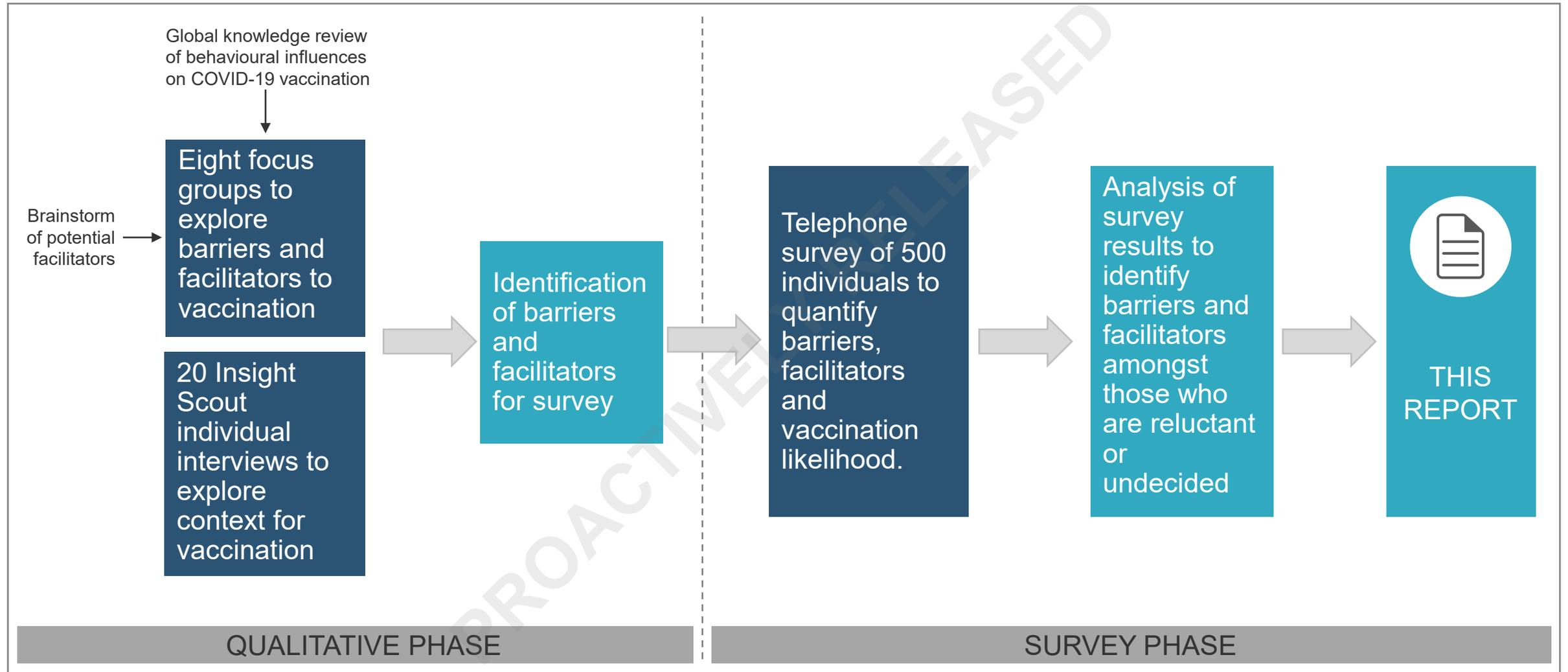
Summary and recommendations

1

Research approach

This section details the research structure and methodology

Overview of the research design



Focus groups and individual interviews

The focus groups and individual interviews were conducted as facilitated conversations (talanoa). The early part of the conversations focused on the rational and emotive barriers and facilitators for vaccination. The later part of the conversations focused on creating solutions to encourage Pacific peoples to get vaccinated. To stimulate the groups' thinking they were given a series of statements which summarised a number of potential solutions from other parts of the world and the solutions that the earlier groups had come up with.

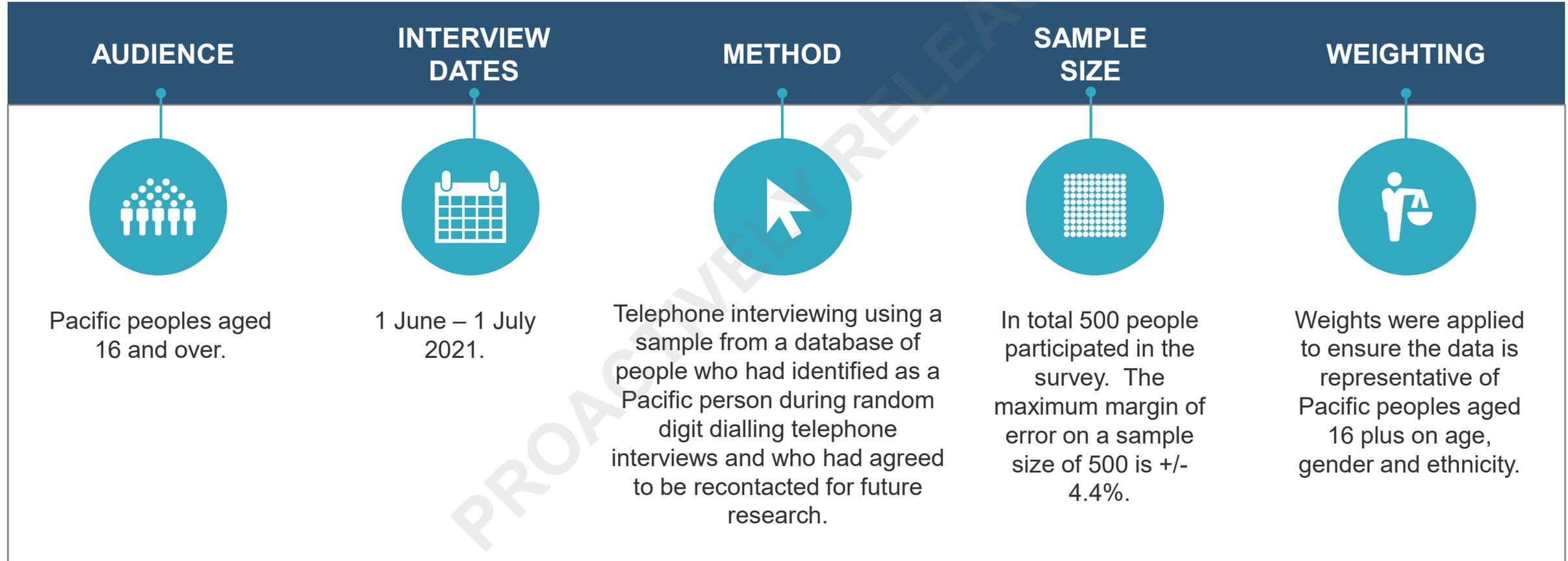
The research was undertaken in during May 2021 in the Auckland and Wellington regions.

6 x 8 people 2 x 7 people	Focus Groups	
		
AGE	GENDER	ETHNICITY
17 – 25: 18 26 – 35: 12 36 – 45: 2 46 – 55: 18 56 – 65: 8 66+: 4	Female: 37 Male: 25	Tongan: 17 Tokelauan: 1 Samoan: 24 Niuean: 6 Cook Island: 13 Fijian: 1

20	Individual Interviews	
		
AGE	GENDER	ETHNICITY
17 – 25: 9 26 – 35: 8 36 – 45: 0 46 – 55: 2 56 – 65: 1 66+: 0	Female: 15 Male: 5	Tuvaluan: 5 Niuean: 8 Tongan: 2 Fijian: 1 Samoan: 2 Cook Island: 2

Survey

The survey focused on quantifying the information from the focus groups and interviews – primarily the **barriers** and **facilitators** as well as vaccination intention. The methodological details of the survey were:



2

Context to the research

This section briefly summarises the response of the Pacific peoples community to COVID-19 pandemic, and how the context is changing.

Pacific peoples' response to the pandemic is a source of community pride and resilience.

- Before exploring their response to vaccination, it is important to note the feelings and actions of the Pacific community during the COVID-19 pandemic.
- During the first major lockdown, in March 2020, Pacific peoples were reported to have some of the highest rates of COVID-19 testing in the country. Although it is clearly recalled as time of uncertainty, difficulty and worry, it is also a time when churches and community leaders were felt to have demonstrated real leadership and initiative with their responses, prioritising the wellbeing of the community, providing support to many in a time when people were facing hardships and being part of the information cascade and action.
- The Pacific community took pride in having among the lowest rates of COVID-19 infection, showing the prevalence of solidarity in the community, and acting in the best interest to protect elders and fanau.



“The Pacific community was really good at encouraging and having higher rates of COVID testing ... Being vigilant” – Tahlia, Cook Islands Maori, 27, F

“We didn't like that we had to do it, but we did it for the safety of EVERY New Zealander, regardless of age, gender and race.” – Kirsty, Niuean, 31, F

“We come from a culture where the collective is so important, and contributing to that is central.” – Sose, Samoan, 18-35, M

‘Post’ COVID-19: What now? Concentrate on today.

- As New Zealand is now no longer in the ‘eye of the storm’ of the pandemic, COVID-19 is more in the rearview mirror of people’s lives rather than being in the forefront of their minds.
- The sense of urgency around COVID-19 has decreased – driven by the negligible number of community outbreaks and deaths from COVID-19 in New Zealand. Everyday challenges and preoccupations dominate many household agendas.
- Even amongst those who are vaccinated, the feeling is simply “I’ve had it” and to just get on with life or work. It was perceived as a business-as-usual task and not something overly important and prioritised. Few people, if any, outside of their families had asked them about it.
- When asked about the future, many people spoke of hope but also a strong sense of apprehension and doubt about the future. Many people feel unsure about what the future really holds.



“Worrying - I know of relatives that are still worried about going back into lockdown, how we’re gonna survive and provide.” – Taylor, Samoan, 22, M

“Myself and a lot of my friends have kind of stopped scanning in, wearing masks, etc... I don’t know if it’s laziness or what. But it’s different now compared to being in level 3,4,etc.” – Andie, Samoan/Indian, 23, M

“For us here in New Zealand we were able to get out of lock down as soon expected due to rules followed and we were all back out and about.” – Pakisi, Tuvaluan 22, F

“In my household, my dad doesn’t speak English... he thinks it’s over... He says “New Zealand’s all good!”. But I communicate to him that we need to keep being cautious.” – Taylor, Samoan, 22, M

Post COVID-19: Social media fuelled uncertainty

- Alongside the shift in urgency and saliency of COVID-19, a parallel shift in media consumption and message exposure was also noted by participants. Whereas people were highly (and it seems in the most case, happily) reliant on government sources being the dominant and unquestioned source of COVID information during lockdown, many people now report being overwhelmed by the barrage of information on social media (Facebook, Instagram, Whatsapp and Tiktok), leading to scepticism and low levels of trust.
- It was particularly evident that people felt that the elderly were more susceptible to these sources of information than other groups (though radio was also often mentioned as a source of information). However, young people – who professed to be more skilled at spotting ‘fake news’ – often did not seem to be exposed to any other sources beyond social media and reported not seeing a lot of information about the vaccination, nor many conversations with their peers.
- It is important to note that few people seemed to believe in any of the specific conspiracy theories in circulation. It is rather the sheer volume of them, particularly in the absence of other credible sources of information, that seems to be creating a climate of uncertainty. The widespread sharing of these conspiracy theories makes these wrong messages more accessible by the community.
- This effect can also reach beyond social media – for example, a Tongan woman is reported as walking around the Otara markets with a board saying ‘no to the vaccine you’ll die from it’.



“I trust people like Ashley Bloomfield because he comes across with integrity and an honest persona. If he says that we need to trust the science then I would believe him...” – Kirsty, Niuean, 18 – 35, F

“My nana trusts the Samoan radio - it’s like the holy grail” – Briar, Samoan, 18-35, M

“Lots of our generation can see through the lies and fake media... But lots of our older generations they just don’t think that people would be lying to them on social media”
– Mathias Samoan, 18-35, M

“I’d never even heard about [the COVID vaccine] until this focus group!” – Te Taumata, Samoan, 18-35, M

“Very overwhelmed with the info out there”
– Gale, Tuvaluan, F, 22

3

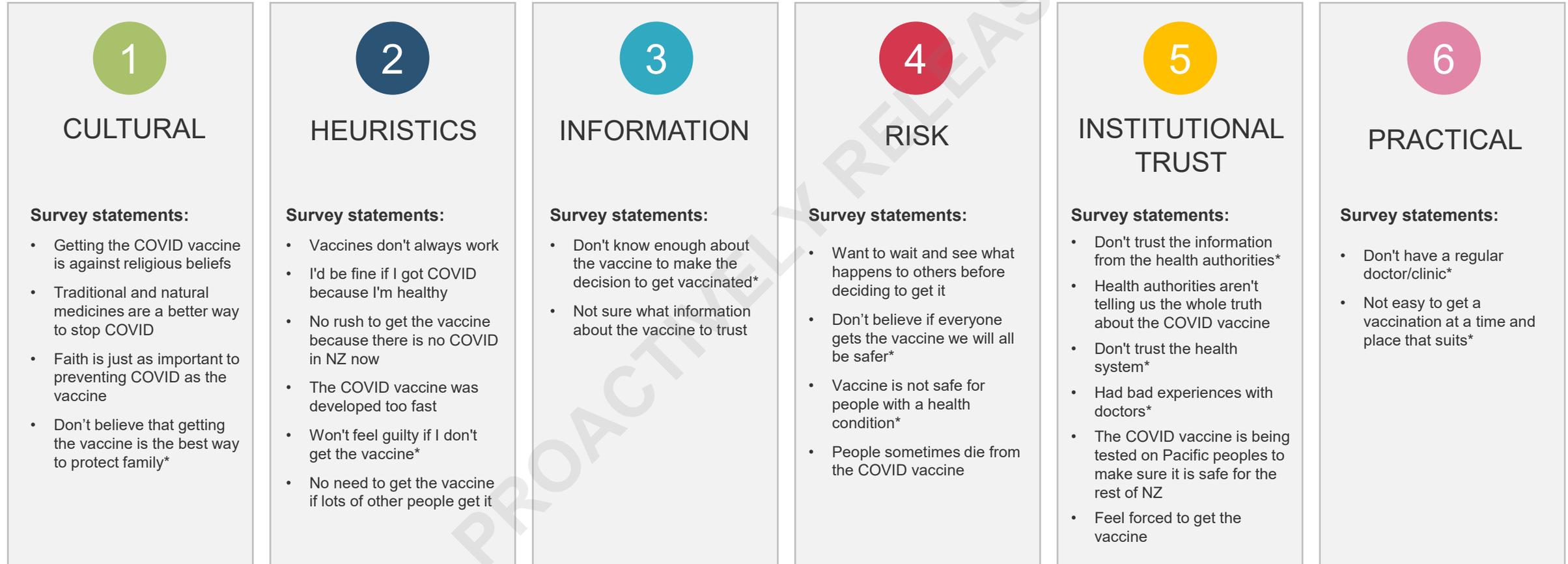
Overall influences on vaccination in the Pacific community

This section summarises the key behavioural influences on vaccination in general, including guidance around engaging the Pacific community

The qualitative focus group conversations indicated six types of barriers that can influence rates of vaccination within the Pacific community



These barriers were used as the basis for the statements tested in the survey. As the survey analysis demonstrates later, these barriers are not all equally influential and equally spread across the population.



Cultural influences: Church, culture and family structure set the context for vaccination

Faith and religion are a fundamental and intrinsic part of everyday life. For a minority, vaccination may run counter to their faith. For the majority, faith is as important, if not more so, than vaccines as a source of support and protection.

A few participants expressed preference for natural/traditional remedies (particularly amongst elders). The preference for natural remedies is something that is also echoed by anti-vaccination information online.

When considering the influence of family structures on vaccinations, most participants expressed the influence of elders and family members who are in positions of authority. They are felt to have more legitimacy and authority to give information, with younger family members being more likely to take their information as truth. In the survey, half of the participants said that their vaccination decision would be made as a family.

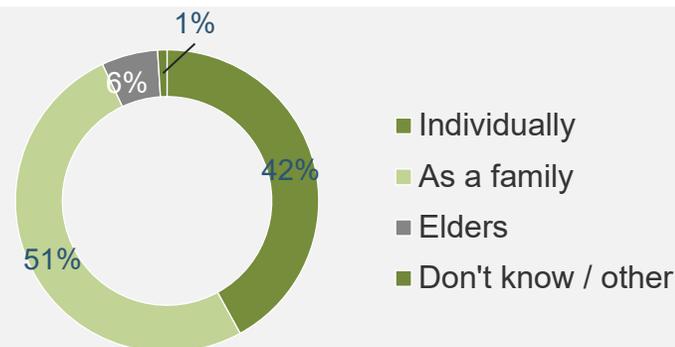


“I think because most of my family are religious they don’t think they need a vaccine.” – Gale, Tuvaluan, F, 22

*“For lots of us Christians, we have a high trust with our Pastors and Churches... basically what they say goes... It’s important they are being provided the correct information so they can then feed on to their people”
– Terai, Cook Islands, 18-35, F*

“I’m raised to be respectful of my parents opinions and so even if what they say is wrong, I still listen and it affects me” – Niveah, Cook Islands Māori, 18-35, F

HOW DECISION WILL BE MADE



Heuristics: Individuals bring to this cultural context their own personal experiences and instinctive judgements about vaccination

- Heuristics are sub-conscious judgements that are created from previous experiences and instincts, and act as a 'rule of thumb' when it comes to how we perceive information about vaccinations. Heuristics can prevent people from seeking the 'truth' about vaccinations, preferring to rely on their own instincts and beliefs.
- One underlying belief is that **vaccines don't always work**. People's experience of the flu jab is that they often seem to get 'the flu' even if they have had the jab. This often comes hand in hand with a **lack of knowledge** about how vaccines work – e.g that they 'kill the virus'.
- There is also an instinctive judgement around speed – that **things done quickly** (e.g., developing a vaccine) are not done safely. This is coupled with a lack of urgency as there is '**no COVID in NZ now**'.
- There also seems to be a heuristic around the severity of the disease meaning there are more risks to the vaccine – a **more severe disease requires a more powerful (and risky) vaccine**.
- The temptation of riding on the coattails of others (not needing a vaccine because **other have had it**) and or not needing it because of their **robust health** don't seem highly prevalent in people's thinking.

“

“I just have to go on gut instinct. I don't believe there are trustworthy sources. You really have to trust your own instincts.” – Kirsty, Niuean, 31, F

“Why would we need to take the vaccine when our own prime minister isn't. So really the vaccine isn't compulsory.”
– Pakisi, Tuvaluan, 22, F

People have been saying “It's rushed out too quickly... hard to trust... they're really pushing for it” – Crawford, Cook Islands Maori, 18-35, M

Information: These instincts and assumptions can then be exacerbated by incomplete knowledge and information

- From the focus group conversations with Pacific peoples*, there seems to be a general lack of knowledge around how vaccines work.
- Awareness of how vaccinations work (and their benefits) should not be taken for granted.
- The problem is that information about vaccines is not necessarily scarce – more that it is confusing, contradictory or untrustworthy. Many people report a lack of good information, not knowing where to source the right information, or a mistrust of information.
- For those who may be less instinctly positive towards vaccines, this false information then confirms their beliefs and hunches about vaccination. Some younger people worry about their less social-media savvy elders being more susceptible to false or misleading information and conspiracy theories.

“

“A lot of the information out there can be confusing... For every ‘trusted source’, there’s about 100 people screaming otherwise, so it’s so hard to know what you’re listening to and what to trust” – Crawford, Cook Islands, 18-35, M

“All of them are untrustworthy, you can’t trust any. You hear different stories EVERYDAY.”

– Shawnee, Niuean, 23, F

“I’d never even heard about [the COVID vaccine] until this focus group!” – Te Taumata, Samoan, 18-35, M

Risk: Uncertainty leads people to form a view of vaccines as not completely safe for themselves and others

- As a result, a number of people are just not quite convinced that vaccinations are safe, particularly the COVID-19 vaccination.
- This leads these individuals to question whether widespread community roll out of the vaccine will indeed make the community safer.
- Some also worry about the suitability of vaccination for people with underlying health conditions or on medication.
- This has not been helped by reports of people dying from the vaccine (but also more strongly, the historical Samoan measles tragedies, see the following slide).
- As a result, many people want to wait and see what happens to other people before they make the decision themselves.

“

“A fear of knowing what might go wrong... I’m pretty sure there’s a high success rate, but we only ever see what goes wrong with them” –

Crawford, Cook Islands Māori, 18-35, M

I do not trust it, because I’m very concerned about the people that has taken it and has had side affects.

Shawnee, Niuean, 23, M

Our people don’t understand, they think this vaccine is a way for the government to get into us... Feliciarose,

Tuvaluan Tokelauan & Kiribati, 24, F

There isn’t any proof really or guarantee for our safety as we may have a allergy and it makes it

worse Dean, Niuean, 56, M

Institutional trust: vaccinations are also clouded by a historic lack of trust in government and institutions

- Another factor is the negative perception towards government as a result of perceived historical failures to protect and act in the best interest of Pacific peoples.
- This history is important to take into account when looking at the ways in to engage with useful and impactful information.
- The protection of children is paramount. Some people seem to believe that the COVID vaccination will be given to children. A number of participants mentioned previous trauma from the deaths of the Samoa measles babies. For many, it provides further reason why there is mistrust in the health system and its delivery of vaccination and further validates the belief that if you get the vaccine you could die. This was further heightened by others who mentioned negative experiences of the flu jab or bad experiences with health services.
- For some, this leads them to view information from government sources with clear suspicion, even to the sense that Pacific people's are being used as 'guinea pigs' for the rest of New Zealand.

“

“New Zealand social media has been flooded with Fox news and Republican propaganda which has been reposted and shared particularly within the Māori and PI community, our community is susceptible because the official source/sources giving us correct information (Govt etc) have lied over and over to our community in the past and have created a relationship of distrust.” – Jalieca, Tongan, 25, F

“Intergenerational mistrust towards the government, state which has been passed down from our elders, old people... rooted in racism and colonisation” – Tahlia, Cook Islands, 27, F

You know our people would listen more to their pastors than the Ministry of Health I think” – Mathias, Tongan, 17, M

“Pacific peoples could feel like test dummies because of high mistrust of New Zealand” – Crawford, Cook Islands, 20, M

“Make people believe and trust in this vaccine, that it is going to protect our babies when vaccinated into their little bodies.” – Agnes, Tuvaluan, 30, F

“There's a lot of people on edge in Samoa... particularly after our babies were dying shortly before the COVID outbreak” – Sose, Samoan, 18-35, M

“I would like them [Ministry of Health] to tell us the TRUTH about this virus and the vaccine.” – Shawnee, Niuean, 23, F

Practical: for some, it might not be easy to get a vaccination

- Lastly, for some, there are practical barriers that get in the way of accessing vaccinations.
- These barriers could include not having a regular doctor or clinic to attend, or not having the ability to make/attend an appointment. It could also refer to those who do not have access to a consistent mode of transport or have limited ability to travel.
- Of note, some participants also discussed the lack of information readily available to them around the practicalities of getting the COVID vaccination – what is involved with getting the vaccine, who is eligible for the vaccine, what is actually in the vaccine and the associated cost.
- It should be noted there was not a lot of discussion about physical barriers as all the groups focused on lack of understanding as being their number one concern that needs to be addressed before they could consider practical barriers.

“

“It’s hard to take time out of the work day to get vaccinated...particularly if your work doesn’t let you take the time off” – Briar, Samoan, 25, F

*“Thinking about my nana who has to bus everywhere... It would have to be in a community space or forum...At the Mangere markets... By the public transportation”
– Andie, Samoan, 23, F*

“Money - I don’t know if it costs anything, or if it’s free, or how accessible it is, where do I have to go? And when?” – Tahlia, Cook Islands, 27, M

These influences are reflected in what participants told us about how they like to be engaged around vaccination

Given these influences around the importance of Pacific peoples' cultural context, lack of knowledge around vaccination and widespread mistrust, participants recommended campaigns which are:

- ① **Recognisably Pasifika**
 - Avoiding tokenism
 - Using correct/appropriate language and translations
 - Using Pacific designs
 - Often referring to or protecting the Islands / 'back home'
- ② **Concise, meaningful and accurate**
 - Avoiding generic messages
 - Not assuming vaccination knowledge (e.g., concept of immunity), 'science-y' language
 - Avoiding slogans which may not always translate – videos strongly preferred
- ③ **Do not provoke or use fear or guilt**
 - Using fear mongering or inducing stress, which only adds to negative perceptions around vaccinations.
 - Making people feel bad if they don't take the vaccine or obligated to do so
 - Using images of needles, funeral scenes, black or dull colours.
- ④ **From sources they trust within, rather than outside, the community.**
 - Kids can be effective messagers too, alongside other respected community sources, including Pacific health professionals.

“

“Having more people that look like us giving announcements or writing articles. There is an overwhelmingly large Pākehā presence now and historically basically telling our communities what they should and shouldn't be doing. There is little to no Māori or Pacific authority that I have found to be widely accessible for our people to turn to.” – Jalieca, Tongan, 25, F



In their own words...

RECOGNISABLY PASIFIKA

“We don’t wanna see trained actors who are there breaking cultural norms, practices and protocols...” – Briar, Samoan, 25, F

“My eyes are naturally drawn towards things that to me are Pacific – arts, patterns, pictures of people.” – Samoan focus group 18-35

“No overused proverbs - I don’t wanna hear ‘He Waka Eke Noa’ [haha]” – Tahlia, Cook Islands Maori, 27, F

“I don’t want to see them using a white person to do it” – Andie, Samoan/Indian, 23, F

CONCISE, MEANINGFUL & ACCURATE

“Using words that are relevant, correct and actually correlate with Pacific communities... For example, I saw a New Zealand government Tongan campaign recently used the word ‘seki’ which is a Samoan word” – Sione, Cook Islands Maori, 28, M

DO NOT PROVOKE OR USE FEAR OR GUILT

“Fear mongering – focusing heavily on the negatives, death and things that people are currently stressed about... We don’t wanna make it worse.” – Gabs, Samoan, 23, F

“I think the happier the campaign, using humour, the better” – Tahlia, Cook Islands Māori, 27, F

FROM SOURCES THEY TRUST

*“Use our **Pacific health professionals** to communicate what the vaccine is, how it’s been developed, why it’s important to get immunized and explain how it protects themselves and others. It would be great if they could present this information in person, or if it was recorded and if it could be translated into our Pacific languages. I think there should also be a Pacific youth strategy, lead out by Pacific youth. Create more ‘noise’/content in a meaningful, creative and relatable way.”* – Eden, Niuean, 27, F

“It’s important who is saying / spreading the message, and how, perhaps even more so than what the message is specifically.” – Crawford, Cook Island, 20, M

“Kids can be effective... Because it shows that if a kid can understand, then so can anybody, an adult even!” – Sose, Samoan 18-35, M

This is reflected in the messages that the participants created

 <p>More preferred (messages created by participants)</p>	<ul style="list-style-type: none"> • “The freedom to travel home to the islands to see aiga, fanau, mātua again” • “We can do this together to protect our aiga, fanau, and mātua” • “The best way to prevent the Pacific Islands from getting a COVID breakout” • “Stronger the immunity, greater the community” [younger group] • “Available to all for free” 	<ul style="list-style-type: none"> - Direct reference to Pacific Islands - Use of pacific language - Emphasis on togetherness
 <p>Less preferred (messages suggested to the group)</p>	<ul style="list-style-type: none"> • “Stronger the immunity, greater the possibilities” • “It’s in our nature to care and respect for the community” • “How we make sure our elders are around longer for our children.” • “Lets pull together for the final leg of the race” • “A great way to keep our community safe” • “The best way to protect our jobs” • “Lets pull together for the final leg of the race” • “The freedom to be back together again” • “There's a shot reserved for every person in our community.” 	<ul style="list-style-type: none"> - Generic messages - English only - Unclear terminology References to ‘race’ and ‘shot’ not welcomed (can be triggering)

These themes were also echoed in campaigns that they recalled as being particularly memorable

Many participants gave positive feedback around memorable campaigns, including:

- Smear your mea
- Come on guys get firewise
- Rheumatic fever
- Quit smoking campaigns
- Horoi o ringaringa



NB These images are illustrative – the images were not specifically referred to by participants

4

COVID-19 vaccine hesitancy

This section details the survey findings around the level of vaccine hesitancy amongst Pacific peoples



Measuring vaccination hesitancy: defining intention

In the analysis unvaccinated people were assigned to one of three intention groups based on:

- a Their stated likelihood to get vaccinated.

How likely are you to get the COVID vaccine. Are you ... extremely likely, very likely, quite likely, not that likely, not at all likely?

- b their commitment to getting vaccinated. The more strongly someone is committed to a behaviour, the more likely they are to act on their intentions*.

Commitment is a composite measure created from the four factors that influence commitment to a behaviour:

Dissonance – the level of discomfort someone feels with an existing behaviour or situation.

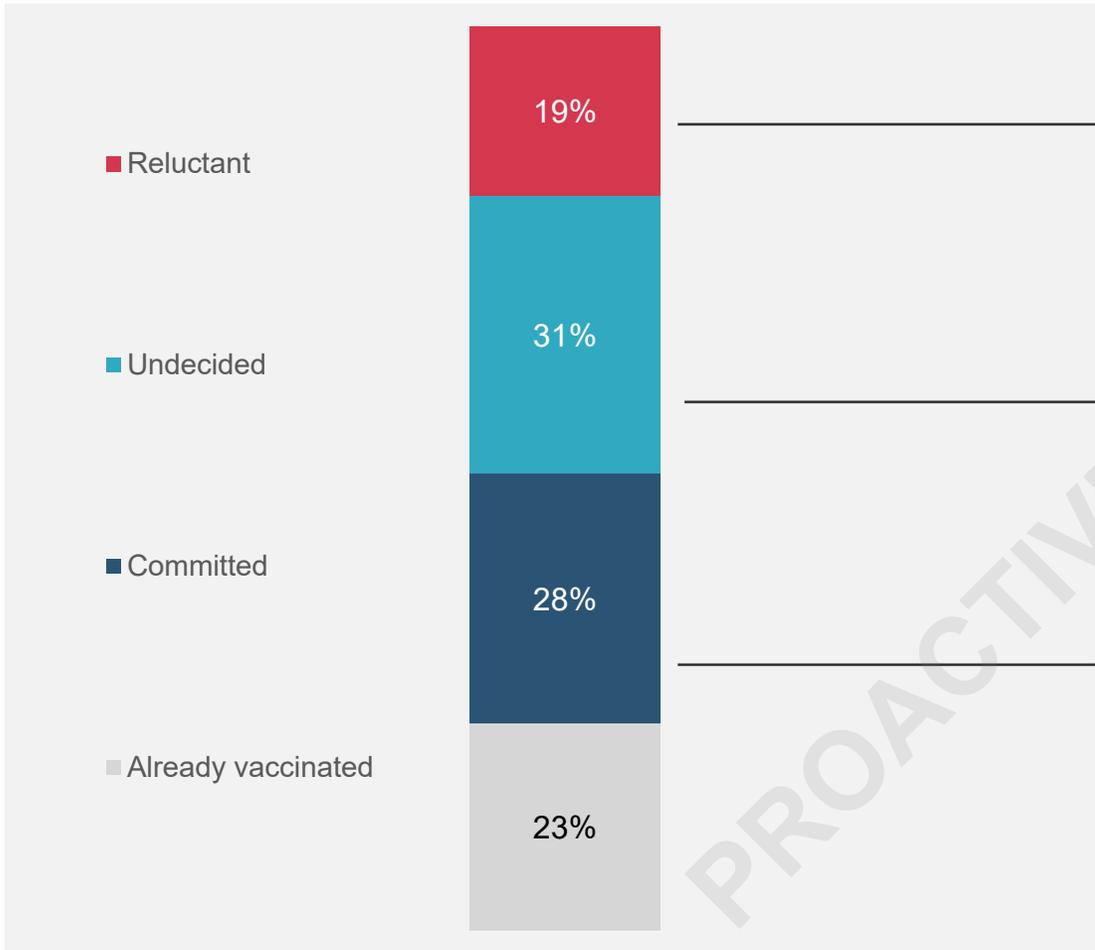
External influence – the extent to which people feel external factors (e.g., situational/environmental) will prevent them from doing the behaviour.

Ambivalence – the extent to which people are torn by conflicting reasons to do and not do the behaviour.

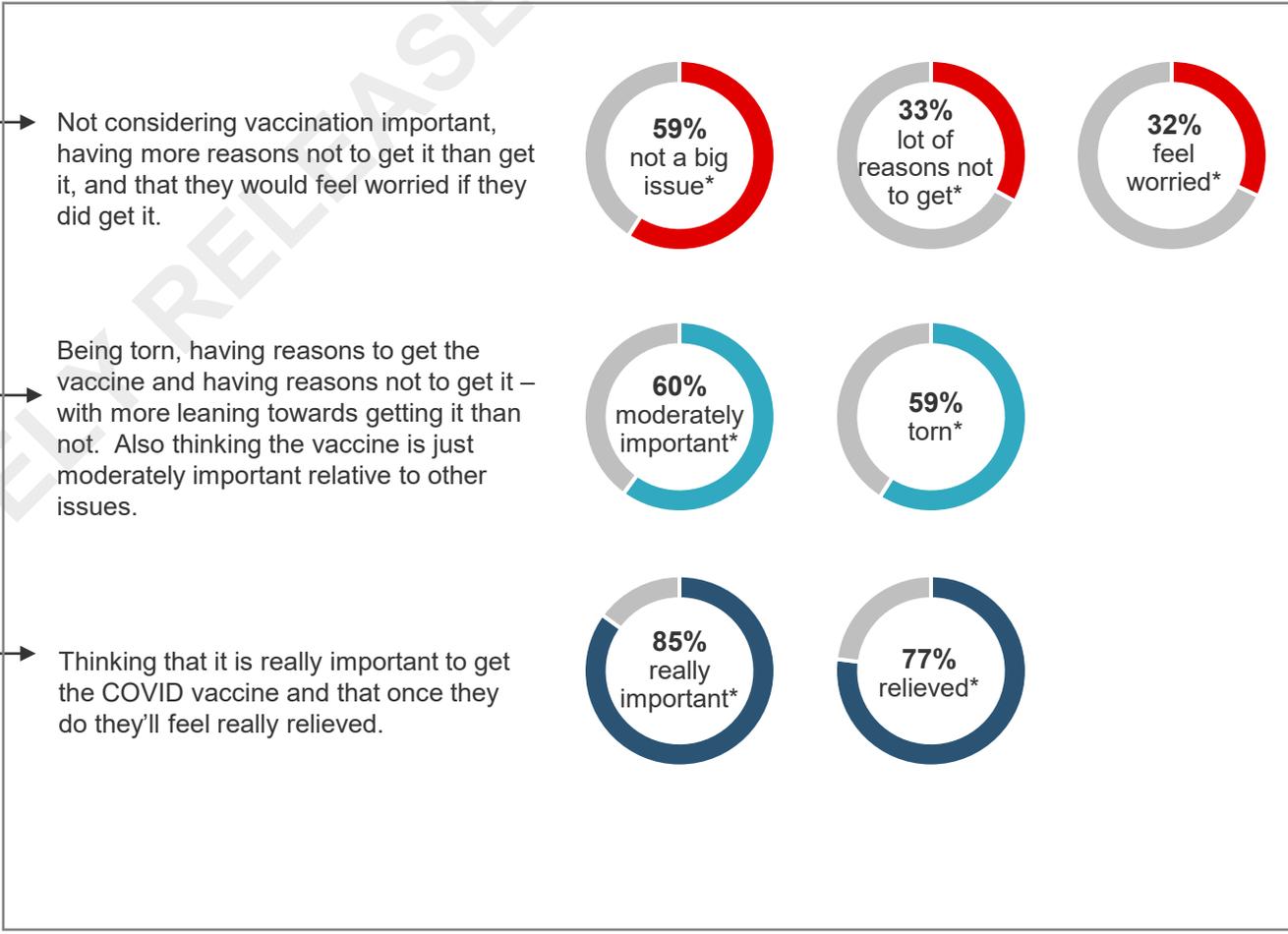
Involvement – how important the behaviour is to people.

31% of Pacific peoples are undecided about vaccination, and a further 19% are reluctant to get one

VACCINATION COMMITMENT*

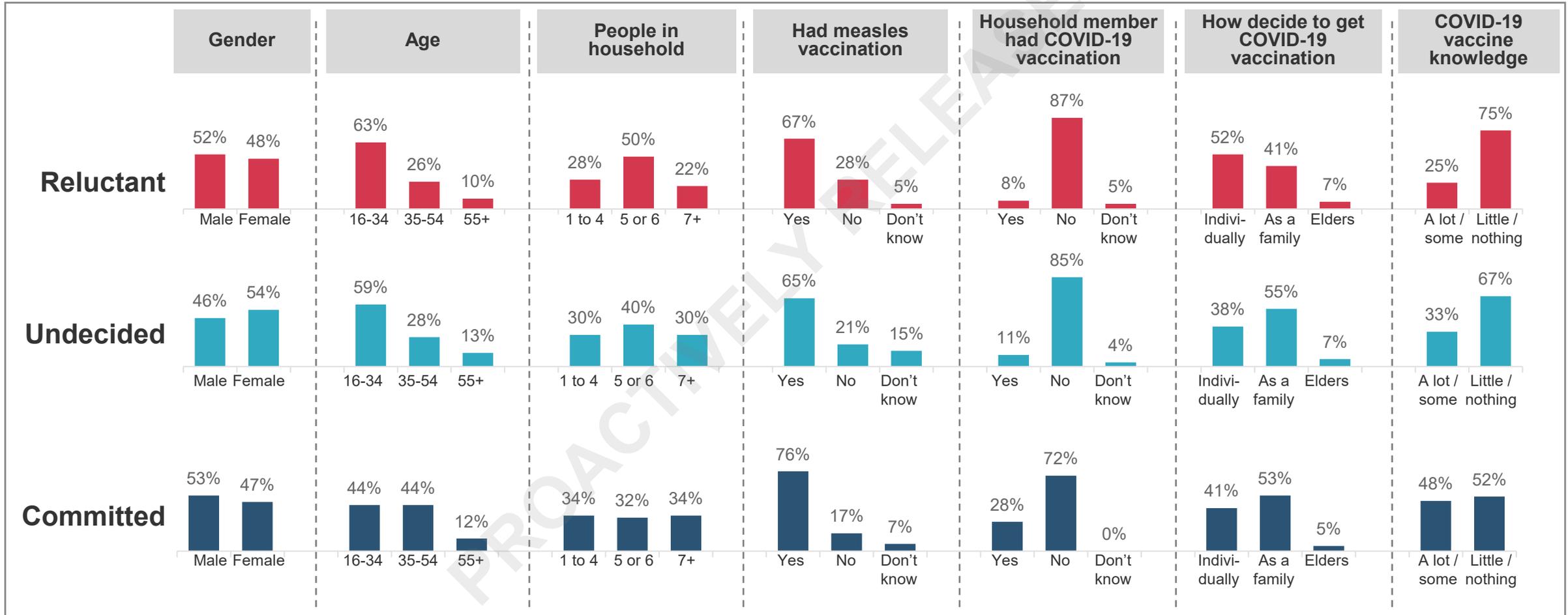


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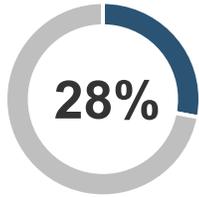


The groups differ in terms of their demographics, exposure to vaccination, decision making and knowledge

DEMOGRAPHIC PROFILE OF EACH GROUP



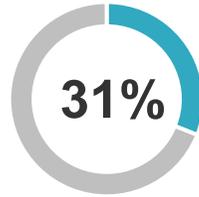
Summary of group differences: those undecided are more similar to those committed to vaccination; those reluctant are quite distinct



28% COMMITTED

- Slightly more likely to be male, older as well as younger.
- Often measles vaccinated, know people who have COVID vaccination.
- Will decide as a family and for themselves.
- Are more informed about the vaccine.
- Believe COVID vaccination is important.
- Will be relieved to get the vaccine.

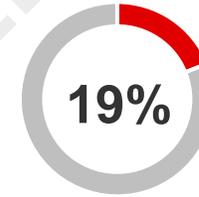
'Where do I get the vaccine and how soon can I get it?'



31% UNDECIDED

- More likely to be female, young.
- Not always have had or been exposed to vaccination.
- Will decide as a family.
- Know little about COVID vaccines.
- Believe COVID vaccination is moderately important.
- Are torn about COVID vaccination, they have reasons for getting and also reasons for not getting it. On the whole though, most are leaning towards getting it.

'I have a fear of not knowing what might go wrong.'



19% RELUCTANT

- Slightly more likely to be male, young.
- Less likely to have had or been exposed to vaccination.
- Will decide for themselves.
- Know least about COVID vaccines.
- Don't believe COVID is a big issue.
- Have many reasons not to get vaccinated, including being worried if they did.

'I'm feeling as though Covid isn't a great threat [and the vaccination might be]'

5

Engaging the 'Undecided'

This section looks more specifically at the barriers and facilitators for the Undecided

Determining the most influential barriers

The barriers for the Undecided have been grouped into three categories depending on their incidence in the population and the impact* they have on the decision to get vaccinated: primary barriers to address, secondary barriers to address, and less influential barriers. The barriers that fall into the first two groups are summarised below, while the chart on the following page shows the incidence and impact of all barriers.

PRIORITY BARRIERS TO ADDRESS

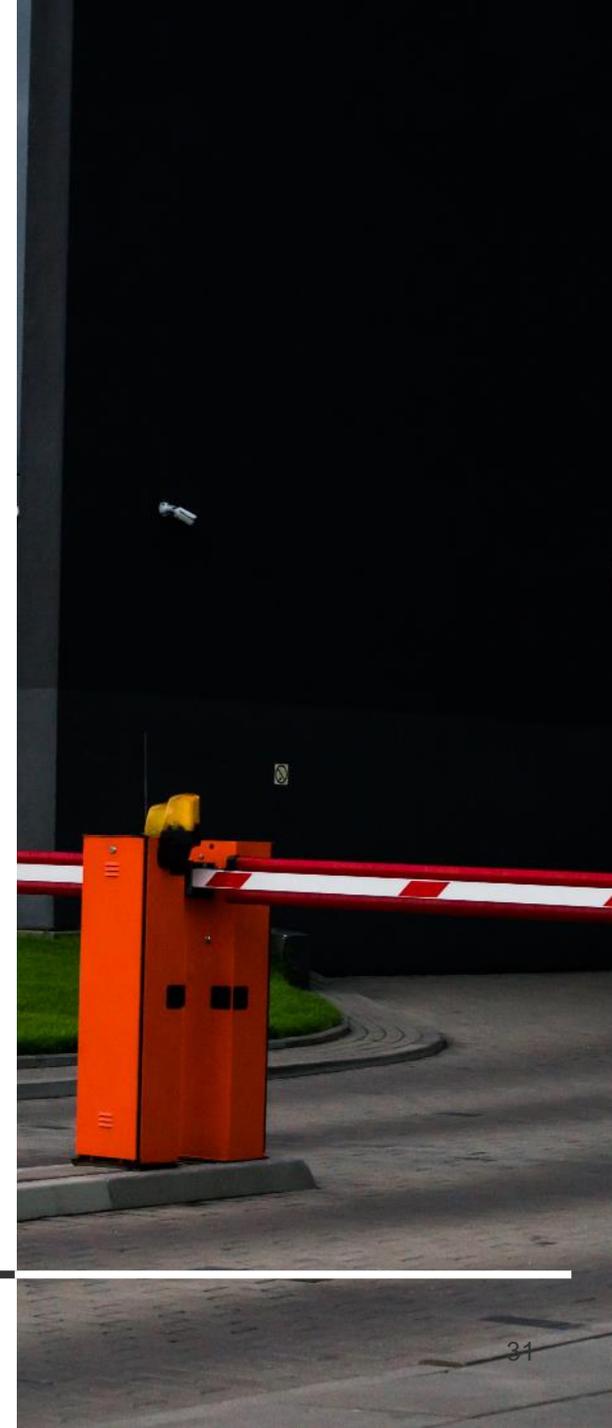
(high incidence in the population and high impact on the decision)

- Don't know enough about the vaccine to make the decision to get vaccinated
- Want to wait and see what happens to others before deciding to get it

SECONDARY BARRIERS TO ADDRESS

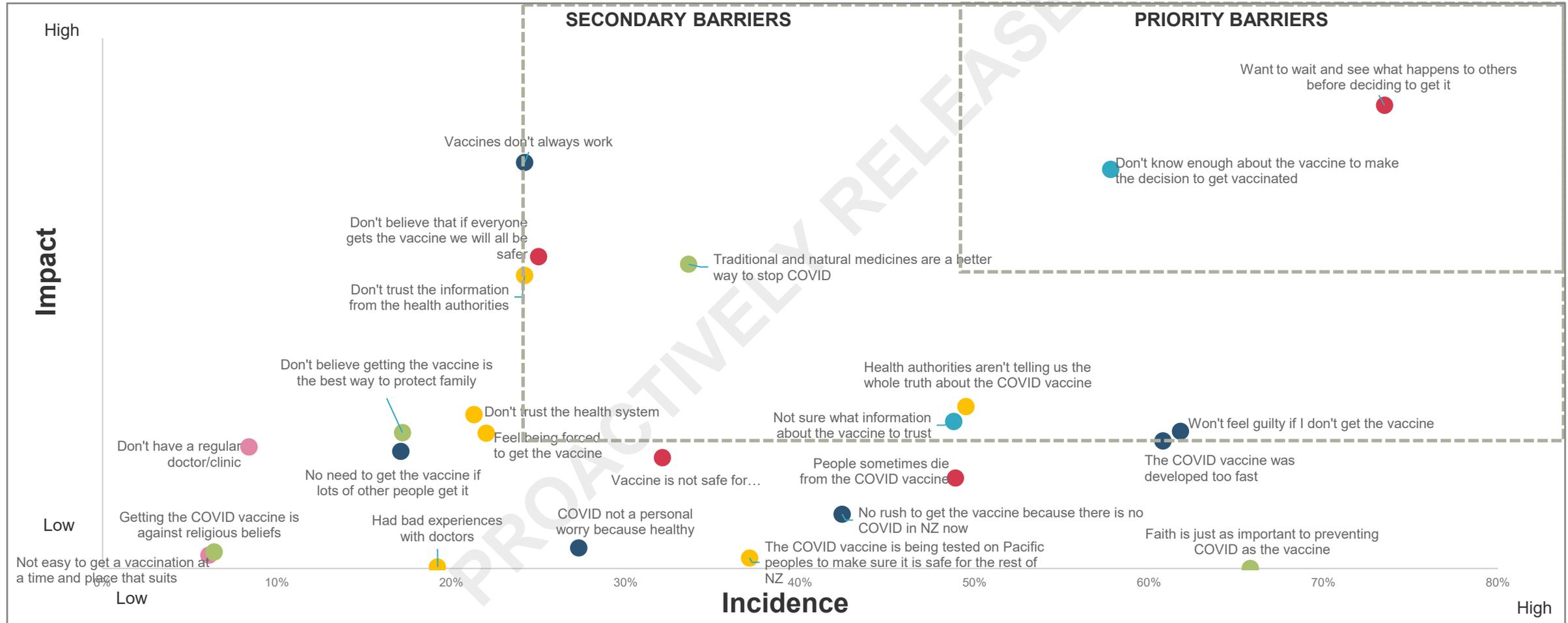
(high/medium incidence in the population and high/medium impact on the decision)

- Not sure what information about the vaccine to trust
- Vaccines don't always work
- The COVID vaccine was developed too fast
- Won't feel guilty if I don't get the vaccine
- Traditional and natural medicines are a better way to stop COVID
- Don't believe that if everyone gets the vaccine we will all be safer
- Don't trust the information from the health authorities
- Health authorities aren't telling us the whole truth about the COVID vaccine



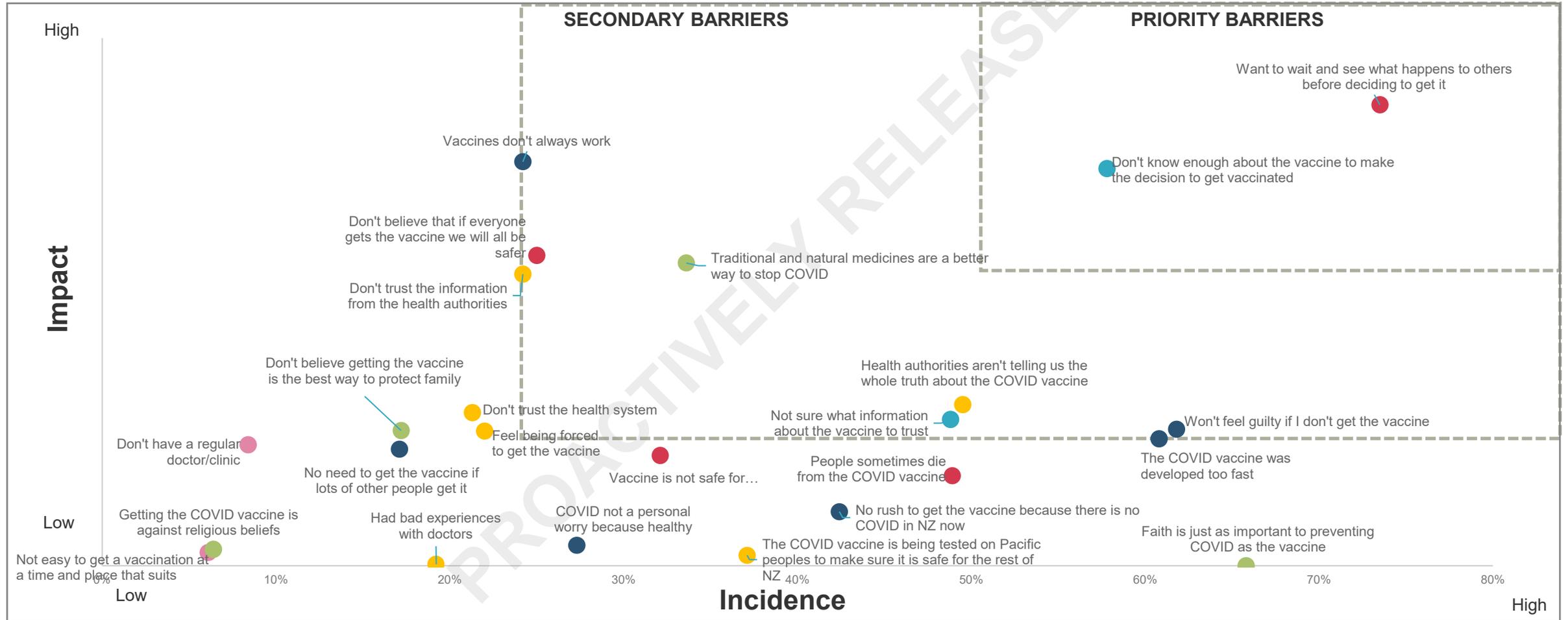
The Undecided are characterised by a 'wait and see' mentality, based upon a feeling of not knowing enough to make the decision. Bubbling underneath their hesitancy are a number of questions around trust and efficacy.

INCIDENCE AND IMPACT OF BARRIERS FOR THE 'UNDECIDED'



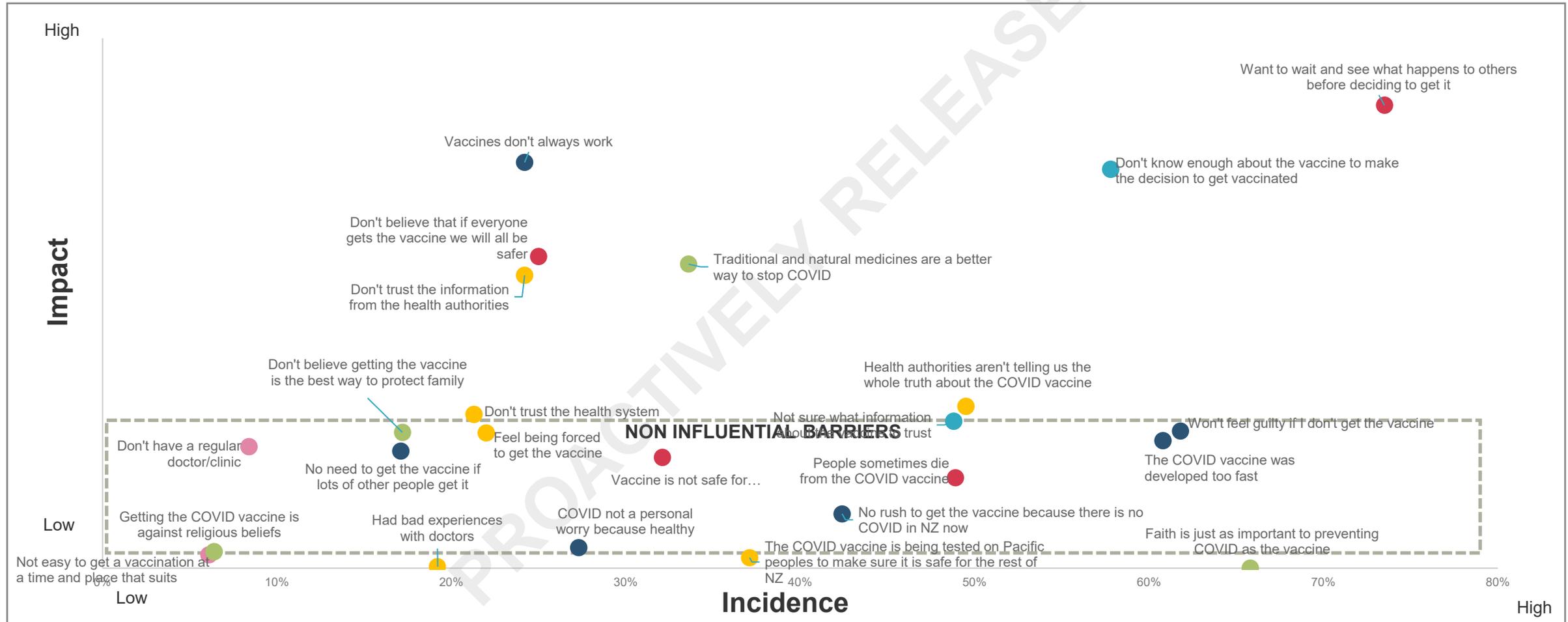
There is no single type of barrier to vaccination for the Undecided. Rather it is a combination of a number of types of barriers that are influencing and reinforcing each other that is driving their hesitation.

INCIDENCE AND IMPACT OF BARRIERS FOR THE 'UNDECIDED'



Of note, there are a number of influences that do not seem to be impacting their intention to get vaccinated, including perceived capability to access the vaccine, incompatibility with faith, and personal health conditions.

INCIDENCE AND IMPACT OF BARRIERS FOR THE 'UNDECIDED'



This data points to a mental framework amongst the Undecided, which encourages and justifies the need to wait before taking action



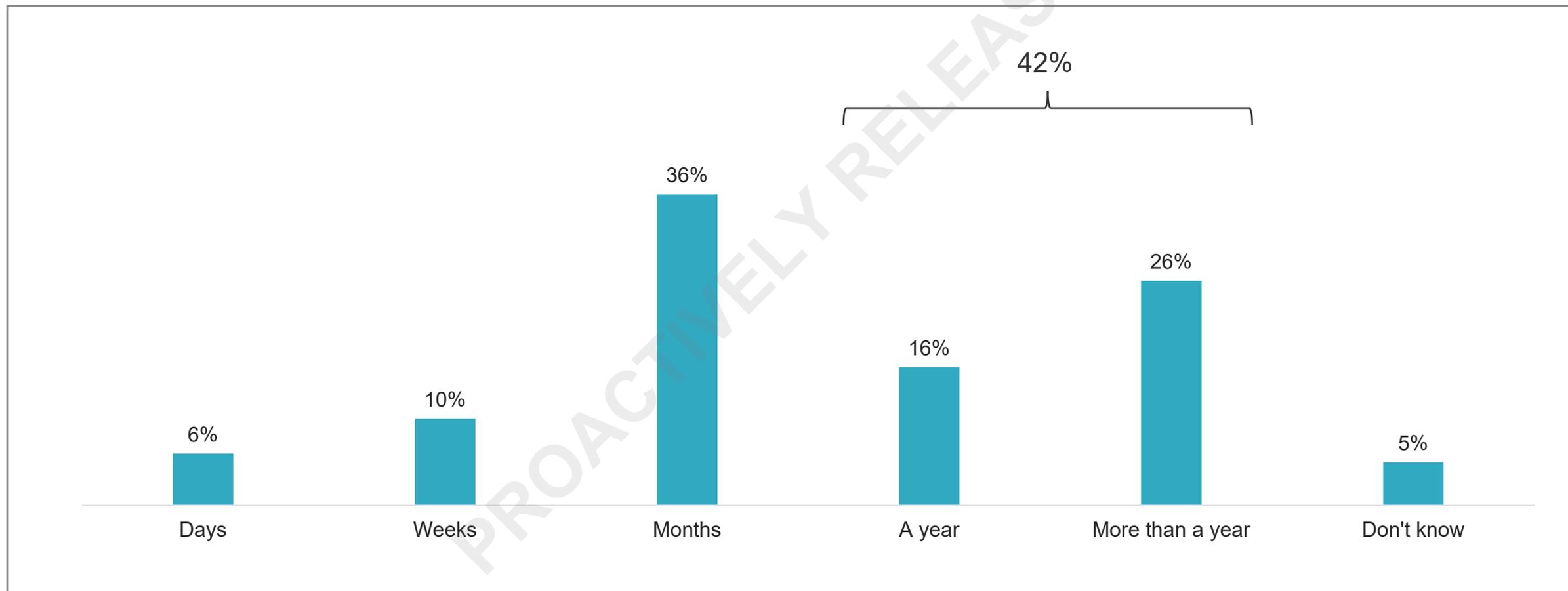
"I have heard a lot and honestly do not know who to believe. People saying to take the vaccine and then others saying not to cause it's all lies. And it's scary cause you really don't wanna make a mistake." – Gale, Tuvaluan, 22, F

"Explain more about what the vaccine is for and confirm that it isn't deadly." – Pakisi, Tuvaluan 22, F

"Not knowing anything about it all [for me] is a barrier." – Niveah, Cook Island, 17, F

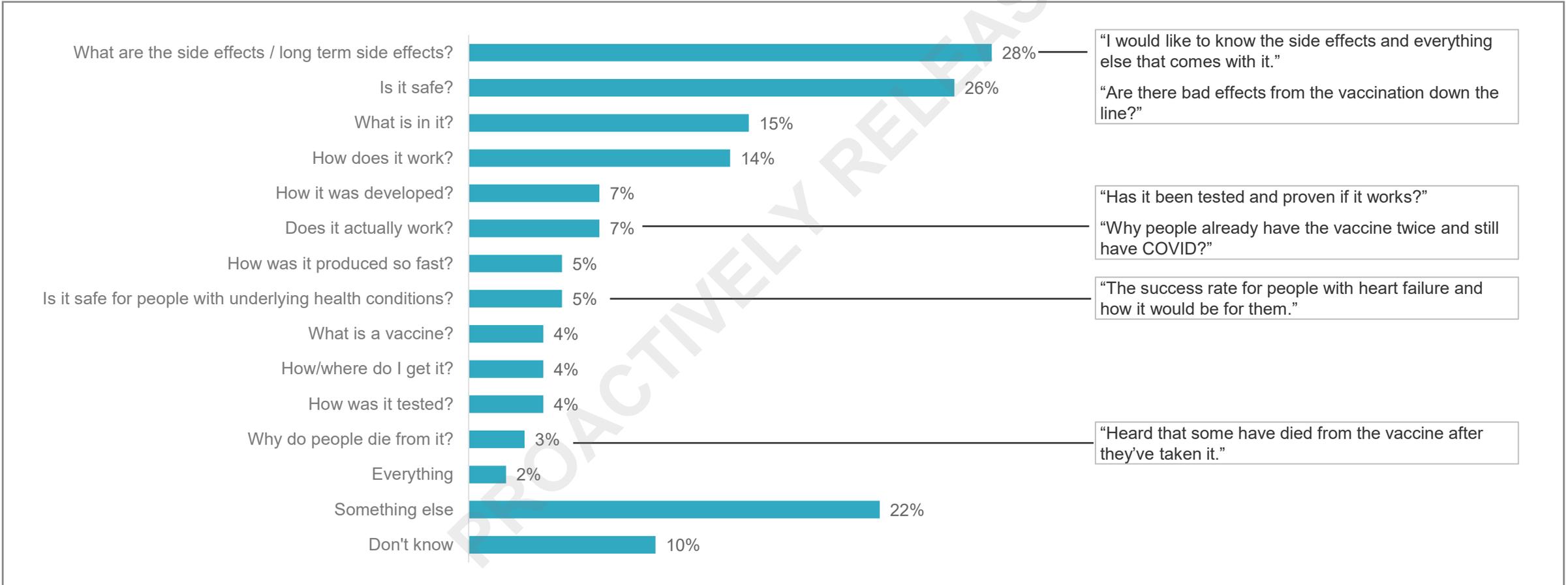
This 'wait and see' may last a long time. Amongst the Undecided who said they want to wait and see what happens to others before getting vaccinated, four in ten say they'll wait at least a year.

TIME INTENDING TO WAIT TO SEE WHAT HAPPENS TO OTHERS



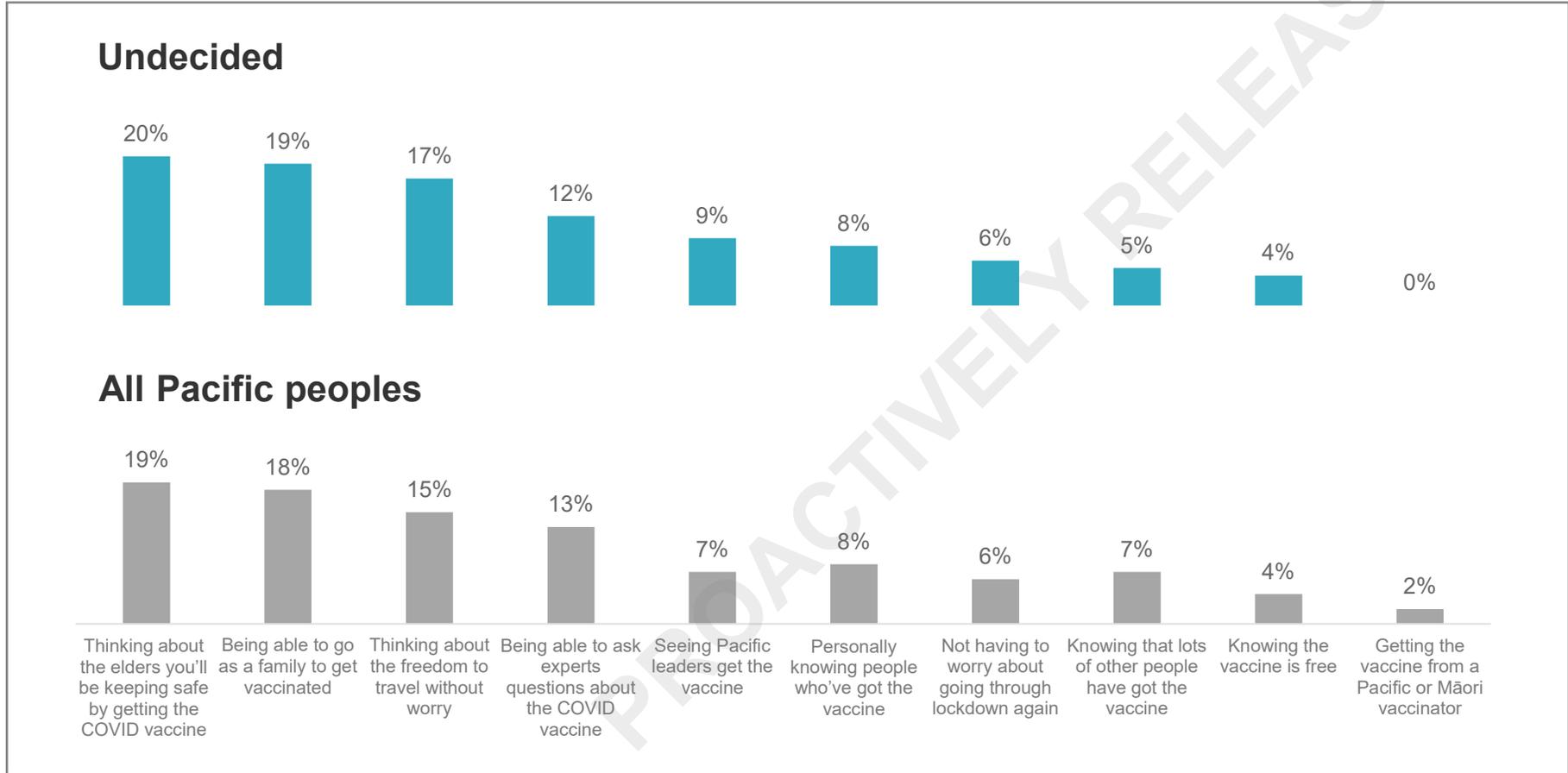
The Undecided really want to know about the long term side effects of the vaccine and overall safety. They are less interested in what it is and how it works

QUESTIONS THAT NEED TO BE ANSWERED TO HELP MAKE DECISION



Part of the answer to motivating the Undecided is appealing to their natural desire to protect those in their fanau and community

FACILITATOR PEOPLE THINK WILL BE MOST IMPACTFUL FOR THEM

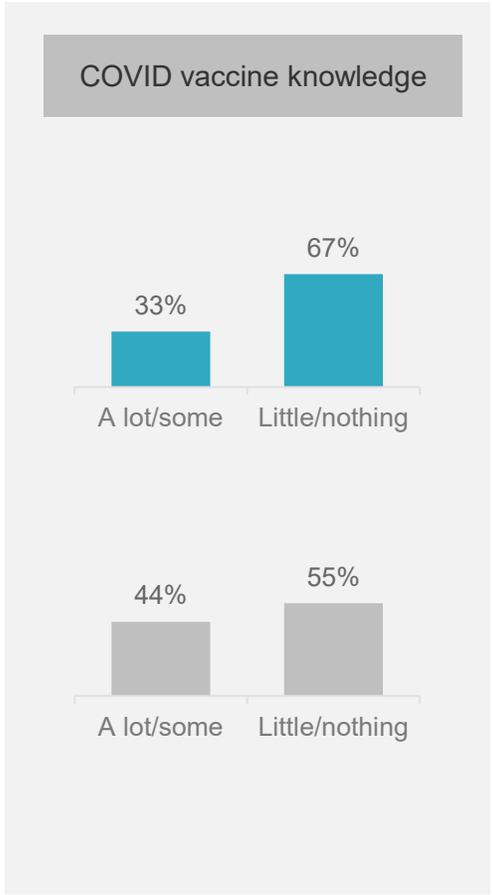
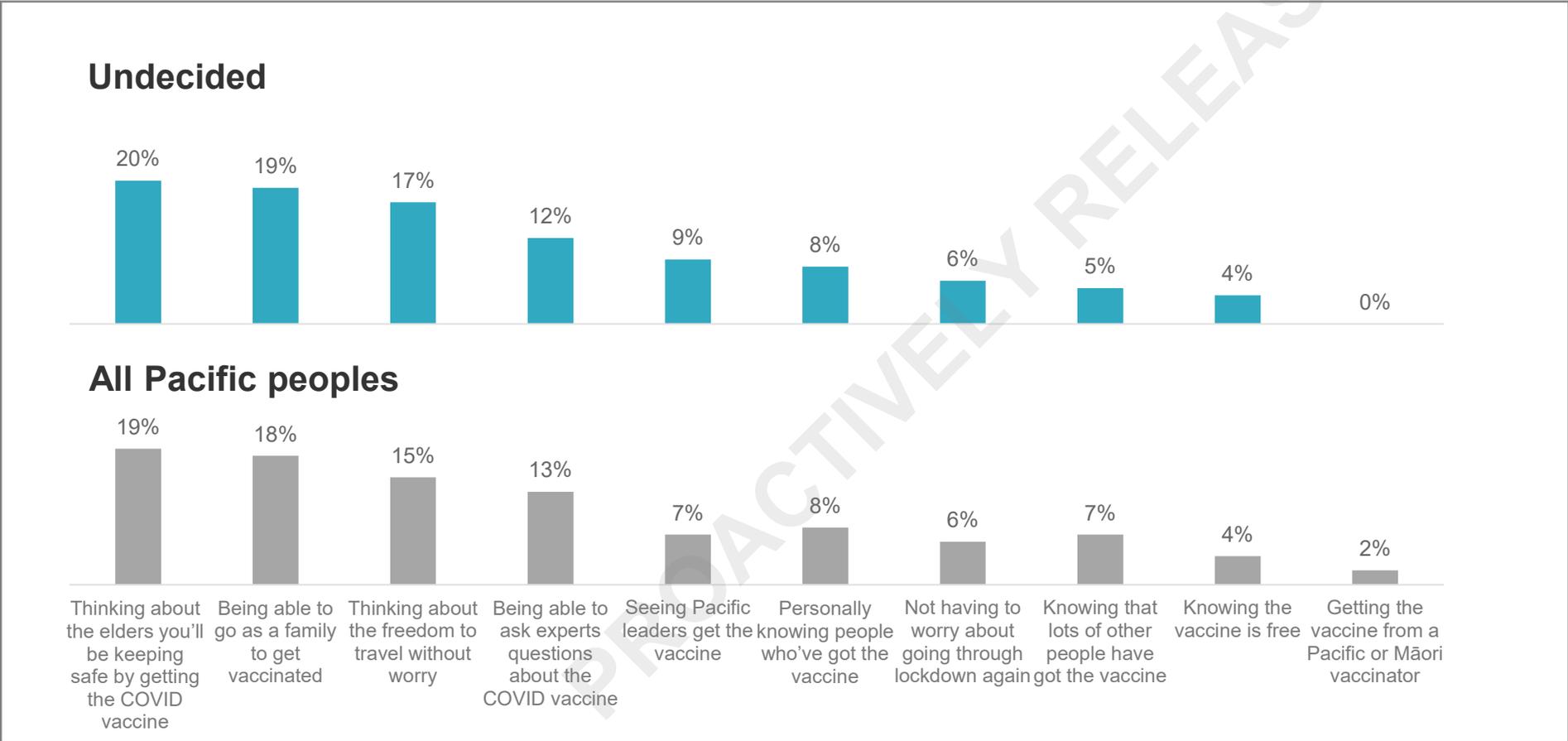



We can do this together to protect our aiga, fanau, and mātua”

One of the statements created by the groups to promote the vaccine.

However, noting that their motivations are very similar to the general Pacific population indicates that their underlying need to know more about the safety of the vaccination also needs to be addressed.

FACILITATOR PEOPLE THINK WILL BE MOST IMPACTFUL FOR THEM



Encouraging the undecided: respond to their need for safety, wrapped in their desire to protect the community

1

Respond to their need for reassurance of safety, encompassing a Pacific perspective

- Using influencers from within the community, rather than outside
- Providing those who advocate for vaccination ways to provide people close to them with the right knowledge
- In terms that align with traditional/natural health approaches and/or language

2

Ground messaging in their desire to protect the community, bringing in an element of exigency

- Values based messaging reflecting hope, encouragement, togetherness, leadership
- Subtle nudges to discourage 'I'll wait and see', to move to 'I should get this done sooner rather than later'





Encouraging the Undecided: in their own words

“Having more stories from people who live normal, real lives... rather than from influencers, or politicians... I’m talking about the people who are in the communities, out-there” – Sione, Tongan, 28, M

*“A huge priority for polynesian families is providing for one another” ... “If we can provide our people with the right knowledge, then we can better respond to the issue”
– Mathias, Samoan, 17, M*

*“I found it had to explain the huge significance to my Samoan family, specifically my church family... I tried to explain it to them like, ‘You can’t pray to win the lotto and not buy a ticket’ to explain the importance of action [lots of nods from room]”
– Sose, Samoan, 18-35, M*

“The best way to protect family here and in the islands”

– Briar & Andie, Samoan, 18-35, F & M

- How the participants defined their own campaign:
- We can do this together to protect our Aiga, Kainga, Fanau & Matua.
- I did it for you - So we can sooner travel and visit families overseas.
- Support messages - It is free for everyone
- Who & Where - Pacific family members in typical Pacific home
- Tone - Balance of humour & seriousness
- Pacific language translation is essential

6

Engaging the 'Reluctant'

This section looks more specifically at the barriers and facilitators for those who are reluctant

Determining the most influential barriers

The barriers for the Reluctant have been grouped into three categories depending on their incidence in the population and the impact* they have on the decision to get vaccinated: primary barriers to address, secondary barriers to address, and less influential barriers. The barriers that fall into the first two groups are summarised below, while the chart on the following page shows the incidence and impact of all barriers.

PRIORITY BARRIERS TO ADDRESS

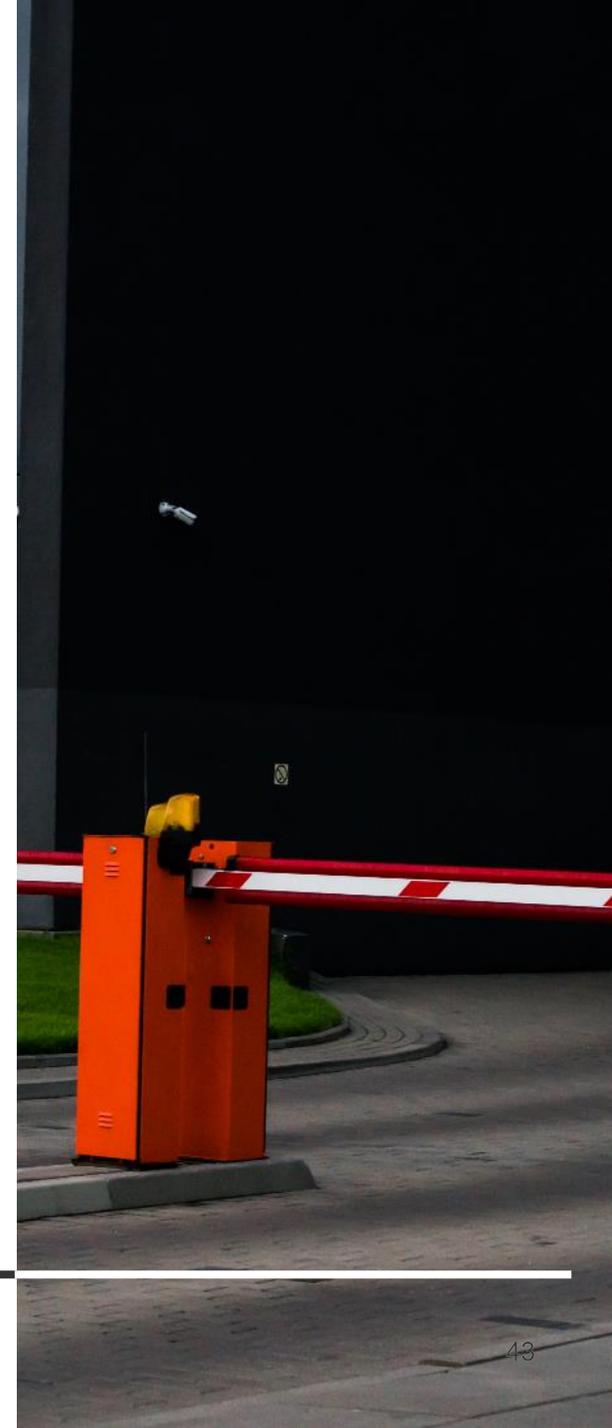
(high incidence in the population and high impact on the decision)

- Don't believe getting the vaccine is the best way to protect family
- Don't believe that if everyone gets the vaccine we will all be safer
- Won't feel guilty if I don't get the vaccine
- Vaccines don't always work

SECONDARY BARRIERS TO ADDRESS

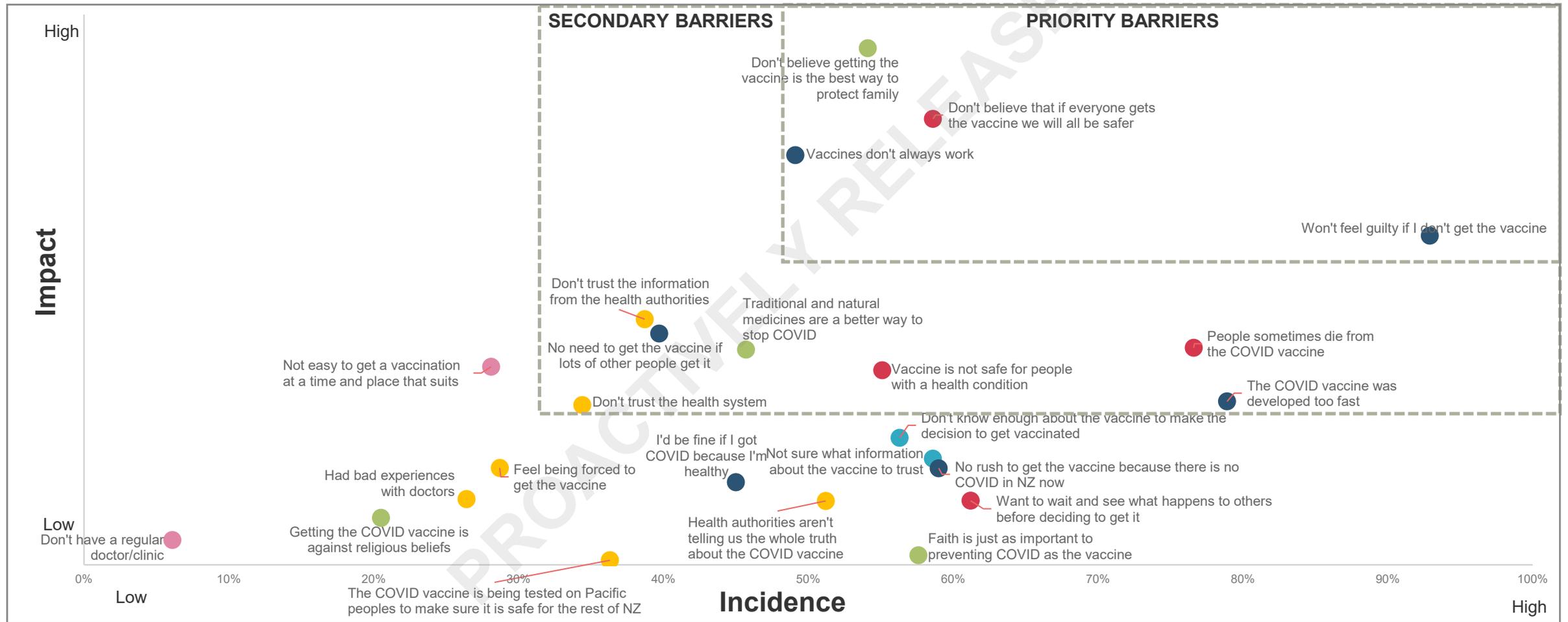
(high/medium incidence in the population and high/medium impact on the decision)

- No need to get the vaccine if lots of other people get it
- Don't trust the health system
- Don't trust the information from the health authorities
- Traditional and natural medicines are a better way to stop COVID
- Vaccine is not safe for people with a health condition
- The COVID vaccine was developed too fast
- People sometimes die from the COVID vaccine



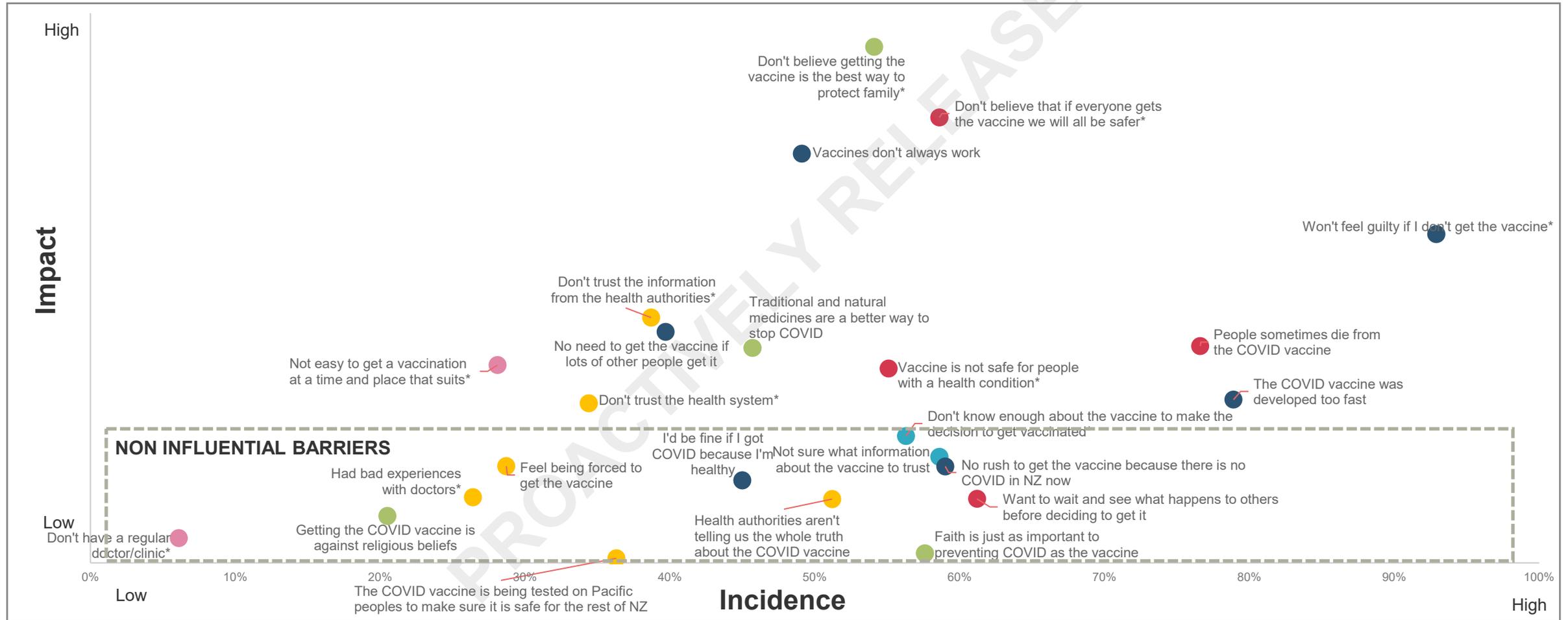
The Reluctant exhibit a set of beliefs that makes them highly sceptical about the effects of the vaccine. They also seem to be more individualistic.

INCIDENCE AND IMPACT OF BARRIERS FOR THE 'RELUCTANT'



As with the Undecided, there are a number of influences that do not seem to be impacting the Reluctant, including incompatibility with faith and not having access to healthcare.

INCIDENCE AND IMPACT OF BARRIERS FOR THE 'RELUCTANT'



This data points to a mental framework amongst those who are reluctant which is centred around questioning, a systemic lack of trust in authorities and a viewpoint more centred on the self



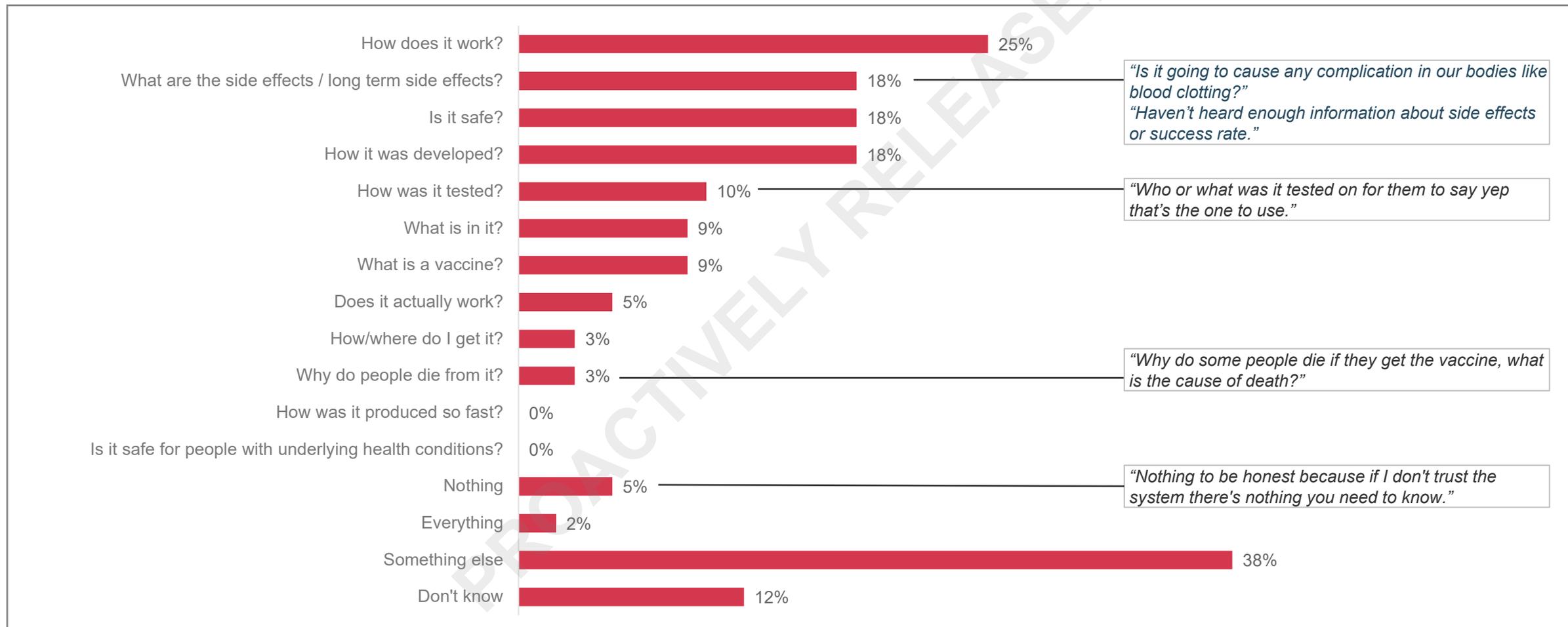
“Everyone is entitled to their opinions. I disagree cause I believe I am of a healthy family blood line.” – Dean, Niuean, 56, M

“I disagree with the vaccine as I have not yet felt that COVID-19 has affected me or my family yet.” – Antonio, Cook Islands Māori, 21, M

“I haven't done my research on it yet, only because I'm not planning on getting it.” – Agnes, Tuvaluan, 30, F

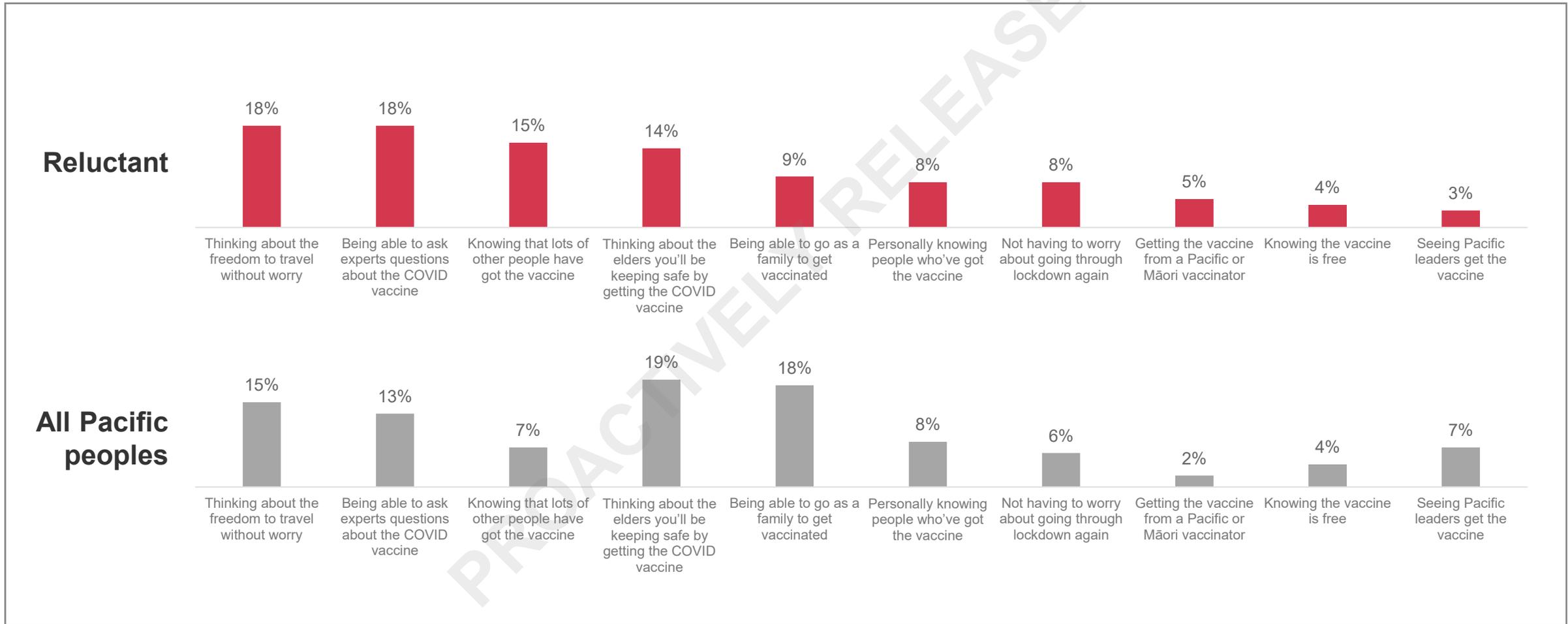
Those who are reluctant about the vaccine have far more specific questions about how it works, how it was developed, as well as its safety.

QUESTIONS THAT NEED TO BE ANSWERED TO HELP MAKE DECISION



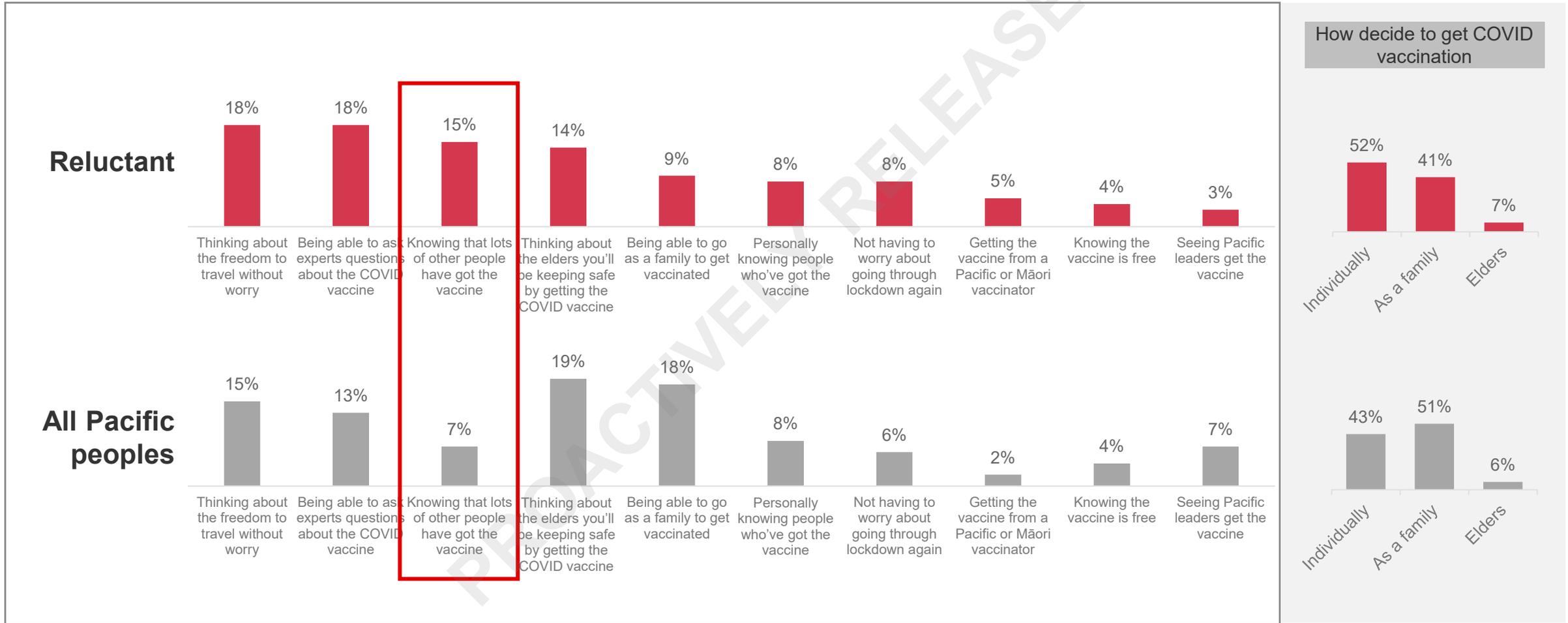
Their questioning and individualistic stance is reflected in their choice of facilitators – transactional elements such freedom and their ability to ask questions. Community centred facilitators are lower.

FACILIATATOR PEOPLE THINK WILL BE MOST IMPACTFUL FOR THEM



Interestingly, knowing that lots of people have had the vaccine is also influential. This contrasts with their more individualistic decision making: indicating that whilst they may be less open to being told by others to get vaccinated, they may still be influenced if others do.

FACILITATOR PEOPLE THINK WILL BE MOST IMPACTFUL FOR THEM



Encouraging the reluctant: a grass roots dialogue that does not feel the vaccine is being forced on them

1

More than providing them with information, create the space and opportunity to respond to questions.

- Seek to answer questions, rather than set out to convince.
- A need for more grass roots level discussion
- Interactive messaging; interview or talanoa format – Experts (Dr Bloomfield) or Pacific doctors answer questions about the vaccine from a young Pacific person.

2

Wrap within a individualistically led rather than community led messaging framework

- Transactional element – such as freedom to travel overseas.
- Should not make people feel obligated, or feel bad if they don't take the vaccine

3

Support with testimonials from people they trust

- Vlogs of people sharing their vaccination stories
- Point people to websites and places to get the right information, translated to various Pacific languages



Encouraging the Reluctant: in their own words

“Get more information about what your about to insert into your body.” – Agnes, Tuvaluan, 30, F

“For a proper study by our own Poly doctors that endorse it to say “yes it’s safe for us to get it, now safe for our children as well.” – Dean, Niuean, 56, M

“I was reading this [Facebook] conversation between my cousin and a Pacific Island doctor. It helped answer my questions as well.” – Ashleigh, Tongan, 29, F

“Knowing people in real life... like my brother for instance has gotten the COVID vaccine.. I trust him and his experience with it” – Briar, Samoan, 25, M

HOW THE PARTICIPANTS DEFINED THEIR OWN CAMPAIGN:

The freedom to travel home to islands to see aiga, fanau, mātua again - “It’s pretty hot” “Strong” “It’s like the first [freedom to be back together] but better” Samoan focus group 18-35

8

Summary and recommendations

Summary of findings



- There are a number of interconnected barriers that influence an individual's likelihood of getting a vaccination.
- In particular, knowledge around vaccination is often low, stories on social media are feeding concerns, and trust in health authorities cannot be taken for granted. This is creating a general hesitancy around the COVID 19 vaccination.
- Pacific peoples prefer to be engaged with campaigns that are recognisably Pasifika, concise, meaningful and accurate, do not provoke or use fear or guilt, and from sources they trust.
- Within the community, 31% are yet to make up their mind about vaccination. A further 19% are reluctant to do so.
- Those who are undecided are similar to others in the general Pacific community, but they need specific reassurance around the vaccine's safety – including side effects.
- Those who are reluctant tend to be more questioning about vaccines in general, and seem less swayed by community centric messages.
- Separate messaging strategies are required in order to be effective to both those who are undecided and those who are reluctant.
- Those who are undecided need to hear that the vaccine is safe, and helps protect those in their community. They need nudging toward getting it sooner rather than later.
- Those who are reluctant need to be engaged with a dialogue around their questions, and to understand the benefit of the vaccination for themselves.

Recommendations to the Ministry

1

Addressing the misinformation experienced by the Pacific community through being present in dominant media sources, particularly social media

2

A need for more grass roots level discussion i.e. within the community to answer questions about the vaccine

3

A need to really reach in to the communities, to provide people with ways that they can access people who can explain the vaccine.

4

Prominent use of Pacific peoples in promoting the vaccine.

5

Tailored, targeted (and differentiated) messages to those who are undecided and those who are reluctant.



**FOR FURTHER INFORMATION
PLEASE CONTACT:**

Colmar Brunton, a Kantar Company
Level 9, 101 Lambton Quay
Wellington 6011
Email info@colmarbrunton.co.nz
Phone (04) 913 3000
www.colmarbrunton.co.nz

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