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.
CONTENTS

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3. Overall influences on vaccination in the Pacific Island community
4. COVID-19 vaccine hesitancy
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7. Summary and recommendations
Research approach
This section details the research structure and methodology.
Overview of the research design

Global knowledge review of behavioural influences on COVID-19 vaccination

Eight focus groups to explore barriers and facilitators to vaccination

Identification of barriers and facilitators for survey

Telephone survey of 500 individuals to quantify barriers, facilitators and vaccination likelihood.

Analysis of survey results to identify barriers and facilitators amongst those who are reluctant or undecided

QUALITATIVE PHASE

SURVEY PHASE

20 Insight Scout individual interviews to explore context for vaccination

Brainstorm of potential facilitators

“This report proactively released"
Focus groups and individual interviews

The focus groups and individual interviews were conducted as faciliated 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.

<table>
<thead>
<tr>
<th>6 x 8 people</th>
<th>Focus Groups</th>
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<tbody>
<tr>
<td>AGE</td>
<td>GENDER</td>
</tr>
<tr>
<td>17 – 25: 18</td>
<td>Female: 37</td>
</tr>
<tr>
<td>26 – 35: 12</td>
<td>Male: 25</td>
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<tr>
<td>36 – 45: 2</td>
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<tr>
<td>46 – 55: 18</td>
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<tr>
<td>56 – 65: 8</td>
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<tr>
<td>66+: 4</td>
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<table>
<thead>
<tr>
<th>2 x 7 people</th>
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<tbody>
<tr>
<td>17 – 25: 9</td>
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<tr>
<td>26 – 35: 8</td>
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<tr>
<td>36 – 45: 0</td>
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<tr>
<td>46 – 55: 2</td>
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<tr>
<td>56 – 65: 1</td>
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<tr>
<td>66+: 0</td>
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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:

<table>
<thead>
<tr>
<th>AUDIENCE</th>
<th>INTERVIEW DATES</th>
<th>METHOD</th>
<th>SAMPLE SIZE</th>
<th>WEIGHTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific peoples aged 16 and over.</td>
<td>1 June – 1 July 2021.</td>
<td>Telephone interviewing using a sample from a database of people who had identified as a Pacific person during random digit dialling telephone interviews and who had agreed to be recontacted for future research.</td>
<td>In total 500 people participated in the survey. The maximum margin of error on a sample size of 500 is +/- 4.4%.</td>
<td>Weights were applied to ensure the data is representative of Pacific peoples aged 16 plus on age, gender and ethnicity.</td>
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</table>
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

- 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 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
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.

<table>
<thead>
<tr>
<th></th>
<th>CULTURAL</th>
<th>HEURISTICS</th>
<th>INFORMATION</th>
<th>RISK</th>
<th>INSTITUTIONAL TRUST</th>
<th>PRACTICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>These barriers refer to the impact that cultural values, beliefs and norms have on shaping the views and perceptions of people towards vaccines.</td>
<td>These types of barriers are mental shortcuts or rules people (often subconsciously) revert to that help them simply and efficiently make a decision about vaccination.</td>
<td>These types of barriers refer to the sourcing or quality of information people have access to when making their decisions about vaccines.</td>
<td>These barriers refer to the relative risks people see when weighing up their decision whether to get the vaccine or not.</td>
<td>This refers to the impact of historical processes that have negatively impacted Pacific peoples, causing lower levels trust in health authorities.</td>
<td>These types of barriers are practical constraints that prevent may someone from being vaccinated.</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Survey statements:</th>
<th>Survey statements:</th>
<th>Survey statements:</th>
<th>Survey statements:</th>
<th>Survey statements:</th>
<th>Survey statements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Getting the COVID vaccine is against religious beliefs</td>
<td>• Vaccines don’t always work</td>
<td>• Don’t know enough about the vaccine to make the decision to get vaccinated*</td>
<td>• Want to wait and see what happens to others before deciding to get it</td>
<td>• Don’t trust the information from the health authorities*</td>
<td>• Don’t have a regular doctor/clinic*</td>
</tr>
<tr>
<td>• Traditional and natural medicines are a better way to stop COVID</td>
<td>• I’d be fine if I got COVID because I’m healthy</td>
<td>• Not sure what information about the vaccine to trust</td>
<td>• Don’t believe if everyone gets the vaccine we will all be safer*</td>
<td>• Health authorities aren’t telling us the whole truth about the COVID vaccine</td>
<td>• Not easy to get a vaccination at a time and place that suits*</td>
</tr>
<tr>
<td>• Faith is just as important to preventing COVID as the vaccine</td>
<td>• No rush to get the vaccine because there is no COVID in NZ now</td>
<td>• The COVID vaccine was developed too fast</td>
<td>• Vaccine is not safe for people with a health condition*</td>
<td>• Don’t trust the health system</td>
<td>• The COVID vaccine was developed too fast</td>
</tr>
<tr>
<td>• Don’t believe that getting the vaccine is the best way to protect family*</td>
<td>• Won’t feel guilty if I don’t get the vaccine*</td>
<td>• People sometimes die from the COVID vaccine</td>
<td>• People sometimes die from the COVID vaccine</td>
<td>• Had bad experiences with doctors*</td>
<td>• The COVID vaccine is being tested on Pacific peoples to make sure it is safe for the rest of NZ</td>
</tr>
<tr>
<td>\footnotesize{Note. Some of the barriers shown in the chart were presented as facilitators in questionnaire, e.g., ‘Don’t trust the health system’ was presented as ‘I trust the health system’. The purpose of this was to make each statement easy to understand when the interviewers were reading them out. All of the statements presented as facilitators in the questionnaire are indicated by an * and the data from these statements presented later in the report is shown as the barrier %. Also note that the statements presented here are slightly different to those presented in the questionnaire, e.g., the personal pronouns have been removed.}</td>
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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**

- Individually
- As a family
- Elders
- Don’t know / other

51% 42% 6% 1%
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

*This lack of knowledge may well extend beyond (i.e. is not unique to) Pacific peoples, however other communities were not the focus of this piece of work
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.
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

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

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

<table>
<thead>
<tr>
<th>RECOGNISABLY PASIFIKA</th>
<th>CONCISE, MEANINGFUL &amp; ACCURATE</th>
<th>DO NOT PROVOKE OR USE FEAR OR GUILT</th>
<th>FROM SOURCES THEY TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;We don’t wanna see trained actors who are there breaking cultural norms, practices and protocols…” – Briar, Samoan, 25, F</td>
<td>“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 Māori, 28, M</td>
<td>“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</td>
<td>“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</td>
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<tr>
<td>“My eyes are naturally drawn towards things that to me are Pacific – arts, patterns, pictures of people.” – Samoan focus group 18-35</td>
<td></td>
<td>“I think the happier the campaign, using humour, the better” – Tahlia, Cook Islands Māori, 27, F</td>
<td>“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</td>
</tr>
<tr>
<td>“No overused proverbs - I don’t wanna hear ‘He Waka Eke Noa’ [haha]” – Tahlia, Cook Islands Māori, 27, F</td>
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<td></td>
<td>“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</td>
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<tr>
<td>“I don’t want to see them using a white person to do it” – Andie, Samoan/Indian, 23, F</td>
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This is reflected in the messages that the participants created

<table>
<thead>
<tr>
<th>More preferred (messages created by participants)</th>
<th>Less preferred (messages suggested to the group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “The freedom to travel home to the islands to see aiga, fanau, mātua again”</td>
<td>• “Stronger the immunity, greater the possibilities”</td>
</tr>
<tr>
<td>• “We can do this together to protect our aiga, fanau, and mātua”</td>
<td>• “It’s in our nature to care and respect for the community”</td>
</tr>
<tr>
<td>• “The best way to prevent the Pacific Islands from getting a COVID breakout”</td>
<td>• “How we make sure our elders are around longer for our children.”</td>
</tr>
<tr>
<td>• “Stronger the immunity, greater the community” [younger group]</td>
<td>• “Lets pull together for the final leg of the race”</td>
</tr>
<tr>
<td>• “Available to all for free”</td>
<td>• “A great way to keep our community safe”</td>
</tr>
<tr>
<td></td>
<td>• “The best way to protect our jobs”</td>
</tr>
<tr>
<td></td>
<td>• “Lets pull together for the final leg of the race”</td>
</tr>
<tr>
<td></td>
<td>• “The freedom to be back together again”</td>
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<tr>
<td></td>
<td>• “There's a shot reserved for every person in our community.”</td>
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</tbody>
</table>

- Direct reference to Pacific Islands
- Use of pacific language
- Emphasis on togetherness

- 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
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:

- 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?*

- 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.

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*Globally, Kantar Public have been using Commitment Theory for a number of years to understand how to bridge the gap between intentions and/or values and behaviour. The theoretical underpinnings of this is the work by academic Jannie Hofmeyr, e.g., ‘Use of Conversion Model in Social and Policy Research, 2016’.*
31% of Pacific peoples are undecided about vaccination, and a further 19% are reluctant to get one.

VACCINATION COMMITMENT*

- Reluctant: 19%
- Undecided: 31%
- Committed: 28%
- Already vaccinated: 23%

CHARACTERISED BY...

Not considering vaccination important, having more reasons not to get it than get it, and that they would feel worried if they did get it.

- 59% not a big issue*
- 33% lot of reasons not to get*
- 32% feel worried*

Being torn, having reasons to get the vaccine and having reasons not to get it – with more leaning towards getting it than not. Also thinking the vaccine is just moderately important relative to other issues.

- 60% moderately important*
- 59% torn*

Thinking that it is really important to get the COVID vaccine and that once they do they’ll feel really relieved.

- 85% really important*
- 77% relieved*

*‘really important’ and ‘relieved’ are the % rating importance 8 to 10 on an 11 point scale, ‘moderately important’ is the percentage rating importance 5 to 7 on an 11 point scale, ‘torn’ is the percentage rating intention 4 to 6 on an 11 point scale, where 5 means you’re torn, you’ve got reasons to get it and reasons not to get it, ‘not important’, ‘lots of reasons not to get it’, and ‘feel worried’ are the percentage rating 0 to 3 on an 11 point scale.

Base: All people, n=500.
The groups differ in terms of their demographics, exposure to vaccination, decision making and knowledge.

### DEMOGRAPHIC PROFILE OF EACH GROUP

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>People in household</th>
<th>Had measles vaccination</th>
<th>Household member had COVID-19 vaccination</th>
<th>How decide to get COVID-19 vaccination</th>
<th>COVID-19 vaccine knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reluctant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>52%</td>
<td>63%</td>
<td>28%</td>
<td>67%</td>
<td>52%</td>
<td>25%</td>
</tr>
<tr>
<td>Female</td>
<td>48%</td>
<td>37%</td>
<td>50%</td>
<td>28%</td>
<td>41%</td>
<td>75%</td>
</tr>
<tr>
<td>Undecided</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>46%</td>
<td>59%</td>
<td>30%</td>
<td>65%</td>
<td>38%</td>
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</tr>
<tr>
<td>Female</td>
<td>54%</td>
<td>41%</td>
<td>40%</td>
<td>21%</td>
<td>55%</td>
<td>67%</td>
</tr>
<tr>
<td>Committed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>53%</td>
<td>44%</td>
<td>34%</td>
<td>76%</td>
<td>41%</td>
<td>48%</td>
</tr>
<tr>
<td>Female</td>
<td>47%</td>
<td>56%</td>
<td>32%</td>
<td>17%</td>
<td>53%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Base: Reluctant n=76, Undecided n=204, Committed n=88.
Summary of group differences: those undecided are more similar to those committed to vaccination; those reluctant are quite distinct

<table>
<thead>
<tr>
<th>COMMITTED</th>
<th>UNDECIDED</th>
<th>RELUCTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>28%</td>
<td>31%</td>
<td>19%</td>
</tr>
</tbody>
</table>

- 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.

- 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.

- 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.

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

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

‘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

\( ^*\)Impact was derived statistically (regression) by looking at the strength of relationship between the presence/absence of a barrier and whether someone belonged to the Committed or Undecided group.
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’**

<table>
<thead>
<tr>
<th>Secondary Barriers</th>
<th>Priority Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines don’t always work</td>
<td>Want to wait and see what happens to others before deciding to get it</td>
</tr>
<tr>
<td>Don’t believe that everyone gets the vaccine we will all be safe</td>
<td>Don’t know enough about the vaccine to make the decision to get vaccinated</td>
</tr>
<tr>
<td>Don’t trust the information from the health authorities</td>
<td>Traditional and natural medicines are a better way to stop COVID</td>
</tr>
<tr>
<td>Don’t trust getting the vaccine is the best way to protect family</td>
<td>Health authorities aren’t telling us the whole truth about the COVID vaccine</td>
</tr>
<tr>
<td>No need to get the vaccine if lots of other people get it</td>
<td>Won’t feel guilty if I don’t get the vaccine</td>
</tr>
<tr>
<td>Getting the COVID vaccine is against religious beliefs</td>
<td>The COVID vaccine was developed too fast</td>
</tr>
<tr>
<td>Had bad experiences with doctors</td>
<td>People sometimes die from the COVID vaccine</td>
</tr>
<tr>
<td>COVID not a personal worry because healthy</td>
<td>The COVID vaccine is being tested on Pacific peoples to make sure it is safe for the rest of NZ.</td>
</tr>
<tr>
<td>Vaccine is not safe for…</td>
<td>No rush to get the vaccine because there is no COVID in NZ now</td>
</tr>
<tr>
<td>Don’t believe getting the vaccine is the best way to protect family</td>
<td>The COVID vaccine is not safe for…</td>
</tr>
<tr>
<td>Feel there is too much pressure to get the vaccine</td>
<td>Faith is just as important to preventing COVID as the vaccine</td>
</tr>
<tr>
<td>The COVID vaccine was developed too fast</td>
<td></td>
</tr>
</tbody>
</table>

**INCIDENCE**

<table>
<thead>
<tr>
<th>Incidence</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Impact**

- High
- Low

Source: Q8. ‘I’ll read out a list of statements about COVID and the vaccine and please just tell me ‘yes, you agree’ or ‘no, you don’t agree for each.’ Base: People ‘undecided’ about whether to get the COVID vaccine n=150.
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’**

**HIGH IMPACT**

- Vaccines don’t always work
- Don’t believe that if everyone gets the vaccine we will all be safe
- Don’t trust the information from the health authorities
- Don’t believe getting the vaccine is the best way to protect family
- Don’t trust the health system
- Feeling pressured to get the vaccine
- COVID not a personal worry because healthy
- Vaccine is not safe for...
- The COVID vaccine not being tested on Pacific peoples to make sure it is safe for the rest of NZ
- Want to wait and see what happens to others before deciding to get it
- The COVID vaccine was developed too fast
- Won’t feel guilty if I don’t get the vaccine
- Faith is just as important to preventing COVID as the vaccine
- The COVID vaccine is being tested on Pacific peoples to make sure it is safe for the rest of NZ

**LOW IMPACT**

- Not easy to get a vaccination at a time and place that suits
- Getting the COVID vaccine is against religious beliefs
- No need to get the vaccine if lots of other people get it
- Had bad experiences with doctors
- COVID not a personal worry because healthy
- Traditional and natural medicines are a better way to stop COVID
- People sometimes die from the COVID vaccine
- No rush to get the vaccine because there is no COVID in NZ now
- The COVID vaccine is being tested on Pacific peoples to make sure it is safe for the rest of NZ
- Want to wait and see what happens to others before deciding to get it
- The COVID vaccine was developed too fast
- Won’t feel guilty if I don’t get the vaccine
- Faith is just as important to preventing COVID as the vaccine
- The COVID vaccine is being tested on Pacific peoples to make sure it is safe for the rest of NZ

**INCIDENCE**

- 0% 10% 20% 30% 40% 50% 60% 70% 80%

**SOURCE:** Q8. ‘I’ll read out a list of statements about COVID and the vaccine and please just tell me ‘yes, you agree’ or ‘no, you don’t agree for each.’ Base: People ‘undecided’ about whether to get the COVID vaccine n=150.
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’**

<table>
<thead>
<tr>
<th>Incidence</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

- Vaccines don't always work
- Don't believe that if everyone gets the vaccine we will all be safer
- Traditional and natural medicines are a better way to stop COVID
- Don't trust the information from the health authorities
- Don't believe getting the vaccine is the best way to protect family
- Non need to get the vaccine if lots of other people get it
- Feel being forced to get the vaccine
- COVID not a personal worry because healthy
- Vaccine is not safe for...
- Not sure what information about the vaccine to trust
- Not sure what information about the vaccine to trust
- People sometimes die from the COVID vaccine
- Health authorities aren't telling us the whole truth about the COVID vaccine
- The COVID vaccine was developed too fast
- No rush to get the vaccine because there is no COVID in NZ now
- Faith is just as important to preventing COVID as the vaccine
- The COVID vaccine is being tested on Pacific peoples to make sure it is safe for the rest of NZ
- Don't believe getting the vaccine is against religious beliefs
- Had bad experiences with doctors
- Want to wait and see what happens to others before deciding to get it
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- Non need to get the vaccine if lots of other people get it
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- Vaccine is not safe for...
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- Don't believe that if everyone gets the vaccine we will all be safer
- Traditional and natural medicines are a better way to stop COVID
- Don't trust the information from the health authorities
- Don't believe getting the vaccine is the best way to protect family
- Non need to get the vaccine if lots of other people get it
- Feel being forced to get the vaccine
- COVID not a personal worry because healthy
- Vaccine is not safe for...
- Not sure what information about the vaccine to trust
- Not sure what information about the vaccine to trust
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- Traditional and natural medicines are a better way to stop COVID
- Don't trust the information from the health authorities
- Don't believe getting the vaccine is the best way to protect family
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- Feel being forced to get the vaccine
- COVID not a personal worry because healthy
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- Don't feel guilty if don't get the vaccine
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- Don't trust the information from the health authorities
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- Non need to get the vaccine if lots of other people get it
- Feel being forced to get the vaccine
- COVID not a personal worry because healthy
- Vaccine is not safe for...
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- Not sure what information about the vaccine to trust
- People sometimes die from the COVID vaccine
- Health authorities aren't telling us the whole truth about the COVID vaccine
- The COVID vaccine was developed too fast
- No rush to get the vaccine because there is no COVID in NZ now
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- Don't feel guilty if don't get the vaccine
- Want to wait and see what happens to others before deciding to get it
- Faith is just as important to preventing COVID as the vaccine
- The COVID vaccine is being tested on Pacific peoples to make sure it is safe for the rest of NZ

Source: Q8. ‘I’ll read out a list of statements about COVID and the vaccine and please just tell me ‘yes, you agree’ or ‘no, you don’t agree for each.’ Base: People ‘undecided’ about whether to get the COVID vaccine n=150.
This data points to a mental framework amongst the Undecided, which encourages and justifies the need to wait before taking action.

I’m not sure what information to trust, including that from the health authorities. A traditional approach could be better.*

In my experience, vaccines don’t always work.

I don’t feel I know enough for it to be safe.

Therefore I’ll wait and see.

*I of note, this came through much more strongly in the survey than in focus group discussions, indicating that it might be a factor that people are less inclined to talk about.

“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**

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>6%</td>
</tr>
<tr>
<td>Weeks</td>
<td>10%</td>
</tr>
<tr>
<td>Months</td>
<td>36%</td>
</tr>
<tr>
<td>A year</td>
<td>16%</td>
</tr>
<tr>
<td>More than a year</td>
<td>26%</td>
</tr>
<tr>
<td>Don't know</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Q9a. "You said that you want to wait and see what happens to other people before deciding to get the vaccine. How long are you planning on waiting? Is it ...

Base: Undecided who said that they want to wait and see what happens to other people before getting the vaccine n=107.
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

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the side effects / long term side effects?</td>
<td>28%</td>
</tr>
<tr>
<td>Is it safe?</td>
<td>26%</td>
</tr>
<tr>
<td>What is in it?</td>
<td>15%</td>
</tr>
<tr>
<td>How does it work?</td>
<td>14%</td>
</tr>
<tr>
<td>How it was developed?</td>
<td>7%</td>
</tr>
<tr>
<td>Does it actually work?</td>
<td>7%</td>
</tr>
<tr>
<td>How was it produced so fast?</td>
<td>5%</td>
</tr>
<tr>
<td>Is it safe for people with underlying health conditions?</td>
<td>5%</td>
</tr>
<tr>
<td>What is a vaccine?</td>
<td>4%</td>
</tr>
<tr>
<td>How/where do I get it?</td>
<td>4%</td>
</tr>
<tr>
<td>How was it tested?</td>
<td>4%</td>
</tr>
<tr>
<td>Why do people die from it?</td>
<td>3%</td>
</tr>
<tr>
<td>Everything</td>
<td>2%</td>
</tr>
<tr>
<td>Something else</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>10%</td>
</tr>
</tbody>
</table>

Note: comments come from the ‘other (please specify)’ option in the response list.

Source: Q9b. “You said that you don’t know enough about the vaccine to make a decision to get it. What would you like to know about it?”
Base: Undecided who said that they don’t know enough to get the vaccine, n=107.
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

<table>
<thead>
<tr>
<th>Undecided</th>
<th>All Pacific peoples</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

- Thinking about the elders you’ll be keeping safe by getting the COVID vaccine
- Being able to go as a family to get vaccinated
- Thinking about the freedom to travel without worry
- Being able to ask experts questions about the COVID vaccine
- Seeing Pacific leaders get the vaccine
- Personally knowing people who’ve got the vaccine
- Not having to worry about going through lockdown again
- Knowing that lots of other people have got the vaccine
- Knowing the vaccine is free
- Getting the vaccine from a Pacific or Māori vaccinator

Source: Q10. 'I'll read out some statements and I would like to know whether it makes you more likely or less likely to get the COVID vaccine or if it makes no difference. Just say: 'more likely', 'less likely', or 'no difference' as a read each out.' Q11. Which one of those things I've just read out is most likely to make you want to get the COVID vaccine?

Base: All those who haven't been vaccinated and said that they are very likely, quite likely, not that likely, not at all likely or don’t know when asked about vaccine intention. All n=280. Undecided n=142.

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

![Bar chart showing motivations of undecided and all Pacific peoples.](chart)

- **Undecided**
  - Thinking about the elders you’ll be keeping safe by getting the COVID vaccine: 20%
  - Being able to go as a family to get vaccinated: 19%
  - Thinking about the freedom to travel without worry: 17%
  - Being able to ask experts questions about the COVID vaccine: 12%
  - Seeing Pacific leaders get the vaccine: 9%
  - Personally knowing people who’ve got the vaccine: 8%
  - Not having to worry about going through lockdown again: 6%
  - Knowing that lots of other people have got the vaccine: 5%
  - Knowing the vaccine is free: 4%
  - Getting the vaccine from a Pacific or Māori vaccinator: 0%

- **All Pacific peoples**
  - Thinking about the elders you’ll be keeping safe by getting the COVID vaccine: 19%
  - Being able to go as a family to get vaccinated: 18%
  - Thinking about the freedom to travel without worry: 15%
  - Being able to ask experts questions about the COVID vaccine: 13%
  - Seeing Pacific leaders get the vaccine: 7%
  - Personally knowing people who’ve got the vaccine: 8%
  - Not having to worry about going through lockdown again: 6%
  - Knowing that lots of other people have got the vaccine: 7%
  - Knowing the vaccine is free: 4%
  - Getting the vaccine from a Pacific or Māori vaccinator: 2%

### COVID vaccine knowledge

- A lot/some: 33%
- Little/nothing: 67%

- A lot/some: 44%
- Little/nothing: 55%

Source: Q10. "I’ll read out some statements and I would like to know whether it makes you more likely or less likely to get the COVID vaccine or if it makes no difference. Just say ‘more likely’, ‘less likely’, or ‘no difference’ as I read each out.” Q11. Which one of those things I’ve just read out is most likely to make you want to get the COVID vaccine? Base: All those who haven’t been vaccinated and said that they are very likely, quite likely, not that likely, not at all likely or don’t know when asked about vaccine intention. All n=280. Undecided n=142.
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
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

*Impact was derived statistically (regression) by looking at the strength of relationship between the presence/absence of a barrier and whether someone belonged to the Committed or Undecided group.
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’**

<table>
<thead>
<tr>
<th>SECONDARY BARRIERS</th>
<th>PRIORITY BARRIERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not easy to get a vaccination at a time and place that suits</td>
<td>Don’t believe getting the vaccine is the best way to protect family</td>
</tr>
<tr>
<td>Don’t trust the information from the health authorities</td>
<td>Don’t believe that if everyone gets the vaccine we will all be safer</td>
</tr>
<tr>
<td>No need to get the vaccine if lots of other people get it</td>
<td>Vaccines don’t always work</td>
</tr>
<tr>
<td>Traditional and natural medicines are a better way to stop COVID</td>
<td>Vaccine is not safe for people with a health condition</td>
</tr>
<tr>
<td>I’d be fine if I got COVID because I’m healthy</td>
<td>The COVID vaccine was developed too fast</td>
</tr>
<tr>
<td>Feel being forced to get the vaccine</td>
<td>People sometimes die from the COVID vaccine</td>
</tr>
<tr>
<td>Getting the COVID vaccine is against religious beliefs</td>
<td>Want to wait and see what happens to others before deciding to get it</td>
</tr>
<tr>
<td>Had bad experiences with doctors</td>
<td>No rush to get the vaccine because there is no COVID in NZ now</td>
</tr>
<tr>
<td>The COVID vaccine is being tested on Pacific peoples to make sure it is safe for the rest of NZ</td>
<td>No need to get the vaccine if lots of other people get it</td>
</tr>
<tr>
<td>Not sure what information about the vaccine to trust</td>
<td>Faith is just as important to preventing COVID as the vaccine</td>
</tr>
<tr>
<td>Health authorities aren’t telling us the whole truth about the COVID vaccine</td>
<td>Don’t trust the information from the health authorities</td>
</tr>
</tbody>
</table>

**Source:** Q8. ‘I’ll read out a list of statements about COVID and the vaccine and please just tell me ‘yes, you agree’ or ‘no, you don’t agree for each.’ Base: People ‘reluctant’ to get the COVID vaccine n=78.
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’

- Not easy to get a vaccination at a time and place that suits*
- Don't have a regular doctor/clinic*
- Not sure what information about the vaccine to trust
- Don't know enough about the vaccine to make the decision to get vaccinated*
- The COVID vaccine was developed too fast
- No need to get the vaccine if lots of other people get it
- 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*
- People sometimes die from the COVID vaccine

NON INFLUENTIAL BARRIERS
- Health authorities aren’t telling us the whole truth about the COVID vaccine
- Want to wait and see what happens to others before deciding to get it
- Faith is just as important to prevent COVID as the vaccine
- Vaccines don’t always work
- 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
- No rush to get the vaccine because there is no COVID in NZ now
- People sometimes die from the COVID vaccine
- The COVID vaccine is being tested on Pacific peoples to make sure it is safe for the rest of NZ
- Don’t trust the health system*
- Don’t believe that if everyone gets the vaccine we will all be safer*
- Don’t believe getting the vaccine is the best way to protect family*
- Don’t know enough about the vaccine to make the decision to get vaccinated*
- I’d be fine if I got COVID because I’m healthy
- Feel being forced to get the vaccine

Source: Q8. ‘I’ll read out a list of statements about COVID and the vaccine and please just tell me ‘yes, you agree’ or ‘no, you don’t agree’ for each.’ Base: People ‘reluctant’ to get the COVID vaccine n=78.
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. I don’t believe that vaccines protect us. I’m not sure I trust health authorities. I question whether the vaccine is safe. I’ll make my own decision. I’ll won’t feel guilty if I don’t.

“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

* Of note, this came through much more strongly in the survey than in focus group discussions, indicating that it might be a factor that people are less inclined to talk about.
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.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of People (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does it work?</td>
<td>25%</td>
</tr>
<tr>
<td>What are the side effects / long term side effects?</td>
<td>18%</td>
</tr>
<tr>
<td>Is it safe?</td>
<td>18%</td>
</tr>
<tr>
<td>How it was developed?</td>
<td>2%</td>
</tr>
<tr>
<td>How was it tested?</td>
<td>18%</td>
</tr>
<tr>
<td>What is it?</td>
<td>9%</td>
</tr>
<tr>
<td>What is a vaccine?</td>
<td>9%</td>
</tr>
<tr>
<td>Does it actually work?</td>
<td>5%</td>
</tr>
<tr>
<td>How/where do I get it?</td>
<td>3%</td>
</tr>
<tr>
<td>Why do people die from it?</td>
<td>3%</td>
</tr>
<tr>
<td>How was it produced so fast?</td>
<td>0%</td>
</tr>
<tr>
<td>Is it safe for people with underlying health conditions?</td>
<td>0%</td>
</tr>
<tr>
<td>Nothing</td>
<td>5%</td>
</tr>
<tr>
<td>Everything</td>
<td>2%</td>
</tr>
<tr>
<td>Something else</td>
<td>12%</td>
</tr>
<tr>
<td>Don't know</td>
<td>38%</td>
</tr>
</tbody>
</table>

- "Is it going to cause any complication in our bodies like blood clotting?"
- "Haven’t heard enough information about side effects or success rate."
- "Who or what was it tested on for them to say yep that’s the one to use."
- "Why do some people die if they get the vaccine, what is the cause of death?"
- "Nothing to be honest because if I don’t trust the system there’s nothing you need to know."

Note: comments come from the 'other (please specify) option in the response list.
Source: Q9b. You said that you don’t know enough about the vaccine to make a decision to get it. What would you like to know about it?
Base: Reluctant who said that they don’t know enough to get the vaccine, n=43.
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.

### Facilitator People Think Will Be Most Impactful For Them

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<tr>
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<tr>
<td>Seeing Pacific leaders get the vaccine</td>
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Source: Q10. ‘I’ll read out some statements and I would like to know whether it makes you more likely or less likely to get the COVID vaccine or if it makes no difference. Just say: ‘more likely’, ‘less likely’, or ‘no difference’ as a read each out.’ Q11. Which one of those things I’ve just read out is most likely to make you want to get the COVID vaccine? Base: All those who haven’t been vaccinated and said that they are very likely, quite likely, not that likely, not at all likely or don’t know when asked about vaccine intention. All n=280. Reluctant n=75.
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**

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**How decide to get COVID vaccination**

<table>
<thead>
<tr>
<th></th>
<th>Reluctant</th>
<th>All Pacific peoples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individually</td>
<td>52%</td>
<td>43%</td>
</tr>
<tr>
<td>As a family</td>
<td>41%</td>
<td>51%</td>
</tr>
<tr>
<td>Elders</td>
<td>7%</td>
<td>6%</td>
</tr>
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Source: Q10. ‘I’ll read out some statements and I would like to know whether it makes you more likely or less likely to get the COVID vaccine or if it makes no difference. Just say: ‘more likely’, ‘less likely’, or ‘no difference’ as a read each out.’ Q11. Which one of those things I’ve just read out is most likely to make you want to get the COVID vaccine?

Base: All those who haven’t been vaccinated and said that they are very likely, quite likely, not that likely, not at all likely or don’t know when asked about vaccine intention. All n=280. Reluctant n=75.
Encouraging the reluctant: a grassroots 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 grassroots 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
“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
Summary and recommendations
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

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<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Addressing the misinformation experienced by the Pacific community through being present in dominant media sources, particularly social media</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>A need for more grass roots level discussion i.e. within the community to answer questions about the vaccine</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>A need to really reach in to the communities, to provide people with ways that they can access people who can explain the vaccine</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Prominent use of Pacific peoples in promoting the vaccine</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Tailored, targeted (and differentiated) messages to those who are undecided and those who are reluctant</td>
</tr>
</tbody>
</table>
FOR FURTHER INFORMATION PLEASE CONTACT:

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b. Publish the appropriate details of the project

c. Correct any misleading aspects of the published presentation of the findings

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