



# *Rapid Assessment: Fijian Women's perceptions of the COVID-19 vaccine*

by the  
Fiji Women's Rights Movement



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## Acknowledgement

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## 1.0 Context

1.1 An unprecedented public health crisis, that is, the transmission of the novel coronavirus: COVID-19 has reverberated around the globe. Fiji is not immune. The global pandemic has led to adverse impacts in all areas of Fijian society. Some of these adverse impacts include, inter alia, increasing rates of unemployment following the unprecedented post-pandemic sudden or ‘overnight’ cases of mass unemployment in the tourism and hospitality sector, undue stress on families including increasing incidences of domestic violence and rising number of mental health related issues. Fiji was declared by the Fijian Government as COVID-19-contained June 2020 following Fiji’s first COVID-19 patient on 19 March 2020<sup>1</sup>.

1.2 At the time of this rapid assessment report, Fiji is experiencing the second wave of the COVID-19 virus transmission, with the corresponding daily increases in community transmission placing the health of all Fijians at risk. The first patient tested positive for the Delta variant of COVID-19 following a breach of quarantine protocols on March 20 2021<sup>2</sup>. The Fijian Government has since re-introduced and strengthened COVID-19 measures to address the second wave of COVID-19.

1.3 At the same time, the Fijian Government is rolling out its vaccination programme. Fiji received its supply of the first doses of AstraZeneca, a WHO approved COVID-19 vaccine<sup>3</sup> on 6 March 2021 under the COVAX facility<sup>4</sup> and this has been further supported by the supply of ad hoc batches of COVID vaccines under the Fiji and Australia bilateral arrangement known as the “Fiji Australia Vuvale Partnership”. As of 26 June 2021, Australia delivered 70,000 vaccines which means Australia has provided 320,000 AstraZeneca vaccines to Fiji as part of its pledge of one million vaccines<sup>5</sup>. The New Zealand Government is set to donate 250,000 AstraZeneca vaccines<sup>6</sup> while the Government of India has gifted 100,000 AstraZeneca vaccines to Fiji<sup>7</sup>.

1.4 On 17 June 2021, the Australian Technical Advisory Group on Immunisation(ATAGI) recommended the COVID-19 Pfizer vaccine (Comirnaty) as the preferred vaccine for those aged 16 to under 60 years<sup>8</sup>. The recommendation is revised due to a higher risk and observed severity of thrombosis and thrombocytopenia syndrome (TTS) related to the use of AstraZeneca COVID-19 vaccine observed in Australia in the 50-59 year old age group than reported internationally and initially estimated in Australia<sup>9</sup>. In response, on 19 June 2021, the WHO and the Fiji

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<sup>1</sup>See <https://www.fiji.gov.fj/Media-Centre/Speeches/PM-BAINIMARAMA%E2%80%99S-STATEMENT-ON-THE-FIRST-COVID-19-C> (accessed on 18 June 2021)

<sup>2</sup>See <http://www.health.gov.fj/ps-health-press-statement-27-04-2021/> where the Fiji Ministry of Health and Medical Services Permanent for Health Dr James Fong refers to COVID-19 case 73 (accessed on 20 June 2021)

<sup>3</sup>See <http://www.health.gov.fj/covid-vaccine/vaccine-faqs/> (accessed on 16 June 2021)

<sup>4</sup>See <https://www.gavi.org/covax-vaccine-roll-out/fiji> (accessed on 16 June 2021)

<sup>5</sup>See <https://www.fijitimes.com/covid-19-additional-70000-vaccines-arrive-from-australia/>(accessed on 28 June 2021)

<sup>6</sup>See <https://www.tvnz.co.nz/one-news/new-zealand/nz-donate-250k-doses-astrazenecas-covid-19-vaccine-fiji-pending-medsafe-approval> (accessed on 18 June 2021)

<sup>7</sup>See <https://www.abc.net.au/radio-australia/programs/pacificbeat/india-gifts-fiji-covid-19-vaccines/13281612> (accessed on 20 June 2021)

<sup>8</sup> See <https://www.health.gov.au/news/atagi-statement-on-revised-recommendations-on-the-use-of-covid-19-vaccine-astrazeneca-17-june-2021> (accessed on 20 June 2021)

<sup>9</sup> See footnote 8

Ministry of Health and Medical Services issued a joint statement regarding the change in stance by the ATAGI noting, inter alia, that

*“it does not change the approach for us here in Fiji. The World Health Organization’s recommendations for Oxford-AstraZeneca vaccines remain the same, with the vaccines recommended for individuals aged 18 years and over. These vaccines have undergone the strictest safety and quality control trials and have reached the exacting standards of safety, purity, and effectiveness. Nothing is left to chance.”<sup>10</sup>.*

1.5 While there are other WHO approved vaccines such as Pfizer, Fiji’s current economic status as a low middle income country and global vaccine procurement arrangements, has seen Fiji come under the COVAX facility as one of 92 low middle income member countries.

1.6 Vaccination is a critical tool in curbing the transmission of the COVID-19 virus<sup>11</sup>. Getting the two shots of the vaccine can help protect people from COVID-19 as it builds the human immune system. It is not guaranteed that a person will not be infected with the virus, however it reduces the severity of illness and it may prevent death<sup>12</sup>.

1.7 FWRM notes that it is an individual’s human right to refuse to take the COVID-19 vaccine however his or her right must be weighed against his or her responsibility and civic duty as a Fiji citizen to address the public health crisis that Fiji is currently in. Vaccination is the best protection for self, family members, friends, work colleagues and the wider community.

1.8 Globally, vaccine equity is a serious concern of COVID-19 vaccination roll-outs and uptakes<sup>13</sup> in developing countries. Gender plays a significant role in vaccine uptake however it is more often concealed or silent in vaccine policies, programmes and their subsequent implementation which can directly or indirectly play a role in undermining efforts to ensure vaccine equity<sup>14</sup>.

## **2.0 Objectives of this Rapid Assessment Report**

2.1 In this rapid assessment, FWRM aims to provide a critical perspective on women’s perceptions on COVID-19 vaccines in Fiji. This will be followed by targeted recommendations that aim to assist policy makers in ensuring gender concerns are addressed and that vaccine uptake by Fijian women is increased.

## **3.0 Approach & Methodology**

3.0.1 This rapid assessment report was developed on the basis of online survey findings which comprised 22 questions that were designed by FWRM. The 22 questions are attached as

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<sup>10</sup>See <https://www.fiji.gov.fj/Media-Centre/News/JOINT-STATEMENT-WHO-AND-MINISTRY-OF-HEALTH-AND-MED> (accessed on 22 June 2021)

<sup>11</sup>See <https://www.who.int/news-room/q-a-detail/vaccines-and-immunization-what-is-vaccination> (accessed on 20 June 2021)

<sup>12</sup>See <https://www.astrazeneca.com/media-centre/articles/2021/astrazenecas-covid-19-vaccine-shows-effectiveness-against-indian-variants-of-sars-cov-2-virus.html> (accessed on 25 June 2021)

<sup>13</sup>See [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01326-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01326-X/fulltext) (accessed on 20 June 2021)

<sup>14</sup>See footnote 13

Annexure A. These questions were also translated into the *i Taukei* language. The online survey ran from 2 June to 13 June 2021.

3.0.2 A total of 574 respondents helped shape the key findings which underpin this Rapid Assessment Report. It is important to note that some respondents skipped some questions and this is tabulated in Annexure B. Three questions saw a high number of respondents skip those specific questions, that is, Question 13 – 254 respondents; Question 17 – 360 respondents and Question 22 – 223 respondents. However, it does not affect the overall findings.

### **3.1 Limitations**

3.1.1 FWRM acknowledges the limitations of this Rapid Assessment Report-

3.1.2 It represents only a small sample of women in Fiji therefore it does not fully capture the perceptions of Fijian women in the wider community over time which can rapidly evolve due to the communicable disease landscape in Fiji;

3.1.3 Any significant key findings serve as signposts for robust and detailed study and analysis as well as further information.

## **4.0 Key Findings and rapid assessment analysis**

Key findings and the supporting analysis are set out below-

### **4.1 Fijian women's perceptions about vaccinations for various communicable diseases**

4.1.1 83.7% of respondents were positive about the vaccinations in general for communicable diseases (such as the flu and the measles) are made up of 51.8% of respondents who were very positive compared to 31.9% of respondents who were fairly positive. Less than 5% of respondents were negative about vaccinations in general. This positive result correlates with the 58.4% of respondents who had received the 1<sup>st</sup> dose of the AstraZeneca vaccine compared to 41.6% of respondents who had yet to receive the 1<sup>st</sup> dose of the said vaccine.

4.1.2 To reinforce finding (a), 53.4% of the respondents who had received the first COVID-19 vaccine dose confirmed that they will get the second dose when the opportunity arises. Only 3.1% of respondents who had the first dose of the vaccine were unclear about getting the second dose.

### **4.2 Role of social determinants of health in influencing the perceptions of Fijian women about the COVID-19 vaccine**

4.2.1 Social determinants of health<sup>15</sup> are the non-medical factors that influence health outcomes for any human being<sup>16</sup>. Conditions of the environments which people are born,

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<sup>15</sup> World Health Organisation identifies these ten areas as falling under social determinants of health: income and social protection, education, unemployment and job security; working life conditions, food insecurity, housing, basic amenities and the environment; early childhood development, social inclusion and non-discrimination, structural conflict and access to affordable

grow, work, live, and age, and the wider set of forces and systems shape a human being's life course<sup>17</sup>.

4.2.2 No matter the income level of a country, health and illness appear to follow this trend: the lower the socioeconomic position of a human being, the worse their health status and outcomes<sup>18</sup>.

4.2.3 This Rapid Assessment Report focuses on two social determinants: education and income levels.

4.2.4 A woman's education level and her income levels are significant factors in influencing Fijian women's uptake of the COVID vaccine as seen in these online survey results:

- (i) On education level, 61% of respondents held an undergraduate degree compared to 23.0% who had a postgraduate qualification. Respondents who held a certificate stood at 14.2% or completed Form 7 or below accounted for 13.7%.
- (ii) On income level, 54% of respondents earned \$15,000 and below while 22.6% of respondents earned between \$15,000 and \$30,000 while 10.3% of respondents earned over \$60,000.

4.2.5 Of note is that 54% of respondents earned \$15,000 or below despite having one of the listed education levels which may be attributed to unemployment following the first wave of the pandemic in March 2020 as well as the second wave of COVID-19 in Fiji. Given that this falls outside the remit of this Report, a deeper dive is necessary to better understand the causes of, the gendered impacts and wider policy implications and solutions arising out of this significant finding.

4.2.6 Demographics such as age, marital status and sexual orientation also played a noticeable role in influencing a Fijian woman's uptake of the vaccine. For example, 59.6% of respondents were in the 25-44 years age group compared to 13.2% of respondents who were in the 45-54 years age group followed by the 3.9% who were in the 55 to 64 years age group.

4.2.7 Respondents who were single or married were fairly close as 40.7% of the respondents were single while 41.8% of respondents were married compared to 6.8% and 3.3% who were divorced or separately respectively.

4.2.8 More than 62% of the respondents were heterosexual women compared to 14.2% of respondents who preferred not to reveal their sexual orientation. Bisexual respondents made up 4.5% of respondents.

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health services of decent quality. See [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1) (accessed on 22 June 2021)

<sup>16</sup> See [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1) (accessed on 22 June 2021)

<sup>17</sup> See footnote 15

<sup>18</sup> See footnote 15

### **4.3 Role of herbal & traditional medicine and Fijian women's perceptions of the COVID-19 vaccine**

4.3.1 69% of respondents saw herbal & traditional medicine as **not** being a better substitute for the COVID-19 vaccine. However, 51.5% of respondents considered taking herbal & traditional medicine if they developed any COVID-19 symptoms<sup>19</sup>.

4.3.2 The use of herbal & traditional medicine sets in motion complex health treatment seeking behaviour by Fijian women. The biomedical model for different diseases stands in stark contrast to the healing paradigms which are part of, for example, the traditional *iTaukei* culture. Rigorous research on these two healing paradigms in the context of COVID-19 vaccination and their gendered implications can help in shaping policy design, implementation and monitoring of the vaccine rollout. Such research can also play a role in the crafting of evidence-based messages as part of awareness raising about the vaccine rollout in communities throughout Fiji.

### **4.4 Role of information in influencing the perception of Fijian women of the COVID-19 vaccine**

4.4.1 The quality, timely, accuracy and reliability of information by the Government on COVID related matters in print media and social media platforms plays a critical role in the effectiveness of the vaccination programme rollout in any country.

4.4.2 74% of respondents cited the Fiji Ministry of Health and Medical Services website as their source of information on COVID-19 related matters. This was closely followed by social media platforms such as Facebook, Instagram etc which stood at 73%. Print media stood at 56% compared to radio and the Fiji Government website which stood at 53.3% and 51.4% of respondents respectively as sources of COVID related matters.

4.4.3 Given the intensity and frequency of COVID-19 related information and the factors outlined above, 38.6% of respondents were positive about the vaccine.

4.4.4 51% of respondents can be described as ambivalent about the vaccine and this is to be expected given the nature and adverse impact of this unprecedented public health crisis. 10.9% of respondents were negative about the vaccine.

4.4.5 These 51% of respondents may be viewed as potential recipients of anti-vaccine messages as anti-vaxxers may plant a seed of doubt which may lead some Fijian women not to seek out the COVID-19 vaccine.

4.4.6 It also confirms that conversations or narratives about vaccines tend to be nuanced and this must be considered accordingly by the relevant authorities.

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<sup>19</sup>It is important to note that 13 respondents skipped Question 16 and 360 respondents skipped Question 17 which offers some explanation as to the finding that 51.5% of respondents would consider using herbal & traditional medicine if the respondents developed any COVID-19 symptoms – this finding can be viewed as skewed.



#### **4.5 Does being a caregiver, having a disability or having a long-term health condition influence the Fijian women's perception of COVID-19 vaccine?**

4.5.1 58% of respondents did not consider themselves as a carer, having a disability or having a long-term health condition. 28.5% of respondents considered themselves a carer while 7.4% noted they had a long-term health condition.

4.5.2 Fijian women who were largely unburdened by the pressures of being a carer, not having a disability or having a long-term health condition enabled Fijian women to exercise their willingness to take up COVID-19 vaccination. This also speaks to some extent to the general wellbeing and health of the respondents and the existing family support systems. Respondents who are subject to domestic violence were notably absent from this online survey which may be considered a potential reason for vaccine hesitancy.

#### **4.6 Fijian women's potential reasons for vaccine hesitancy**

4.6.1 In 2019, WHO listed "vaccine hesitancy" as one of the ten threats to global health<sup>20</sup>.

A key finding is that 58% of respondents shared that nothing would stop them from having the COVID-19 vaccine. 13.5% of respondents identified transport and distance while 9.8% of respondents saw registering online with required documents as barriers to being vaccinated<sup>21</sup>.

4.6.2 35.6% of the respondents stated a range of reasons which would prevent them from getting the vaccine and these included, inter alia, issues such as-

- lack of confidence in the safety and efficacy of the vaccine;
- long queues (combined with the lack of social distancing) at vaccination sites as a reason not to be vaccinated,
- the constitutional right to refuse vaccination,
- the negative message of the vaccine on social media platforms;
- the distrust in the Government which was triggered by the inconsistent and unreliable information shared by the Government;
- employment concerns if one is not vaccinated

#### **4.7 Role of religious beliefs in shaping the perceptions of Fijian women in taking the COVID vaccine**

4.7.1 Of note, only 3.4% of respondents stated religious beliefs as a reason to prevent them from taking the COVID-19 vaccine. Despite 65.1% of the respondents being Christians; 20.4% are Hindus compared to Muslim who accounted for 5.8% followed by the Sikhs who stood at 0.07% of respondents. Respondents who did not belong to a religion stood at 3.5%.

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<sup>20</sup><https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019>

<sup>21</sup>It is important to note that registration for vaccination can also occur in person at the vaccination site.

## 5.0 Recommendations

These recommendations are crafted as key evidence-based contributions for the revision and design of ongoing, evolving solutions for policy makers:

### *Operational recommendation*

5.1 FWRM strongly encourages front liner respondents who are manning vaccination stations to ensure that the COVID-19 measures such as correct mask wearing, sanitising of hands and maintaining a 2 metre distance are enforced as this would allay the real fears of Fijian women who are vaccine hesitant.

### *Policy recommendations*

5.2 FWRM recommends that the Ministry of Health consider publicly disseminating sex disaggregated data on the recipients of the COVID-19 vaccine to provide a big picture in terms of vaccine uptake by the Fijian population.

5.3 FWRM recommends that the Ministry of Health work with the Ministry of Women and the women's NGO community, faith-based organisations in developing evidence-based messages to counter anti-vaccine messages.

5.4 FWRM recommends that the Ministry of Health revise its Data Policy, specifically in areas relating to COVID-19 infections, recoveries and mortalities to reflect gender, age, non-specific but geographical areas or locales, and ethnicity to aid the design and implementation of an appropriate Communications Strategy and Plan that factors these core cultural nuances that greatly impact Behavioural Change in Fiji.

5.5 FWRM recommends that MoH develops a clear Communications policy which is led by nationals who are experts and or have knowledge in public health crisis management and understand the cultural nuances of the Fijian population to, inter alia, prepare all public messages issued by the MoH.

### *Potential areas for research and further collaboration between academic institutions, the women's NGO community and other stakeholders*

5.6 FWRM recommends that collaborative efforts be made by both academic institutions and the women NGO community in undertaking research about matters related to the complex health seeking behaviours of women as it concerns herbal and traditional medicine in the context of the COVID-19 vaccination programme as well as a deeper dive into understanding the high number of educated women who earn \$15,000 and below and how this can be effectively addressed through policy solutions.

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## Annexure A

### 22 online survey questions

#### Let us know what you think about the COVID-19 vaccine Survey questions

**Purpose of this survey:** The overall aim of this survey is to assess Fijian women's perceptions on COVID-19 vaccination, understand the challenges in accessing COVID-19 vaccines, and whether women have access to reliable health information about the COVID-19 vaccines to make informed decisions for themselves.

Please spare a few moments to tell us what you think about the COVID-19 vaccine.

#### (a) Please tell us a bit about yourself

##### Q1. Please tell us which age category you fall into:

- 13 – 17 years
- 18 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 – 74 years
- 75+ years
- I'd prefer not to say

##### Q2. Please tell us which gender you identify with:

- Woman
- Man
- Non-binary
- Other
- I'd prefer not to say

##### Q3. Please select your ethnic background:

- Itaukei
- Indo-Fijian
- Other (please specify) \_\_\_\_\_

##### Q4. Please tell us which sexual orientation you identify with:

- Asexual
- Bisexual
- Gay
- Heterosexual / Straight
- Lesbian
- Pansexual
- Other
- I'd prefer not to say

##### Q5. Please tell us about your religion or beliefs:

- Christian

- Hindu
- Muslim
- Sikh
- No religion
- Other
- I'd prefer not to say

**Q6. Please tell us about your marital or civil partnership status:**

- Single
- Married
- Separated
- Divorced / dissolved civil partnership
- Widowed
- I'd prefer not to say

**Q7. Which educational level do you fall under?**

- Form 7 and below
- Certificate
- Diploma
- Undergraduate Degree
- Postgraduate Degree

**Q8. Please select your income level**

- 0-15,000
- 15,000 – 30,000
- 30,000 – 45,000
- 45,000 – 60,000
- 60,000 and above

**Q9. Are you currently pregnant?**

- Yes
- No
- I'd prefer not to say

**Q10. Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply):**

- Yes, I consider myself to be a carer
- Yes, I consider myself to have a disability
- Yes, I consider myself to have a long-term condition
- None of the above
- I'd prefer not to say

**(b) What do you think about getting the COVID-19 vaccines?**

**Q11. Thinking of vaccinations in general, such as those given for flu, measles, dengue fever or tetanus is your view of vaccinations... (tick one box)**

- Very positive
- Fairly positive

- Neither positive or negative
- Fairly negative
- Very negative
- Not sure

**Q12. Have you received the first dose of the COVID-19 vaccination?**

- Yes
- No

**Q13. If your answer to the previous question was 'No', please tell us your reasons for not getting your first dose of COVID-19 vaccine? Please tick as many as apply (checkboxes)**

- I can't be vaccinated for health reasons
  - I'm against vaccines in general
  - I don't think the vaccine will be safe
  - I don't think the vaccine will be effective
  - I don't trust the intentions behind the vaccine
  - I don't think coronavirus poses enough of a risk to me
  - I would want to wait until others have had it first
  - My family / community are against it and tell me not to get vaccinated
  - My faith/religion/belief systems say it is wrong for me to have the COVID-19 vaccine
  - I am concerned about the ingredients used in it
  - Not enough information shared by Ministry of Health and Medical services and the Fiji government in general
  - Don't know/not sure
  - Other –please specify
- 

**Q14. If you had the opportunity to get the COVID-19 vaccination, how likely would you be to get vaccinated? (tick one box)**

- I have already received the first dose of the COVID-19 vaccine, and will definitely get my second dose of vaccine when it is available
- I have already received the first dose of the COVID-19 vaccine, BUT I have decided not to get my second dose of vaccines
- Definitely would
- Probably would
- Probably not
- Definitely not
- Not sure

**Q15. What would be some of the challenges that stop you from receiving the COVID-19 vaccine? Please tick as many as apply**

- Nothing would stop me from getting a COVID-19 vaccination
  - Transportation and distance travel to get my vaccine shot would be the barrier that might stop me getting it
  - Having to register online with required documentations on hand might stop me getting it
  - Don't know/not sure
  - Another reason might prevent me from having the vaccine - please specify
- 

**Q16. Do you think herbal and traditional medicines are a better substitute and more effective than the vaccine?**

- Yes
- No

**Q17. If your answer to the previous question is “Yes”, please explain why**

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**Q18. If you develop any COVID-19 like symptoms, would you consider taking herbal and traditional medicines?**

- Yes
- No

**(c) What do you think about information on the COVID-19 vaccine?**

**Q19. Where have you mainly seen or heard information about a COVID-19 vaccine recently? Please select all that apply.**

- Ministry of Health and Medical services government website
- Fiji government website
- TV/Radio
- Newspaper/Online news websites
- Social Media (facebook, twitter, instagram, tiktok etc.)
- Friends/relatives
- Pharmacy, clinic or hospital
- Poster, flyer
- Government press conference
- NGO/Community organisations/websites
- Other
- Can't recall

**Q20. Overall, was the information that you have seen or heard recently.... (tick one box only)**

- Positive toward a COVID-19 vaccine
- Negative toward a COVID-19 vaccine
- Neither positive nor negative
- A mixture of positive and negative information
- Don't know/not sure

**Q21. Do you agree that information from the Fiji government about the vaccine and its roll out has been communicated clearly and effectively? (tick one box only)**

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Don't know/not sure

**Q22. Is there anything else you'd like to tell us about COVID-19 vaccinations?**

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Thank you for your response!

*Acknowledgement - Survey questions used are derived from the HealthWatch network, and the questions have been amended to reflect Fiji's context*  
<https://network.healthwatch.co.uk/guidance/2021-01-22/covid-19-vaccination-template-survey-questions>



## ANNEXURE B

Number of respondents who skipped each of the 22 questions in the FWRM online survey

Question	Number of respondents who skipped the question
1	4
2	6
3	12
4	6
5	6
6	4
7	18
8	39
9	3
10	5
11	3
12	4
13	254
14	23
15	34
16	13
17	360
18	15
19	4
20	7
21	4
22	223