SOCIAL LISTENING
TRIANGULATION

ONLINE SURVEY & SOCIAL MEDIA
SENTIMENT ON COVID-19 VACCINE IN
MALAYSIA

Health Education Division (HECC)
Institute for Health Behavioural Research (IHBR)
MINISTRY OF HEALTH MALAYSIA
# SURVEY ON ACCEPTANCE AND REFUSAL OF COVID-19 VACCINE IN MALAYSIA

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<tr>
<th>Study Title</th>
<th>Institution</th>
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<tr>
<td>The Use Of The Health Belief Model to Assess Predictors of Intent to Receive The COVID-19 Vaccine and Willingness to Pay</td>
<td>Universiti Malaya (UM)</td>
<td>3-12 April 2020</td>
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<tr>
<td>COVID-19 Vaccine: Accept or Refuse?</td>
<td>Health Education Division (HECC)</td>
<td>21-28 December 2020</td>
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<td>Survey on the Knowledge, Acceptance and Perception of COVID-19 Vaccine</td>
<td>Universiti Sains Islam Malaysia (USIM)</td>
<td>January 2021</td>
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## METHODOLOGY

- **Cross-sectional web-based**
- Survey links to social media such as FB, Instagram, Telegram, Whatapps (Snowball)
- **Self-Administred**
OBJECTIVE

To identify the percentage of acceptance and factors influencing the acceptance and refusal of COVID-19 Vaccine in Malaysia.

Thinking  Feeling  Intention
RESPONDENTS DEMOGRAPHY *

- **45.7%** Male
- **54.3%** Female

- **Majority** of respondents aged between 20 - 49 years old
- **Majority** are public/ private professionals—non health sector
- **44.3%** M40
- **38%** respondents have chronic illnesses or NCD

*General summary of data from the 4 surveys*
ACCEPANCE AND REFUSAL OF COVID-19 VACCINE IN MALAYSIA

- UM (N=1,159): 94.3% Accept, 5.7% Refuse
- ICR (N=4,164): 93.2% Accept, 4.7% Refuse
- BPK (N=212,006): 67.0% Accept, 17.0% Unsure
- USIM (N=2,011): 77.6% Accept, 22.4% Refuse

- 16.0% Unsure total
KEY ISSUES REGARDING COVID-19 VACCINE REFUSAL

Respondents’ Feedbacks (open-ended)

1. New vaccine
2. Lack of info
3. Limited clinical trial data
4. Worry on side effects; long term effects
5. Effectiveness issues
6. Halal status and doubtful of content
7. Vulnerable and co-morbid groups
8. ‘Wait and see’
9. Self-immunity
10. Hidden agenda and conspiracy theories
11. Politicians should be vaccinated first
12. Disbelief in use of vaccine
MAIN REASONS FOR COVID-19 VACCINE ACCEPTANCE

*Data from the 67% of respondents who accept the COVID-19 Vaccine in a survey by BPK

95.7% feels vaccine is safe
89.6% confident vaccine is effective to prevent infection
67.4% undoubtful of vaccine content
83.3% government directives
61.8% agree to accept the vaccine even though required to pay

*Open-ended data from surveys by USIM

1. For protection - prevention is better than cure
2. To reduce complications
3. Herd immunity
4. Able to return to normal life
5. High-risk groups
6. Enough information to be confident on the vaccine
7. Religious obligation
8. Social responsibility
9. Vaccine is the solution to stop the outbreak
SOCIAL MEDIA SENTIMENT

• Jan – 15th February 2021
• 40 postings and 695,481 engagements
• 534,000 reactions, 78,331 comments and 83,150 shares

96%

Positive 4%

Sentiment among social media users on COVID-19 Vaccine

SOCIAL MEDIA SENTIMENT

1) Reduce the world population / Bill Gates
2) Profit gain by the giant pharma companies
3) Vaccine has nano chips to monitor population movements

1) Short-term effects
2) Long-term effects
3) Death/ barren

1) Source of vaccine
2) Substance in vaccine
3) Halal status of vaccine

1) Do people cured from COVID-19 need vaccination?
2) After getting the vaccine do we still need to follow SOP or otherwise?
ACCEPTANCE OF COVID-19 VACCINE (GLOBAL & MALAYSIA)

(Malik Sallam (2020); Harapan et al (2020); Mohammed Al-Mohaithef, (2020); (Yada & Katsuyama 2020) & (Islam F 2020)

Ecuador (97.0%)
Indonesia (93.3%)
China (91.3%)
Singapore (80%)
United States (56.9%)
France (58.9%)
Poland (56.3%)
Russia (54.9%)

India (79.5%)
Japan (65.7%)
Saudi Arabia (64%)

April 2020 (94.3%)
August 2020 (93.2%)
December 2020 (67%)
January 2021 (78%)

Malaysia

UM
ICR
BPK
USIM

India
Indonesia
China
Singapore
United States
France
Poland
Russia
Ecuador
Japan
Saudi Arabia

April 2020
August 2020
December 2020
January 2021

(94.3%)
(93.2%)
(67%)
(78%)

(Malik Sallam (2020); Harapan et al (2020); Mohammed Al-Mohaithef, (2020); (Yada & Katsuyama 2020) & (Islam F 2020)
# Global Issues Related to Vaccine Refusal

## Psychological Factors
- Exposure to the wrong information leads to misunderstanding
- Doubt on Halal status of vaccine content
- Side effects of the COVID-19 vaccine leads to infertility (Mesir - Alini Hussain, 2021)
- Belief and negative attitude towards the effectiveness of vaccines

## Political Factors
- COVID-19 Vaccine is a political conspiracy
- COVID-10 Vaccine is more of political interests and society do not trust the pharmaceutical industry (Pakistan & Afrika - Yusra K.K, 2020; Afilabi AA, 2020)
- Trust towards the government (Vaccine acceptance more than 80% are in countries where the people trust the ruling government)
- Differences in political views of not supporting the government influences the refusal of COVID-19 vaccine (example: in France)

## Scientific Facts
- Safety issues of vaccine use (cause of death) (example: in Japan, US & UK (Yoda & Katsuyama 2020; Bloom et al., 2020)
- No current information on the effectiveness of COVID-19 vaccine
- Scientific issues of vaccine - mRNA
CONCLUSION

COVID-19 vaccine acceptance rate (MALAYSIA) is parallel to the global in general.

According to the Diffusion of Innovation Theory (Rogers), in any innovation there are 5 types of recipient categories, such as ‘innovators, early adopters, early majority, late majority and laggards’

In the early phase, high in perceived benefits and perceived severity as well as low in perceived barriers were associated with the COVID-19 acceptance.

In the final phase, the senior citizen is the least group to accept COVID-19 vaccination.

Develop strategies and communication plans to address the issue of vaccine refusal in order to consistently communicate adequate information to maintain the acceptance and cues to behavioural changes towards COVID-19 vaccination.

RECOMMENDATION

1. A study conducted after first phase
2. Address study limitation
3. Rural quantitative study : specific focus group
To sustain the percentage of acceptance of COVID-19 vaccine among the target groups:
- Public: 67%
- Elderly: 52%
- Co-Morbid (NCD): 67%

To influence ‘uncertain’ group to accept COVID-19 vaccine:
- Public: 17%
- Elderly: 30%
- Co-Morbid (NCD): 19%
SITUATIONAL ANALYSIS COVID-19 ACCEPTANCE AND REFUSAL BY TARGET GROUPS

Elderly (n= 4, 386)

- Accept: 52%
- Refuse: 18%
- Uncertain: 30%

Co-Morbid (n= 44, 601)

- Accept: 67%
- Refuse: 14%
- Uncertain: 19%

RISK COMMUNICATION PLAN COVID-19 VACCINE
Elderly with Co-Morbid (n= 2, 919)

- **Accept**: 55.30%
- **Refuse**: 18.60%
- **Uncertain**: 26.10%
High risk to be infected and transmit
- Direct exposure to individuals, samples and environment

High risk of getting complications if infected
- Reduce mortality & severe morbidity

- Herd immunity
- To break the chain of transmission in the community
- To reduce social economy implications
INCREASE THE KNOWLEDGE & AWARENESS AMONG THE TARGET GROUPS

SUSTAIN THE PERCENTAGE OF ACCEPTANCE:

- **67.4%**
  - Confidence on substance of vaccine and production

- **67%**
  - Confidence that vaccine does not cause serious side effects

- **89.6%**
  - Confidence of the effectiveness of vaccine to prevent infection

- **95.7%**
  - Confidence on the safety of the vaccine
INCREASE THE KNOWLEDGE & AWARENESS AMONG THE TARGET GROUPS

REDUCE THE PERCENTAGE OF ‘UNCERTAIN’ GROUP TO ACCEPT VACCINE:

- 48.1% Uncertain substance of vaccine and production
- 67% Vaccine cause serious side effects
- 78.8% Effectiveness of vaccine to prevent infection
- 71% Safety of the vaccine
MINIMISE THE EFFECT OF MISINFORMATION, FALSE NEWS, RUMOURS & AEFI
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<th>ACTIVITIES</th>
<th>COMMUNICATION CHANNELS</th>
<th>AGENCIES</th>
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<td>Increase the positive perception of COVID-19 vaccine through knowledge &amp; awareness:</td>
<td>Optimizing conventional media channels to disseminate information</td>
<td>Advertisement &amp; announcement media</td>
<td>Television: Adverts &amp; Crawlers</td>
<td>MCMM</td>
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<tr>
<td>Side effects</td>
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<td>Holding radio &amp; television talks sessions</td>
<td>Radio: PSA</td>
<td>RTM</td>
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<tr>
<td>Safety</td>
<td></td>
<td>Information through printed medias</td>
<td>Television National Radio State local radio</td>
<td>Department of Information(JAPEN) State JAPEN MOH</td>
</tr>
<tr>
<td>Effectiveness</td>
<td></td>
<td>Networking of ‘Speaker Program’</td>
<td>News Papers, Magazines, Pamphlets,</td>
<td>MCMM (KKMM)</td>
</tr>
<tr>
<td>Substance content &amp; production</td>
<td></td>
<td>Enhancing dissemination of messages through various social media platforms</td>
<td>Posters, Roll ups, Banner, FAQ</td>
<td>MOH</td>
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<td></td>
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<td>Champion Influencer</td>
<td>MCMM(KKMM)</td>
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<td></td>
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<td>Facebook</td>
<td>YouTube</td>
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RISK COMMUNICATION PLAN COVID-19 VACCINE

**FOCUS**
Increase the positive perception of COVID-19 vaccine through knowledge & awareness:

- Side effects
- Safety
- Effectiveness
- Substance content & production

**COMMUNICATION PLAN**

**STRATEGIES**
- Dissemination via outdoor media
- Collaboration with the public, private sectors, statutory bodies, non-governmental organizations and NGOs

**ACTIVITIES**
- Establish cooperation with government and private agencies (media owners)
- Outreach programs
  - Wellness Truck & Info on Wheel
- Enhance the cooperation with ministries and agencies in delivering messages
- Collaborate with religious agencies conveying through sermons and religious sessions

**COMMUNICATION CHANNELS**
- LED Boards
- Billboards
- Outreach | Explore | Dialog
- Town hall meeting
- Talks/ Briefings- CME, CNE
- Postmaster
- Official websites of agencies
- Sermons/ Religious sessions

**AGENCIES**
- Local Council (PBT)
- Public Works Department (JKR)
- MOH-State Health Department & District Health Department
- Department of Information (JAPEN)
- Department of Islamic Development (JAKIM)
- State Health Department & District Health Department Ministry’s Corporate Comm
- Department of Islamic Development (JAKIM)
- State Religious Affairs Department
- Religious society

RISK COMMUNICATION PLAN COVID-19 VACCINE
## Risk Communication Plan

### Focus

- Increase the positive perception of COVID-19 vaccine through knowledge & awareness:
  - Side effects
  - Safety
  - Effectiveness
  - Substance content & production

### Strategies

- Engage and Empower community agents to convey information at the locality

### Activities

- Appoint, train agents on COVID-19 vaccine

### Communication Channels

- Briefing, talks and training

### Agencies

- MOH / MOE
- Ministry of Housing and Local Government (KPT)
- COMBI, KOSPEN, IFL, M3, Puspanita
Managing infodemic (misinformation / false information / rumors / AEFI)

RCCE team to manage false news, misinformation, rumors or AEFI regarding COVID-19 vaccine

Engage with trusted influencers, particularly health care personnel to communicate with affected population especially those hard to reach.

Focus

Analyse infodemic issues and provide accurate information/explanation to the target group

Secure media slots such as call-in radio and television programs where information is provided and the public can ask questions.

Activities

Analyze infodemic issues and provide accurate information/explanation to the target group

Briefing/talks

Conventional media (TV, radio)

Social Media (FB, IG, Twitter)

New Media (WhatsApp Group/Telegram)

Postmaster

Hotline, Email

Social Media (FB, IG, Twitter)

Communication channels

RIS C O M M U N I C A T I O N  P L A N

RISK COMMUNICATION PLAN COVID-19 VACCINE

Agencies

MOH

MOH

MCMM’s Corporate Comm (UKK)
## Risk Communication Plan

### FOCUS
Managing infodemic (misinformation / false information / rumors / AEFI)

### STRATEGIES
- Establish consistent feedback between communities and health responders.
- Communicate to the community especially the event affected population.
- Identify spoke person based on the trust they have with the population.
- Establish two-way communication with affected populations, to understand and respond to their concerns.

### ACTIVITIES
- Implement community engagement activities by collaborating with relevant health agents/ NGOs/ organization who have outreach capacity.
- Prepare customized and targeted IEC materials (videos / infographics / PSA) to the affected community and general public.
- Prepare press statement/ release Media briefing when necessary
- Establish hotlines through telephone calls, email and social media application where public can enquire and receive customized answers.

### COMMUNICATION CHANNELS
- Briefing/talks
- Conventional media (TV, radio)
- Social Media (FB, IG, Twitter)
- New Media (WhatsApp Group / Telegram)
- Postmaster
- Hotline, Email
- Social Media (FB, IG, Twitter)

### AGENCIES
- MOH and other ministries / agencies
Managing infodemic (misinformation / false information / rumors / AEFI)

Ensure that public knows where to obtain up-to-date information (Reliable source)

Regular monitoring of the feedback from the public

Identify, engage and empower community agents to deliver the right messages

Share information on medias, internet, social medias, hot lines

Sentiment analysis/survey

Appoint, train and monitor community agents on COVID-19

Conventional Media (TV, radio)

Social Media (FB, IG, Twitter)

New media (WhatsApp Group / Telegram)

Hotline

Email

Postmaster

Briefing, talks
# RISK COMMUNICATION PLAN COVID-19 VACCINE

## MESSAGES

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<tr>
<th>TELEVISION</th>
<th>RADIO</th>
<th>INFOGRAPHIC</th>
<th>VIDEO</th>
<th>PSA/CRAWLER</th>
<th>FAQ</th>
<th>PRINTING</th>
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*As of Dec 2020*