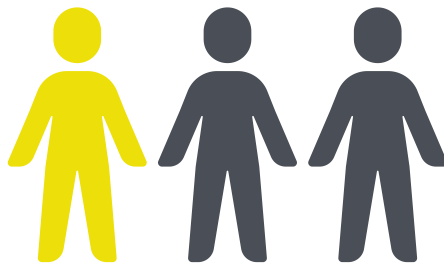


Understanding Vaccine Hesitancy in Malawi¹

Malawi's vaccine challenge

The global vaccination effort to combat Covid-19 has come a long way, but challenges still exist, particularly in Low-to-Middle-Income Countries (LMICs) like Malawi. As of September 16, Reuters reported that only 2.6% of Malawians are vaccinated.² Supply challenges are the most immediate barrier to higher vaccination rates, but vaccine hesitancy also likely plays a role. A GLD/IPOR phone survey of 1403 Malawians conducted March-May 2021 in all regions of the country suggests that many Malawians have concerns about vaccination.³ About one-third of surveyed respondents were vaccine-hesitant, stating that they were unlikely to accept a government-approved free Covid-19 vaccine if offered. This leads to the question of why. Is this hesitancy due to a lack of health center access? Or is it because Covid-19 is not taken seriously in Malawi? To improve vaccination rates, it is important to understand who is reluctant to be vaccinated and why.



1 in 3 are vaccine hesitant in Malawi

Reasons behind vaccine hesitancy

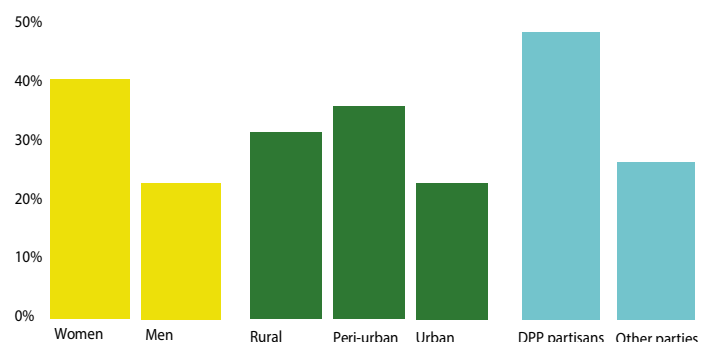
Neither difficulty accessing a health center, nor a belief that Covid-19 is not real or not deadly seem to drive Malawian vaccine hesitancy. Rather, the most common reservations expressed by vaccine-hesitant respondents were fears that the

vaccine would kill them, infect them with Covid-19, or affect their fertility. Hesitant respondents also expressed skepticism about the efficacy of the vaccine. Efforts to address hesitancy might therefore focus on reassuring Malawians about risks and efficacy.

Correlates of vaccine hesitancy

Three factors strongly predict vaccine hesitancy: gender, rurality, and partisanship. Women are nearly twice as likely as men to express vaccine hesitancy. Respondents living in rural or peri-urban areas were substantially more hesitant than urban residents. And partisans of the Democratic Progressive Party (DPP), which lost power in June 2020 in a tightly contested election, were around 20 percentage points more hesitant than partisans of other parties or independents. Holding partisanship constant, respondents who were more accepting of presidential authority were less likely to express vaccine hesitancy. Respondents who were more nervous about falling ill with Covid-19 and highly sociable respondents who frequently visited neighbours were also less hesitant. Only weak associations were found between hesitancy and age or education, with older and less educated respondents somewhat more hesitant than younger and better-educated respondents.

Unlikely to get free Covid-19 vaccine if offered



¹ Report prepared by Karen Ferree, Associate Professor of Political Science at the University of California – San Diego, with the assistance of Sara Bjurevall and Erica Ann Metheney, at the Program on Governance and Local Development at the University of Gothenburg.

² Bhatia, G., Dutta, P. K., & McClure, J. (2021, September 16). *Malawi: The latest Coronavirus counts, charts and maps*. Reuters

<https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/malawi/>

³ For survey details, see <http://gld.gu.se/en/projects/developing-a-locally-rooted-approach-to-covid-19-response/>

⁴ Measured as agreement with the question "People should always follow the President's decree, just because it is the right thing to do."

Know your target group

Those hoping to promote vaccines should consider how messages are conveyed and by whom. People are more nervous than in denial, and their worries must be acknowledged by actors they trust, who are likely to vary across groups and areas. Even in a country that has not sharply politicized Covid-19 policy responses, politics strongly shape vaccine willingness. For DPP partisans, a national campaign headed by prominent politicians from the ruling party may not be as effective as one using representatives from the DPP, local political actors, or non-political actors.

Public health campaigns also need to target non-urban areas and identify specific factors shaping hesitancy there. Greater hesitancy among women may also require a tailored response. By better understanding why and where hesitancy exists, authorities can, in a more efficient manner, launch vaccine campaigns in areas where hesitancy is high, target worries like fear of death and other side effects, and offer support and encouragement from trusted actors.

About GLD

The Program on Governance and Local Development (GLD) is a research program based at the University of Gothenburg, originally founded in 2013 at Yale University by Program Director, Professor Ellen Lust. GLD focuses on the local factors driving governance and development. The program is dedicated to international collaboration and scientifically rigorous, policy-relevant research in an effort to promote human welfare globally. Program findings are made available to the international and domestic communities through academic publications, policy briefs, public presentations, and social media, as well as on-the-ground workshops in cooperation with local partners.



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