


Rapid Assessment:

People's perceptions of
COVID-19 booster doses and
vaccinations for the
5–11-year-old population in 
Bangladesh



Breakthrough ACTION
November 2022



USAID
FROM THE AMERICAN PEOPLE



JOHNS HOPKINS
Center for Communication
Programs™

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE



Disclaimer:

The rapid assessment survey and this report are made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of the Breakthrough ACTION project and do not necessarily reflect the views of USAID or the United States Government.

Table of Contents

List of Figures	ii
Executive Summary	1
Chapter 1: Introduction	3
1.1 Introduction	4
1.2 Objectives of the rapid assessment	4
1.3 Methodology	4
Chapter 2: Results	6
2.1 Socio-demographic profiles	7
2.2 Perceptions on the current status of COVID-19 pandemic (%)	8
2.3 Bounded social norm related to safe practices	9
2.4 Vaccination status	9
2.5 Acceptance of vaccination for children aged 5-11 years	11
2.6 Qualitative findings	12
Chapter 3: Conclusion and Recommendations	16
3.1 Conclusion	17
3.2 Recommendations	18

List of Figures

Figure 2.1: Age distribution of the respondents	7
Figure 2.2: Level of education of the respondents	7
Figure 2.3: Perceptions of the COVID-19 pandemic status	8
Figure 2.4: Perceptions of the possibility of another wave of the COVID-19 pandemic	8
Figure 2.5: Age-wise self-reported vaccination status	10
Figure 2.6: Self-reported number of doses of vaccine received	10
Figure 2.7: Acceptance of vaccination for children aged 5-11 years	12

List of Tables

Table 2.1: Perceived social norm regarding safe practices against COVID-19 infection among the community participants according to their place of residence	9
Table 2.2: Reasons provided for not taking the third dose of the COVID-19 vaccine	11

Executive Summary

The USAID-funded Breakthrough ACTION conducted a rapid assessment in November 2022, to explore people's perceptions of the COVID-19 vaccination booster dose and vaccination for children between 5-11 years in Bangladesh. The findings from the rapid assessment will be used to inform future demand generation activities by the Government of Bangladesh (GOB), Breakthrough ACTION and members of the COVID-19 Risk Communication and Community Engagement (RCCE) group.

The assessment took a mixed method approach, including both quantitative and qualitative approaches. The quantitative survey included 1,009 men and women, aged 18 years and above, from urban and rural areas of three districts—Jhalokathi, Shariatpur and Netrokona. The complementary qualitative assessment was conducted with parents of children aged 5-11 years and key stakeholders including teachers, doctors, religious leaders, entrepreneurs of Union Digital Centers (UDC), Community Health Care Providers (CHCP), and Community Support Group (CSG) members. A total of 17 qualitative interviews were conducted in the same districts. The data collection took place from November 6-12, 2022.

Among the sample of 1,009 community members, 500 were men and 509 were women. A higher proportion of the women (35%) belonged to the age group 26-35 years, while a higher proportion of the men (26%) belonged to the 36-45-year-old age group. About 44% of the women and 40% of the men had completed secondary level of education. Around 7% of the women and 5% of the men were illiterate.

The majority of the respondents from both rural and urban areas perceived that the COVID-19 pandemic exists but is under control. More than half of the respondents mentioned that no one in their neighborhood is scared of the COVID-19 pandemic. Overall, 63% of the participants responded that no one in their neighborhood maintained the required distance. Moreover, 72% of the participants estimated that out of 10 people in their neighborhood, five or fewer people wear masks when they go outside of their home.

Overall, 97% of the participants reported receiving at least one dose of COVID-19 vaccine. Of the participants who received a vaccine, 64% reported receiving all three doses of vaccine, while 33% reported receiving two doses of vaccine. Only 3% of the participants reported receiving one dose of vaccine at the time of assessment. The two major reasons cited by the respondents for not getting the third dose of the vaccine were – waiting for their turn to get the third dose of vaccine (male: 47%; female: 42.6%); and waiting to receive an SMS for the third dose (male: 31%, females: 25.4%).

Almost all the participants reported their acceptance of vaccination for child aged 5-11 years (99%). A few of the respondents who were not supportive of vaccinating children, provided the following reasons – scared of side effects, no trust in vaccine/trust in God and children being scared of side effects.

Qualitative findings indicated participants were highly supportive towards child vaccination. Teachers and health workers (CHCPs and health workers from Smiling Sun clinics) showed higher confidence about child vaccination and suggested arranging child vaccination at the community clinic and/or upazila health complex to cover out-of-school children. They also suggested that doctors should be present at the vaccination sites to address any immediate health issues among children just after vaccination. The respondents of the qualitative survey did not have any knowledge of the services that UDCs offer.

Listed below are the recommendations based on the findings:

1. Facilitate equitable access to COVID-19 vaccines to ensure that there are not any pockets of unvaccinated children, such as out-of-school children and children enrolled at madrasas.
2. Breakthrough ACTION should disseminate information in the community about the services provided by UDCs if the centers are to be used for vaccine communication.
3. Utilize UDC entrepreneurs in communication activities since they have the set up to assist the people with vaccine registration and raise awareness in the community.
4. Similar to registration, an emphasis needs to be made on scanning the vaccine card for proper reflection of the vaccination status.
5. Projects/programs should facilitate the GOB to maintain proper documentation for child vaccination so that parents have a vaccine card and/or supporting documents to show proof of their children's vaccine status.
6. Disseminate messages through the following ways:
 - a. Social media (specifically Facebook and YouTube) – this was the most popular preferred source of information as per all types of participants.
 - b. Community activities and interpersonal communication – participants talked about getting information from government hospitals, community clinics, family welfare centers, upazila health complexes, health workers, community meetings, school meetings with parents, miking at the mosque, etc.
 - c. Television and newspaper – a few of the participants mentioned these traditional media as their preferred sources of information.

Chapter

1



Introduction

1.1 Introduction

The USAID-funded Breakthrough ACTION in Bangladesh provides technical assistance to the GOB, namely the Ministry of Health and Family Welfare, and the members of the COVID-19 RCCE group, such as Unicef, Aspire to Innovate Program and other organizations, to address COVID-19 prevention and vaccination efforts.

To better inform vaccine communication activities and gain insight into the current COVID-19 vaccine uptake, Breakthrough ACTION conducted a rapid assessment in three districts of Bangladesh.

1.2 Objectives of the rapid assessment

Main Objective

The main objective of this rapid assessment was to explore Bangladeshi people's perceptions on booster doses of COVID-19 vaccination and vaccinations for the population aged 5-11 years.

Specific Objectives

1. To explore what people perceive about the booster dose of COVID-19 vaccination
2. To understand vaccine hesitancy for the booster dose
3. To investigate people's opinions on vaccination for the population aged 5-11 years
4. To understand contemporary attitudes towards COVID-19 vaccination to help inform the design of Breakthrough ACTION intervention activities.

1.3 Methodology

The rapid assessment took a mixed method approach, including both quantitative and qualitative approaches.

Quantitative Approach

A quantitative survey was conducted among general population aged 18 years and above to understand their perceptions about the booster dose for the COVID-19 vaccine and vaccination of children aged 5-11 years. A total of 1,009 men and women were interviewed in person from three districts of Bangladesh, i.e., Jhalokathi, Shariatpur and Netrokona.

From each district, one urban and one rural location were chosen, and respondents were approached randomly using a random walking technique. In each location, a random starting point was chosen to start the interview, and every establishment/household was knocked using the right-hand rule until the total desired sample was achieved. Equal representation of women (n=509) and men (n=500) in the final sample were ensured during the data collection.

The data collection took place from November 6-12, 2022.

Qualitative Approach

To complement the quantitative assessment, short qualitative interviews with parents of children 5-11 years of age as well as key informants (teachers, doctors, religious leaders, UDC entrepreneurs, CHCP, and CSG members) were conducted to understand their attitudes about vaccination of children aged 5-11 years. A total of 17 interviews were conducted to understand their perspective on vaccination of children aged 5-11 years and use of UDC as a potential point of communication.

The qualitative interviews were done through face-to-face interviews in the same districts where the quantitative rapid assessment was conducted from November 6-12, 2022.

Chapter 2



Results

2.1 Socio-demographic profiles

Among the sample of 1,009 community members, almost half were men (n=500) and half were women (n=509). A higher proportion of the women (35%) belonged to the age group 26-35 years, while 26% of the men belonged to the age group 36-45 years.

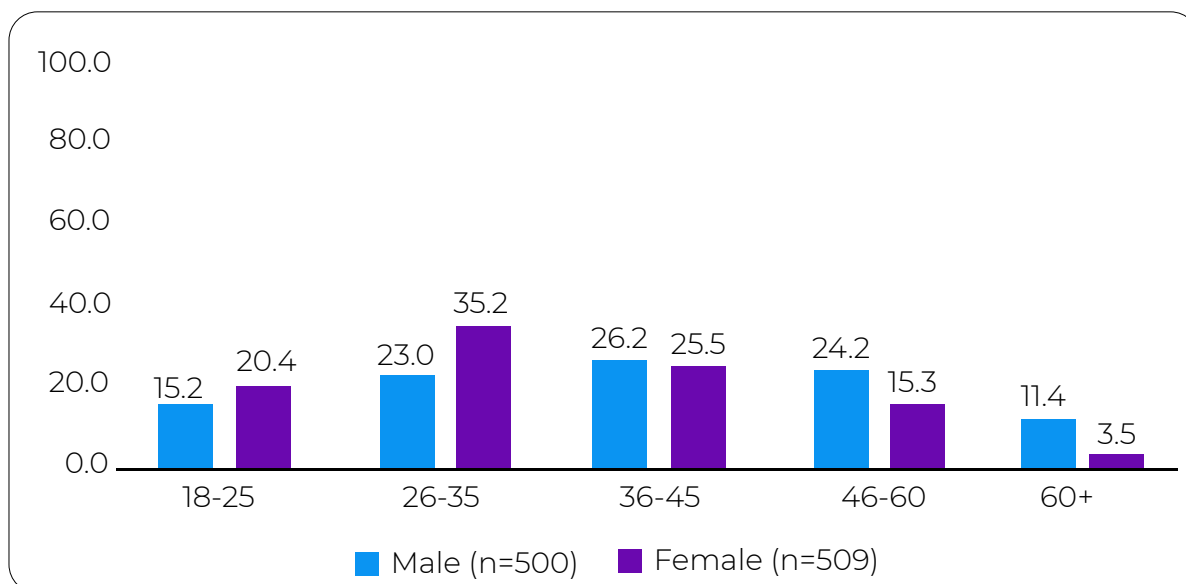


Figure 2.1: Age distribution of the respondents (in years) (n=1009)

About 44% of the women and 40% of the men had completed secondary level of education. Around 7% of the women and 5% of the men were illiterate.

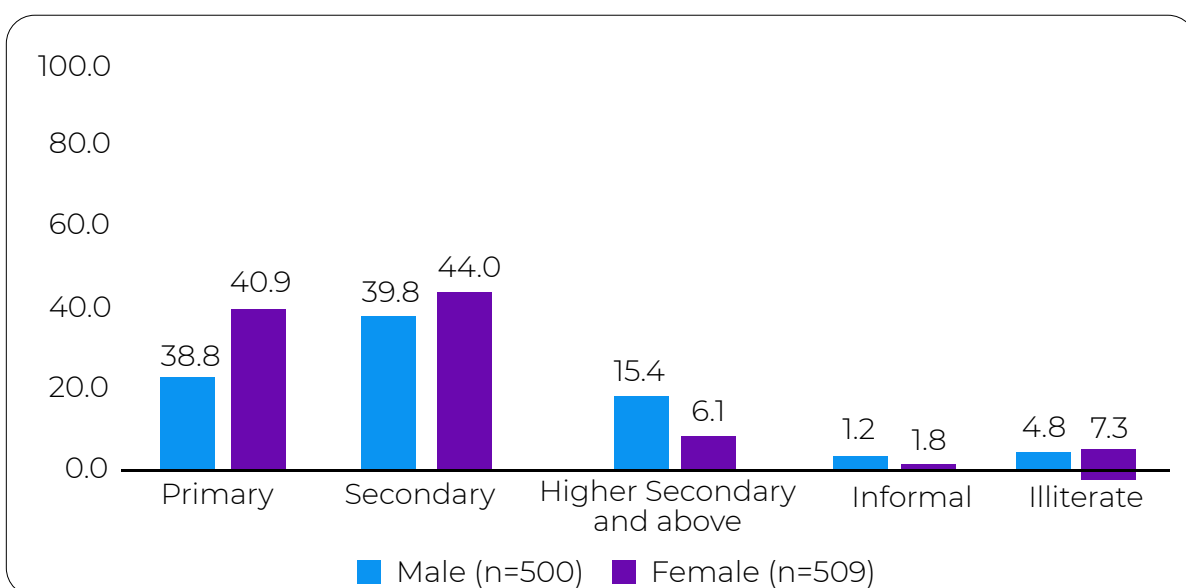


Figure 2.2: Level of education of the respondents (%) (n=1009)

2.2 Perceptions on the current status of COVID-19 pandemic

The participants were asked a few questions about the current COVID-19 pandemic status. The majority of the respondents from both rural and urban areas perceived that the COVID-19 pandemic exists but is under control.

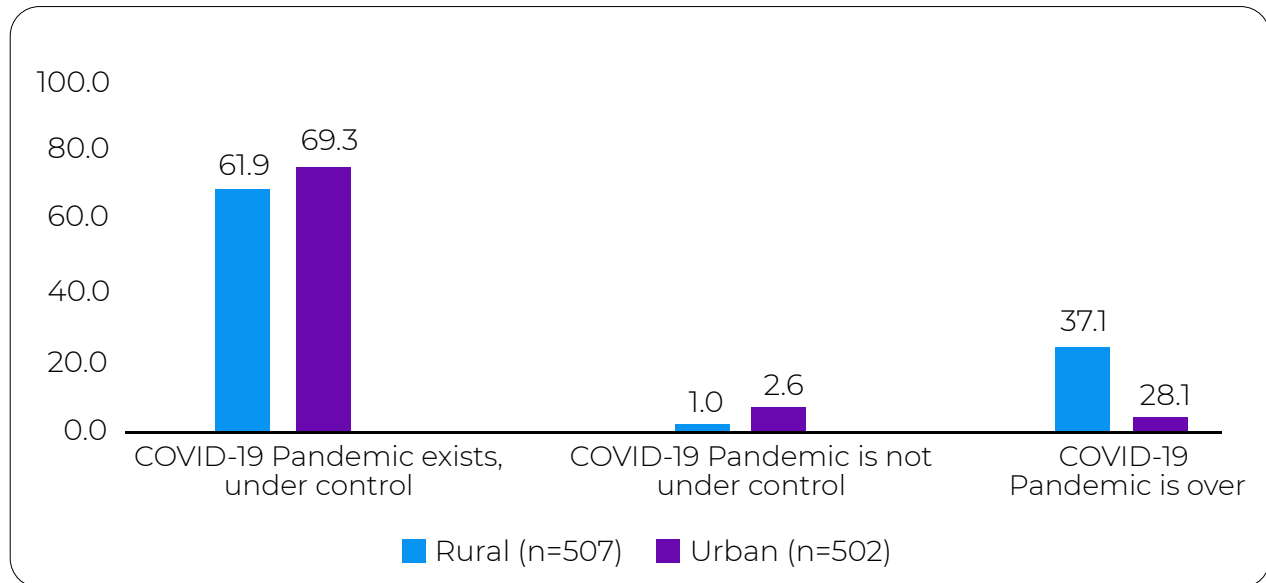


Figure 2.3: Perceptions of the COVID-19 pandemic status (%)

The participants were further asked if they think another wave of COVID-19 will come soon. Around half of the participants (46%) negated the possibility of another wave of the pandemic anytime soon, while 30% were not sure about the next wave.

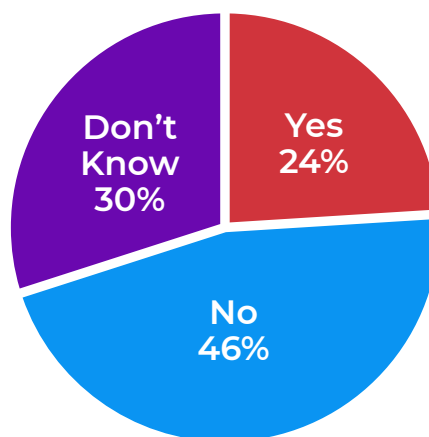


Figure 2.4: Perceptions of the possibility of another wave of the COVID-19 pandemic (n=1009)

2.3 Bounded social norm related to safe practices

Participants were asked if they thought people around them were scared of the pandemic. In response, 53% of the respondents mentioned no one around their neighborhood is scared of the COVID-19 pandemic.

Further, to understand the bounded social norms related the safe practices against COVID-19 pandemic, participants were asked about their perceptions on behaviors that members of their neighborhood are practicing. These behaviors included keeping 1m/3ft distance (২ হাত দূরত্ব) when interacting with others and wearing a face mask when outside home.

With regards to keeping distance, 63% of the participants thought that no one in their neighborhood maintained the required distance. Little more than one-third of the participants further mentioned that out of 10 people in their neighborhood, five or fewer people maintain distance while interacting with others.

Moreover, with regards to the practice of wearing masks, 72% of the participants thought that out of 10 people in their neighborhood, five or fewer people wear masks when they go outside of their home.

Bounded Norms	Rural (n=507)	Urban(n=502)	All(n=1009)
Number of neighbors out of 10 who keep a 1m/3ft distance when interacting with others			
0	65.7	60.8	63.2
5 or less	33.1	36.9	35.0
6 or above	1.2	2.4	1.8
Number of neighbors out of 10 who wear a face mask when outside their home			
0	16.0	16.3	16.2
5 or less	73.4	70.5	72.0
6 or above	10.7	13.1	11.9

Table 2.1: Perceived social norms regarding safe practices against COVID-19 infection among the respondents according to their place of residence (%)

2.4 Vaccination status

Overall, 97% of the participants had reported receiving at least one dose of the COVID-19 vaccine. Vaccination was higher among rural participants (98%) as compared to urban participants (96.4%) and among women (97.6%) as compared to men (96.8%). Age-wise vaccination reported by the participants indicated that the highest proportion of participants that had received vaccination was among those aged 60 years and above.

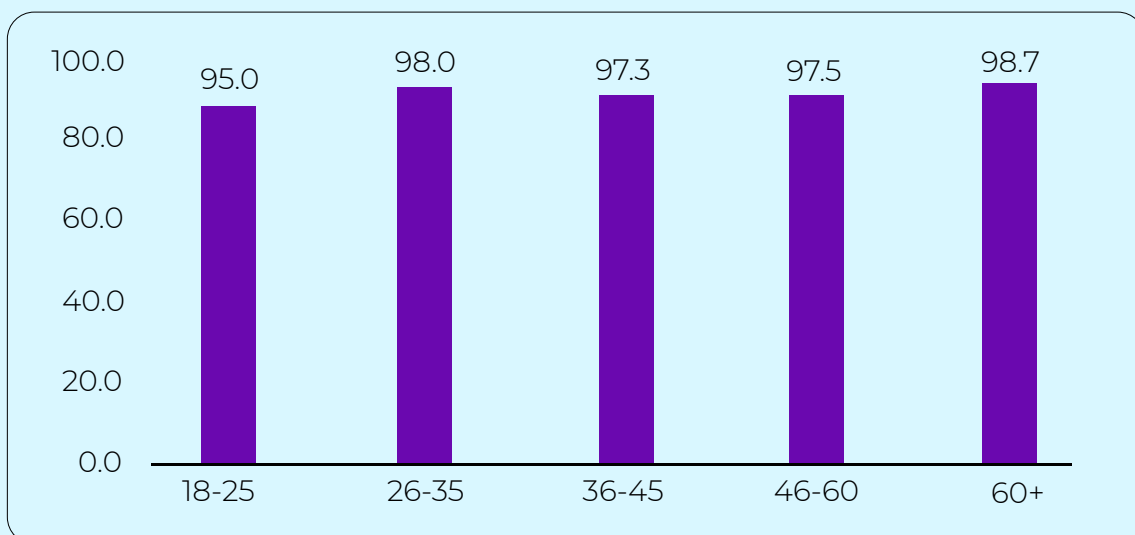


Figure 2.5: Age-wise self-reported vaccination status (%) (n=1009)

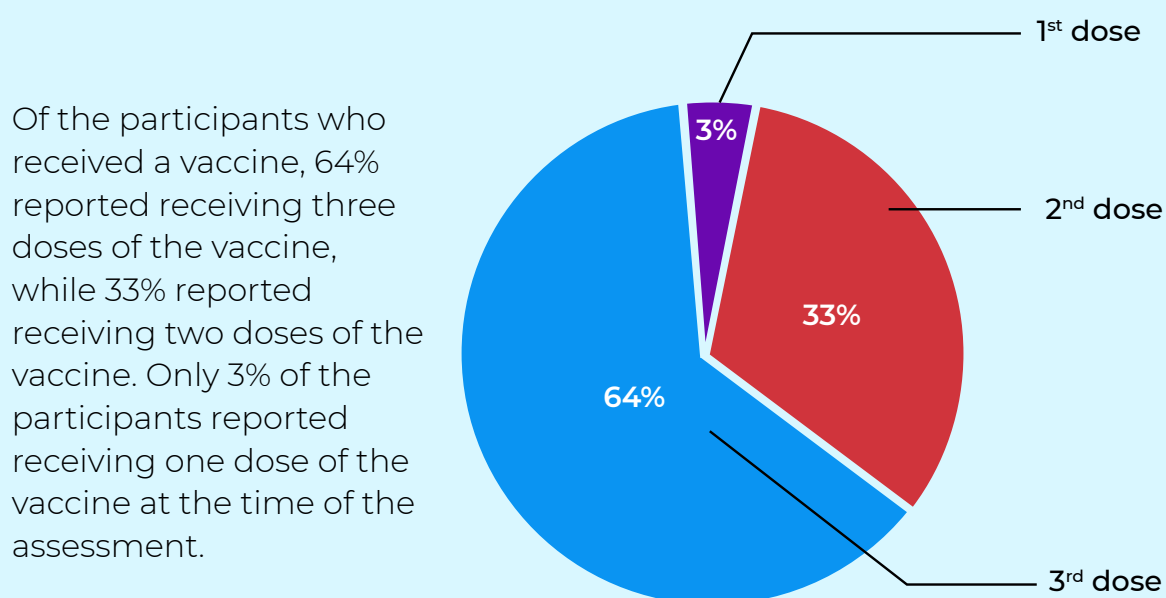


Figure 2.6: Self-reported number of doses of vaccine received (n=1009)

As a validation tool, field researchers requested some of the study participants, who reported taking vaccine doses already, to show their vaccine cards. There were participants who could not show their vaccine card and reported the following reasons for being unable to do so.

1. They did not print out the card from the app
2. They had taken 3 doses, but the app showed that they had taken 2 doses. Hence, they did not take any print outs of the card. These participants further mentioned that their vaccine paper was not properly scanned by the volunteers and maybe that is why their information was not updated in the Surokkha app.

Reason for not having third dose of vaccine

Of those who reported not receiving all three doses of vaccine, more than 40% mentioned that they were waiting for their turn to get the third dose of the vaccine (men: 47%; women: 42.6%). Around one-third of the participants were waiting for their SMS for the booster dose (men: 31%; women: 25.4%). While positive attitudes were found among the overall participants regarding the third dose of vaccine, a few of the participants reported some other reasons for not taking the third dose. For instance, 7% of men and 8% of women did not think it was necessary to take the third dose as the infection rate was low. A handful of the participants mentioned that they had side effects from earlier doses; that they were infected with the virus after the second dose; or that no one in their family had taken the booster dose as reasons for not taking the third dose of the vaccine.

Reasons for not taking the third dose of the vaccine	Male (n=155)	Female (n=169)	Urban (n=164)	Rural (n=160)
I want but time has not come yet	47.1	42.6	45.1	44.4
Infection has subsided so I didn't think it was necessary	7.1	7.7	7.9	6.9
No one in my family has taken the booster dose	1.9	1.8	2.4	1.3
Booster dose vaccine was not available	6.5	1.8	4.3	3.8
Had registration problem	2.6	4.7	2.4	5.0
Registered for booster dose but did not receive any SMS	31.0	25.4	26.8	29.4
Got COVID-19 even after taking the second dose	0.6	0.6	1.2	
Experienced many side effects	2.6	3.0	3.0	2.5
Others	13.5	20.1	15.9	18.1

Table 2.2. Reasons provided for not taking the third dose of the COVID-19 vaccine

2.5 Acceptance of vaccination for children aged 5-11 years

Almost all of the participants reported their acceptance of vaccination for children aged 5-11 years (99%). This was similar among the participants across all socio-demographic categories.

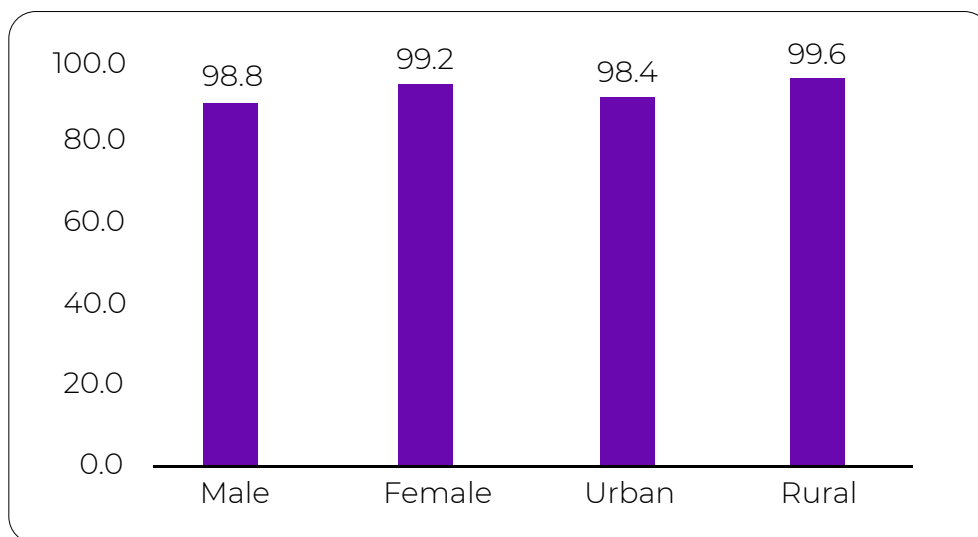


Figure 2.7. Acceptance of vaccination for children aged 5-11 years (n=1009)

Of the total participants, six participants from urban locations (four men and two women) did not accept vaccination for 5-11-year-old children. The following are the reasons provided by the participants for their non-acceptance:

- ▶ The participants themselves are scared of side effects
- ▶ The participants do not trust the vaccines/prefer to trust solely in God and let nature take its course
- ▶ The children are scared of side effects

2.6 Qualitative findings

2.6.1 Parents' opinions on the COVID-19 pandemic and child vaccination

Parents of children aged 5-11 years mentioned that the COVID-19 situation is better as they see less infection in their neighborhood and on television. Parents supported child vaccination and approved two doses of vaccine for their children, which they learned about from schools as well.

When the parents were asked about their preferred sources of information about COVID-19, they mentioned 'miking' (loudspeaker announcement), television, newspaper, internet, doctors, hospitals, Smiling Sun clinics, and from their children.

"If all the children are given vaccine, then I will also get my child vaccinated. I will only allow 2 doses for my child. Children should be vaccinated after age 4, because they are scared of injections." – Parent, (female, 33 years), Shariatpur (urban)

2.6.2 Stakeholders' opinions on the COVID-19 pandemic

All stakeholders interviewed opined that currently the COVID-19 pandemic situation is much better. According to them, some people still wear masks and most have received the vaccines. These practices have translated into the low infection rates – as reported in the news on television and Facebook that fewer people are admitted in hospitals. Almost all the participants supported COVID-19 vaccination. According to them:

1. If people take vaccine, they will get antibodies
2. Health workers should be top priority for vaccines

However, participants also mentioned that there are still a few people who are not willing to get vaccinated due to mistrust, superstition, or simply because they did not feel like it.

“COVID-19 pandemic is over. Earlier, a lot of people used to get infected. Whoever went for test, were found positive. The situation is not like that anymore.” – Imam (male, 36 years), Jhalokathi (urban)

“The current COVID-19 situation is better. People are not suffering from cold, cough, fever, throat pain these days. People are taking vaccines and thus the infection rate is low.” – CHCP (female, 29 years), Netrokona (rural)

2.6.3 Stakeholder's approval of child vaccination

All the stakeholders approved child vaccination and two doses of vaccine for children. According to the stakeholders, all the eligible children in their families have taken vaccines as appropriate and as per availability.

“I don't have any concern for children regarding vaccination, because (I know) vaccines are tested. Adults have taken vaccines, they didn't have any problem, and neither would children.” – School teacher (female, 47 years), Netrokona (rural)

“Bangladesh has managed vaccination very well as compared to the other countries (that's why) I am not worried about child vaccination” – CHCP (female, 31 years), Shariatpur (rural)

Teachers and health workers (CHCPs and health workers from Smiling Sun clinics) showed higher confidence about child vaccination with few suggestions for wider coverage and management of side effects after vaccination for children:

- ▶ Vaccination sites need to be arranged at the community clinic and/or upazila health complex to cover out-of-school children.
- ▶ Vaccination centers need to have doctors because children can fall sick after the vaccine is administered.

“Of the 170 children vaccinated, one child had itching within 5 minutes of vaccination. Doctors were immediately consulted and the child was completely cured.” – School teacher (female, 47 years), Netrokona (rural)

“After vaccination, some children are having fever, some are experiencing pain (while vaccine is administered), some children are bleeding while injected, so (children) need to be vaccinated by doctors or nurses” - CHCP (female, 37 years), Netrokona (rural)

2.6.4 Stakeholder’s knowledge about UDC and preferred sources of information

Of the stakeholders (parents, health workers, teachers, imams, etc.) interviewed, none were aware of UDCs by name. The only knew that Union Parishads have centers to provide them support with Internet-based services .

Stakeholders mentioned the following preferred sources of information for COVID-19 and vaccination-related issues (not in any particular order):

1. Community clinic, government hospitals, upazila health complexes, union family welfare centers, Smiling Sun clinics
2. Health workers
3. Union Parishads
4. Local elected members
5. Banners at the marketplace, school, etc.
6. Meetings at the community, with parents
7. Television
8. Imams
9. Miking in the mosques (loudspeaker announcement)
10. Social media (Facebook, YouTube)
11. Text SMS through mobile phone
12. Schools
13. Newspapers

2.6.5 Information from UDC entrepreneur

UDC entrepreneurs mentioned that community members come to the centers for different types of online services. However, more women than men visited the centers for services. UDC entrepreneurs also mentioned the type of communication services that UDCs can provide to community members for COVID-19 vaccination. These are:

1. Registration for vaccine
2. Miking (Loud speaker announcement)
3. Social media communication (e.g., Facebook)

Chapter 3



Conclusion
and Recommendations

3.1 Conclusion

Based on the rapid assessment findings the following conclusions can be drawn:

1. Community members described that the pandemic is under control and it is mainly due to wide vaccination against COVID-19.
2. Descriptive social norms and bounded social norms do not suggest that people are continuing to adopt safety measures, like wearing masks and maintaining physical distance.
3. A wide vaccine acceptance was found among the participants. An overwhelming proportion of participants had received vaccines and around two-thirds have received their booster dose too.
4. Overall, participants strongly supported vaccination for children. The small number of participants who disapproved child vaccination provided reasons such as fear of side effects and lack of trust in vaccines.
5. Community stakeholders were not aware of UDCs by name, except for a few who knew mainly about Union Parishads' centers that provide support with Internet-based services.
6. UDC entrepreneurs mentioned that they could provide vaccine registration support and communication support in addition to providing support to community members with other Internet-based services.
7. Some of the participants, who got their 5-11-year-old children vaccinated, had observations regarding proper maintenance of the documentation of vaccination for children. According to them, they do not have any documents to show their children were vaccinated. The schools may have the vaccine documents but the parents have not been informed about that.

3.2 Recommendations

Analyzing the assessment findings, the following recommendations can be suggested:

1. Facilitate equitable access to COVID-19 vaccines to ensure that there are not any pockets of unvaccinated children, such as out-of-school children and children enrolled at madrasas.
2. Breakthrough ACTION should disseminate information in the community about the services provided by UDCs if the centers are to be used for vaccine communication.
3. Utilize UDC entrepreneurs in communication activities since they have the set up to assist the people with vaccine registration and raise awareness in the community.
4. Similar to registration, an emphasis needs to be made on scanning the vaccine card for proper reflection of the vaccination status.
5. Projects/programs should facilitate the GOB to maintain proper documentation for child vaccination so that parents have a vaccine card and/or supporting documents to show proof of their children's vaccine status.
6. Disseminate messages through the following ways:
 - a. Social media (specifically Facebook and YouTube) – this was the most popular preferred source of information as per all types of participants.
 - b. Community activities and interpersonal communication – participants talked about getting information from government hospitals, community clinics, family welfare centers, upazila health complexes, health workers, community meetings, school meetings with parents, miking at the mosque, etc.
 - c. Television and newspaper – a few of the participants mentioned these traditional media as their preferred sources of information.

