

# Attitudes of Young Adults in Greater Manchester towards the COVID-19 Vaccine

Findings from public engagement

Summary report [November 2021]



# Working in Collaboration with:



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## Preface

This report summarises recent engagement work undertaken with young adults in Greater Manchester, by the National Institute of Health Research (NIHR) Applied Research Collaboration (ARC) Greater Manchester Public, Community Involvement and Engagement team and the University of Manchester.

An online survey was circulated during July 2021, and three online engagement sessions were run in the same month. A session was run with members of the Caribbean African Health Francophone Network, a mixed age group of younger and older adults. Another session was run with the Kickstarters group run by the Salford Foundation, a group of young carers aged 18-24. A further engagement session was run in July, with the GM based theatre charity, Made By Mortals and a group of young adults, utilising a character to highlight participants' experiences during the COVID-19 pandemic and attitudes to vaccine.

This document provides a summary of the overall findings from the engagement sessions and the online survey (Section 1), details the key findings and main themes from the sessions and survey (Section 2), and provides reflections and recommendations based on these activities (Section 3).

# 1. Executive Summary

- Across the three engagement sessions (totalling 23 participants), approximately just under a third had not taken the vaccine.
- From those who were hesitant to receive the vaccine, the most prominent fears centred new technology behind the vaccines, and how they have been developed. Length of time that the vaccine has been in circulation was also a significant concern.
- There was pushback, fear, and suspicion in all the engagement sessions around the vaccines being made mandatory.
- Suspicion around the vaccine being pushed at the state level was highlighted in the engagement sessions and in survey findings.
- Negative media towards the vaccines was highlighted in the engagement sessions as increasing feelings of fear and hesitancy to receive the vaccine.
- Across all sessions, social encouragement/reassurance was important for some in their decisions to have the vaccine, although this was not reflected in the survey findings.
- Long-term effects were a prevalent concern in the survey responses and in two of the engagement sessions. Short-term side effects were also a concern.
- Concerns over the Astra Zeneca vaccine and related side effects were mentioned in the survey and the engagement sessions. It was noted that negative media towards the AZ vaccine impacted how the other vaccines were perceived.
- Gaps in the information about the vaccines was prominent across all the engagement sessions and the survey. In particular, it was felt that information about the technology used to develop the vaccines, specific information about the different types of vaccine and their side effect risks, was needed.
- It was noted in two of the sessions that the fact that people were still contracting and getting ill from COVID after having one or two doses of the jab stalled people's faith in the vaccine and aroused suspicions of its effectiveness.
- The main reasons for receiving the vaccine across the sessions and the survey was protecting friends and family and reducing transmission in general. Concern that vaccines would be mandatory/required for 'normal life' was also prominent and was a factor in some participants' decision to have the vaccine.

## 2. Findings from the Engagement Activities

### 2.1 Findings from the Carribean and African Health Network (CAHN) Francophone Engagement Session

This was held on the 8<sup>th</sup> July 2021; it was a mixed aged group (18-50+) of 13 participants. Approximately a third of the group were not vaccinated, and these were both older and younger participants.

The group discussed experiences of the vaccine rollout and attitudes to the vaccine.

#### 2.1.1 Key points

- Participants cited the need for more information from trusted sources about the safety of the vaccine and the processes of its development would help them make their decision about whether or not to have the vaccine.
- Many participants noted fear (longer term health risks, fertility, and process of vaccine development) as their primary reason for not getting the vaccine. Fear and suspicion, feelings that the vaccine was 'experimental' was echoed by many of the participants.
- Approximately a third of participants were unvaccinated at the time of the discussion group. Many were still undecided, but many were also clear that they did not want the vaccine. For many, it took a long time to decide whether or not to have vaccine.
- Those who had had the vaccine were initially very reluctant to take it, the main factor that had changed their minds was reassurance from friends, or from seeing friends getting very ill from COVID. However, there was still fear and concern around the vaccine.
- Those who were not vaccinated and were scared about the vaccine did not seem like they had discussed these fears with a healthcare professional, and wanted to in some cases.
- Efforts to push the vaccine at the state level is met with increased feelings of suspicion.

### 2.2 Findings from the Kickstarters Engagement Session

This was held on the 21<sup>st</sup> July 2021; it was a group of 5 participants with ages between 18-24; 3 of the participants had been vaccinated, 2 had not.

Those who received the vaccine listed their reasons as:

- Concern and feelings of guilt over transmission risk
- It would be necessary to lead a 'normal life' and it is likely that the vaccine would be required for this eventually, i.e. nightclubs
- Pro-science, they couldn't see how the risks would outweigh the benefits
- Social encouragement; all their family was pro the vaccine and had had the vaccine
- Substantial information about the vaccine

Those who did not have the vaccine listed their concerns as:

- Feeling uneasy about the vaccine; that it had not been around for a long enough period of time, they might consider it in 1-2 years.
- Not fully tested, too quick to be produced
- Feelings that the vaccine is being used a way of controlling people, taking away freedoms and choices, i.e. COVID passports
- Concern that the vaccine is not working as it should: people getting COVID after two jabs
- 'Bad news' stories and negative media coverage around the vaccines, i.e. links to blood clots.

A participant who had received the vaccine said she felt initially hesitant about having it, and noted that the negative media coverage about the Astra-Zeneca vaccine influenced how the other vaccines were perceived, as the vaccines are offered referred to as the singular "COVID-19 vaccine".

## **2.3 Findings from the Made by Mortals Engagement Session**

This was held on the 27th July 2021; it was a group of 5 participants aged between 17-30; all participants were vaccinated, apart from one who was ineligible due to their age.

Participants were tasked to 'walk in someone else's shoes' using the non-binary character of Raven. Participants drew on their personal experiences, the experiences of those around them and their creativity to give a voice to Raven to discuss their experiences during the pandemic and views on the vaccine.

### 2.3.1 Concerns around the vaccine

- Concern that the vaccine has not been tested enough, consequences of long-term health/side effects.
- Friends, family, social networks were important factors in people's decision to have the vaccine, also 'getting back to normal' and a responsibility to protect the community
- Vaccine passports and government incentives are 'strong-arming' individuals into getting the jab, and it is not necessarily working. Individuals should not be coerced into getting the vaccine.
- Younger age groups may disproportionately be affected by this due to domestic restrictions on social life.
- Gaps in information about the vaccine was highlighted as a key area that was lacking publicly, information inaccessible, lack of clear, scientific information
- Lack of trust in decision makers has led to lack of trust in the vaccines, perceived mishandling of the pandemic and paradoxical government actions in recent months has subsequently made people less trusting of the vaccines and vaccine rollout.
- People may feel more confident to receive the vaccine as time goes on, case rates come down and people can see the positive effects of the vaccine.

## 2.4 Findings from the Survey

**Response:** 217 responses by 20<sup>th</sup> July, run for 22 days

**Age range:** 70% 18 -31

**Gender:** Female 69%; Male 29%

**Ethnicity:** White (73%); Asian/Asian British (8%); Black/Black British (6%); Mixed ethnicity (4%); Other: Arab (7%) Other (1.6%)

#### **Uptake:**

- **86%** of respondents had the vaccine upon being offered it
- **10%** not taken the vaccine when offered it
- **4%** unsure whether or not should have the vaccine

#### **Main reasons for having vaccine:**

- **27%** *"The vaccine is the best way of stopping the virus and 'getting back to normal'"*
- **24%** *"To prevent transmission: concern of risk of COVID to community/wider public"*

- **22%** *“To prevent myself from getting ill from COVID-19”*
- **11%** *“Concern that international ‘vaccine passports’ will be required – I want to be able to travel abroad”*

**Main drivers behind not having vaccine:**

- **20%** *“I am concerned over possible longer-term health impacts linked to the vaccine”*
- **15%** *“I am concerned about the vaccine and whether it will affect my fertility or pregnancy”*
- **11%** *“I do not think it is necessary to take the vaccine, COVID-19 is likely to not affect me”*
- **11%** *“I am concerned over how the vaccine was produced/how quickly it was produced”;*

## 3. Reflections and Recommendations

### 3.1 Information and Communication

Whilst it was noted by some of the participants that there was substantial and adequate information on the vaccine, others were still concerned and/or did not appear to have sufficient information. This raises a question about quantity vs quality of information and how information is communicated; there may be a wealth of public information but not necessarily the right kind of information to ease people's concerns, including, but not limited to:

- The length of time the vaccine has been around – why it was able to be produced so quickly, how it was developed and testing procedures;
- Long and short-term side effects;
- Fertility concerns;
- How the vaccines work on transmission and level of illness from COVID after vaccination;
- More specific information on the individual vaccines, better promotion of the technology and research processes behind each of them;
- Greater information and context-setting around the risks of side-effects i.e. blood clots. This is often competing with a wealth of negative media attention.

This should be communicated utilising both social media and traditional news outlets.

There was a sense from some participants that the vaccine is associated with the upheaval, anxiety and trauma surrounding the pandemic overall, and that has become entangled with the vaccine programme. The sense of importance and urgency attached to the vaccines, with the sense that the vaccine is 'new' is a strong factor in people's fear and may compound this. This may interact with pushback over prolonged and persistent pressure and messaging to receive the vaccine.

Relatedly, mistrust in the government and the fallout from the perceived mishandling of the pandemic has turned many people away from the vaccine.

- Re-orientating public messaging around the vaccine to move away from coercive language/measures could help with more supportive, open and honest dialogue to help people understand if the vaccine is right for them. Building long-term trust in this way is key.

- Continued and upscaled work through community organisations to facilitate this and help build this trust, e.g., community engagement work within and across GM. Mediators between government, the NHS and communities are important to bridge the gap in trust.

### 3.2 Long term uptake

There was a sense across the sessions and from the survey findings that individuals may take the vaccine after it has been around for a longer period of time. This may relate to fears around long-term side effects and seeing positive impacts from the vaccine (e.g., decreasing case rates, deaths, hospitalisations)

- As more research is produced on the effectiveness and safety of the vaccines, better publicity and greater communication of this is needed at the national and regional level. More 'positive' news stories are needed to counteract the highly influential negative media coverage from the previous few months.

### 3.3 Mechanisms to Boost Information and Communication

Videos/infographics/community engagement sessions explaining the development & testing process of the different vaccines, in simple language. This would best be done in collaboration with community organisations (e.g. the Caribbean and African Health Network). It is also important that this is available in different languages. Discussions with community organisations about what languages to prioritise should be pursued.

More videos/infographics/community engagement sessions specifically denouncing any links between fertility and the vaccines, basing this in scientific/academic references and evidence to illustrate this. Better targeting of this is needed to reach younger groups.

Publicising that individuals can effectively choose which vaccine they take when attending walk-in centres. The level of autonomy associated with personal choice may help to bolster trust.

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