

Understanding the impact of COVID-19 on caregiving behaviors and vaccine perceptions

1. Study overview

2. Analysis per research question

3. Recommendations

About this research

Who

- Commissioned by UNICEF Lebanon
- Designed and analysed by MAGENTA Consulting
- Collected by Balamand University

What

- Aimed to investigate changes in children's lives as a result of COVID-19
- Aimed to investigate behavioural drivers of protective measures (mask wearing and physical distancing)
- Aimed to investigate perceptions of the vaccine and attitudes towards its use



Lines of inquiry

1. Why are individuals not continuing to abide by social distancing and mask wearing recommendations, despite high understanding of their benefits and the risks for not engaging in them?
2. Which are the reasons and drivers who led/are leading some people to abide to preventive measures (physical distancing and mask wearing) despite of facing the same challenges of those who are not abiding?
3. What are the COVID-19 narratives and information sources that are most potent in influencing individuals' behaviour?
4. What are the most significant impacts of COVID-19 pandemic on the lives of children?
5. How does caregiver behaviour influence children's experiences and outcomes during the pandemic?
6. What concerns, if any, do people have about the COVID-19 vaccines?



To answer the research questions, two waves of data collection were conducted with caregivers and with adolescents, with a diversity of cohorts and geographical areas

Wave 1

- Remotely collected focus group discussions (FGDs).
- Women and men caregivers across Lebanon.
- Covering all governorates and nationalities.

FGD Sampling Plan

Nationality	Governorate	Gender	Number of FGDs
Lebanese	Akkar	Men	1
		Women	1
	Baalbek-Hermel	Men	1
		Women	1
	Beirut	Men	1
		Women	1
	Bekaa	Men	1
		Women	1
	Mount Lebanon	Men	1
		Women	1
	Nabatieh	Men	1
		Women	1
	North	Men	1
		Women	1
South	Men	1	
	Women	1	
Syrian	-	Men	1
		Women	1
Palestinian	-	Men	1
		Women	1
Total			20

Wave 2

- Remotely collected Key Informants Interviews (KIIs).
- Women and men caregivers of children with disabilities and adolescents with disabilities
- Across Lebanon, covering all governorates and nationalities.

KII Sampling Plan

Nationality	Governorate	Adolescents		Caregivers with a disabled child		Grand Total	
		Boys	Girls	Men	Women		
Lebanese	Akkar	1			1	2	
	Baalback Hermel		1	1		2	
	Beirut	1			1	2	
	Bekaa	1			1	2	
	Mount Lebanon		1	1		2	
	Nabatiyieh		1	1		2	
	North		1	1		2	
	South	1			1	2	
	Syrian	-	1			1	2
	Palestinian	-		1	1		2
Total		5	5	5	5	20	

Organization of the report

A. Report structure

- The report as per the six lines of inquiry / Research questions detailed in slide 4:

1. Why are individuals not continuing to abide by social distancing and mask wearing recommendations, despite high understanding of their benefits and the risks for not engaging in them?
2. Which are the reasons and drivers who led/are leading some people to abide to preventive measures (physical distancing and mask wearing) despite of facing the same challenges of those who are not abiding?
3. What are the COVID-19 narratives and information sources that are most potent in influencing individuals' behaviour?
4. What are the most significant impacts of COVID-19 pandemic on the lives of children?
5. How does caregiver behaviour influence children's experiences and outcomes during the pandemic?
6. What concerns, if any, do people have about the COVID-19 vaccines?

B. Disaggregation levels

On each research question, the report considered several layers of disaggregation.

When a difference between groups was visible and relevant, it is systematically indicated in the slides. If a breakdown is not mentioned in the analysis, it means that no variation was actually visible on this particular point.

Results were systematically analyzed with a comparison between:

- **Nationality:** between Lebanese, Syrian and Palestinian.
- **Geography:** between governorates of residence.
- **Gender:** between women and men.
- **Type of tools and respondents' profiles:** between caregivers interviewed during FGDs, caregivers of children with disabilities interviewed during KIIs and adolescents with disabilities during KIIs.

On this specific breakdown, results between FGDs and KIIs with caregivers were often similar, while gaps were more visible between caregivers and adolescents. Therefore, findings for adolescents are detailed on specific slides. Alternatively, when findings are specific to caregivers of children with disabilities, the information is detailed on a slide about caregivers in general.

- **Other factors when visible:** such as economic factors.

RQ1: Why are individuals not continuing to abide by social distancing and mask wearing recommendations, despite high understanding of their benefits and the risks for not engaging in them?

RQ2: Which are the reasons and drivers who led/are leading some people to abide to preventive measures (physical distancing and mask wearing) despite of facing the same challenges of those who are not abiding?

Personal drivers for abiding by preventive measures: The most stated driver is sociological followed by psychological drivers. Environmental drivers are marginally cited.

	A. Psychology	B. Sociology	C. Environment
<p>1. Concern for others (collective self-efficacy)</p> <p><i>“I protect myself when I go out because I don’t want to catch the virus and bring it back to my employer because she is old, I can take the consequences of the virus, but she cannot”</i></p>			
<p>2. Personal interest, and potential gains (health and economic)</p> <p><i>“I have to wear the mask first to protect myself, to care for myself”</i></p>			
<p>3. Personal experience, and perceived risks</p> <p><i>“after we lost people we love, we have more awareness and more fear for our health”</i></p>			
<p>4. Weak infrastructure</p> <p><i>“Also, after the drugs were cut off from pharmacies and due to the lack of medical equipment, we became afraid that to contract the virus because we are unable to cure it in this case”</i></p>			
<p>5. Enforcement measures</p> <p><i>““Every day there is a security checkpoint that I must pass to come to work”</i></p>			

Abiding by preventive measures: While psychological and sociological factors were mentioned by a majority, environmental factors were mentioned in specific regions and communities

1. Psychological and sociological reasons were largely cited in all FGDs regardless of geography, gender, and community types

	A. Psychology	B. Sociology	C. Environment
1. Concern for others (collective self-efficacy) <i>"I protect myself when I go out because I don't want to catch the virus and bring it back to my employer because she is old, I can take the consequences of the virus, but she cannot"</i>			
2. Personal interest, and potential gains (health and economic) <i>"I have to wear the mask first to protect myself, to care for myself"</i>			
3. Personal experience, and perceived risks <i>"after we lost people we love, we have more awareness and more fear for our health"</i>			
4. Weak infrastructure <i>"Also, after the drugs were cut off from pharmacies and due to the lack of medical equipment, we became afraid that to contract the virus because we are unable to cure it in this case"</i>			
5. Enforcement measures <i>"Every day there is a security checkpoint that I must pass to come to work"</i>			

2. On the contrary, environmental factors were not systematically cited. In regions such as the South, Beqaa and BML, individuals did not cite such factors as a reason for abiding. Gender and communities are less of an explanatory factors with only no mention of these in the Male Palestinian, and Migrants FGDs.

Perceived drivers for not abiding by preventive measures: key reasons for not abiding to measures are perceived to stem from psychological drivers, often combined with environmental or sociological elements



Such results indicate potential action levers besides individual communications

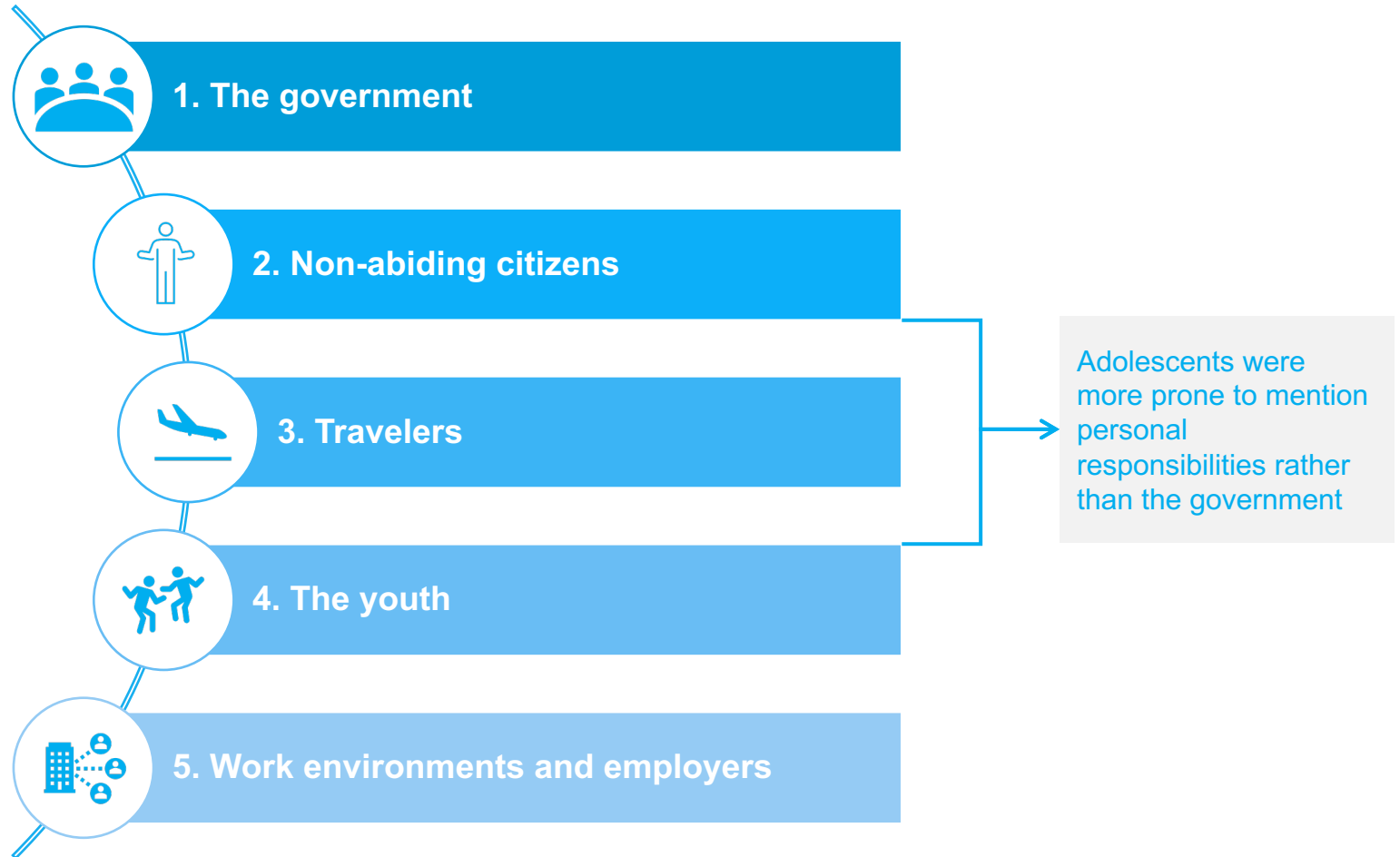
RQ3: What are the COVID-19 narratives and information sources that are most potent in influencing individuals' behaviour?

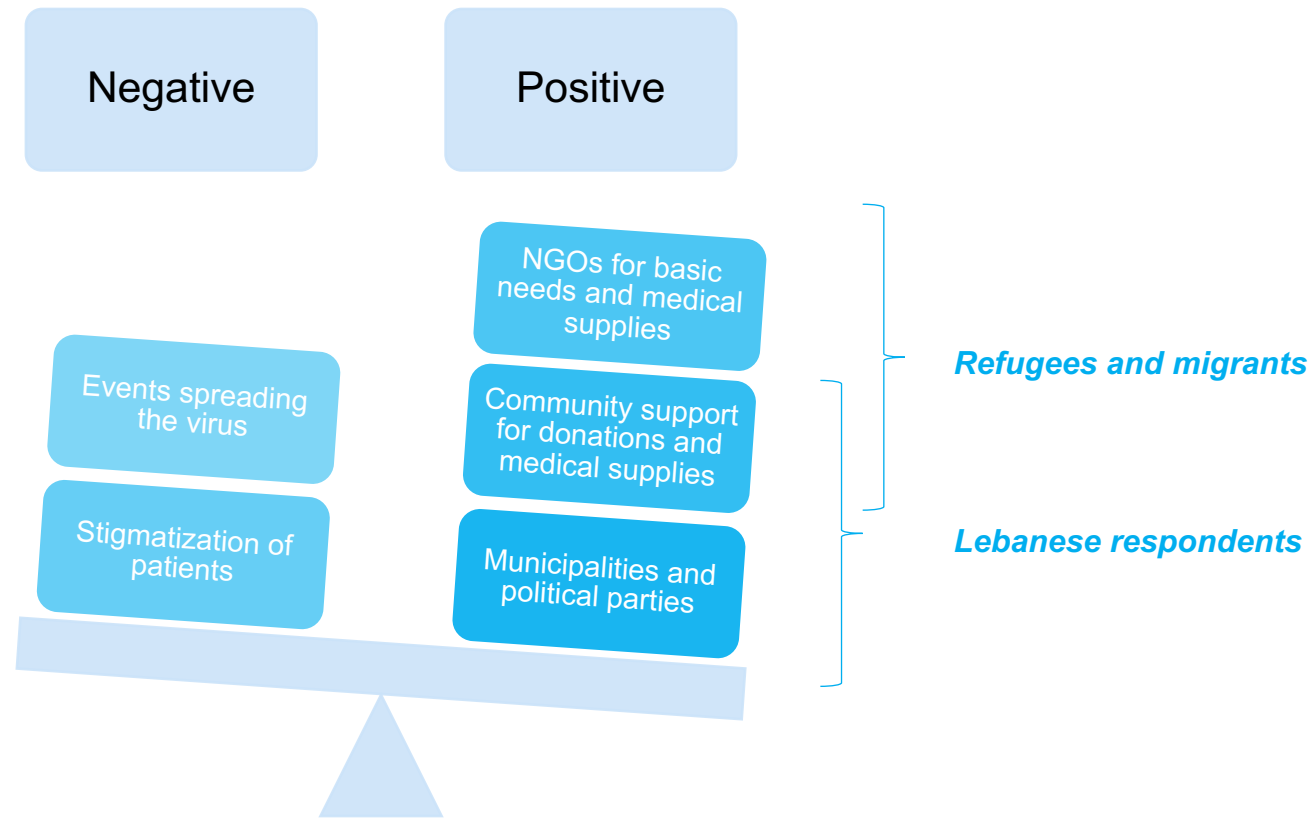
Sources of information for decision making are technical experts from the health sector followed by word of mouth. Other sources are less mentioned

#	Source	Specific audience
1	Health workers: doctors and nurses	Most
2	Television and media: especially on talk shows that host doctors such as Dr. Nasnas on local television channels, Dr. Bizri and Dr. Mokhbat	Most
3	Word of mouth and personal exposure	Mostly men
4	NGO, INGO or International organisations: the world health organisation was mentioned the most, followed by the red cross and then UNICEF.	-
5	State sources: Ministry of health	-
6	Social media	Mostly women
7	Political and religious leaders: notably men from non-Lebanese nationalities	Mostly non-Lebanese men

As per FGDs and KIs, the responsibility for the spread is shared between;

- 1. the government chiefly; and*
- 2. non-abiding individuals.*





The role of the community is positively perceived, but with a different understanding depending on respondents' nationalities

According to participants, the community plays a positive role in fighting the pandemic. Although some participants stated the negative impacts the community has been playing in spreading the virus and in stigmatising patients, many praised its efforts.

RQ4: What are the most significant impacts of COVID-19 pandemic on the lives of children?

When prompted about themselves as caregivers, the most significant impact cited by most respondents was the negative impact on their personal well being, mostly for economic issues rather than health concerns

Overall negative impact on psychological well being of adults

2. Worsening of social interactions and tense family dynamics

3. Loss of loved ones

4. Personal health impact

1. Worsening of economic situation, seriously impacting livelihood

Participants also prompted social disparities, with the (a) poorer and (b) single parent families disproportionately affected.

Migrant workers systematically stated that they were more affected by the crises away from their families with an unsteady income.

Legend: size and darkness of the color tone increases with the number of respondents referring to this point

When it comes to their children, all caregivers (FGDs and KIIs alike) noted several specific impacts beyond a general effect on their personal well-being



Caregivers of disabled children interviewed during KIIs prompted differences between families depending on economic capital rather than children disabilities

Legend : size and darkness of the color tone increases with the number of respondents referring to this point

Previously mentioned impacts translate into specific concerns for the future of the children

Impact

1. Psychological Well-Being

2. Health risk

3. Education

4. Communication skills

5. Internet addiction

6. Livelihood and future

Related concerns

Living in fear – Routine loss – Aggressiveness – Anxiousness – Tension

Sitting all day – Unhealthy eating – Catching the virus

Lagging performance – Unable to understand online – Losing an education year and future potential

Autism – Isolation – Social cues – Lack of creativity and interaction

Living in the virtual world: schools, entertainment, social interactions

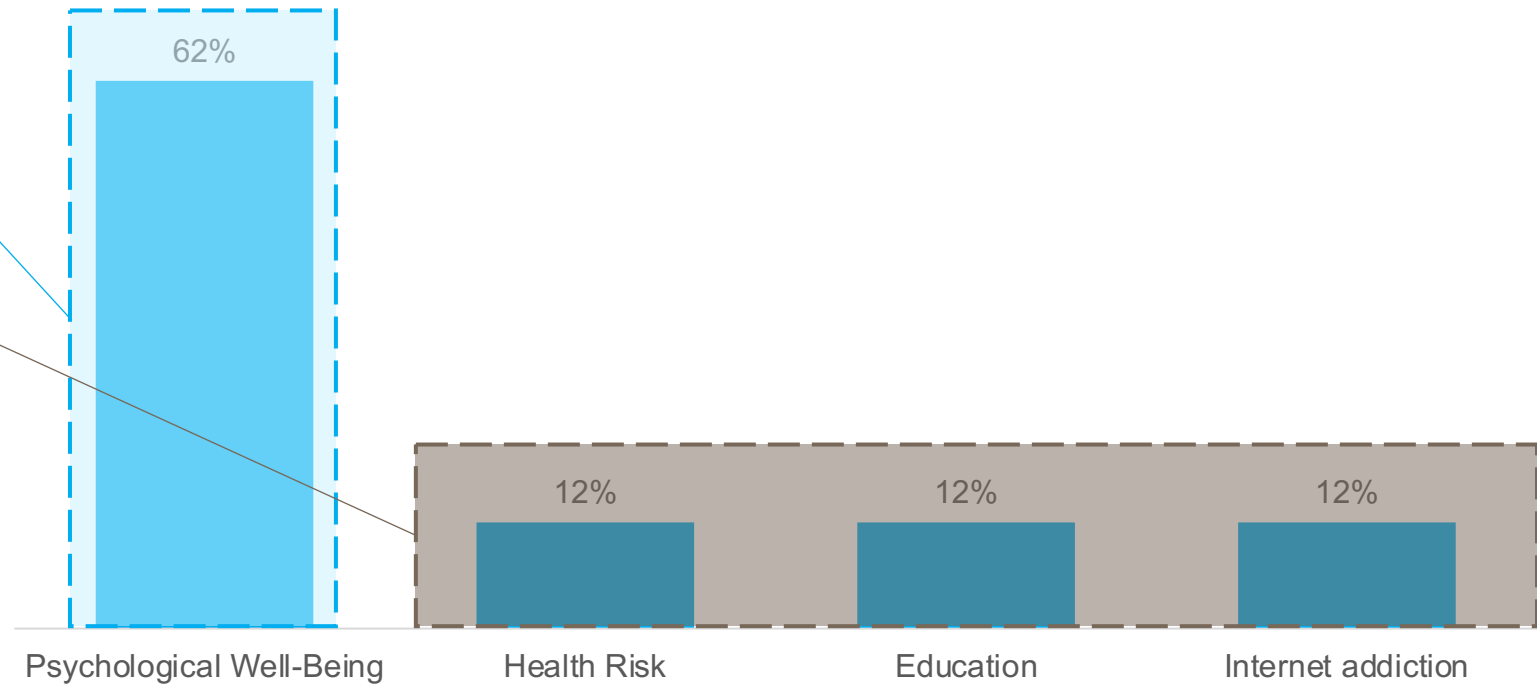
Lack of food, protection risk outside of school, inability to provide for basic needs and distance learning

When asked directly, adolescent are mostly self aware of the direct impact of Covid-19 on their psychological well-being due to their lack of contact with people outside of the household

% of adolescent mentioning each types of impact mentioned by caregivers

Adolescents' primary concern and visible impact on their own life is a decrease in psychological well-being

Other concerns are only mentioned occasionally as reasons for decreased psychological well-being



Key mentioned factors



No more interactions with friends

Smaller family circle

“There used to be events like weddings but now we stopped, or now it is a limited amount of people without doing a party and even the funerals became on the phones. We became like people stuck in a bottle”

Adolescent woman, Baalbeck

“Us as refugees, we are living in a house made up of a room, a kitchen, and a bathroom. If one person gets corona, the whole family gets it and as I told you we are very scared for my father ”

- Male Syrian Adolescent

Besides visible impacts, interviewed adolescents mentioned several fears related to health, with specific concerns for their older relatives rather than themselves.

Concerns

1. For older relatives' health

"After Umm Muhammad died, I fear for my grandfather. He is our source of survival. I don't want him to get sick. Children do not get corona. I am not afraid for myself. I only care for my grandfather."

Adolescent woman, Palestinian

2. For their own physical health

"I am concerned for my health because of corona, because I heard that the immunity wanes after 6 months (...) and according to what people are saying, it is going to be more painful, and some girls lose their hair and many bad things."

Adolescent woman, Lebanese, Mount Lebanon

3. For their own mental health

"We are becoming very introverted, because it has been almost a year and we are not going out."

Adolescent man, Syrian

Verbatim

Steps to remain healthy

Steps to remain healthy mentioned by adolescents were limited to one or two topics. They were focusing on precautionary measures to avoid infections, with disregard or lack of awareness for measures related to psychological well-being.

1. Preventive measures to prevent the spread of the Covid-19 (masks, confinement),
mentioned by 6 participants out of 8

2. Diet
Mentioned by 3 participants out of 8

3. Exercise
Mentioned by 2 participants out of 8

Legend: darkness of the color tone increases with the number of respondents referring to this point

Outside of health concerns, adolescents are also fearing for their livelihood and education similarly to their caregivers

Concerns

1. Livelihood

2. Education

Verbatim

“I am fearful if the economic situation stayed like this, I would be forced to travel and continue my work and far away from my family. For me, it is very important to stay by the people I love.”

Adolescent man, Lebanese, Beeqa.

“I am also worried about my studies. I must sit for an official exam this year. Half of the year has already passed, and I feel like I do not understand anything. This is keeping me in a state of anger, where whoever talks to me gets me screaming, and slamming doors.”

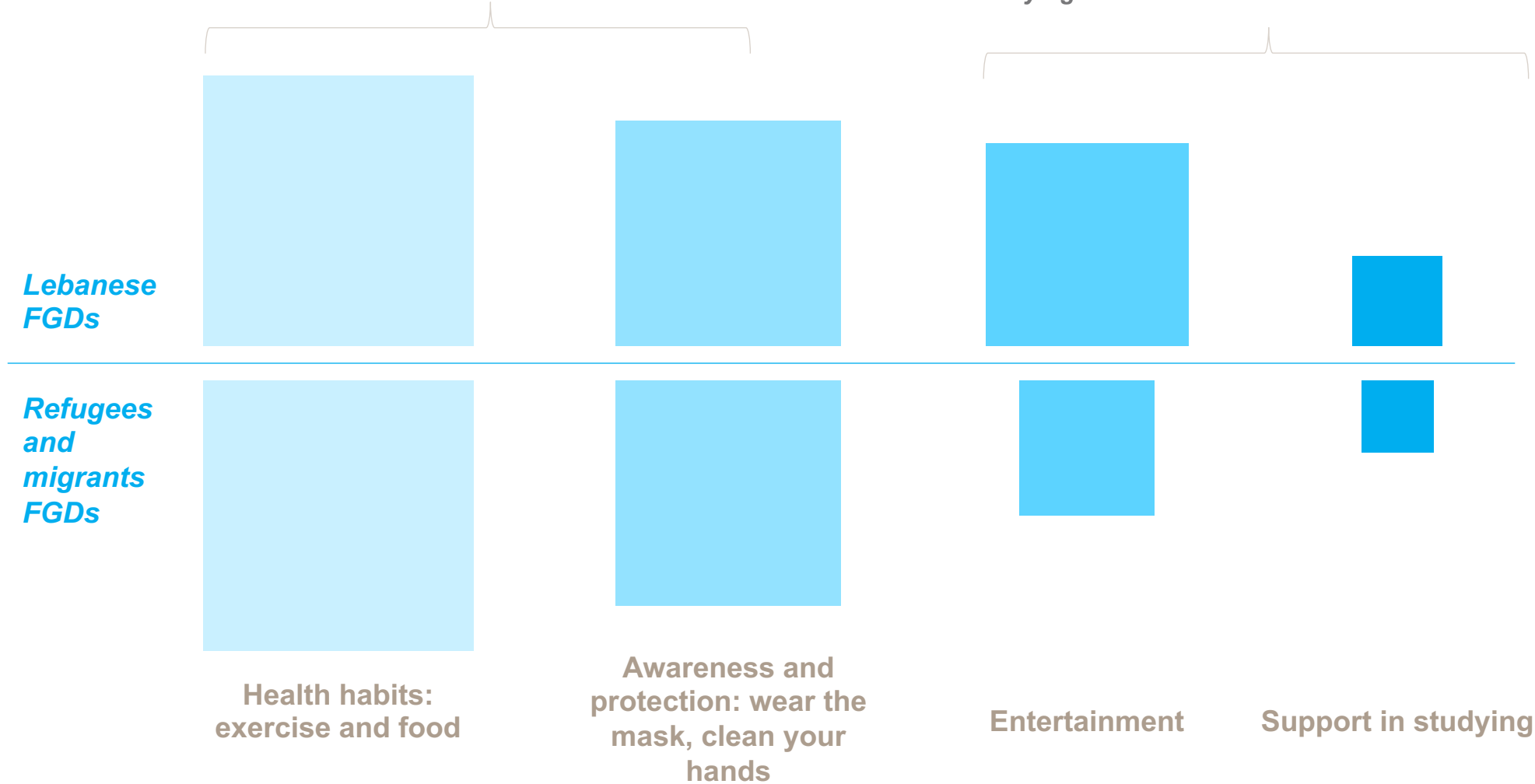
Adolescent woman, Lebanese, Mount Lebanon

RQ5: How does caregiver behaviour influence children's experiences and outcomes during the pandemic?

Most FGDs and KIIs with caregivers mentioned four key mitigation measures to tackle concerns mentioned in RQ3

1. There is a particular attention to measures to mitigate health risks. This can translate into a focus on prevention measures (including staying home all day), while psychological wellbeing that was listed as the first impact is disregarded

2. Discrepancies between host communities and other FGDs only marginally appear for entertainment and studying



Legend: size proportional to number of FGDs mentioning it

Zoom in on the “specific concern for health measures and disregard for psychological wellbeing” among caregivers of disabled children

75%

Percentage of respondents indicating that the first impact of Covid-19 is their personal and their children wellbeing

100%

Percentage of respondents indicating medical and confinement measures as priorities for their children’s health this year



This is also representing a challenge as a majority of KII respondents faced issues to finance and find the relevant health support

50%

Percentage of respondents indicating that their disabled children had no interaction with the outside world because of Covid-19

25%

Percentage of respondents indicating other ways to keep their children healthy during the pandemic. Options cited by parents were limited to providing video games.

“COVID-19 affected us a lot specially [my son] because his resistance to change and resilience level is lower than others due to his critical mental health.”

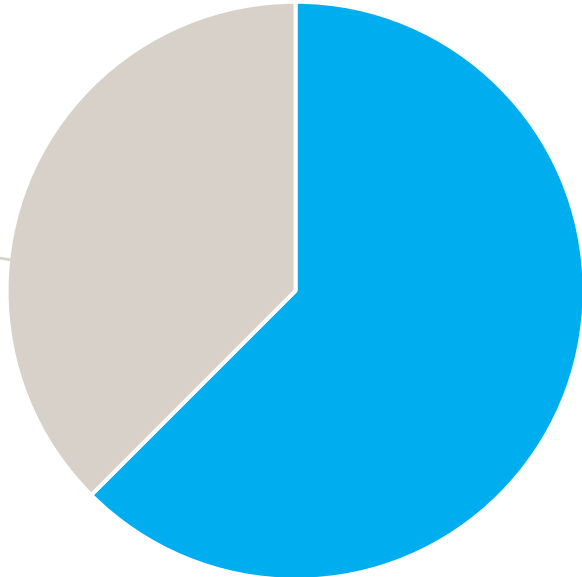
- Male Caregiver of Child with Disability

While support in studying is the least mentioned activity among caregivers, adolescents are reportedly facing difficulties with online class and look for mitigation measures

1. While a majority of adolescents are still in school, all mentioned difficulties and several school dropouts were observed

2. Most adolescents reportedly engaged in proactive measures to complement their online classes

Cases of school dropouts are explained by:
(a) early marriage;
(b) absence of online class;
and
(c) absence of electricity and internet home.



■ Daily education online
■ Dropouts



“I am trying to look on the internet for studies and resolved exams for me to keep up with the explanation and understand. For me, who wants to study is able to study, the internet is filled with information but the important thing is we choose the information that will benefit us.”

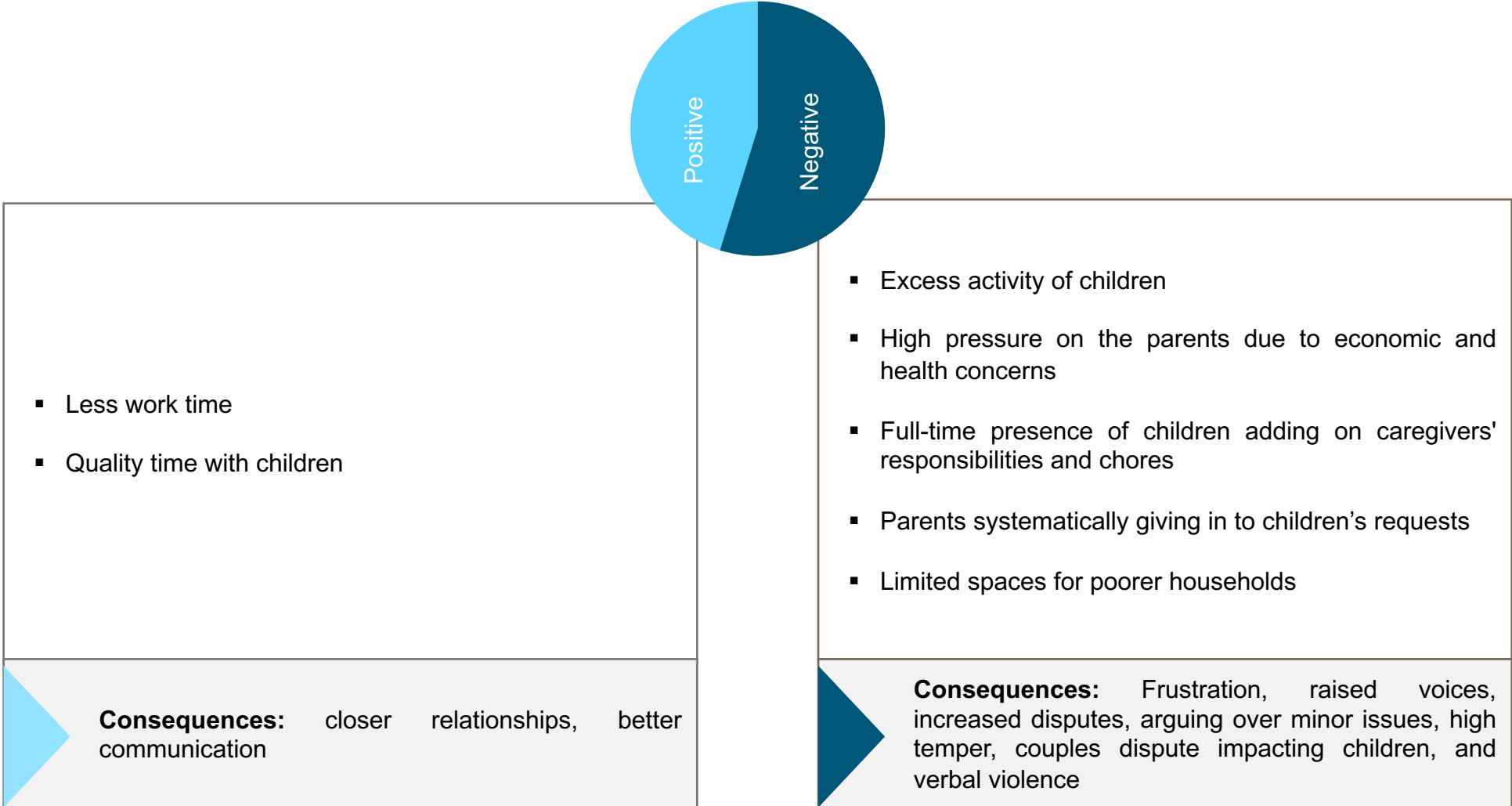
Adolescent man, Lebanese, Beeqa.

“I asked my friend who lives in Beirut who goes to school in Notre Dame, to send me what her teacher is sending her because their teachers are explaining the lessons and sending them to students. (...) schools in Beirut explain in a much better way and they send supplementary material.”

Adolescent woman, Lebanese, Mount Lebanon.

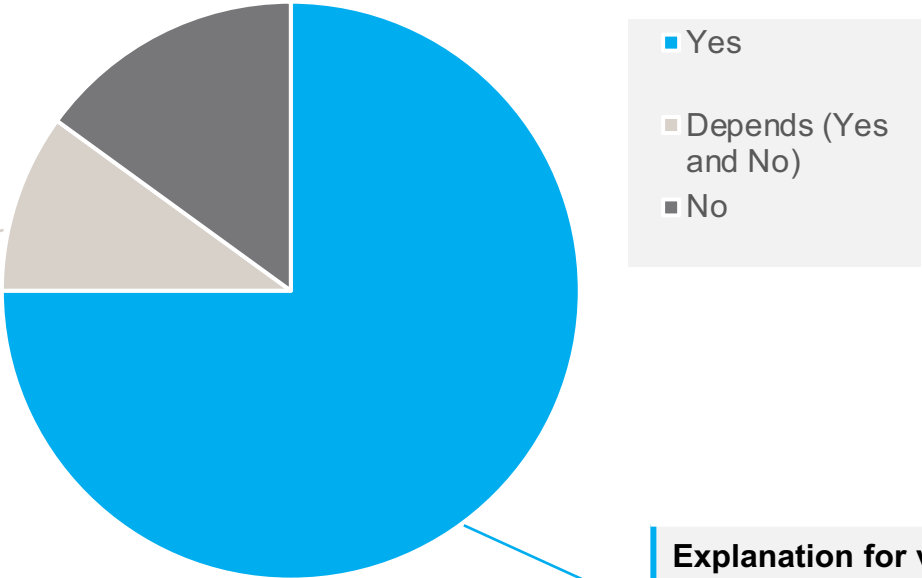
Most children attended their classes online but reported difficulties with internet and electricity cuts.

Concerns for children mentioned in RQ3 did not necessarily translate into negative relationships between parents and caregivers: **almost half of FGD and KIIs participants mention the positive impacts of the confinement on their relationship with their children**



However, when prompted about violence in other families, caregivers stated with an overwhelming majority that violence against children has increased

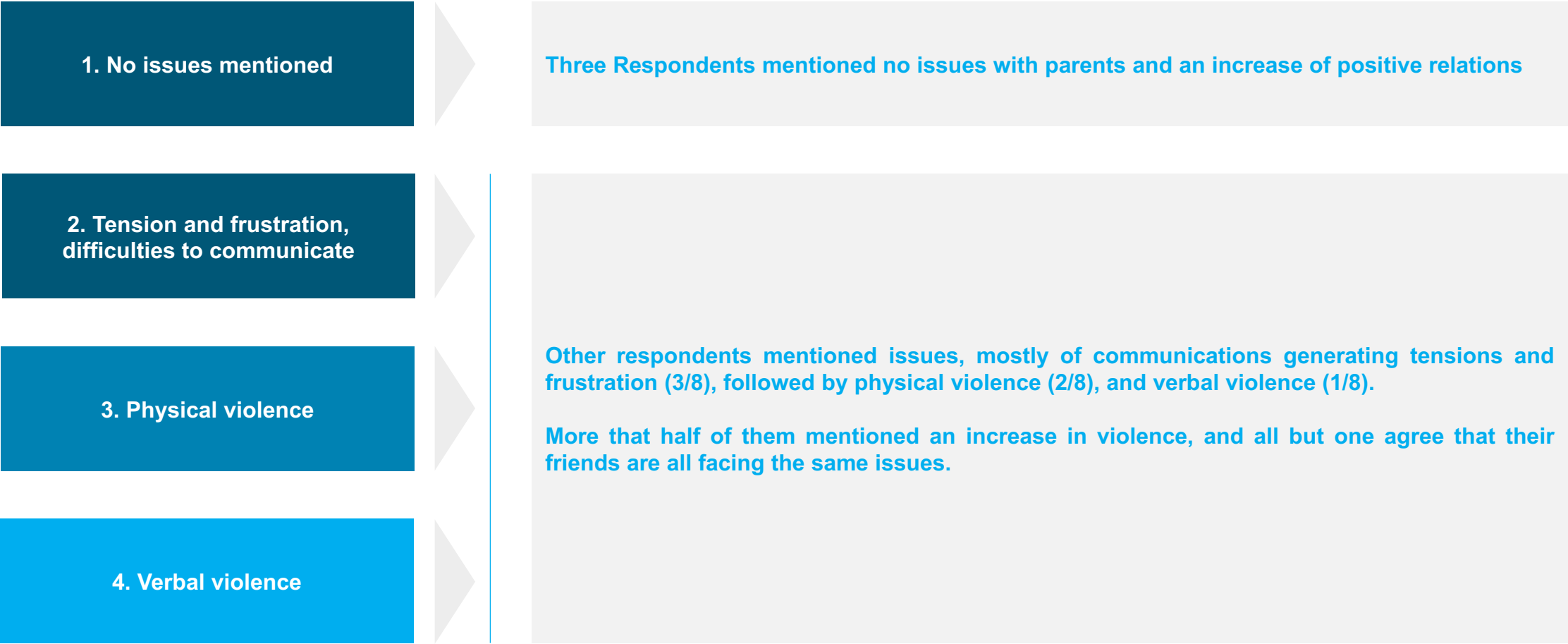
Share of respondents stating they observed or did not observe violence in other households since the beginning of the Covid-19 crisis



Participants indicate a degradation over time, with positive results at the beginning and a progressive degradation over the last 12 months

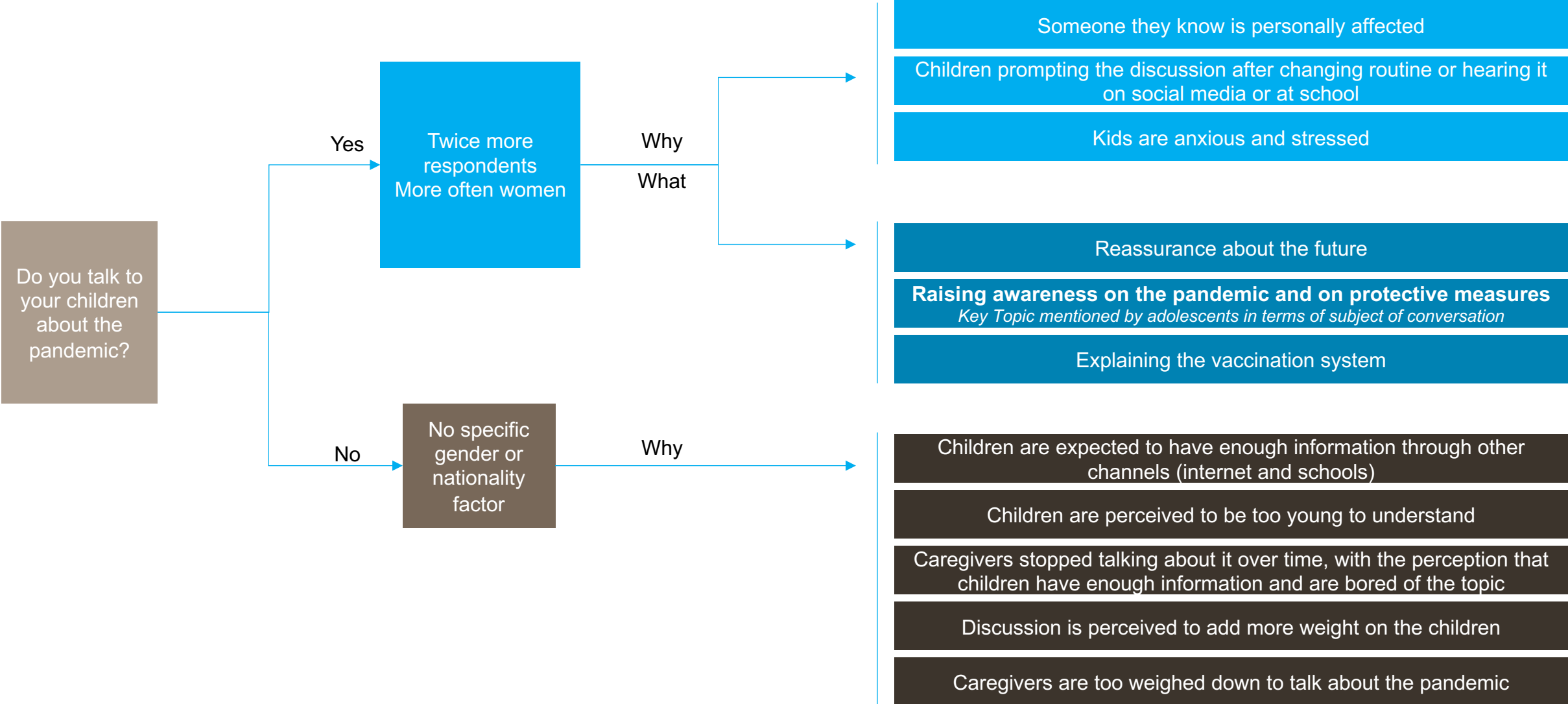
Explanation for violence in other households are similar to negative trends mentioned in the household when talking about negative relationships

This raise in violence was also visible among adolescents with similar features



Legend: darkness of the color tone increases with the number of respondents referring to this point

A majority of caregivers, especially women, mentioned talking about COVID-19 with their children; generally to mitigate expected children anxiety and fears



RQ6: What concerns, if any, do people have about the COVID-19 vaccines?

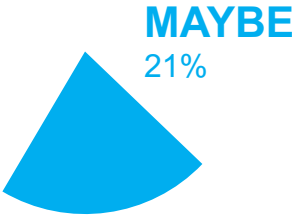
Almost half of the caregivers participating to FGDs were sure they would not take the vaccines, due to a mix of psychological and environmental factors



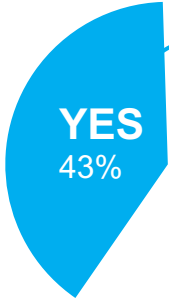
NO
36%

The narratives for refusing or approving vaccines are often symmetric, which present an opportunity to shift negative perceptions while reinforcing positive ones.

One specific element is the lack of trust in institutions, a key determinant for non-Lebanese.



MAYBE
21%



YES
43%

Reasons for approval are mixed between self assessments, sense of community and trust in medical sources of information

Psychological

Not enough testing, fear of side effects

Considering they are immune

Medicine is better than vaccines

Sociological

Motives behind the vaccines

If other people take it I will be protected

Social media influence

Environment

Live rumors

Different doctor's opinions and different vaccines with not enough information

No trust in the government and storage compliance

Will assess when available

Will wait to see the perception and side effects on others

Only if it is mandatory

Testing indicates it reduces symptoms

Better protection than nothing

Vaccines are generally effective

It is the only solution

Family member insisted

It is better for the community

Positive experience of other countries or of individuals in Lebanon

Doctors' advices and WHO publications

Technical workers

1. Health worker

A. Lebanese

Mostly

B. Other

2. UN Agencies, NGOs and CSOs

Mostly

Official sources

3. State source

Entirely



4. Traditional media

Mixed

Mixed

Informal sources

5. Informal sources

Mixed

Mixed



6. Social media

Mostly

Preferred sources for information related to vaccines for caregivers:

To support their point of view on vaccines, responses indicate a preference for technical workers, followed by authorities and traditional media ahead of informal sources.

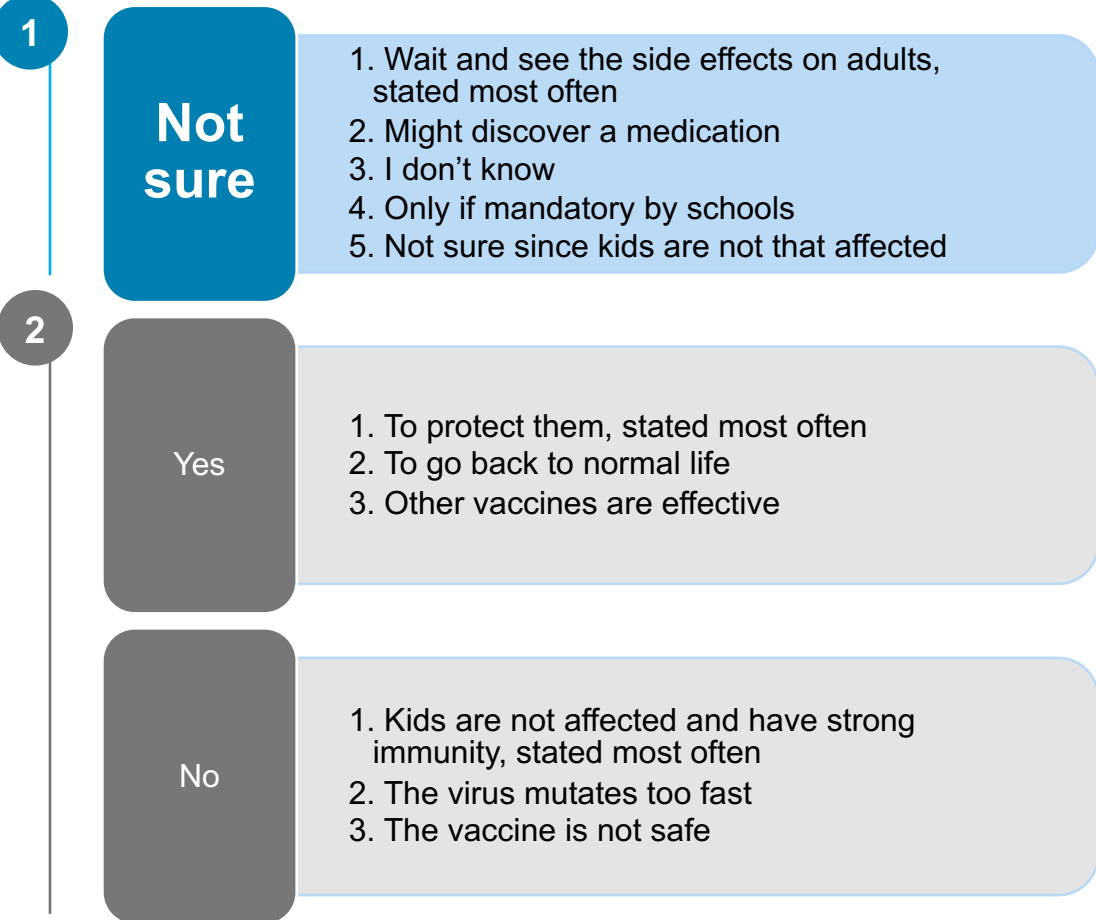
There are clear differences between Lebanese and non-Lebanese respondents: Lebanese name local technical or state authorities while other nationalities tend to rely more on NGOs and UN agencies.

When asked about having to convince others to take the vaccine, caregivers mostly rely on narratives based on environmental and sociological drivers

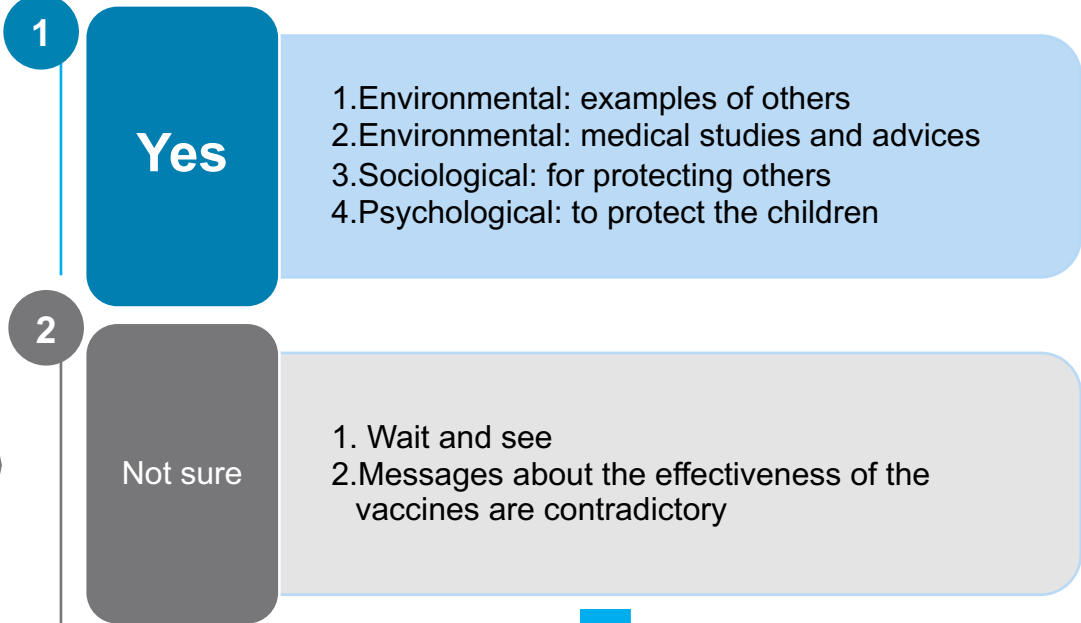
#	<i>Narrative</i>
1	It will solve health concerns (community safety and return to normal)
2	It is working in other countries and for other individuals locally
3	It is endorsed by doctors and health references
4	It is safe
5	It is not a conspiracy

However, respondents were mostly unsure whether or not they would get their children vaccinated with a visible variation between FGDs and KIIs

1. Reasons by order of occurrences given during FGDs (February) indicated a concern for their children's protection



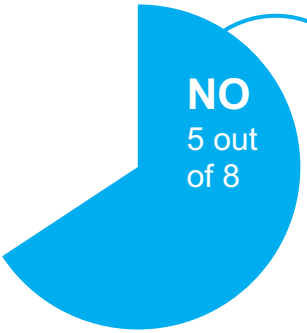
2. Caregivers of disabled children interviewed during KIIs (April – May) were more open to vaccinating their children



Several factors could explain that difference including :

- (a) interviewee's profile and habit with regards to medical staff;
- (b) the KII set up that does not allow for other respondents to influence answers; and
- (c) the time lapse between data collection, whereby environmental drivers favorizing vaccine acceptance might be more widespread among caregivers now than it was in February

Adolescents themselves are reluctant to take the vaccine, due to an absence of positive psychological drivers and many negative drivers in their environment



Opposition to vaccines is mainly due to

1. Lack of personal interest; and
2. The negative point of views about the vaccines in the sources they rely on



Protecting your family is the main psychological driver mentioned by adolescents willing to take the vaccine

Only one Lebanese and one Syrian adolescent boys answered positively.

Psychological

- Not enough testing, fear of side effects
- Considering they are immune
- Medicine is better than vaccines

Not sure if it is positive or harmful to me

I protect myself

Sociological

I protect my family

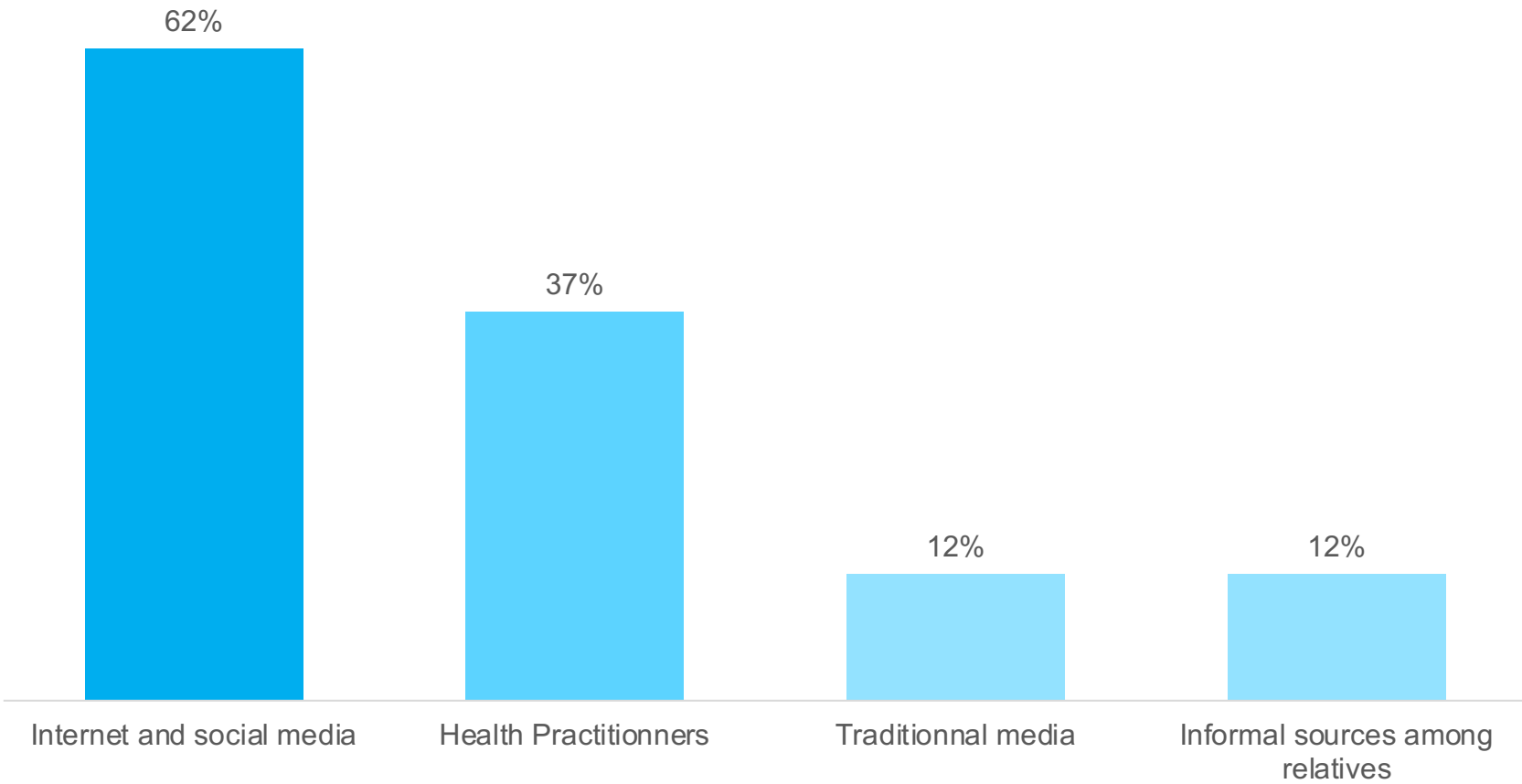
Environment

- Different sources' opinions and different vaccines with not enough information
- Negative neighbor experience
- No trust in the government and storage compliance

Different source's opinions and different vaccines with not enough information

This age difference in vaccine acceptance could partially be explained by the sources used by adolescents, which differ from those of the caregivers

Sources used by adolescents, in %

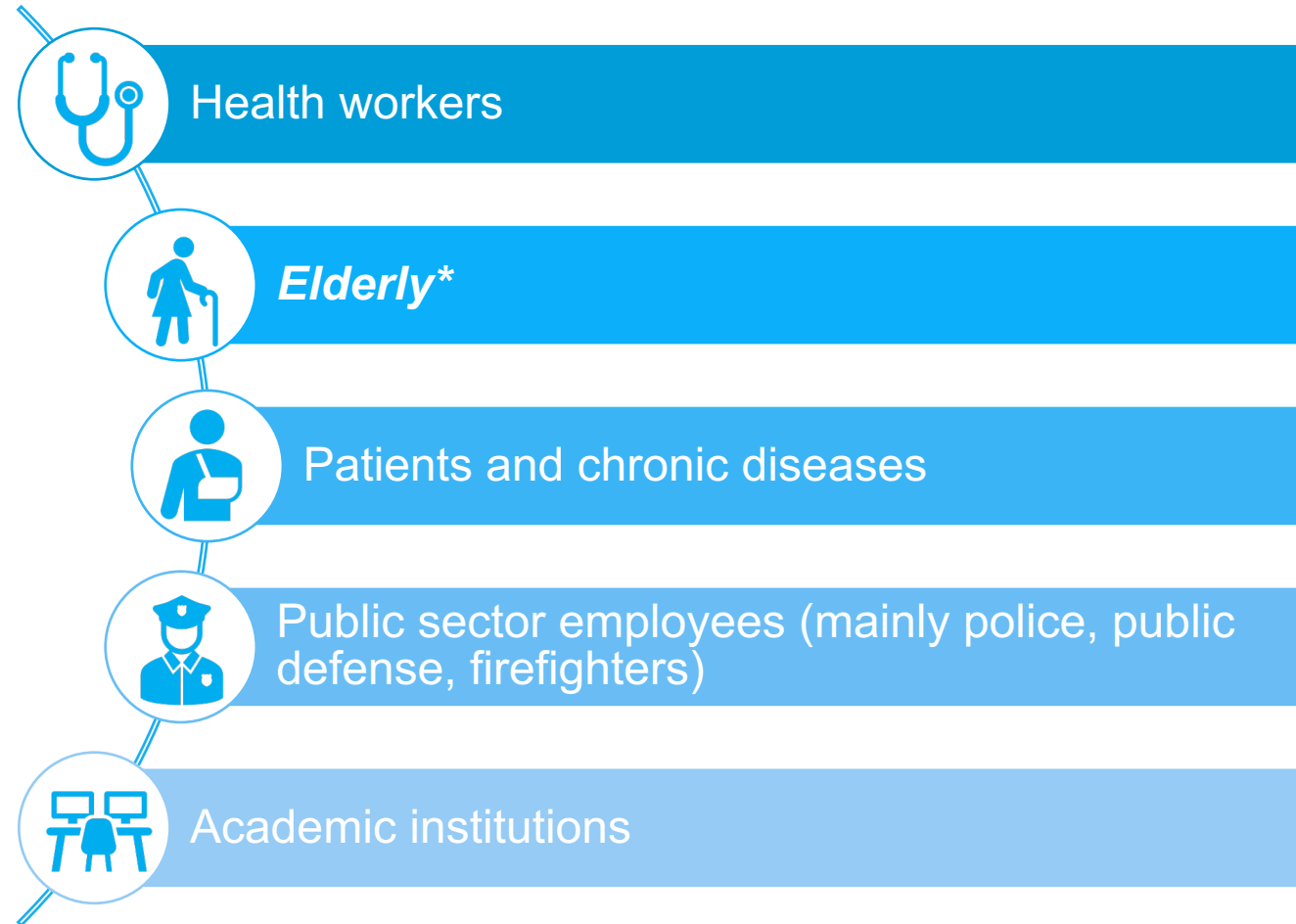


Internet and social media are adolescents' first source of information about the vaccine, ahead of health practitioners.

All caregivers gave similar priority targets for the vaccines

In order of popularity, the following five profiles were identified

**Age gap in answers: The only notable variation between age was that adolescents were mostly mentioning elderly ahead of all categories. This highlights a rooted perception that the vaccines is not for them but for aged individuals.*



A wide majority of participants (both KIIs and FGDs) would still adhere to preventive measures after receiving the vaccines followed by unsure responses

Declared behavior once vaccines are received

1. Will abide to regulations

"The vaccine only protects us from serious complications"

"We can't stop wearing the mask until a sufficient number of people gets vaccinated"

"Doctors say so"

"It's not something we should completely trust and stop taking preventive measures"

2. Is not sure

3. Won't abide

WHY?

Lack of information to make up their mind

Misinformation about the vaccines' effects and benefits

Misinformation about the risks of children catching Covid-19

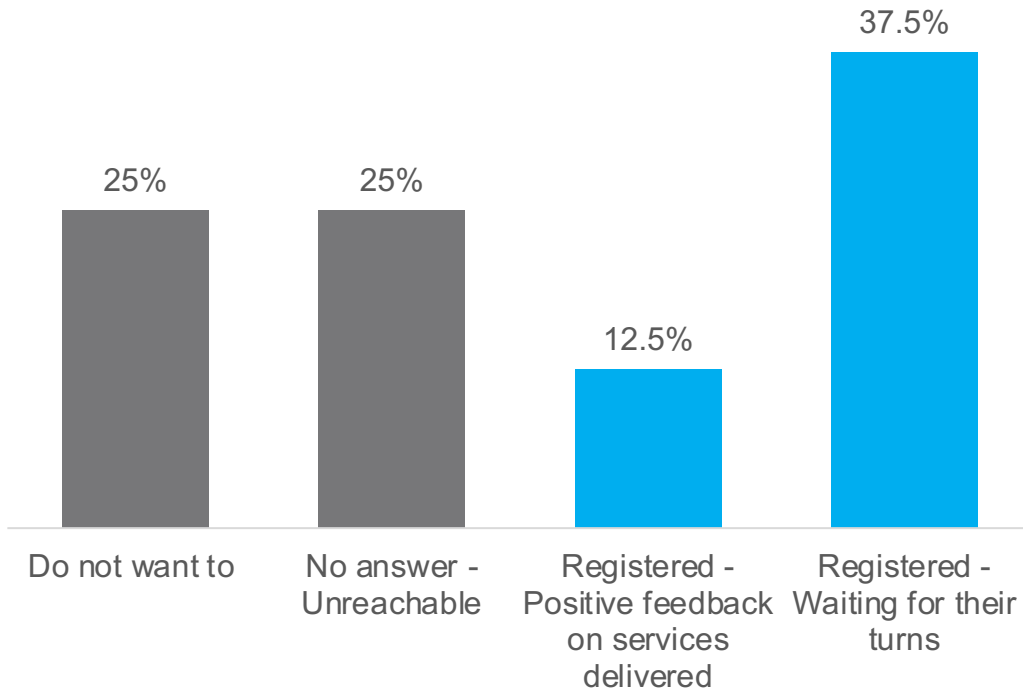
Legend reference: size and darkness of the color tone increases with the number of respondents referring to this point

The gap of perceptions regarding the vaccines between caregivers and adolescent is also visible in the way they perceive the online registration platform

Caregivers of children with disabilities

- Answers are similar to the overall perception about the vaccine with half of the respondents having used the platform and reporting positive feedback.

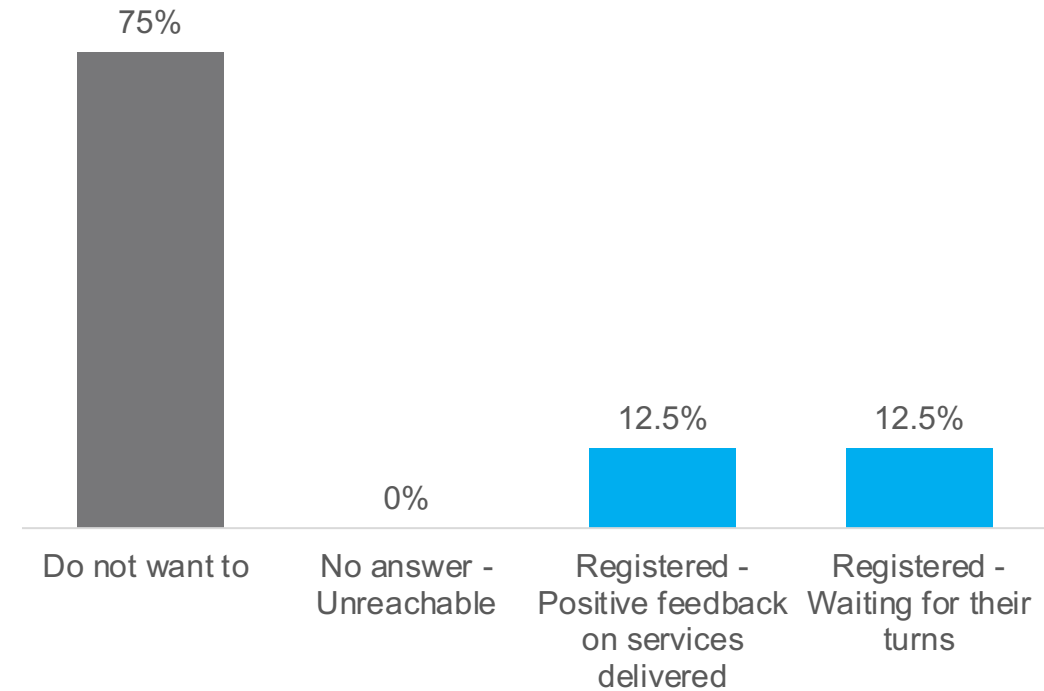
Breakdown of answers for caregivers



Adolescents

- Most adolescents insisted on their lack of interest for the platform.
- One positive experience was reported with one adolescent who registered his older relatives.

Breakdown of answers for adolescents



Recommendations regarding caregiving

Summary of key communications recommendations

1. Category

2. Recommendations

1. Impact on children

- Utilise the increased attention on mental health and wellbeing to broach wider discussions on these topics among adolescents and caregivers.
- Broader dissemination of digitalized parenting/caregiving resource materials.
- Campaign to discuss the short and long-term impacts of stress and violence on child development
- Enhanced utilization of social media to reach adolescents with mental health support and career planning materials.
- Utilise increased attention on transmission of COVID-19 to discuss sexual and reproductive health with adolescents.

2. Relationship with caregiver & Mitigation measures

- Campaign and communications around how to manage long-term stressors safely; focus on impacts of all types of violence on child development.
- Target communications to mothers on how to discuss the pandemic with children to diminish anxiety around the topic.
- Provide practical guidance to caregivers on how to support their children's education while schooling is remote.
- Establish virtual meet-ups for new and expectant mothers to discuss parenting concerns.
- Provide practical guidance to caregivers on how to support their children's education while schooling is remote.

Summary of key communications recommendations

1. Category

2. Recommendations

3. Children with disabilities

- Utilise the increased attention on mental health and wellbeing to broach wider discussions on these topics among adolescents and caregivers.
- Broader dissemination of digitalized parenting/caregiving resource materials.
- Campaign to discuss the short and long-term impacts of stress and violence on child development
- Enhanced utilization of social media to reach adolescents with mental health support and career planning materials.
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4. Adolescents

- Campaign and communications around how to manage long-term stressors safely; focus on impacts of all types of violence on child development.
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Recommendations regarding COVID-19 vaccination

Recommendations as compared to international literature on vaccination

1. Source	2. Source general recommendation		3. Local observation	3. Local tailored recommendation
<p>WHO and the Behavioral Insights Team</p>	<p>Making social norms in favor of vaccination more salient</p>	+	<p>One of the main reasons for people taking the vaccine and convincing others is positive experience of other countries as well as individuals in Lebanon</p>	<p>Communicate on effective vaccination in and out of the country</p>
		+	<p>Opinions for and against the vaccine are balanced with no overwhelming majority for or against the vaccine</p>	<p>Communicate on positive emerging norms among the local population</p>
		+	<p>Caregivers are waiting for more information before considering vaccinating their children</p>	<p>Focus communication efforts on reversing this short majority could have a spillover effect on the overall acceptance of communities</p>
	<p>Leveraging the roles of health professionals and community leaders</p>	+	<p>Health professionals are the main source for information (mostly Lebanese) along with UN Agencies, and technical NGOs (non-Lebanese).</p>	<p>Ensure a disaggregation of communication channels by communities (e.g., Lebanese TV shows hosting health professionals for Lebanese)</p>
	<p>Health professionals are more likely to recommend the vaccine if they took it first</p>	+	<p>Respondents reluctant to vaccines are stating contradicting recommendations from health workers</p>	<p>Target health practitioner with a specific strategy to align perceptions and recommendations to population</p>
		+	<p>Respondents consider that health workers should be among the first to receive the vaccines</p>	<p>Ensure that health workers are given the vaccines first and a platform to promote it</p>

Recommendations as compared to international literature on vaccination

1. Source	2. Source general recommendation		3. Local observation	3. Local tailored recommendation
WHO	<p>Making sure people understand the high risks of Covid-19 contribute to a sentiment of fear that is positively impacting vaccine uptake</p>	+	<p>One of the key argument for not taking the vaccines is the perceived immunity to health consequences</p>	<p>Emphasis the social and economic risks of not taking the vaccine</p>
	<p>Building trust at early stages</p>	+	<p>Participants refer to negative perceptions from social media and live rumors while not trusting local authorities</p>	<p>Raise awareness on the role of the vaccine as reducing the severity of symptoms and its contribution to better health, social and economic outcomes</p> <p>Identify and work (on fact checking) with individuals and groups that could reach out to communities that are not currently within reach of existing initiatives. That includes:</p> <ul style="list-style-type: none"> • Larger sample of social media activists • Existing community groups under the protections and social stability sectors
	<p>Convincing people about the risks of the disease is unproven to increase vaccination uptake by itself</p>	+	<p>Some respondents think it is unavailable to them at the moment and others will take it only if it is mandatory</p>	<p>Use above mentioned networks to actively monitor and respond to changes in perceptions</p> <p>Shift the registration on the platform from a push factor-perspective to a pull, reaching out to individuals, requiring the vaccine, and proposing meeting dates and reminders</p>