



1926 КРАСНЫЙ
ПОЛУМЕСЯЦ
КЫРГЫЗСТАНА



VACCINATION AGAINST COVID-19

PERCEPTION STUDY REPORT

January 2023



Vaccination against COVID-19 Perception study report

Conducted by:

Red Crescent Society of Kyrgyzstan (RCSK) staff and volunteers

With support of International Federation of Red Cross and Red Crescent Societies (IFRC)

Lead researcher and designer: Klaudia Jankowska Butter_Design

All photos credit - RCSK

This study could not have been delivered without the commitment and support of the Red Crescent Society of Kyrgyzstan staff and volunteers. IFRC and the lead researcher would like to express their sincere gratitude to the Red Crescent team for their invaluable contribution to the realisation of this report. They wish to thank, in particular, Red Crescent branches' staff and volunteers for their continued dedication, support and excellent management.

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Red Crescent National Society of the Kyrgyz Republic and do not necessarily reflect the views of USAID or the United States Government.



VACCINATION AGAINST COVID-19

PERCEPTION STUDY REPORT

RED CRESCENT SOCIETY OF KYRGYZSTAN

Kyrgyzstan, January 2023



Executive summary

The COVID-19 pandemic has had a significant impact on global public health and humanitarian efforts. The outbreak has resulted in negative consequences on the health, livelihoods, and daily routines of individuals around the world, particularly for vulnerable populations. Kyrgyzstan, like many countries, has also been affected by the pandemic and has implemented strict lockdown measures and border restrictions to combat the spread. Despite these efforts, the crisis deepened with subsequent surges in COVID-19 infections and deaths. To further combat the spread of COVID-19, the vaccination process was introduced. The Red Crescent Society of Kyrgyzstan (RCSK) has been at the forefront of the national response, providing crucial support to vulnerable groups within the population, and supporting the national COVID-19 vaccine rollout plan by increasing coverage rates among vulnerable groups of people and groups with restricted access to vaccination points/services.

The main objective of this study was to identify and analyse barriers and perceptions related to COVID-19 vaccination hesitancy. The study employed method triangulation, including secondary data analysis, primary data collection through face-to-face interviews and Focus Group Discussions in three regions - Chui, Osh, Batken, Jalal-Abad - and the city of Bishkek. The sampling methods used include random sampling and purposive sampling with a bias towards greater participation of older people, considered one of the key vulnerable groups. The goal is to develop data-driven recommendations and key messages to increase vaccination uptake in Kyrgyzstan.

The main motives for getting vaccinated among those who were vaccinated were trust in medical personnel and trust in the vaccine. Factors that influenced decisions not to get vaccinated included mistrust in the vaccine, medical reasons, and not knowing which information sources to trust. Some participants also mentioned religious beliefs, feeling that they did not need to be vaccinated, or having too much information available to make a decision. The study found that some participants would consider getting vaccinated if it was mandatory for travel, if they had access to reliable information, or if there was another wave of COVID-19 cases.

It was found that both vaccinated and unvaccinated groups frequently use similar sources of information, but there is a discrepancy in the frequency with which they reported using them. The main sources of information reported were medical staff, followed by TV and the internet. The study also found that there were similar trends and patterns in terms of the most trusted sources of information. For the majority of respondents, there was little difference between the sources of information they regularly accessed and the sources they trusted. The most trusted source of information was medical staff, followed by TV and families. However, there was a 13.4 percentage point difference in trust in medical staff between the vaccinated and unvaccinated groups. Some respondents reported difficulties in obtaining information from trusted sources, with the most significant challenge being the abundance of information. Unvaccinated individuals cited "lack of trusted information/information sources" as their second most common challenge, while vaccinated individuals cited difficulty accessing information on the internet.

The survey results showed that the highest perceived likelihood of contracting COVID-19 was reported by vaccinated respondents in Jalal-Abad and by unvaccinated respondents in Bishkek. On average, 19.3% of respondents assessed their risk of contracting COVID-19 as high, 25.8% as medium, 24.5% as low, and 27.4% did not know. Respondents were asked to justify their responses and factors influencing their attitudes and perceptions about COVID-19 and vaccination included age, general health condition, chronic illnesses, breastfeeding, and personal beliefs.

The findings suggest that vaccinated respondents were more likely to report potential positive effects of vaccination compared to unvaccinated respondents. Specifically, a higher percentage of vaccinated respondents believed that the vaccine could prevent them from getting sick or that it could help to prevent the spread of the disease, while a higher percentage of unvaccinated respondents claimed that there were no positive effects of the vaccine in terms of protecting themselves and their communities. Additionally, a higher percentage of unvaccinated respondents admitted to not knowing about the protective benefits of the vaccine compared to vaccinated respondents.

The study found that a significantly larger proportion of vaccinated respondents reported not having heard information about COVID-19 vaccination that they were uncertain was true. The most commonly mentioned misinformation among the vaccinated was that the COVID-19 vaccines contain tracking microchips, followed by misinformation about the vaccines having more severe adverse effects in older people, and fear that the vaccines can cause infertility. The unvaccinated cited COVID-19 vaccines causing death or severe illnesses,

followed by misperceptions about the vaccines causing infertility or containing microchips. The study also found that unverified information was more widely reported in regions with lower vaccination coverage.

The focus group findings suggest that older people, people with chronic diseases, people with disabilities, migrants, and vulnerable women have a need for more information on vaccination and want to have conversations with medical workers. Many participants expressed concerns about the safety and effectiveness of vaccines, and there were reports of negative experiences with medical workers and a lack of trust in the information provided. It is recommended that more efforts be made to provide accessible and accurate information about the vaccination process, including through personal information sessions with medical workers and the use of visual materials and success stories. There is also a need for targeted outreach to specific groups, such as vulnerable women and religious communities, to address their specific concerns and fears. Additionally, there is a need to address issues of motivation and economic incentives in vaccine uptake, as well as the availability of materials in local languages.

The findings also indicate that there is a need to address concerns and doubts about the effectiveness and safety of vaccination against COVID-19 specific for older people, people with chronic diseases, people with disabilities, migrants and vulnerable women.

Older people need more information on vaccination and want to have conversations with medical workers and RCSK volunteers. Some of them are hesitant due to health concerns and fear of side effects, while others are not willing to vaccinate because they believe they have a strong immune system, or because they practice traditional healing methods, and their religion will protect them. Some participants were vaccinated and had positive views on vaccines, but believed that one dose was sufficient. The group requested information sessions and the organisation of mobile units for vaccination.

People with chronic diseases often had negative beliefs about vaccination or had received medical exemptions. It could be beneficial to prioritise this group for support with specific information relating to COVID-19 and their existing conditions, to enable informed decision making around vaccination. It may also be important to engage with medical personnel around the issue of contraindications and in what situations exemption from vaccination is appropriate for patients.

Participants with disabilities expressed fear and concern about the potential side effects of vaccination, as well as misinformations about the vaccine. It is important to work with medical staff and provide detailed information about the vaccination process and its safety for people with disabilities in order to reduce fears and doubts. It was suggested that focus groups and informational sessions be held more frequently, with visual materials and short videos being used to increase awareness about the importance of the COVID-19 vaccine.

Migrants suggested that more information sessions and campaigns be conducted, particularly in collaboration with medical workers who can provide reliable and specific information. They emphasised the need for clear and comprehensive information materials, such as brochures, and for the dissemination of current information about COVID-19 through various channels, including social media and the internet.

Vulnerable women also expressed concerns about the safety and effectiveness of vaccines and there were reports of negative experiences with medical workers and a lack of trust in the information provided. More efforts should be made to provide accessible and accurate information about the vaccination process, including through personal information sessions with medical workers and the use of visual materials and success stories. It is also important to address issues of motivation and economic incentives in vaccine uptake, as well as the availability of materials in local languages.

The research also found that the Red Crescent Society of Kyrgyzstan is a well-established organisation in the country that has provided key information about COVID-19 to communities since the beginning of the outbreak. The study confirmed that the RCSK has a high level of recognition and trust among the communities it serves, with the highest level of awareness reported in Bishkek (84.2%), followed by Chui (81.9%), Osh (79.9%) and Jalal-Abad (74.6%). Additionally, the majority of respondents (79.4% on average) reported having trust in the National Society's ability to provide verified and accurate information related to COVID-19.





Table of content

Executive summary	4
Introduction	9
Goal and objectives of the study	10
Methodology	10
Secondary data analysis.....	11
Face to face interviews.....	11
Focus Group Discussions.....	11
Limitations.....	12
Main findings	13
Demographic profile.....	14
Motivations for vaccination against COVID-19.....	15
Access to information.....	17
Risk perception.....	20
Myths and misperceptions.....	23
Vaccination of children.....	25
Focus Group Discussion findings.....	32
Trust Perception of the RCSK.....	38
Recommendations	40



List of maps

Map 1 <i>Kyrgyzstan: Districts covered by the study</i>	10
---	----



List of Tables

Table 1 <i>Number and composition of FGD participants</i>	11
Table 2 <i>Unverified information shared during Focus Group Discussions</i>	24
Table 3 <i>Kyrgyzstan: WHO and UNICEF estimates of immunisation coverage (%), 2010-2021</i>	44



List of Figures

Figure 1 <i>Gender-Age structure of respondents</i>	14
Figure 2 <i>Vaccination status, by number of vaccination doses and location</i>	14
Figure 3 <i>Vaccination status, by location</i>	14
Figure 4 <i>“Why did you decide to get vaccinated?” - disaggregated by location</i>	15
Figure 5 <i>“Why did you decide not to get vaccinated?” - disaggregated by location</i>	15



Figure 6 “If you are not vaccinated, is there anything that could potentially change your mind?” - disaggregated by location.....16

Figure 7 “What is/are your main source/s of information regarding the COVID-19 vaccination process?” - disaggregated by vaccination status.....17

Figure 8 “What is/are your main source/s of information regarding the COVID-19 vaccination process?” - disaggregated by location.....18

Figure 9 “Are there any source/s of information regarding the COVID-19 vaccination process you trust more than the others?” - disaggregated by vaccination status.....18

Figure 10 “Are there any source/s of information regarding the COVID-19 vaccination process you trust more than the others?” - disaggregated by location.....19

Figure 11 “Is there anything preventing you from accessing trusted information?” - disaggregated by vaccination status.....19

Figure 12 “Is there anything preventing you from accessing trusted information?” - disaggregated by location.....19

Figure 13 “How likely do you think it is for you to get infected with COVID-19?” - disaggregated by location and vaccination status.....20

Figure 14 “How likely do you think it is for you to get seriously ill with COVID-19?” - disaggregated by location and vaccination status.....20

Figure 15 “Why do you think so? [How likely do you think it is for you to get infected with COVID-19?]” - disaggregated by reported likelihood level.....21

Figure 16 “Why do you think so? [How likely do you think it is for you to get infected with COVID-19?]” - disaggregated by reported likelihood level.....21

Figure 17 “How much do you think getting the vaccine can protect you and your community from COVID-19?” - disaggregated by vaccination status.....22

Figure 18 “How much do you think getting the vaccine can protect you and your community from COVID-19?” - disaggregated by location.....22

Figure 19 “Did you hear anything about the COVID-19 vaccination that you were not sure was true or not?” - disaggregated by vaccination status.....23

Figure 20 “Did you hear anything about the COVID-19 vaccination that you were not sure was true or not?” - disaggregated by location.....24

Figure 21 “Is your child/children vaccinated following the general immunisation schedule?” - disaggregated by location.....25

Figure 22 “Is your child/children vaccinated following the general immunisation schedule?” - disaggregated by caregivers' vaccination status.....25

Figure 23 “Why the child/children was/were not fully vaccinated /not vaccinated?” - disaggregated by location.....26

Figure 24 “Why the child/children was/were not fully vaccinated /not vaccinated?” - disaggregated by vaccination status.....27

Figure 25 “If your child/children is not vaccinated, are you willing to/planning on having your child/children vaccinated?” - disaggregated by location.....27

Figure 26 “If your child/children is not vaccinated, are you willing to/planning on having your child/children vaccinated?” - disaggregated by vaccination status.....27

Figure 27 “What do you think are people’s main concerns, doubts or questions around vaccinating children?” - disaggregated by location.....27

Figure 28 “If vaccination against COVID-19 is EVER approved by the Ministry of Health and available for children aged 12-17, would you be willing to have your child/children vaccinated?” - disaggregated by location.....28

Figure 29 “If vaccination against COVID-19 is EVER approved by the Ministry of Health and available for children aged 12-17, would you be willing to have your child/children vaccinated?” - disaggregated by vaccination status.....28

Figure 30 “What would be your motivation/reasons to vaccinate your child/children against COVID-19?” - disaggregated by location.....29

.....

Figure 31 “What would be your reasons for not wanting to have your child/children vaccinated against COVID-19?” - disaggregated by location.....29

Figure 32 “Did you hear about the Red Crescent Society of Kyrgyzstan prior to this conversation?” - disaggregated by location.....39

Figure 33 “Do you trust the Red Crescent Society of Kyrgyzstan (in general)?” - disaggregated by vaccination status.....39

Figure 34 “Do you think the RCSK can provide verified and accurate information about COVID-19?” - disaggregated by location.....39

.....

List of Annexes

Annex 1 Kyrgyzstan: WHO and UNICEF estimates of immunisation coverage (%), 2010-2021.....44

Annex 2 List of sources and references.....46

.....

Abbreviations

CFM	Centre of Family Medicine (ЦСМ)
FGD	Focus Group Discussion
IFRC	International Federation of Red Cross and Red Crescent Societies
MoH	Ministry of Health
NGO	Non-Governmental Organisation
NS	National Society
RCI	Republican Center for Immunoprophylaxis
RCSK	Red Crescent Society of Kyrgyzstan
RCCE	Risk Communication and Community Engagement
UNDP	United Nations Development Programme
UNICEF	United Nations International Children’s Emergency Fund
WHO	World Health Organisation

.....



Introduction

The COVID-19 pandemic has had a profound impact on global public health and humanitarian efforts, resulting in negative consequences on the health, livelihoods, and daily routines of individuals around the world. The pandemic has also exacerbated pre-existing socio-economic challenges¹ and created new needs for vulnerable populations². Moreover, the outbreak has had a detrimental effect on mental health and psychosocial well-being, causing fear and anxiety among individuals concerning their own health and the well-being of their loved ones.

Context

The first cases of COVID-19 in Kyrgyzstan were detected on March 18, 2020. As a result, the country declared a state of emergency on March 22 and implemented strict lockdown measures in certain regions, including Bishkek and Osh, from March to May 2020. In addition, Kyrgyzstan imposed border restrictions with neighbouring countries and suspended all international and domestic flights. These measures, while necessary for public health, had a significant impact on the country's economic stability and social fabric. Despite the severity of these measures, the crisis deepened with subsequent surges in COVID-19 infections and deaths³.

Although Kyrgyzstan had a relatively strong healthcare system, as compared to other countries with a similar income level, the impact of the pandemic was still significant. Precautionary measures helped to mitigate the impact to some extent, but after restrictions were lifted, the number of daily incident cases steadily increased. Eventually, the healthcare system was overwhelmed and other health services were disrupted as the pandemic spread⁴.

To combat the spread of COVID-19, the vaccination process was introduced in Kyrgyzstan in March 2021 and has been a valuable tool in curtailing the impact of the pandemic. In conjunction with public health measures such as surveillance, contact tracing, isolation, and individual protective behaviours, the vaccination process has significantly contributed to reducing the overall impact of the pandemic.

As of December 23, 2022, the World Health Organization has reported 206,557 confirmed cases of COVID-19 and 2,991 deaths in Kyrgyzstan. No new COVID-19-related deaths have been officially reported since April 4, 2022⁵. As of December 27, 2022, a total of over 3.3 million vaccine doses have been administered, covering 24.7% of the population⁶. 1.36 million people in Kyrgyzstan (20.3% of the country population) completed the initial COVID-19 vaccination protocol, while some 1.64 million have been vaccinated only with the first dose⁷.

Role of the Red Crescent Society of Kyrgyzstan

Since the beginning of the COVID-19 outbreak, the Red Crescent Society of Kyrgyzstan (RCSK) has been at the forefront of the national response providing crucial support to vulnerable groups within the population by delivering food and hygiene items, offering psychosocial support, and disseminating information about the prevention of coronavirus infection and personal hygiene. In support of the national COVID-19 vaccine rollout plan, RCSK has been focused on increasing COVID-19 vaccine coverage rates among vulnerable groups of people being at increased risk of severe COVID-19 disease due to their underlying health conditions or age, and groups with restricted access to vaccination points/services, including migrants. These activities include information sessions on COVID-19 vaccination, referrals for vaccination, implementation of a two-way feedback system, support for mobile vaccination centres and training of medical personnel (in cooperation with the Ministry of Health of the Kyrgyz Republic).

1 Including impact on income, employment - comprising unpaid domestic work; UN Kyrgyz Republic "[Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan](#)", July 2020.

2 According to the WHO "[Poverty, Food Security and Nutrition Analysis in the context of COVID-19 and the role of Social Protection in the Kyrgyz Republic, October 2021](#)", the COVID-19 pandemic posed serious threats to food security and nutrition of the poorest people in the Kyrgyz Republic, particularly those living in urban areas.

3 UNDP "[COVID-19 in the Kyrgyz Republic: Socioeconomic and Vulnerability Impact Assessment and Policy Response](#)", August 2020.

4 Dzushupov K, Lucero-Prisno III DE, Vishnyakov D, Lin X, Ahmadi A. [COVID-19 in Kyrgyzstan: Navigating a way out.](#) J Glob Health 2021;11:03020.

5 <https://covid19.who.int/region/euro/country/kg>, <https://new.med.kg/>

6 Vaccinated with one dose - 24.7%, with two doses - 21%, vaccinated with a booster dose - 5.1%.

7 <https://ourworldindata.org/coronavirus/country/kyrgyzstan>; total number of people who received all doses prescribed by the initial vaccination protocol; www.yc.emed.gov.kg

Goals and objectives of the study

Vaccination is a crucial intervention for protecting individuals from COVID-19, particularly in conjunction with key behavioural actions. However, the effectiveness of vaccination can be compromised by vaccine hesitancy. Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place and vaccines. It includes factors such as complacency, convenience and confidence¹.

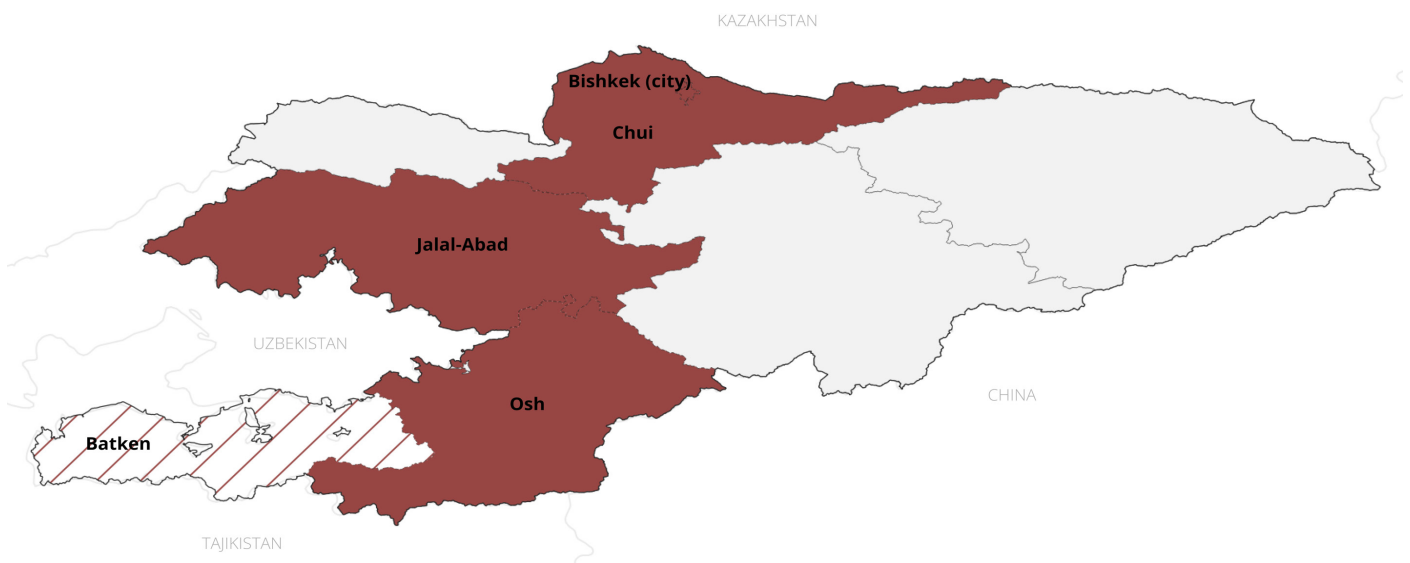
The objectives of this project are focused on activities aimed at improving public confidence in vaccination against COVID-19 as well as promoting healthy lifestyle and routine vaccination of children.

Three main specific objectives of the study had been identified:

- 1. To identify and analyse the barriers, rumours, perceptions, and communication channels of the target group in relation to COVID-19 vaccination hesitancy.** To identify the causes of low vaccination coverage for COVID-19 to develop data-driven, context-appropriate, up to date and tailored recommendations and key messages, as well as relevant calls for vaccination.
- 2. To explore the socio-behavioural factors that influence parents' decisions about routine vaccination of their children** and to identify effective strategies for promoting vaccination uptake in Kyrgyzstan.
- 3. To identify and analyse changing trends in the perception of the above among the target group.** By understanding the changing trends in perception, RCSR can tailor interventions and messaging to better address the needs and concerns of the target group and increase the likelihood of success.

Methodology

The study employed method triangulation², which involved the identification and analysis of key information and documents (secondary data analysis) as well as the collection of primary data through face-to-face interviews and Focus Group Discussions (FGD). According to the initial data collection plan, the research was intended to cover four regions ('oblast') - Chui, Osh, Batken, Jalal-Abad - as well as the city of Bishkek (in red). Unfortunately, the Batken region (red line pattern fill) was excluded from the first iteration of the study due to the conflict at the border area between Kyrgyzstan and Tajikistan. The sampling methods used in this study included both random sampling and purposive sampling (biased towards greater participation of older people considered one of the key vulnerable groups).



Map 1 Kyrgyzstan: Districts covered by the study

¹ <https://www.ecdc.europa.eu/en/immunisation-vaccines/vaccine-hesitancy>

² Multiple methods and sources of data were involved in order to increase the validity and reliability of findings and provide a more complete and accurate understanding of the research problem.



The data collection for this study included both qualitative and quantitative methods, and a total of 1,097 individuals were interviewed. Additionally, 245 individuals participated in focus group discussions (FGDs). An in-person orientation and training session on the basics of information management, data collection and practical use of KoBo Collect mobile data collection software, as well as the objectives and methodology of the study, was held in all four regions for RCSK staff and volunteers. In addition, an online session on data management for the key focal points was conducted.

The “Do no harm” principle was strictly followed during the design and implementation of the methodology.

Secondary data analysis

During the secondary data analysis, it was found that there is a limited number of thorough studies on the attitude towards and perception of COVID-19 vaccination in Kyrgyzstan. This presents a significant information gap that the current study aims to address, specifically in the five districts of Kyrgyzstan. Available information, identified during the desk research, is quoted under relevant sections of this report. A complete list of external resources reviewed can be found on page 46.

Face-to-face interviews

RCSK staff and volunteers in each of four locations have collected data via face-to-face interviews conducted in homes (household visits) during 28.10-07.12.2022. A total of approximately 300 individuals have been interviewed in each location totalling 1,097 individuals in four locations. Of these, 678 were female (61.8%) and 414 male (37.7%). KoBo toolbox - a free open-source tool for mobile data collection - was used to collect data during the majority of the interviews. In some cases, explained in the Limitations and challenges section, a pen-and-paper solution was used. To increase reliability of the collected data, volunteers had been instructed not to read out loud multiple-choice question options but use the predefined lists to record thoughts expressed by interviewees.

Focus Group Discussions

In order to better understand the needs and motivations of vulnerable groups - older people, people with disabilities, individuals suffering from chronic diseases, migrants, and women in vulnerable situations - separate in-person consultations were conducted with representatives of vaccinated and unvaccinated members of communities. FGDs were also conducted with parents/caregivers to explore concerns around routine vaccination and potential vaccinating of minors against COVID-19. All FGDs took place between 24.11 and 25.11.2022.

	Older people	People with disabilities	People with chronic diseases	Migrants	Vulnerable women	Parents/ Caregivers
Bishkek	03.12.2022	02.12.2022	30.11.2022	29.11.2022	01.12.2022	30.11.2022
Chui	28.11.2022	25.11.2022	25.11.2022	25.11.2022	25.11.2022	26.11.2022
Osh	01.12.2022	02.12.2022	24.11.2022	30.11.2022	03.12.2022	25.12.2022
Jalal-Abad	24.11.2022	25.12.2022	26.11.2022	28.11.2022	23.11.2022	23.11.2022

Table 1 Focus Groups Discussions, by date and target group





Limitations and challenges

It is important to acknowledge that, as with any research study, the design and execution of the current study were subject to limitations that may have impacted the validity and generalisability of the findings. While efforts were made to minimise these limitations, it is important to consider their potential impact when interpreting the results of the studies.

Sample size - small sample size can limit the generalisability of research findings and increase the risk of sampling error. To mitigate the limitation, the results and findings should not be extrapolated onto the national population level, but considered on the district level only.

Sampling bias - the list of study participants was formed using contact details accumulated in the existing lists of the RCSK service recipients as well as information provided by municipal territorial units and medical centres, taking into account project key groups.

Response bias - refers to the tendency of participants to provide inaccurate or misleading responses due to social desirability. To mitigate this bias in the current study, anonymous surveys were used and interviewers had been trained to provide accurate information about the RCSK, the study's purpose, and the fact that research participation would not affect access to RCSK services. These measures were intended to reduce the influence of social desirability on participants' responses and improve the accuracy and reliability of the data collected.

Limited amount of research available on the topic - while general information about COVID-19 and vaccination against it is widely available, more in-depth research is needed to understand the specific attitudes and perceptions of this important public health intervention in Kyrgyzstan. By addressing this information gap, the current study hopes to contribute to a deeper understanding of the factors that influence vaccine uptake and inform the development of effective strategies to promote vaccination in the region.

Logistical challenges:

1. Some of the older volunteer-enumerators did not feel comfortable using tablets; to address this issue, paper-based forms were used in those cases and the collected information was later entered into the system by other volunteers.
2. The Kyrgyz version of the data collection forms was initially translated using complex language, which was later revised to use simpler, more easily understood language.
3. There were instances where initially interested participants were unable to participate in the Focus Group Discussions due to personal circumstances. In these cases, the volunteers were informed in advance and had the opportunity to include other individuals.

FACE-TO-FACE INTERVIEWS

MAIN FINDINGS



Main findings - data collection

Demographic profile

A total of 1,097 individuals were interviewed and 24 in-person focus group discussions (FGDs) were conducted in order to gain a deeper understanding of decision-making processes surrounding COVID-19 vaccination. The sample included 678 females (61.8%), 414 males (37.7%) and 5 individuals (0.5%) declaring another gender, with a distribution of ages: 18-29 - 201 (18.3%), 30-39 - 172 (15.7%), 40-49 - 181 (16.5%), 50-59 - 227 (20.7%), and 60+ - 316 (28.8%). The FGDs were conducted with both vaccinated and unvaccinated members of the 24 communities, with a total of 245 participants, 207 of whom were women (84.5%) and 38 of whom were men (15.5%). The FGDs were organised by the National Society as part of its efforts to address the specific needs of these groups.

Age	Gender	District				Grand Total
		Bishkek	Chui	Jalal-Abad	Osh	
18-29	Female	35 (12.5%)	30 (11.1%)	19 (7.1%)	40 (14.3%)	124 (11.3%)
	Male	19 (6.8%)	10 (3.7%)	14 (5.2%)	34 (12.2%)	77 (7.0%)
30-39	Female	26 (9.3%)	24 (8.9%)	28 (10.4%)	32 (11.5%)	110 (10.0%)
	Male	22 (7.9%)	11 (4.1%)	13 (4.9%)	16 (5.7%)	62 (5.7%)
40-49	Female	27 (9.7%)	40 (14.8%)	28 (10.4%)	29 (10.4%)	124 (11.3%)
	Male	25 (9.0%)	12 (4.4%)	9 (3.4%)	11 (3.9%)	57 (5.2%)
50-59	Female	32 (11.5%)	45 (16.6%)	39 (14.6%)	24 (8.6%)	140 (12.8%)
	Male	16 (5.7%)	22 (8.1%)	19 (7.1%)	27 (9.7%)	84 (7.7%)
	Other	1 (0.4%)		2 (0.7%)		3 (0.3%)
60+	Female	42 (15.1%)	47 (17.3%)	59 (22.0%)	32 (11.5%)	180 (16.4%)
	Male	34 (12.2%)	30 (11.1%)	36 (13.4%)	34 (12.2%)	134 (12.2%)
	Other			2 (0.7%)		2 (0.2%)
Grand Total		279 (100.0%)	271 (100.0%)	268 (100.0%)	279 (100.0%)	1,097 (100.0%)

Figure 1 Gender-Age structure of respondents

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Yes, with a booster	17 (6.1%)	56 (20.7%)	17 (6.3%)	35 (12.5%)	125 (11.4%)
Yes, with two doses, and want to get a booster	43 (15.4%)	66 (24.4%)	40 (14.9%)	64 (22.9%)	213 (19.4%)
Yes, with two doses, and don't want to get a booster	37 (13.3%)	37 (13.7%)	48 (17.9%)	47 (16.8%)	169 (15.4%)
Yes, with one dose	60 (21.5%)	22 (8.1%)	57 (21.3%)	78 (28.0%)	217 (19.8%)
No, but I'm willing to get vaccinated	46 (16.5%)	16 (5.9%)	25 (9.3%)	6 (2.2%)	93 (8.5%)
No, and I don't want to get vaccinated	76 (27.2%)	74 (27.3%)	81 (30.2%)	49 (17.6%)	280 (25.5%)

Figure 2 Vaccination status, by number of vaccination doses and location

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Yes	157 56.3%	181 66.8%	162 60.4%	224 80.3%	724 66.0%
No	122 43.7%	90 33.2%	106 39.6%	55 19.7%	373 34.0%

Figure 3 Vaccination status, by location

Motivations for vaccination against COVID-19

This study aims to investigate the motivations behind communities' decisions to get or not get vaccinated against COVID-19. By asking questions about the reasons behind these decisions, we hope to understand what drives people in opposite directions and identify ways to encourage more people to get vaccinated. The ultimate goal is to gain insight into the factors that influence vaccination behaviour and determine how they can be addressed or strengthened to promote higher vaccination rates.

In general, among those who were vaccinated, the main two motives were identified - 1) trust in medical personnel - quoted by 349 persons (34.3%) and 2) trust in vaccine/s - 287 (28.2%). The trust in medical personnel was mentioned by almost half of participants from Osh, and around third of participants from other regions. Trust in vaccines was the second main motive for roughly the third of vaccinated respondents across all regions. Another significant factors identified were access to vaccination points - 60 individuals (5.9%), social pressure, reported by 59 (5.8%), general availability of vaccines, indicated by 52 (5.1%), availability of a preferred type/producer of the vaccines - 50 (4.9%), and safety - 48 (4.7%) - understood as a will to protect oneself from COVID-19.

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Access to vaccination points	20 (8.3%)	20 (7.6%)	8 (4.1%)	12 (3.8%)	60 (5.9%)
Economical access	1 (0.4%)	0 (0.0%)	5 (2.6%)	1 (0.3%)	7 (0.7%)
Registration process (no need of ID/p..	4 (1.7%)	1 (0.4%)	1 (0.5%)	0 (0.0%)	6 (0.6%)
Religious reasons	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	1 (0.1%)
Safety	15 (6.2%)	12 (4.6%)	19 (9.7%)	2 (0.6%)	48 (4.7%)
Social pressure	13 (5.4%)	28 (10.7%)	9 (4.6%)	9 (2.8%)	59 (5.8%)
Trust in medical staff	66 (27.3%)	63 (24.0%)	70 (35.9%)	50 (47.2%)	349 (34.3%)
Trust in the government	18 (7.4%)	9 (3.4%)	2 (1.0%)	28 (8.8%)	57 (5.6%)
Trust in vaccine/s	66 (27.3%)	81 (30.9%)	58 (29.7%)	82 (25.8%)	287 (28.2%)
Vaccine availability (certain type)	14 (5.8%)	20 (7.6%)	6 (3.1%)	10 (3.1%)	50 (4.9%)
Vaccine availability (general availability)	13 (5.4%)	17 (6.5%)	8 (4.1%)	14 (4.4%)	52 (5.1%)
Other	6 (2.5%)	4 (1.5%)	4 (2.1%)	5 (1.6%)	19 (1.9%)
I don't want to answer	6 (2.5%)	7 (2.7%)	4 (2.1%)	5 (1.6%)	22 (2.2%)

Figure 4 "Why did you decide to get vaccinated?" - disaggregated by location. Multiple-choice questions, results do not sum up to 100%

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Access to vaccination points	4 (2.2%)	2 (1.6%)	1 (0.8%)	1 (1.4%)	8 (1.6%)
I can't afford to pay for transportation t..	0 (0.0%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
I can't get vaccinated for medical reasons	22 (12.0%)	10 (7.9%)	21 (15.8%)	3 (4.3%)	56 (10.9%)
I can't take a day off (economical access)	3 (1.6%)	1 (0.8%)	0 (0.0%)	2 (2.9%)	6 (1.2%)
I don't believe in vaccinations in general	10 (5.5%)	13 (10.2%)	13 (9.8%)	7 (10.0%)	43 (8.4%)
I don't think I need to get vaccinated	10 (5.5%)	10 (7.9%)	10 (7.5%)	4 (5.7%)	34 (6.6%)
I think I have to pay to get vaccinated an..	6 (3.3%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	7 (1.4%)
I'm a migrant, I don't think I can get vacci..	5 (2.7%)	0 (0.0%)	0 (0.0%)	2 (2.9%)	7 (1.4%)
Lack of information	10 (5.5%)	0 (0.0%)	4 (3.0%)	1 (1.4%)	15 (2.9%)
Mistrust in medical staff	12 (6.6%)	5 (3.9%)	3 (2.3%)	5 (7.1%)	25 (4.9%)
Mistrust in the government	9 (4.9%)	6 (4.7%)	8 (6.0%)	2 (2.9%)	25 (4.9%)
Mistrust in vaccine/s	34 (18.6%)	43 (33.9%)	23 (17.3%)	15 (21.4%)	115 (22.4%)
Not sure which sources to trust/believe	15 (8.2%)	12 (9.4%)	9 (6.8%)	12 (17.1%)	48 (9.4%)
Registration process (other than lack of ..	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Religious reasons	12 (6.6%)	6 (4.7%)	4 (3.0%)	2 (2.9%)	24 (4.7%)
Safety	5 (2.7%)	3 (2.4%)	8 (6.0%)	0 (0.0%)	16 (3.1%)
Social pressure	1 (0.5%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	2 (0.4%)
Too much information	10 (5.5%)	7 (5.5%)	6 (4.5%)	1 (1.4%)	24 (4.7%)
Vaccine availability (certain type)	1 (0.5%)	0 (0.0%)	2 (1.5%)	1 (1.4%)	4 (0.8%)
Vaccine availability (general availability)	3 (1.6%)	2 (1.6%)	2 (1.5%)	0 (0.0%)	7 (1.4%)
Other	5 (2.7%)	4 (3.1%)	8 (6.0%)	7 (10.0%)	24 (4.7%)
I don't want to answer	5 (2.7%)	2 (1.6%)	9 (6.8%)	5 (7.1%)	21 (4.1%)

Figure 5 "Why did you decide not to get vaccinated?" - disaggregated by location. Multiple-choice questions, results do not sum up to 100%

Those who mentioned social pressure (59, 5.8%) as their motive explained that they had felt the pressure coming mainly from their workplace (35), general social pressure (18), family (2), medical staff (8), requirement to travel abroad (1), requirement to visit a medical facility (1), social media (1), requirement to study (1).

Out of the 19 (1.9%) persons whose responses were classified under “Other”, 5 mentioned it had been required at their workplaces (which was also quoted under the “Social pressure” category), 5 - intention to prevent spread of the coronavirus and getting sick, 3 - willingness to travel/obtain a visa, 2 - doctors came to their houses, one person mentioned their diabetes as the driving factor, the remaining 3 people did not specify their motives.

373 (34.0% of the sample) interviewees declared themselves as unvaccinated, out of this number 93 (24.9% of the unvaccinated) intended to get vaccinated in the future. Among those who are not vaccinated, one main reason was mentioned - mistrust in vaccine/s - reported by 115 (22.4%) of the unvaccinated. This mistrust was the most prevalent in Chui, reported by some 30% of the district unvaccinated interviewees. In other regions, it was mentioned by 17-21% of the respondents. Interestingly, the main motive against getting vaccinated is the exact opposite of one of the main drivers among the vaccinated. Another two reasons quoted were medical reasons - 56 (10.9%) - ,and not knowing which information sources one should trust to make an informed decision - 48 (9.4%). On top of that, another 23 (4.7% of the vaccinated) individuals said there was too much information available and this “information pollution” prevented them from making decisions. 43 respondents (8.4%) said they did not believe in vaccination in general, and 34 (6.6%) were not convinced they needed to get vaccinated.

None of the respondents who mentioned not getting vaccinated due to medical reasons explained whether they had been exempted by a medical professional or made their own decision without any medical consultations. Only three interviewees indicated specific medical conditions - compromised immune system, high blood pressure, and diabetes. The rest mentioned only a general fear of their health status upon vaccination and potential negative effects.

Out of the interviewees who refused to get vaccinated based on their religious beliefs two were Christians and the rest were muslim. Only four muslim respondents elaborated on their answer saying that “according to Islam no vaccination should touch a body”, “religion is categorically against vaccination”, “only Allah knows the fate”, and “vaccines are not halal”.

Among the “I don’t think I need to get vaccinated” a plethora of arguments was identified, with some of them also fitting under other categories. Some of the responses were - old age, being pregnant or breastfeeding, belief that the vaccine protects against COVID-19 only for a short period of time, lack of movement/mingling with other people, having strong immune system and getting sick very rarely, using traditional medicine, recovery from COVID-19 and the disease having a relatively mild symptoms.

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Easier registration process (no need of ID/propiska)	3 (1.8%)	0 (0.0%)	1 (0.8%)	2 (3.4%)	6 (1.3%)
Financial incentive	6 (3.6%)	1 (1.0%)	0 (0.0%)	2 (3.4%)	9 (2.0%)
Influence by local leaders	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Influence by religious leaders	11 (6.5%)	6 (5.8%)	6 (4.8%)	2 (3.4%)	25 (5.5%)
Mandatory for social interactions	10 (5.9%)	0 (0.0%)	4 (3.2%)	0 (0.0%)	14 (3.1%)
Mandatory for traveling	17 (10.1%)	17 (16.3%)	5 (4.0%)	12 (20.7%)	51 (11.2%)
Mandatory for work	15 (8.9%)	8 (7.7%)	7 (5.6%)	1 (1.7%)	31 (6.8%)
Mandatory vaccination	15 (8.9%)	10 (9.6%)	7 (5.6%)	4 (6.9%)	36 (7.9%)
Mobile vaccination centres	4 (2.4%)	0 (0.0%)	3 (2.4%)	0 (0.0%)	7 (1.5%)
More people getting sick/another wave	16 (9.5%)	14 (13.5%)	12 (9.7%)	4 (6.9%)	46 (10.1%)
Reliable information	14 (8.3%)	10 (9.6%)	17 (13.7%)	8 (13.8%)	49 (10.8%)
Someone close dying from COVID-19	9 (5.3%)	5 (4.8%)	6 (4.8%)	6 (10.3%)	26 (5.7%)
Vaccination conducted at home	9 (5.3%)	0 (0.0%)	3 (2.4%)	1 (1.7%)	13 (2.9%)
Other	9 (5.3%)	8 (7.7%)	13 (10.5%)	11 (19.0%)	41 (9.0%)
I don't want to answer	31 (18.3%)	25 (24.0%)	40 (32.3%)	5 (8.6%)	101 (22.2%)

Figure 6 “If you are not vaccinated, is there anything that could potentially change your mind?” - disaggregated by location. Multiple-choice questions, results do not sum up to 100%

Asked if there was anything that could change minds of the unvaccinated participants, 101 (22.5%) did not provide any response. Among those who answered, the main three responses were if getting vaccinated was mandatory for travelling - 51 (11.2%), access to reliable information - 49 (10.8%), another wave/more people getting sick - 46 (10.1%), or a factor not included in the list. Among the latter, several similar responses were identified - participants admitting that potentially something could change their mind but not sure what this could be, proof that the COVID-19 vaccine is safe and doesn't negatively impact health, proof that the vaccine had undergone long-term medical trials, proof that the vaccine is effective, better health condition or being younger.



Access to information

In the era of infodemics¹, it is essential to disseminate accurate, verified information about the COVID-19 vaccination process in a timely manner. However, this can be challenging. To promote behavioural change and ensure people have access to accurate, trusted information about vaccination, it is important to understand which information sources communities use and trust. This study component aims to investigate the primary sources of information used and trusted by communities in the four districts.

A comparison of the top sources of information cited by vaccinated and unvaccinated respondent groups reveals that both groups frequently utilise similar sources, but there is a discrepancy in the frequency with which they report using these sources. 8.6% of the vaccinated and 3.8% of the unvaccinated interviewees mentioned the Red Crescent as their source of information related to the COVID-19 vaccination. An analysis of the data revealed that participants aged 60 and above were more likely to obtain information from television sources, while utilising internet sources less frequently, compared to the overall sample.

In Chui, Jalal-Abad and Osh the main sources of information reported was medical staff (17.8%, 21.0%, 27.8%, respectively), followed by information obtained through TV (18.9%, 15.3%, 15.5%, respectively). In Bishkek, the most popular source of information was the Internet (17.8%), followed by medical staff (16.6%). The third most popular source of information in Bishkek was TV (13.4%), in Chui and Jalal-Abad - Internet (16.8% and 13.6%, respectively), and in Osh it was Red Crescent (11.7%). The highest number of people getting information about the COVID-19 vaccination was reported in Bishkek and Jalal-Abad (14.4% and 14.4%), while the lowest in Osh (3.3%).

Interviewees who reported accessing information on COVID-19 vaccination process through social media, mentioned using Facebook, Instagram, YouTube, WhatsApp, Telegram, and Odnoklassniki².

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Community leaders	• 12 (1.4%)	• 2 (0.3%)	• 11 (1.8%)	• 22 (2.9%)	• 47 (1.6%)
Family	■ 121 (14.4%)	■ 58 (8.6%)	■ 87 (14.3%)	• 25 (3.3%)	■ 291 (10.1%)
Friends/neighbours	■ 79 (9.4%)	■ 58 (8.6%)	■ 48 (7.9%)	• 19 (2.5%)	■ 204 (7.1%)
General/Other source informa..	• 7 (0.8%)	• 4 (0.6%)	• 1 (0.2%)	• 14 (1.9%)	• 26 (0.9%)
Internet (Google, Yandex, etc.)	■ 150 (17.8%)	■ 113 (16.8%)	■ 83 (13.6%)	■ 67 (8.9%)	■ 413 (14.3%)
Medical staff	■ 140 (16.6%)	■ 120 (17.8%)	■ 128 (21.0%)	■ 210 (27.8%)	■ 598 (20.8%)
Ministry of Health products (e...	• 25 (3.0%)	• 13 (1.9%)	• 35 (5.7%)	■ 80 (10.6%)	■ 153 (5.3%)
Newspapers	• 28 (3.3%)	• 19 (2.8%)	• 14 (2.3%)	• 7 (0.9%)	• 68 (2.4%)
Other NGOs	• 10 (1.2%)	• 2 (0.3%)	• 2 (0.3%)	• 1 (0.1%)	• 15 (0.5%)
Radio	• 36 (4.3%)	• 16 (2.4%)	• 16 (2.6%)	• 10 (1.3%)	■ 78 (2.7%)
Red Crescent	■ 47 (5.6%)	■ 41 (6.1%)	• 26 (4.3%)	■ 88 (11.7%)	■ 202 (7.0%)
Religious leaders	• 27 (3.2%)	• 5 (0.7%)	• 9 (1.5%)	• 20 (2.6%)	■ 61 (2.1%)
Social media	• 17 (2.0%)	• 33 (4.9%)	• 22 (3.6%)	• 13 (1.7%)	■ 85 (3.0%)
TV	■ 113 (13.4%)	■ 127 (18.9%)	■ 93 (15.3%)	■ 117 (15.5%)	■ 450 (15.6%)
WhatsApp/Telegram groups	• 22 (2.6%)	■ 55 (8.2%)	• 25 (4.1%)	■ 59 (7.8%)	■ 161 (5.6%)
Other	• 1 (0.1%)	• 3 (0.4%)	• 5 (0.8%)	• 1 (0.1%)	• 10 (0.3%)
I don't want to answer	• 8 (0.9%)	• 4 (0.6%)	• 4 (0.7%)	• 2 (0.3%)	• 18 (0.6%)

Figure 7 "What is/are your main source/s of information regarding the COVID-19 vaccination process?" - disaggregated by location. Multiple-choice questions, results do not sum up to 100%

¹ "An infodemic is too much information including false or misleading information in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in health authorities and undermines the public health response. An infodemic can intensify or lengthen outbreaks when people are unsure about what they need to do to protect their health and the health of people around them."; www.who.int/health-topics/infodemic.

² Odnoklassniki (Russian: *Одноклассники*, lit. 'Classmates') is a social media platform popular in Russian and Russian-speaking countries.

	Vaccinated?		Grand Total
	No	Yes	
Community leaders	• 10 (1.0%)	▪ 37 (1.9%)	▪ 47 (1.6%)
Family	■ 115 (12.1%)	■ 176 (9.1%)	■ 291 (10.1%)
Friends/neighbours	■ 91 (9.5%)	■ 113 (5.9%)	■ 204 (7.1%)
General/Other source informa..	• 7 (0.7%)	▪ 19 (1.0%)	• 26 (0.9%)
Internet (Google, Yandex, etc.)	■ 161 (16.9%)	■ 252 (13.1%)	■ 413 (14.3%)
Medical staff	■ 133 (13.9%)	■ 465 (24.1%)	■ 598 (20.8%)
Ministry of Health products (e...	■ 43 (4.5%)	■ 110 (5.7%)	■ 153 (5.3%)
Newspapers	■ 24 (2.5%)	■ 44 (2.3%)	■ 68 (2.4%)
Other NGOs	• 7 (0.7%)	• 8 (0.4%)	• 15 (0.5%)
Radio	■ 30 (3.1%)	■ 48 (2.5%)	■ 78 (2.7%)
Red Crescent	■ 36 (3.8%)	■ 166 (8.6%)	■ 202 (7.0%)
Religious leaders	■ 32 (3.4%)	■ 29 (1.5%)	■ 61 (2.1%)
Social media	■ 42 (4.4%)	■ 43 (2.2%)	■ 85 (3.0%)
TV	■ 156 (16.4%)	■ 294 (15.3%)	■ 450 (15.6%)
WhatsApp/Telegram groups	■ 50 (5.2%)	■ 111 (5.8%)	■ 161 (5.6%)
Other	• 5 (0.5%)	• 5 (0.3%)	• 10 (0.3%)
I don't want to answer	• 12 (1.3%)	• 6 (0.3%)	• 18 (0.6%)

Figure 8 "What is/are your main source/s of information regarding the COVID-19 vaccination process?" - disaggregated by vaccination status. Multiple-choice questions, results do not sum up to 100%

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Community leaders	• 5 (0.7%)	• 2 (0.4%)	• 9 (2.0%)	• 14 (2.7%)	• 30 (1.4%)
Family	■ 126 (18.7%)	■ 54 (11.5%)	■ 46 (10.2%)	• 29 (5.5%)	■ 255 (12.0%)
Friends/neighbours	■ 44 (6.5%)	■ 41 (8.7%)	• 23 (5.1%)	• 6 (1.1%)	■ 114 (5.4%)
General/Other source informa..	• 6 (0.9%)	• 1 (0.2%)	• 0 (0.0%)	• 6 (1.1%)	• 13 (0.6%)
Internet (Google, Yandex, etc.)	■ 97 (14.4%)	■ 47 (10.0%)	■ 36 (8.0%)	■ 42 (8.0%)	■ 222 (10.5%)
Medical staff	■ 130 (19.3%)	■ 132 (28.0%)	■ 126 (28.0%)	■ 173 (32.8%)	■ 561 (26.4%)
Ministry of Health products (e...	• 25 (3.7%)	• 21 (4.5%)	■ 48 (10.7%)	■ 48 (9.1%)	■ 142 (6.7%)
Newspapers	• 24 (3.6%)	• 7 (1.5%)	• 7 (1.6%)	• 3 (0.6%)	• 41 (1.9%)
Other NGOs	• 6 (0.9%)	• 0 (0.0%)	• 3 (0.7%)	• 0 (0.0%)	• 9 (0.4%)
Radio	• 22 (3.3%)	• 1 (0.2%)	• 10 (2.2%)	• 1 (0.2%)	• 34 (1.6%)
Red Crescent	■ 50 (7.4%)	• 31 (6.6%)	• 26 (5.8%)	■ 68 (12.9%)	■ 175 (8.2%)
Religious leaders	• 26 (3.9%)	• 7 (1.5%)	• 18 (4.0%)	• 16 (3.0%)	■ 67 (3.2%)
Social media	• 4 (0.6%)	• 12 (2.5%)	• 12 (2.7%)	• 4 (0.8%)	• 32 (1.5%)
TV	■ 80 (11.9%)	■ 63 (13.4%)	■ 61 (13.6%)	■ 91 (17.2%)	■ 295 (13.9%)
WhatsApp/Telegram groups	• 9 (1.3%)	• 27 (5.7%)	• 13 (2.9%)	• 19 (3.6%)	■ 68 (3.2%)
Other	• 3 (0.4%)	• 5 (1.1%)	• 2 (0.4%)	• 3 (0.6%)	• 13 (0.6%)
I don't want to answer	• 18 (2.7%)	• 20 (4.2%)	• 10 (2.2%)	• 5 (0.9%)	• 53 (2.5%)

Figure 9 "Are there any source/s of information regarding the COVID-19 vaccination process you trust more than the others??" - disaggregated by location. Multiple-choice questions, results do not sum up to 100%

The data reveals similar trends and patterns in terms of the most trusted sources of information. For the majority of respondents, there was little difference between the sources of information they regularly access and the sources they trust. Of particular note is the 13.4 percentage point difference in trust in medical staff between the vaccinated and unvaccinated groups. While the unvaccinated group accesses information shared by medical professionals, not all members of this group consider this information to be trustworthy. Among the vaccinated, TV, family and the Red Crescent were other trusted sources (mentioned by 14.7%, 10.0%, 9.8%, respectively). The unvaccinated individuals indicated trusting their families, information found on the Internet and TV (16.4%, 14.1%, 12.0%). Similar sources of trusted information were mentioned by individuals aged 60 and above - they found medical personnel to be the most trustworthy (quoted by 27.2% of the older respondents), followed by TV (19.7%), and their families (11.4%). Understandably, the Internet was mentioned much less frequently, by 5.5% of the group.

There were some variations in the most trusted sources of information across the five districts. Medical staff was identified as the most trustworthy source of information in all regions, but it was mentioned most frequently in Osh (32.8%) and least frequently in Bishkek (19.2%). Conversely, families were reported as a trusted source of information more frequently in Bishkek (18.7%) and less frequently in Osh (5.5%). Other trusted sources of information were TV, Internet and Red Crescent.

	Vaccinated?		Grand Total
	No	Yes	
Community leaders	4 (0.6%)	26 (1.8%)	30 (1.4%)
Family	107 (16.4%)	148 (10.0%)	255 (12.0%)
Friends/neighbours	42 (6.5%)	72 (4.9%)	114 (5.4%)
General/Other source informa..	3 (0.5%)	10 (0.7%)	13 (0.6%)
Internet (Google, Yandex, etc.)	92 (14.1%)	130 (8.8%)	222 (10.5%)
Medical staff	111 (17.1%)	450 (30.5%)	561 (26.4%)
Ministry of Health products (e...	36 (5.5%)	106 (7.2%)	142 (6.7%)
Newspapers	15 (2.3%)	26 (1.8%)	41 (1.9%)
Other NGOs	4 (0.6%)	5 (0.3%)	9 (0.4%)
Radio	10 (1.5%)	24 (1.6%)	34 (1.6%)
Red Crescent	31 (4.8%)	144 (9.8%)	175 (8.2%)
Religious leaders	38 (5.8%)	29 (2.0%)	67 (3.2%)
Social media	16 (2.5%)	16 (1.1%)	32 (1.5%)
TV	78 (12.0%)	217 (14.7%)	295 (13.9%)
WhatsApp/Telegram groups	16 (2.5%)	52 (3.5%)	68 (3.2%)
Other	10 (1.5%)	3 (0.2%)	13 (0.6%)
I don't want to answer	38 (5.8%)	15 (1.0%)	53 (2.5%)

Figure 10 "Are there any source/s of information regarding the COVID-19 vaccination process you trust more than the others?" - disaggregated by vaccination status. Multiple-choice questions, results do not sum up to 100%

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
I don't have access to the internet	11 (3.7%)	18 (6.3%)	13 (4.7%)	9 (3.1%)	51 (4.4%)
I don't have access to the medical staff	3 (1.0%)	1 (0.3%)	4 (1.4%)	4 (1.4%)	12 (1.0%)
I don't have access to the TV	1 (0.3%)	0 (0.0%)	3 (1.1%)	10 (3.4%)	14 (1.2%)
Information is not available in my language	6 (2.0%)	3 (1.0%)	4 (1.4%)	1 (0.3%)	14 (1.2%)
No, nothing prevents me	187 (63.4%)	184 (64.3%)	173 (62.2%)	205 (69.5%)	749 (64.9%)
Pressure from my family/friends/community	4 (1.4%)	2 (0.7%)	4 (1.4%)	6 (2.0%)	16 (1.4%)
There are not enough trusted information/i..	26 (8.8%)	17 (5.9%)	9 (3.2%)	5 (1.7%)	57 (4.9%)
There is too much information in general, I ..	33 (11.2%)	46 (16.1%)	43 (15.5%)	34 (11.5%)	156 (13.5%)
Other	1 (0.3%)	1 (0.3%)	5 (1.8%)	5 (1.7%)	12 (1.0%)
I don't want to answer	23 (7.8%)	14 (4.9%)	20 (7.2%)	16 (5.4%)	73 (6.3%)

Figure 11 "Is there anything preventing you from accessing trusted information?" - disaggregated by location. Multiple-choice questions, results do not sum up to 100%

Despite the relatively small difference between accessible and trusted sources of information, some respondents still reported difficulties in obtaining information from trusted sources.

Both vaccinated and unvaccinated respondents reported that the most significant challenge in accessing trusted information was the abundance of information (37.8% and 39.4% of those who reported difficulties, respectively). Meanwhile, unvaccinated individuals cited "lack of trusted information/information sources" as their second most common challenge (20.2%, compared to 8.8% among vaccinated individuals). Among vaccinated respondents, the second most common challenge was accessing information on the internet (16.1%, compared to 8.5% among unvaccinated respondents). Similar patterns were observed among those aged 60 and above.

While language barriers were not frequently cited as a challenge, the inability to access information in a specific language can generally be a significant obstacle for ethnic or linguistic minorities. Of the 14 participants who reported difficulty accessing trustworthy information due to a lack of availability in their preferred language, the languages mentioned were Kyrgyz (as likely some information was available for them only in Russian) and Uzbek.

	Vaccinated?		Grand Total
	No	Yes	
I don't have access to the internet	16 (4.0%)	35 (4.7%)	51 (4.4%)
I don't have access to the medical staff	6 (1.5%)	6 (0.8%)	12 (1.0%)
I don't have access to the TV	3 (0.7%)	11 (1.5%)	14 (1.2%)
Information is not available in my language	10 (2.5%)	4 (0.5%)	14 (1.2%)
No, nothing prevents me	215 (53.3%)	534 (71.1%)	749 (64.9%)
Pressure from my family/friends/community	5 (1.2%)	11 (1.5%)	16 (1.4%)
There are not enough trusted information/i..	38 (9.4%)	19 (2.5%)	57 (4.9%)
There is too much information in general, I ..	74 (18.4%)	82 (10.9%)	156 (13.5%)
Other	9 (2.2%)	3 (0.4%)	12 (1.0%)
I don't want to answer	27 (6.7%)	46 (6.1%)	73 (6.3%)

Figure 12 "Is there anything preventing you from accessing trusted information?" - disaggregated by vaccination status. Multiple-choice questions, results do not sum up to 100%



Risk perception

This three-dimensional analysis aims to investigate the relationship between COVID-19 risk perception, location, and vaccination status in order to develop targeted approaches that encourage preventive measures and increase vaccination rates. By understanding how these factors influence perceptions of risk, we can create more effective strategies that motivate more people to get vaccinated.

The survey results showed that the highest perceived likelihood of contracting COVID-19 (“very high” or “high”) was reported by vaccinated respondents in Jalal-Abad (28.4%) and by unvaccinated respondents in Bishkek (20.5%). On average, 19.3% of respondents assessed their risk of contracting COVID-19 as high, 25.8% as medium, 24.5% as low (“very low” or “low”), and 27.4% did not know what the likelihood could be. This suggests that some respondents may not be fully informed about the risks they are exposed to and the ways in which vaccination can mitigate these risks. It is therefore important to provide accurate and verified information about COVID-19 risks and the benefits of vaccination.

When asked to assess how severely COVID-19 would affect their health if they were to contract the disease, 26.8% of respondents overall said it would be serious (“very serious” or “serious”), 24.3% said it would be moderate, 16.8% said it would be mild (“very mild” or “mild”), and 28.2% did not know. Unvaccinated respondents were more likely to say that the disease would have a mild impact (39.4%), while vaccinated respondents were more likely to say it would be serious (19.1%).

To better understand the factors that influence respondents’ risk perception, they were asked to justify their responses. Among vaccinated respondents who described their likelihood of contracting COVID-19 as “high,” the main contributing factors were their general health condition (30.9%), having recovered from COVID-19 or not having contracted it yet (14.1%), an unhealthy lifestyle (12.0%), vaccination status (11.0%), and not taking protective measures (10.5%). Among vaccinated respondents who described their risk as “low,” the main factors were their vaccination status (26.4%), taking protective measures (21.9%), a healthy lifestyle (13.0%), and good general health (13.0%). Among unvaccinated respondents who described their risk as “high,” the main factors were a general (poor) health condition - 13.0%. The unvaccinated respondents who believed their infection risk was “high” justified selection of this option with their general (poor) health condition - 35.0%, not following protective measures - 13.8%, and not being vaccinated - 12.5%.

	District / Vaccinated?								Grand Total
	Bishkek		Chui		Jalal-Abad		Osh		
	No	Yes	No	Yes	No	Yes	No	Yes	
Very high	• 3 (2.5%)	• 14 (8.9%)	• 2 (2.2%)	• 5 (2.8%)	• 13 (12.3%)	• 21 (13.0%)	• 2 (3.6%)	• 15 (6.7%)	■ 75 (6.8%)
High	• 22 (18.0%)	• 27 (17.2%)	• 14 (15.6%)	• 25 (13.8%)	• 6 (5.7%)	• 25 (15.4%)	• 3 (5.5%)	• 15 (6.7%)	■ 137 (12.5%)
Medium	• 36 (29.5%)	• 58 (36.9%)	• 15 (16.7%)	• 44 (24.3%)	• 21 (19.8%)	• 36 (22.2%)	• 9 (16.4%)	• 64 (28.6%)	■ 283 (25.8%)
Low	• 11 (9.0%)	• 28 (17.8%)	• 15 (16.7%)	• 22 (12.2%)	• 13 (12.3%)	• 14 (8.6%)	• 7 (12.7%)	• 61 (27.2%)	■ 171 (15.6%)
Very low	• 14 (11.5%)	• 13 (8.3%)	• 10 (11.1%)	• 14 (7.7%)	• 8 (7.5%)	• 17 (10.5%)	• 3 (5.5%)	• 19 (8.5%)	■ 98 (8.9%)
I don't know	• 36 (29.5%)	• 16 (10.2%)	• 29 (32.2%)	• 53 (29.3%)	• 44 (41.5%)	• 47 (29.0%)	• 28 (50.9%)	• 48 (21.4%)	■ 301 (27.4%)
I don't want to answer		• 1 (0.6%)	• 5 (5.6%)	• 18 (9.9%)	• 1 (0.9%)	• 2 (1.2%)	• 3 (5.5%)	• 2 (0.9%)	■ 32 (2.9%)

Figure 13 “How likely do you think it is for you to get infected with COVID-19?” - disaggregated by location and vaccination status

	District / Vaccinated?								Grand Total
	Bishkek		Chui		Jalal-Abad		Osh		
	No	Yes	No	Yes	No	Yes	No	Yes	
Very serious	• 15 (12.3%)	• 16 (10.2%)	• 5 (5.6%)	• 5 (2.8%)	• 18 (17.0%)	• 29 (17.9%)	• 2 (3.6%)	• 15 (6.7%)	■ 105 (9.6%)
Serious	• 26 (21.3%)	• 38 (24.2%)	• 15 (16.7%)	• 36 (19.9%)	• 12 (11.3%)	• 31 (19.1%)	• 5 (9.1%)	• 26 (11.6%)	■ 189 (17.2%)
Moderate	• 28 (23.0%)	• 56 (35.7%)	• 14 (15.6%)	• 34 (18.8%)	• 17 (16.0%)	• 27 (16.7%)	• 9 (16.4%)	• 82 (36.6%)	■ 267 (24.3%)
Mild	• 6 (4.9%)	• 24 (15.3%)	• 8 (8.9%)	• 20 (11.0%)	• 7 (6.6%)	• 18 (11.1%)	• 6 (10.9%)	• 35 (15.6%)	■ 124 (11.3%)
Very mild	• 8 (6.6%)	• 8 (5.1%)	• 5 (5.6%)	• 10 (5.5%)	• 2 (1.9%)	• 8 (4.9%)	• 4 (7.3%)	• 15 (6.7%)	■ 60 (5.5%)
I don't know	• 36 (29.5%)	• 13 (8.3%)	• 36 (40.0%)	• 52 (28.7%)	• 48 (45.3%)	• 46 (28.4%)	• 27 (49.1%)	• 51 (22.8%)	■ 309 (28.2%)
I don't want to answer	• 3 (2.5%)	• 2 (1.3%)	• 7 (7.8%)	• 24 (13.3%)	• 2 (1.9%)	• 3 (1.9%)	• 2 (3.6%)	• 2 (0.9%)	■ 43 (3.9%)

Figure 14 “How likely do you think it is for you to get seriously ill with COVID-19?” - disaggregated by location and vaccination status

The responses classified under the “Other” category suggest that there are a range of factors influencing their attitudes and perceptions about COVID-19 and vaccination. Some participants expressed hope that everything would be fine, while others expressed concerns about the dangers of the virus and its effects on older people. Some participants mentioned that they or their acquaintances and relatives had died from COVID-19 even if they were vaccinated. Other factors influencing attitudes and perceptions included age, general health condition, chronic illnesses, breastfeeding, and personal beliefs about the role of preventive measures and behaviours in preventing the spread of the disease. Some participants expressed uncertainty or scepticism about the risks and benefits of vaccination and the effectiveness of preventive measures. Overall, it appears that there is a need for accurate and reliable information about COVID-19 and vaccination to address the concerns and questions of these survey participants.

Maintaining and improving preventive measures, adhering to behavioural restrictions, and getting vaccinated are crucial for stopping the spread of the virus. However, it is also important to continue sharing key messages about the risks related to COVID-19 and the benefits of vaccination.

In your opinion, what do you think is the likelihood of you getting infected with COVID-19??

	Very high	High	Medium	Low	Very low	I don't know	I don't want to answer	Grand Total
Already had COVID-19/Haven't..	• 7 (10.0%)	■ 20 (16.5%)	■ 30 (10.6%)	■ 25 (13.7%)	■ 10 (11.5%)	■ 22 (11.2%)	• 3 (12.0%)	■ 117 (12.1%)
General health condition	■ 26 (37.1%)	■ 33 (27.3%)	■ 41 (14.4%)	■ 20 (11.0%)	• 9 (10.3%)	■ 23 (11.7%)	• 0 (0.0%)	■ 152 (15.8%)
Healthy/unhealthy lifestyle	■ 12 (17.1%)	■ 11 (9.1%)	■ 51 (18.0%)	■ 25 (13.7%)	■ 10 (11.5%)	■ 17 (8.7%)	• 0 (0.0%)	■ 126 (13.1%)
I don't believe COVID-19 exist..	• 2 (2.9%)	• 0 (0.0%)	■ 18 (6.3%)	■ 11 (6.0%)	• 4 (4.6%)	■ 14 (7.1%)	• 1 (4.0%)	■ 50 (5.2%)
It's not very common/It is very..	• 1 (1.4%)	• 4 (3.3%)	• 8 (2.8%)	• 7 (3.8%)	• 3 (3.4%)	• 1 (0.5%)	• 0 (0.0%)	■ 24 (2.5%)
Leave house/meet with people	• 4 (5.7%)	■ 13 (10.7%)	■ 17 (6.0%)	• 4 (2.2%)	• 1 (1.1%)	• 6 (3.1%)	• 1 (4.0%)	■ 46 (4.8%)
Protective measures	• 5 (7.1%)	■ 15 (12.4%)	■ 55 (19.4%)	■ 44 (24.2%)	■ 15 (17.2%)	■ 24 (12.2%)	• 1 (4.0%)	■ 159 (16.5%)
Religious reasons	• 0 (0.0%)	• 1 (0.8%)	• 4 (1.4%)	• 1 (0.5%)	• 1 (1.1%)	• 2 (1.0%)	• 0 (0.0%)	• 9 (0.9%)
Vaccination	• 8 (11.4%)	■ 13 (10.7%)	■ 45 (15.8%)	■ 40 (22.0%)	■ 31 (35.6%)	■ 21 (10.7%)	• 2 (8.0%)	■ 160 (16.6%)
Other	• 2 (2.9%)	• 2 (1.7%)	• 4 (1.4%)	• 1 (0.5%)	• 2 (2.3%)	• 4 (2.0%)	• 0 (0.0%)	■ 15 (1.6%)
I don't know	• 2 (2.9%)	• 8 (6.6%)	• 6 (2.1%)	• 3 (1.6%)	• 0 (0.0%)	■ 34 (17.3%)	• 2 (8.0%)	■ 55 (5.7%)
I don't want to answer	• 1 (1.4%)	• 1 (0.8%)	• 5 (1.8%)	• 1 (0.5%)	• 1 (1.1%)	■ 28 (14.3%)	■ 15 (60.0%)	■ 52 (5.4%)

Figure 15 “Why do you think so? [How likely do you think it is for you to get infected with COVID-19?]” - disaggregated by reported likelihood level. Multiple-choice questions, results do not sum up to 100%

In your opinion, what do you think is the likelihood of you getting infected with COVID-19??

	Very high	High	Medium	Low	Very low	I don't know	I don't want to answer	Grand Total
Already had COVID-19/Haven't..	• 2 (9.1%)	• 3 (5.2%)	■ 12 (11.8%)	■ 8 (12.5%)	• 3 (6.0%)	■ 13 (7.7%)	• 0 (0.0%)	■ 41 (8.6%)
General health condition	■ 9 (40.9%)	■ 19 (32.8%)	■ 18 (17.6%)	■ 8 (12.5%)	■ 5 (10.0%)	■ 13 (7.7%)	• 0 (0.0%)	■ 72 (15.2%)
Healthy/unhealthy lifestyle	• 0 (0.0%)	■ 7 (12.1%)	■ 15 (14.7%)	• 4 (6.3%)	■ 10 (20.0%)	■ 19 (11.2%)	• 0 (0.0%)	■ 55 (11.6%)
I don't believe COVID-19 exist..	• 1 (4.5%)	• 0 (0.0%)	• 3 (2.9%)	• 4 (6.3%)	■ 9 (18.0%)	■ 16 (9.5%)	• 0 (0.0%)	■ 33 (7.0%)
It's not very common/It is very..	• 1 (4.5%)	• 0 (0.0%)	■ 12 (11.8%)	■ 9 (14.1%)	• 3 (6.0%)	■ 12 (7.1%)	• 0 (0.0%)	■ 37 (7.8%)
Leave house/meet with people	• 2 (9.1%)	■ 5 (8.6%)	■ 5 (4.9%)	■ 10 (15.6%)	■ 5 (10.0%)	■ 10 (5.9%)	• 0 (0.0%)	■ 37 (7.8%)
Protective measures	• 3 (13.6%)	■ 8 (13.8%)	■ 14 (13.7%)	■ 8 (12.5%)	■ 6 (12.0%)	■ 19 (11.2%)	• 1 (11.1%)	■ 59 (12.4%)
Religious reasons	• 1 (4.5%)	• 2 (3.4%)	• 3 (2.9%)	■ 5 (7.8%)	• 4 (8.0%)	■ 20 (11.8%)	• 1 (11.1%)	■ 36 (7.6%)
Vaccination	• 0 (0.0%)	■ 10 (17.2%)	■ 6 (5.9%)	• 0 (0.0%)	• 2 (4.0%)	• 4 (2.4%)	• 0 (0.0%)	■ 22 (4.6%)
Other	• 2 (9.1%)	• 2 (3.4%)	■ 5 (4.9%)	• 4 (6.3%)	• 2 (4.0%)	• 2 (1.2%)	• 1 (11.1%)	■ 18 (3.8%)
I don't know	• 1 (4.5%)	• 0 (0.0%)	■ 7 (6.9%)	• 3 (4.7%)	• 0 (0.0%)	■ 25 (14.8%)	• 0 (0.0%)	■ 36 (7.6%)
I don't want to answer	• 0 (0.0%)	• 2 (3.4%)	• 2 (2.0%)	• 1 (1.6%)	• 1 (2.0%)	■ 16 (9.5%)	■ 6 (66.7%)	■ 28 (5.9%)

Figure 16 “Why do you think so? [How likely do you think it is for you to get infected with COVID-19?]” - disaggregated by reported likelihood level. Multiple-choice questions, results do not sum up to 100%

This study component aims to assess people’s knowledge and attitudes towards the COVID-19 vaccine by asking them about its protective capabilities and how it contributes to ending the pandemic. By understanding how the vaccine works and the benefits of vaccination, people may be more likely to follow vaccination recommendations. To gather this information, respondents were asked about their perceptions of the vaccine’s effectiveness and its potential to protect themselves and their communities from the virus.

The results of the survey suggest that vaccinated respondents were more likely to report potential positive effects of vaccination compared to unvaccinated respondents. Specifically, 39.8% of vaccinated respondents stated that if they

fell sick after being vaccinated, the illness would be less severe, compared to 17.4% of unvaccinated respondents. 29.3% of vaccinated respondents believed that vaccination could prevent them from getting sick, while only 9.4% of unvaccinated respondents held this belief. 14.5% of vaccinated respondents thought that COVID-19 vaccination could help to prevent the spread of the disease, compared to 8.0% of unvaccinated respondents. In contrast, 17.4% of unvaccinated respondents claimed that there were no positive effects of the vaccine in terms of protecting themselves and their communities, while only 1.2% of vaccinated respondents held this belief. Additionally, a higher percentage of unvaccinated respondents admitted to not knowing about the protective benefits of the vaccine (38.9%) compared to vaccinated respondents (12.6%).

The survey results did not show significant differences across the districts in terms of respondents' knowledge about the benefits of the vaccine. In Osh, which had the highest COVID-19 vaccination coverage according to this study, there was the lowest percentage of respondents who were unable to mention any benefits of the vaccine. Interestingly, in Bishkek, where the vaccination coverage was the lowest among the districts, respondents seemed to be particularly knowledgeable about the benefits of the vaccine, with only 7.2% unable to mention any benefits (average for four districts being 6.7%) and 17.2% unable to recall any when prompted (the lowest score across all regions, average of 21.5%).

Beliefs shared under the "Other" category: *the vaccine prevents from dying of COVID-19, even vaccinated people can still get sick and die, it protects only to some extent, the level of protection might be different for everyone and depends on health conditions.*

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
It can protect from spreading	33 (11.8%)	33 (12.2%)	37 (13.8%)	32 (11.5%)	135 (12.3%)
We won't get sick	55 (19.7%)	53 (19.6%)	56 (20.9%)	83 (29.7%)	247 (22.5%)
If we get sick, it won't be as severe	109 (39.1%)	87 (32.1%)	77 (28.7%)	80 (28.7%)	353 (32.2%)
Not at all	20 (7.2%)	24 (8.9%)	19 (7.1%)	11 (3.9%)	74 (6.7%)
Other	1 (0.4%)	3 (1.1%)	6 (2.2%)	3 (1.1%)	13 (1.2%)
I don't know	48 (17.2%)	55 (20.3%)	68 (25.4%)	65 (23.3%)	236 (21.5%)
I don't want to answer	13 (4.7%)	16 (5.9%)	5 (1.9%)	5 (1.8%)	39 (3.6%)

Figure 17 "How much do you think getting the vaccine can protect you and your community from COVID-19?" - disaggregated by location

	Vaccinated?		Grand Total
	No	Yes	
It can protect from spreading	30 (8.0%)	105 (14.5%)	135 (12.3%)
We won't get sick	35 (9.4%)	212 (29.3%)	247 (22.5%)
If we get sick, it won't be as severe	65 (17.4%)	288 (39.8%)	353 (32.2%)
Not at all	65 (17.4%)	9 (1.2%)	74 (6.7%)
Other	8 (2.1%)	5 (0.7%)	13 (1.2%)
I don't know	145 (38.9%)	91 (12.6%)	236 (21.5%)
I don't want to answer	25 (6.7%)	14 (1.9%)	39 (3.6%)

Figure 18 "How much do you think getting the vaccine can protect you and your community from COVID-19?" - disaggregated by vaccination status



Focus Group Discussion in Bishkek

Myths and misperceptions

During the initial outbreak of COVID-19, individuals were concerned about the unknown nature of the virus and the potential impacts of public health interventions, such as lockdowns, on their physical and social well-being. The absence of access to accurate, trusted information and the uncertainty surrounding the situation led to the proliferation of detrimental misperceptions and rumours about COVID-19, resulting in social tensions and harmful behaviours.

The rollout of COVID-19 vaccines has also presented opportunities for the dissemination of misinformation and a decrease in trust in vaccination efforts aimed at ending the pandemic. The epidemiological and social crises brought about by COVID-19 have exacerbated preexisting social anxieties and trust issues, leading to an increase in scepticism towards vaccines. At the same time, myths and fears are not easy to debunk and require significant efforts and actions - they need to be addressed not only through general information campaigns but also face-to-face communication.

This study found that a significantly larger proportion of vaccinated respondents reported not having heard information about COVID-19 vaccination that they were uncertain was true (22.5% versus 10.0% among unvaccinated respondents). Among those who admitted having heard any unverified information, the most commonly mentioned by the vaccinated was that the COVID-19 vaccines contain tracking microchips¹ (16.5%), followed by misinformation about the vaccines having more severe adverse effects in older people² (16.0%), and fear that the vaccines can cause infertility³ (10.4%). Among the unvaccinated respondents, there were five unverified information reported by more than 10% of the unvaccinated interviewees - the COVID-19 vaccines could cause death or severe illness⁴ (18.5%), the vaccines could cause infertility (15.2%), they contain tracking microchips (15.2%), more severe adverse effects among older individuals (13.8%), and COVID-19 vaccines containing pork/not being halal (12.9%).

In Bishkek, where the lowest number of vaccinated people was observed, unverified information was the most widely reported - only 12.1% of the respondents said they had not heard anything they were not sure was true or not. In Osh, it was 29.7%. In Bishkek, the most frequently reported rumours were - vaccine containing a tracking microchip (19.8% of the Bishkek respondents who admitted having heard rumours), more adverse severe effects of the vaccination among older people (14.8%), and vaccines causing infertility (14.3%). In Chui, the rumour about infertility was the most prevalent (16.8%), followed by the rumour about microchips (13.5%) and more severe adverse effects (12.6%). In Jalal-Abad, the latter was the most commonly mentioned misperception (17.5%), followed by unverified information that vaccines had expired (15.0%; interestingly, in other districts it was reported by only 4.4%-7.3% of the local population), and vaccines causing infertility (10.9%). In Osh, the most prevalent misinformation was vaccines containing pork and not being halal (19.9%; reported by 4.8%-11.2% of interviewees in other districts), followed by the rumour about microchips (19.5%), and more severe adverse effects of vaccination among older individuals (15.9%).

	Vaccinated?		Grand Total
	No	Yes	
I didn't hear anything like this	■ 57 (10.0%)	■ 203 (22.5%)	■ 260 (17.6%)
It can cause death or severe illness	■ 95 (16.7%)	■ 62 (6.9%)	■ 157 (10.7%)
It causes infertility	■ 78 (13.7%)	■ 73 (8.1%)	■ 151 (10.2%)
It contains a tracking microchip	■ 78 (13.7%)	■ 116 (12.8%)	■ 194 (13.2%)
Older people have a higher risk of getting severe side effects..	■ 71 (12.5%)	■ 112 (12.4%)	■ 183 (12.4%)
Vaccine contains pork/is not halal	■ 66 (11.6%)	■ 67 (7.4%)	■ 133 (9.0%)
Vaccines are expired	■ 30 (5.3%)	■ 63 (7.0%)	■ 93 (6.3%)
Vaccines haven't been stored properly	■ 26 (4.6%)	■ 28 (3.1%)	■ 54 (3.7%)
You have to pay to get vaccinated	■ 9 (1.6%)	■ 22 (2.4%)	■ 31 (2.1%)
Other	■ 16 (2.8%)	■ 18 (2.0%)	■ 34 (2.3%)
I don't want to answer	■ 44 (7.7%)	■ 140 (15.5%)	■ 184 (12.5%)

Figure 19 "Did you hear anything about the COVID-19 vaccination that you were not sure was true or not?" - disaggregated by vaccination status. Multiple-choice questions, results do not sum up to 100%

1 "None of the COVID-19 vaccines in development contain software or microchips."; <https://www.health.gov.au/our-work/covid-19-vaccines/is-it-true/is-it-true-do-covid-19-vaccines-contain-a-micro-chip-or-any-kind-of-tracking-technology>.

2 In fact, "systemic adverse events were generally milder and less frequent in adults aged over 55 years than in those aged 16 to 55 years"; <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance/adverse-events>.

3 According to WHO, "there is absolutely no scientific evidence or truth behind this concern that vaccines somehow interfere with fertility, either in men or in women"; www.who.int/vaccine/fertility.

4 According to the American CDC, "reports of death after COVID-19 vaccination are rare and reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem"; <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>.

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
I didn't hear anything like this	■ 53 (12.1%)	■ 46 (12.9%)	■ 57 (17.2%)	■ 104 (29.7%)	■ 260 (17.6%)
It can cause death or severe illness	■ 44 (10.1%)	■ 52 (14.6%)	■ 38 (11.5%)	■ 23 (6.6%)	■ 157 (10.7%)
It causes infertility	■ 55 (12.6%)	■ 30 (8.4%)	■ 30 (9.1%)	■ 36 (10.3%)	■ 151 (10.2%)
It contains a tracking microchip	■ 76 (17.4%)	■ 42 (11.8%)	■ 28 (8.5%)	■ 48 (13.7%)	■ 194 (13.2%)
Older people have a higher risk of getting severe side effects..	■ 57 (13.0%)	■ 39 (11.0%)	■ 48 (14.5%)	■ 39 (11.1%)	■ 183 (12.4%)
Vaccine contains pork/is not halal	■ 43 (9.8%)	■ 15 (4.2%)	■ 26 (7.9%)	■ 49 (14.0%)	■ 133 (9.0%)
Vaccines are expired	■ 17 (3.9%)	■ 17 (4.8%)	■ 41 (12.4%)	■ 18 (5.1%)	■ 93 (6.3%)
Vaccines haven't been stored properly	■ 21 (4.8%)	■ 16 (4.5%)	■ 8 (2.4%)	■ 9 (2.6%)	■ 54 (3.7%)
You have to pay to get vaccinated	■ 19 (4.3%)	■ 5 (1.4%)	■ 5 (1.5%)	■ 2 (0.6%)	■ 31 (2.1%)
Other	■ 8 (1.8%)	■ 7 (2.0%)	■ 14 (4.2%)	■ 5 (1.4%)	■ 34 (2.3%)
I don't want to answer	■ 44 (10.1%)	■ 87 (24.4%)	■ 36 (10.9%)	■ 17 (4.9%)	■ 184 (12.5%)

Figure 20 "Did you hear anything about the COVID-19 vaccination that you were not sure was true or not?" - disaggregated by location. Multiple-choice questions, results do not sum up to 100%

Location	Rumour/Misperception
Bishkek	<i>Covid is like a cold.</i>
Bishkek	<i>The vaccine is a business.</i>
Bishkek	<i>The vaccine is contagious [spreads COVID-19].</i>
Bishkek	<i>After receiving the vaccine, with 100% certainty you will not get sick.</i>
Bishkek	<i>The virus is weak so the most important is one's immunity.</i>
Bishkek	<i>It will cause amnesia.</i>
Bishkek	<i>Nobody knows the long-term effects of the vaccine.</i>
Chui	<i>The vaccine has not been fully studied.</i>
Chui	<i>It doesn't fully prevent one from getting sick.</i>
Chui	<i>I don't know what to believe in, only God knows what it's going to be.</i>
Chui	<i>It did not get tested.</i>
Jalal-Abad	<i>The vaccine was invented very quickly when it should have taken years.</i>
Jalal-Abad	<i>People keep talking about chips, improper storage or vaccines being expired.</i>
Jalal-Abad	<i>The Chinese vaccine is harmful while the Russian one is reliable.</i>
Jalal-Abad	<i>The vaccine is harmful.</i>
Jalal-Abad	<i>People don't believe in covid.</i>
Osh	<i>It kills people.</i>
Osh	<i>It's a method of population control.</i>
Osh	<i>It's all about politics.</i>

Table 2 Unverified information shared during Focus Group Discussions





Vaccination of children

According to the Centers for Disease Control and Prevention (CDC) in the United States, *vaccination is a highly effective, safe, and easy way to help keep families healthy. Vaccines are rigorously tested to ensure their safety and effectiveness for children to receive at the recommended ages*¹. However, despite the scientific evidence and proven long-term benefits of child vaccination, not all children have received all the routine recommended vaccinations - for example against measles or polio - according to national immunisation calendars².

Maintaining high immunity in the child population against a range of previously common or endemic diseases is crucial, not only to protect people within Kyrgyzstan but also due to the potential for outbreaks in the country to spread rapidly beyond its borders, highlighting the interdependence and vulnerability of all countries. It is important to consider the potential consequences of outbreaks not only within Kyrgyzstan, but also on a global scale³. Ensuring that children are adequately vaccinated can help prevent the spread of infectious diseases and protect the health and well-being of communities.

This study uses the context of COVID-19 vaccination as a pretext to also explore attitudes towards routine vaccination of children against other diseases as well. By understanding the attitudes and perceptions of individuals towards vaccination in general, the study hopes to inform the development of effective key messages to promote vaccination and improve overall public health.

Despite the limited sample size, the findings of this study can still be useful for the RCSK to formulate key approaches related to general vaccination uptake.

According to the caregiver interviews, the overall routine vaccination coverage for the surveyed population is estimated to be 89.9%. This figure includes both fully and partially vaccinated children, but excludes households where some children are vaccinated and others are not. The vaccination coverage rates for each region are as follows: Bishkek - 79.2% (Bishkek also reported the highest percentage of not vaccinated children - 13.9%), Chui - 94.9%, Jalal-Abad - 89.1%, Osh - 92.9%. Interestingly, a significantly higher percentage of children were reported to be fully vaccinated by caregivers vaccinated against COVID-19 (83.5% against 59.1%).

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
All children are fully vaccinated	42 (58.3%)	83 (84.7%)	49 (76.6%)	87 (77.7%)	261 (75.4%)
All children are partially vaccinated	11 (15.3%)	3 (3.1%)	1 (1.6%)	11 (9.8%)	26 (7.5%)
There are fully vaccinated children and partially vaccinated children	4 (5.6%)	7 (7.1%)	7 (10.9%)	6 (5.4%)	24 (6.9%)
There are fully vaccinated children and unvaccinated children	1 (1.4%)				1 (0.3%)
I don't want to answer	1 (1.4%)	1 (1.0%)			2 (0.6%)
There are partially vaccinated children and unvaccinated children	2 (2.8%)	1 (1.0%)	2 (3.1%)	3 (2.7%)	8 (2.3%)
All children are not vaccinated	10 (13.9%)	3 (3.1%)	1 (1.6%)	3 (2.7%)	17 (4.9%)
I don't know	1 (1.4%)		4 (6.3%)	2 (1.8%)	7 (2.0%)

Figure 21 "Is your child/children vaccinated following the national immunisation calendar?" - disaggregated by location

	Vaccinated?		Grand Total
	No	Yes	
All children are fully vaccinated	68 (59.1%)	193 (83.5%)	261 (75.4%)
All children are partially vaccinated	16 (13.9%)	10 (4.3%)	26 (7.5%)
There are fully vaccinated children and partially vaccinated children	12 (10.4%)	12 (5.2%)	24 (6.9%)
There are fully vaccinated children and unvaccinated children		1 (0.4%)	1 (0.3%)
I don't want to answer	1 (0.9%)	1 (0.4%)	2 (0.6%)
There are partially vaccinated children and unvaccinated children	5 (4.3%)	3 (1.3%)	8 (2.3%)
All children are not vaccinated	10 (8.7%)	7 (3.0%)	17 (4.9%)
I don't know	3 (2.6%)	4 (1.7%)	7 (2.0%)

Figure 22 "Is your child/children vaccinated following the national immunisation calendar?" - disaggregated by vaccination status. Multiple-choice questions, results do not sum up to 100%

1 <https://www.cdc.gov/vaccines/parents/why-vaccinate/vaccine-decision.html>

2 Estimates (2010-2021) of routine immunisation coverage in Kyrgyzstan can be found in Annex 1. Significant decrease in the coverage can be observed (not only in Kyrgyzstan but globally), starting from 2019/2020 when the COVID-19 outbreak began.

3 <https://www.unicef.org/kyrgyzstan/immunization>

Among the COVID-19 unvaccinated caregivers, the most commonly mentioned (21.4%) reason for their children not being vaccinated according to the national immunisation calendar is that they had not been sick. Vaccination is an effective and cost-efficient measure for preventing morbidity and mortality from various infectious diseases, including diphtheria, tetanus, pertussis, influenza, and measles. It has been shown to significantly reduce the incidence of these diseases in all age groups, therefore, it is a well-studied preventive measure. According to WHO, an estimated 1.5 million additional deaths could be prevented if global vaccination coverage were to improve¹.

27.5% of those parents who had been vaccinated against COVID-19 said their children had been sick and therefore their general vaccination appointments were postponed or cancelled. The second most prevalent reason was an exemption for medical reasons (17.5%).

In general, parents who reported that their children were not vaccinated due to medical reasons followed the advice of medical professionals. In only one out of ten cases did a respondent admit to making the decision without seeking professional consultation. The medical conditions that resulted in children not being vaccinated included allergies and cerebral palsy. Additionally, some caregivers cited the general health condition of their children and reported observing adverse effects following previous vaccinations.

The respondents who cited religious reasons for not vaccinating their children were all Muslims. In order to address the issue of children not being vaccinated due to such reasons, the Republican Center for Immunoprophylaxis (RCI) had established close collaborations with the Spiritual Administration of Muslims, the Ulema Council, Jamaats, and the State Committee for Religion. According to Gulbara Ishenapysova, the director of the RCI, this collaboration has been successful in reducing the number of people who reject routine immunisation for religious reasons by 20% nationwide².

Working with religious leaders and organisations can be an effective way to address vaccine hesitancy and improve vaccination rates, as these leaders often have a significant influence within their communities. By engaging with religious leaders and providing them with accurate, science-based information about vaccination, it is possible to address any misinformation or concerns that may be contributing to vaccine hesitancy and help to increase overall vaccination rates.

Reported under the “Other” category were: lack of a vaccination card, considering vaccination at schools unsanitary, little information about the composition of the vaccines, and lack of belief/trust in “modern” vaccines.

The fact that only 5 out of 112 respondents openly stated that they are against vaccination in general suggests that anti-vaccination sentiment is not widespread among the surveyed population. It is worth noting, however, that this is still almost 5% of people, and also does not necessarily mean that all of the remaining respondents are fully supportive of vaccination (e.g. 5.5% of the caregivers whose children were not vaccinated/fully vaccinated, said they did not trust vaccines in general). Some people may have reservations or concerns about vaccines that may not be strong enough for them to consider themselves “anti-vaccination,” but could still influence their decision-making regarding vaccination for themselves or their children.

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Exemption for medical reasons	■ 3 (7.69%)	■ 3 (14.29%)	■ 2 (11.76%)	■ 2 (6.06%)	■ 10 (9.09%)
I am afraid of adverse reactions	■ 5 (12.82%)	■ 1 (4.76%)	■ 2 (11.76%)	■ 3 (9.09%)	■ 11 (10.00%)
I do not know where I can vaccinate children	■ 3 (7.69%)	■ 0 (0.00%)	■ 0 (0.00%)	■ 0 (0.00%)	■ 3 (2.73%)
I do not trust the quality of the vaccine	■ 4 (10.26%)	■ 4 (19.05%)	■ 0 (0.00%)	■ 4 (12.12%)	■ 12 (10.91%)
I don't have time to visit the vaccination facility	■ 2 (5.13%)	■ 0 (0.00%)	■ 1 (5.88%)	■ 0 (0.00%)	■ 3 (2.73%)
I don't trust vaccines in general	■ 0 (0.00%)	■ 2 (9.52%)	■ 0 (0.00%)	■ 4 (12.12%)	■ 6 (5.45%)
I'm against vaccination in general	■ 1 (2.56%)	■ 3 (14.29%)	■ 0 (0.00%)	■ 1 (3.03%)	■ 5 (4.55%)
It is not necessary since the child is not sick	■ 7 (17.95%)	■ 2 (9.52%)	■ 2 (11.76%)	■ 7 (21.21%)	■ 18 (16.36%)
Religious reasons	■ 2 (5.13%)	■ 3 (14.29%)	■ 1 (5.88%)	■ 0 (0.00%)	■ 6 (5.45%)
The child got sick, I decided to postpone / cancel the vaccination	■ 6 (15.38%)	■ 2 (9.52%)	■ 5 (29.41%)	■ 7 (21.21%)	■ 20 (18.18%)
We don't have a residence registration, they don't register child in the medical facility	■ 2 (5.13%)	■ 1 (4.76%)	■ 0 (0.00%)	■ 0 (0.00%)	■ 3 (2.73%)
Other	■ 4 (10.26%)	■ 0 (0.00%)	■ 4 (23.53%)	■ 5 (15.15%)	■ 13 (11.82%)

Figure 23 “Why the child/children was/were not fully vaccinated /not vaccinated?” - disaggregated by location. Multiple-choice questions, results do not sum up to 100%

1 <https://www.who.int/news-room/facts-in-pictures/detail/immunization>

2 https://24.kg/obschestvo/248089_otkaznikov_otvaksinatitsii_poreligioznym_prichinam_vkyrgyzstane_stalo_menshe/

	Vaccinated?		Grand Total
	No	Yes	
Exemption for medical reasons	3 (4.29%)	7 (17.50%)	10 (9.09%)
I am afraid of adverse reactions	9 (12.86%)	2 (5.00%)	11 (10.00%)
I do not know where I can vaccinate children	2 (2.86%)	1 (2.50%)	3 (2.73%)
I do not trust the quality of the vaccine	9 (12.86%)	3 (7.50%)	12 (10.91%)
I don't have time to visit the vaccination facility	3 (4.29%)	0 (0.00%)	3 (2.73%)
I don't trust vaccines in general	4 (5.71%)	2 (5.00%)	6 (5.45%)
I'm against vaccination in general	4 (5.71%)	1 (2.50%)	5 (4.55%)
It is not necessary since the child is not sick	15 (21.43%)	3 (7.50%)	18 (16.36%)
Religious reasons	5 (7.14%)	1 (2.50%)	6 (5.45%)
The child got sick, I decided to postpone / cancel the vaccination	9 (12.86%)	11 (27.50%)	20 (18.18%)
We don't have a residence registration, they don't register child in the medical facility	3 (4.29%)	0 (0.00%)	3 (2.73%)
Other	4 (5.71%)	9 (22.50%)	13 (11.82%)

Figure 24 "Why the child/children was/were not fully vaccinated /not vaccinated?" - disaggregated by vaccination status. Multiple-choice questions, results do not sum up to 100%

Those parents and caregivers who themselves had been vaccinated against COVID-19, were much more willing to follow the national immunisation calendar and have their children vaccinated (60.5% against 14.9%). Those unvaccinated against COVID-19 were mostly either unwilling or not sure about having their children covered with the routine immunisation. Interestingly, from the geographic perspective, both the most and least convinced caregivers could be found in Osh. Nevertheless, it must be again noted that the number of people responding to the question was limited.

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Yes	9 (30.0%)	2 (13.3%)	7 (46.7%)	12 (48.0%)	30 (35.3%)
I'm not sure	4 (46.7%)	8 (53.3%)	3 (20.0%)	4 (16.0%)	29 (34.1%)
No	7 (23.3%)	5 (33.3%)	5 (33.3%)	9 (36.0%)	26 (30.6%)

Figure 25 "If your child/children is not vaccinated, are you willing to/planning on having your child/children vaccinated?" - disaggregated by location. Multiple-choice questions, results do not sum up to 100%

	Vaccinated?		Grand Total
	No	Yes	
Yes	7 (14.9%)	23 (60.5%)	30 (35.3%)
I'm not sure	20 (42.6%)	9 (23.7%)	29 (34.1%)
No	20 (42.6%)	6 (15.8%)	26 (30.6%)

Figure 26 "If your child/children is not vaccinated, are you willing to/planning on having your child/children vaccinated?" - disaggregated by vaccination status. Multiple-choice questions, results do not sum up to 100%

There are a range of factors that may contribute to concerns, doubts, or questions about the vaccination of children. These can include misinformation or a lack of information about vaccines, safety concerns, personal objections, religious beliefs, prior negative experiences, and difficulties in accessing vaccines.

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Can a child get vaccinated if sick	2 (1.9%)	4 (2.6%)	2 (2.2%)	3 (2.2%)	11 (2.2%)
Can a child still get sick even if vaccinated	8 (7.4%)	16 (10.3%)	8 (9.0%)	20 (14.4%)	52 (10.6%)
Can children get vaccinated at school	2 (1.9%)	5 (3.2%)	2 (2.2%)	3 (2.2%)	12 (2.4%)
Does it affect a child's growth/development	12 (11.1%)	9 (5.8%)	10 (11.2%)	19 (13.7%)	50 (10.2%)
Does it affect health	23 (21.3%)	36 (23.2%)	12 (13.5%)	19 (13.7%)	90 (18.3%)
Is it be mandatory	1 (0.9%)	11 (7.1%)	6 (6.7%)	6 (4.3%)	24 (4.9%)
Is it safe for children	32 (29.6%)	36 (23.2%)	15 (16.9%)	25 (18.0%)	108 (22.0%)
What are the potential adverse effects	9 (8.3%)	15 (9.7%)	15 (16.9%)	7 (5.0%)	46 (9.4%)
What if I miss an appointment/'deadline'	6 (5.6%)	11 (7.1%)	8 (9.0%)	11 (7.9%)	36 (7.3%)
Other	2 (1.9%)	1 (0.6%)	2 (2.2%)	11 (7.9%)	16 (3.3%)
I don't want to answer	11 (10.2%)	11 (7.1%)	9 (10.1%)	15 (10.8%)	46 (9.4%)

Figure 27 "What do you think are people's main concerns, doubts or questions around vaccinating children?" - disaggregated by location. Multiple-choice questions, results do not sum up to 100%

When asked, 22.0% of caregivers identified safety concerns for their children as the primary factor influencing their decision about vaccination, while 18.3% identified questions about the potential effects of vaccines on children's health as being the area people were most concerned about. 10.3% said questions about whether getting vaccinated could affect a child's growth and development were a priority. These three are closely related and can be influenced and explained by not only the general parental worries about children's wellbeing, but also misinformation about the safety of vaccines, media coverage of alleged vaccine side effects, and personal experiences or stories shared by others about side effects of vaccination. 10.6% of the caregivers also identified questions about whether a child could still get sick even if vaccinated.

The World Health Organization conducted a thorough review of the available evidence and determined that COVID-19 vaccination with approved vaccines is safe and effective for children aged 6 months and older. For children aged 6 months to 11 years, the vaccine doses are adjusted - so called "paediatric vaccines" - while children aged 12 and over receive the same vaccine dose as adults¹. Although in Kyrgyzstan it was initially planned to start vaccinating children against COVID-19², those plans are - for the time being - dropped. Nevertheless, the aim of this study chapter is to explore the general perception of the children's vaccination process, as well as motives and influences driving parents and caregivers to make decisions. If the COVID-19 vaccination for children is ever approved, the RCSK will already be equipped with necessary data and information to support this process and make informed decisions.

In general, almost half of the interviewed caregivers would like their children to be vaccinated against COVID-19 if it was possible, 35.0% were not yet sure and 13.9% would opt against it. The highest rate of approval was reported in Osh (58.0%), while the lowest in Chui (40.8%). Significantly more caregivers who themselves had been vaccinated against COVID-19 would like the same for their children (57.6% against 31.3% of the unvaccinated).

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Yes	33 (45.8%)	40 (40.8%)	31 (48.4%)	65 (58.0%)	169 (48.8%)
I don't know/I'm not sure yet	28 (38.9%)	35 (35.7%)	24 (37.5%)	34 (30.4%)	121 (35.0%)
No	7 (9.7%)	21 (21.4%)	8 (12.5%)	12 (10.7%)	48 (13.9%)
I don't want to answer	4 (5.6%)	2 (2.0%)	1 (1.6%)	1 (0.9%)	8 (2.3%)

Figure 28 "If vaccination against COVID-19 is EVER approved by the Ministry of Health and available for children aged 12-17, would you be willing to have your child/children vaccinated?" - disaggregated by location

	Vaccinated?		Grand Total
	No	Yes	
Yes	36 (31.3%)	133 (57.6%)	169 (48.8%)
I don't know/I'm not sure yet	44 (38.3%)	77 (33.3%)	121 (35.0%)
No	30 (26.1%)	18 (7.8%)	48 (13.9%)
I don't want to answer	5 (4.3%)	3 (1.3%)	8 (2.3%)

Figure 29 "If vaccination against COVID-19 is EVER approved by the Ministry of Health and available for children aged 12-17, would you be willing to have your child/children vaccinated?" - disaggregated by vaccination status

Among the vaccinated caregivers, four main motives influencing their decision of having their children vaccinated against COVID-19 can be identified. 24.8% of the respondents said they wanted to protect their children, 23.4% quoted their trust in medical personnel expertise, 17.3% mentioned trust in vaccine/s, and 14.7% said that their children would receive all vaccinations necessary.

Among the unvaccinated caregivers, the most prevalent reason for not vaccinating children was mistrust in vaccine/s reported by 26.0% of this group interviewees. Other motives for not getting children vaccinated against COVID-19 were not knowing which information sources to believe (11.5%), lack of information about the process (9.1%), not being convinced if children need this vaccination (8.7%), and safety concerns (7.7%; understood as not being sure if the vaccination would be followed by any serious adverse reactions, how would it affect children's health, and who would take the responsibility if children got sick after being vaccinated).

1 <https://www.unicef.org/rosa/stories/children-and-covid-19-vaccines>

2 <http://en.kabar.kg/news/children-in-kyrgyzstan-to-be-vaccinated-against-covid-19/>

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Access to vaccination points	* 3 (5.9%)	* 2 (3.1%)	* 1 (2.3%)	* 0 (0.0%)	* 6 (2.2%)
Economical access	* 1 (2.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 1 (0.4%)
I want to protect my child/children	■ 15 (29.4%)	■ 7 (10.8%)	■ 7 (16.3%)	■ 40 (33.6%)	■ 69 (24.8%)
My child/children gets all vaccines	* 7 (13.7%)	■ 7 (10.8%)	* 4 (9.3%)	■ 23 (19.3%)	■ 41 (14.7%)
Registration process (no need of ID/propiska)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)
Religious reasons	* 0 (0.0%)	* 0 (0.0%)	* 1 (2.3%)	* 0 (0.0%)	* 1 (0.4%)
Safety	* 4 (7.8%)	* 3 (4.6%)	* 2 (4.7%)	* 0 (0.0%)	* 9 (3.2%)
Social pressure	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)
Trust in medical staff	* 3 (5.9%)	■ 15 (23.1%)	■ 13 (30.2%)	■ 34 (28.6%)	■ 65 (23.4%)
Trust in the government	* 5 (9.8%)	* 3 (4.6%)	* 1 (2.3%)	* 1 (0.8%)	* 10 (3.6%)
Trust in vaccine/s	* 7 (13.7%)	■ 19 (29.2%)	* 8 (18.6%)	■ 14 (11.8%)	■ 48 (17.3%)
Vaccine availability (certain type)	* 2 (3.9%)	* 3 (4.6%)	* 2 (4.7%)	* 0 (0.0%)	* 7 (2.5%)
Vaccine availability (general availability)	* 2 (3.9%)	* 5 (7.7%)	* 0 (0.0%)	* 4 (3.4%)	* 11 (4.0%)
Other	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)
I don't want to answer	* 2 (3.9%)	* 1 (1.5%)	* 4 (9.3%)	* 3 (2.5%)	* 10 (3.6%)

Figure 30 "What would be your motivation/reasons to vaccinate your child/children against COVID-19?" -disaggregated by location. Multiple-choice questions, results do not sum up to 100%

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Access to vaccination points	* 0 (0.0%)	* 1 (1.4%)	* 1 (2.4%)	* 0 (0.0%)	* 2 (1.0%)
I can't afford to pay for transportation to a vaccination points (economical access)	* 0 (0.0%)	* 1 (1.4%)	* 0 (0.0%)	* 0 (0.0%)	* 1 (0.5%)
I don't think children need to get this vaccine	■ 8 (18.6%)	■ 6 (8.7%)	* 0 (0.0%)	■ 4 (7.4%)	■ 18 (8.7%)
I don't believe in vaccinations in general	* 2 (4.7%)	* 6 (8.7%)	* 1 (2.4%)	■ 4 (7.4%)	■ 13 (6.3%)
I think I have to pay to get vaccinated and I can't afford it (economical access)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)
I wouldn't be able to take a day off to take my child and/or stay at home and take care of..	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 1 (1.9%)	* 1 (0.5%)
I'm a migrant, I don't think my child/children would be able to get vaccinated	* 0 (0.0%)	* 0 (0.0%)	* 1 (2.4%)	* 2 (3.7%)	* 3 (1.4%)
Lack of ID/residency permit (propiska)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)
Lack of information	■ 9 (20.9%)	* 2 (2.9%)	* 2 (4.8%)	■ 6 (11.1%)	■ 19 (9.1%)
Mistrust in medical staff	* 0 (0.0%)	* 1 (1.4%)	* 1 (2.4%)	* 3 (5.6%)	* 5 (2.4%)
Mistrust in the government	* 3 (7.0%)	* 2 (2.9%)	* 1 (2.4%)	* 3 (5.6%)	* 9 (4.3%)
Mistrust in vaccine/s	■ 5 (11.6%)	■ 23 (33.3%)	■ 10 (23.8%)	■ 16 (29.6%)	■ 54 (26.0%)
My child/children can't get vaccinated for medical reasons	* 0 (0.0%)	* 0 (0.0%)	* 2 (4.8%)	* 0 (0.0%)	* 2 (1.0%)
Not sure which sources to trust/believe	* 3 (7.0%)	■ 9 (13.0%)	* 2 (4.8%)	■ 10 (18.5%)	■ 24 (11.5%)
Registration process (other than lack of ID/propiska)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)
Religious reasons	* 2 (4.7%)	* 2 (2.9%)	* 1 (2.4%)	* 0 (0.0%)	* 5 (2.4%)
Safety	* 3 (7.0%)	* 4 (5.8%)	■ 8 (19.0%)	* 1 (1.9%)	■ 16 (7.7%)
Social pressure	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)
Too much information	* 1 (2.3%)	* 2 (2.9%)	* 1 (2.4%)	* 0 (0.0%)	* 4 (1.9%)
Vaccine availability (certain type)	* 0 (0.0%)	* 0 (0.0%)	* 4 (9.5%)	* 0 (0.0%)	* 4 (1.9%)
Vaccine availability (general availability)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)	* 0 (0.0%)
Other	* 0 (0.0%)	* 2 (2.9%)	* 1 (2.4%)	* 2 (3.7%)	* 5 (2.4%)
I don't want to answer	■ 7 (16.3%)	■ 8 (11.6%)	■ 6 (14.3%)	* 2 (3.7%)	■ 23 (11.1%)

Figure 31 "What would be your reasons for not wanting to have your child/children vaccinated against COVID-19?" - disaggregated by location. Multiple-choice questions, results do not sum up to 100%



Focus Group Discussion in Jalal-Abad

Focus Group Discussion with parents and caregivers

Have children in your community been vaccinated according to the national immunisation schedule?

Overall, the majority of participants in the focus group discussions reported that their children had been vaccinated according to the national immunisation schedule. In Bishkek and Chui, all respondents stated that their children had been vaccinated. In Jalal-Abad, most participants reported that their children had been vaccinated, but some mentioned that they knew others who had not allowed their children to be vaccinated due to concerns about the safety and effectiveness of vaccines. In Osh, some participants reported that their children had not received all recommended vaccines, citing negative information about potential long-term effects as a reason for not completing the vaccination schedule. These results suggest that there is some variation in vaccination coverage among different communities in Kyrgyzstan, and that further efforts may be necessary to promote vaccine uptake and address concerns about vaccine safety.

Why do you think children need to be vaccinated (according to the national immunisation schedule)?

Overall, the responses from the focus group discussions indicate that the participants in Bishkek, Chui, and Osh believe that children need to be vaccinated according to the national immunisation schedule to protect them from various diseases and prevent severe cases. The participants in Bishkek emphasised the importance of vaccinations as they have received them themselves in the past. There were no significant concerns or reservations expressed about childhood vaccinations in the groups in Chui and Osh, with the participants in Osh specifically highlighting the susceptibility of children to various diseases and the protective role of vaccines.



“Children are more prone to contracting various types of diseases due to their active lifestyles and curious nature. Vaccinations can help protect them and prevent the development of severe cases of these diseases.”

Female caregiver, FGD participant

In your opinion, what are the main questions or concerns that people have about vaccinations for children?

Based on these responses, it appears that some parents are concerned about the potential for physical development issues or allergic reactions as a result of vaccination. At the same time, it was reiterated by the participants that all children should be vaccinated according to the national schedule, citing the success of widespread vaccination in the Soviet Union as evidence for the effectiveness of this approach. The same respondents quoted their belief that unvaccinated children are more prone to illness.

What information about the process of obtaining vaccination or about vaccinations in general do you doubt the veracity of?

Based on the responses given, it seems that the participants in the focus group discussion have a general understanding of the process of obtaining vaccination for children. However, one participant expressed a doubt about the possibility of “testing” (routine medical check-up) children before vaccination.

In your opinion, if a child has not received all vaccinations, how high is his/her risk of contracting vaccine-preventable diseases?

Based on the responses given, it appears that some participants believe that children who have not received all vaccinations are at risk of contracting vaccine-preventable diseases. However, others believe that this risk may not be significant, as they have not personally witnessed such cases. Some participants also advocate for mandatory vaccination in order to ensure community safety.

Do you think that unvaccinated children pose a risk to the health of your own child/children and your community?

Overall, the respondents from Bishkek and Chui believe that unvaccinated children do not pose a risk to the health of their own children or the community (if vaccinated) but it does put their health and wellbeing at risk. Respondents from Osh believe that unvaccinated children do pose a risk to others. Interestingly, the respondents from Chui also mentioned that mandatory vaccination can be off-putting and raise doubts.

What experience have you had with getting your children vaccinated?

The experience described in the response suggests that some of the children experienced a fever and weakness - confirmed by doctors as a normal reaction to vaccination. This was supported by the agreement of the group participants and sharing of similar experiences. It is important to note that while some individuals may experience these side effects after vaccination, they are generally mild and temporary. Vaccinations are a safe and effective way to protect against serious and potentially life-threatening diseases.

Who in your family decides whether children should be vaccinated?

Most of the participants (women) make their own decisions about vaccinating their children. In some cases women make the decision together with their parents or other older family members.

Who, in your opinion, can influence parents who refuse to vaccinate their children?



“Trusted **medical professionals** can greatly influence the decision-making process when it comes to vaccination.”

Female caregiver, FGD participant

If COVID-19 vaccination is ever approved and recommended for children by the Ministry of Health, would you be willing to vaccinate your child/children?

In summary, the responses from the Focus Group Discussion show that there is some hesitation among parents in Kyrgyzstan about the potential COVID-19 vaccination for children. While some participants express doubt about the safety and necessity of the vaccine for children, others are more open to the idea but still have concerns about the potential future effects of the vaccine on their children. Overall, it seems that more information and engagement about the COVID-19 vaccination for children is needed to address these concerns and help parents make informed decisions about vaccinating their children.

Other information shared by the FGD participants

The participants in the FGD in Osh suggested conducting information sessions for parents who refuse vaccination, and the participants in Bishkek suggested inviting medical workers from certain centres to conduct joint information sessions. Both groups also expressed a desire to receive more information about COVID-19 vaccination and other vaccines. Participants in Bishkek and Chui mentioned that people in remote areas do not have enough information about children’s vaccination, and participants in Bishkek also mentioned that the work of the CFM (Centre of Family Medicine) is poor. In terms of questions, participants in Osh and Chui asked about HPV vaccination, the possibility of getting vaccinated if they were not previously vaccinated, the potential consequences for unvaccinated children, and the availability of a national calendar of vaccines. Participants in Osh and Chui also asked about the possibility of vaccinating a sick child and where to find a calendar of children’s vaccination.



FOCUS GROUP DISCUSSION

MAIN FINDINGS





Main findings - Focus Group Discussion

Overall, the responses from the focus group discussions indicate that the participants in Bishkek, Chui, and Osh believe that children need to be vaccinated according to the national immunisation schedule to protect them from various diseases and prevent severe cases. The participants in Bishkek emphasised the importance of vaccinations as they have received them themselves in the past. There were no significant concerns or reservations expressed about childhood vaccinations in the groups in Chui and Osh, with the participants in Osh specifically highlighting the susceptibility of children to various diseases and the protective role of vaccines.

Older people

Older people have - in general - increased susceptibility to severe illness and complications from diseases. Older individuals generally have a weaker immune system and are also comparatively more likely to have underlying health conditions that put them at higher risk of severe onset or death from COVID-19. In addition, older people may be more likely to live in congregated settings, such as nursing homes or assisted living facilities, where the risk of transmission of the virus is higher. By getting vaccinated, older individuals can protect themselves and help to prevent the spread of the disease to others in their community, particularly those who may be more vulnerable due to age or underlying health conditions. It is also important for older individuals to undergo a medical check-up before getting vaccinated to ensure that it is safe for them to receive the vaccine and to identify any potential contraindications.

Suggestions and recommendations made by participants

The FGD participants in Bishkek, Chui, Jalal-Abada, and Osh all recommended holding more informational sessions about vaccination, particularly targeting their age group. In Chui, the older participants specifically emphasised the importance of highlighting the positive aspects of vaccination and its impact on individuals. In Jalal-Abada, the suggestion was made to provide reliable information and sources to the general population to help them determine which sources to trust. Overall, the participants in all locations expressed interest in learning more about vaccination, with a focus on targeted age groups.

Questions asked by participants

There are several key themes that emerge from these questions asked during the focus group discussions. Some participants are concerned about the safety and efficacy of different vaccines, and are seeking recommendations or information about their content. Others have specific health concerns and want to know if they are eligible for vaccination or if it might exacerbate their existing conditions. There are also questions about the availability of vaccines and how to access them, as well as concerns about potential side effects and long-term impacts on cognition and memory. Overall, it appears that participants in these FGDs have a range of questions and concerns about vaccination that would benefit from further information and clarification.

Summary and recommendations

The findings from the focus group discussions in Bishkek suggest that older people need more information on vaccination and want to have conversations with medical workers and RCSIK volunteers. In Chui, older people have mixed opinions on vaccination against coronavirus, with some trusting the vaccination process while others are hesitant due to health concerns and fear of side effects. In Jalal-Abad, there were people in the focus group who were vaccinated, those who were against vaccination due to health conditions and fear of side effects, and those who believed that there is no longer a risk of COVID-19 and therefore did not receive the vaccine. Among the older people in Jalal-Abad, some were not willing to vaccinate due to their reliance on traditional methods, religion, and trust in their immune systems. A few participants were vaccinated and had positive views on vaccines, but believed that one dose was sufficient. The group requested information sessions and the organisation of mobile units for vaccination. In all cases, it is crucial to continue information work with older people and ensure that they receive the vaccine at the appropriate time and in good health.





People with chronic diseases

It is particularly important for individuals with chronic diseases to be vaccinated against COVID-19 due to their increased risk of severe illness and complications from the virus. These individuals may have compromised immune systems or other underlying health conditions that make them more susceptible to the negative effects of COVID-19. It is also essential for individuals with underlying chronic medical conditions to undergo a medical check-up before receiving the vaccine to ensure that it is safe for them to do so. By getting vaccinated, this group can protect themselves and those around them, ultimately contributing to the overall effort to control the spread of the virus and mitigate its impact on public health.

Suggestions and recommendations made by participants

In the focus group discussions held in Bishkek, Osh, and Jalal-Abad, the participants made several recommendations and suggestions regarding vaccination against COVID-19. In Bishkek, the group suggested conducting informational sessions with medical workers for the general population and distributing informational materials such as brochures. In Osh, the group recommended conducting more informational sessions on a monthly basis, not only on COVID-19 but also on other health-related issues, especially targeting young men and women in remote areas. In Jalal-Abad, the participants recommended the option of receiving a single-dose vaccine and expressed a preference for the Russian vaccine against COVID-19. They also suggested conducting mobile teams to vaccinate individuals who do not have access to vaccination centres. Overall, the participants expressed their appreciation for the efforts of the Red Crescent staff and volunteers in organising these informational sessions and raising awareness about health-related issues.

Questions asked by participants

The FGD participants in Bishkek asked about the experience of getting vaccinated, explanations for death cases after COVID-19 vaccination, and whether medical check-ups are necessary before receiving the vaccine. In Chui, participants raised questions about the specific chronic diseases that may increase the risk of complications from COVID-19 infection, as well as inquiring about potential contraindications for individuals with asthma receiving the vaccine. In Osh, participants asked about the experiences of the FGD facilitators with regards to vaccination and inquired about the attitudes of individuals with chronic health conditions towards vaccination. They also inquired about the availability and effectiveness of COVID-19 vaccines for children and whether a single dose is sufficient. Participants in Jalal-Abad asked about the possibility of vaccination for individuals with developing bronchial asthma, potential side effects of vaccination, the best time of year to receive a vaccine, and alternatives for individuals for whom the vaccine is contraindicated. They also inquired about the types of COVID-19 vaccines currently available.

Summary and recommendations

Based on the findings from the focus group discussions conducted in Bishkek, Chui, Jalal-Abad, and Osh, it is clear that there is a need to address concerns and doubts about the effectiveness and safety of vaccination against COVID-19, particularly among those with chronic diseases. In Bishkek, some segments of the population still have doubts about vaccination, and it is important to conduct meetings and information sessions with medical workers and local authorities to address these concerns. In Chui, participants with chronic diseases often had negative beliefs about vaccination or had received medical exemptions, suggesting it could be beneficial to prioritise this group for support with specific information relating to COVID-19 and their existing conditions, to enable informed decision making around vaccination. It may also be important to engage with medical personnel around the issue of contraindications, and in what situations exemption from vaccination is appropriate for patients. In Jalal-Abad, focus group participants felt they had enough information about COVID-19 and believed in the effectiveness of the vaccine, but were concerned about their chronic diseases worsening after vaccination. It is suggested that mobile vaccination teams be organised to come to people's homes and reach those who cannot access vaccination points. In Osh, the group was actively participating and discussing the topic, with some people willing to be vaccinated but not allowed due to their medical conditions. There is a need expressed by participants to conduct "healthy day" [as described by them] sessions with various groups of people to address concerns and mistrust in vaccine components and medical staff.





People with disabilities

People with disabilities may be more vulnerable to severe illness or complications from contracting the virus due to underlying health conditions. They may also have reduced mobility or access to healthcare resources, making it more challenging for them to seek medical treatment if they do get sick. Therefore, getting vaccinated can help protect them from the potential consequences of COVID-19 and reduce their risk of severe illness or death.

Suggestions and recommendations made by participants

As in the case of people with chronic diseases, it is crucial for people living with disabilities to undergo a medical check-up before getting vaccinated to ensure that the vaccine is safe and appropriate for them to receive. A healthcare provider should assess an individual's overall health and determine if there are any contraindications or potential risks associated with receiving the vaccine.

Concerns shared by participants

The focus group participants in Bishkek emphasised the importance of social protection for vulnerable families and creating a safe environment in the recovery from the COVID-19 pandemic. The group in Chui suggested that the Red Crescent work with medical institutions to improve information work among people with disabilities. In addition, in Chui, there have been complaints that some healthcare providers are reluctant to take on the responsibility of vaccinating and providing follow-up care for individuals with disabilities. The group in Jalal-Abad emphasised the need to include people with disabilities in COVID-19 vaccination awareness campaigns and to provide more information about vaccination options for those who have difficulty accessing vaccination centres.

Questions asked by participants

The FGD participants in Bishkek asked questions about the safety and effectiveness of different COVID-19 vaccines, the impact of the virus on pregnancy, and how to reduce the risk of contracting the virus. The participants in Chui asked about contraindications for vaccination, the necessity of vaccination for those who have previously had a mild case of the sickness, and whether cancer patients should be vaccinated. The participants in Jalal-Abad asked about the cost of vaccination, potential side effects, and the suitability of the vaccine for children with schizophrenia. The participants in Osh inquired about the mandatory nature of vaccination, the availability of reliable information, and the experience of disabled individuals receiving the vaccine.

Summary and recommendations

The focus group participants in Bishkek expressed fear and concern about the potential side effects of vaccination, as well as misinformation about the vaccine. There is a need for follow-up meetings with health workers and further information to address these concerns. In Chui, it was found that people with disabilities were not prioritised for vaccination by medical staff, and many had doubts about the safety of the vaccine for their specific group. It is important to work with medical staff and provide detailed information about the vaccination process and its safety for people with disabilities in order to reduce fears and doubts. In Jalal-Abad, it was suggested that focus groups and informational sessions be held more frequently, with visual materials and short videos being used to increase awareness about the importance of the COVID-19 vaccine. In Osh, it was noted that people with disabilities may rely on relatives and friends for information, and the participation of professional medical workers is necessary to address their concerns.





Migrants

It is important for people who are migrants, including internal migrants, to get vaccinated against COVID-19 due to the unique challenges and vulnerabilities that they face. People who are migrants, especially those who are undocumented or who lack access to healthcare, may be at higher risk for contracting and passing the virus on to peers due to their often crowded or uncertain living and working conditions. Additionally, the movement of people who are migrants, both within and between countries, can contribute to the spread of the virus, making it all the more critical that they be protected through vaccination. Ensuring that migrants have access to COVID-19 vaccines is not only a matter of individual health and well-being, but also of community and public health.

Suggestions and recommendations made by participants

In summary, participants from Bishkek suggested conducting an information session with the participation of medical workers, religious leaders, and community leaders in order to address concerns about the composition of vaccines. Participants from Jalal-Abad recommended producing informational materials about vaccination and providing more up-to-date information about COVID-19 through various channels such as social media and television. Participants from Osh requested to hold more frequent information sessions with more participants in order to hear various perspectives on vaccination.

Concerns shared by participants

It appears that FGD participants in Bishkek and Chui expressed a lack of trust in medical workers and a lack of access to reliable information about COVID-19 and the vaccination process. Participants in Bishkek also noted the prevalence of misinformation and rumours spread by people without medical or other public health qualifications. These complaints suggest that there is a need for improved communication and transparency from medical professionals and local governments, as well as efforts to address the spread of misinformation.

Questions asked by participants

Participants in the focus group in Bishkek raised several questions about the vaccination process. These questions included whether vaccines are halal, whether people are injected with micro-chips when they are vaccinated, which vaccine is recommended, and where to get a vaccine if one does not have registration. Participants in Jalal-Abad asked about personal histories of getting the vaccine, whether the vaccine is paid or free, whether it is possible to get the third dose of the vaccine at any medical centre, and when the COVID-19 vaccination process will end. They also asked about the efficacy of the vaccine, including whether it is possible to get COVID-19 after being vaccinated and whether people with chronic illnesses can be vaccinated. Participants from Osh requested that information sessions be conducted more frequently and with more participants, in order to gather more diverse perspectives on the topic of vaccination.

Summary and recommendations

Based on the findings from the FGDs, it appears that there is a lack of trust in the government and medical workers among some of the participants who are migrants, as well as a lack of access to reliable sources of information. Misconceptions and myths about COVID-19 and vaccination are prevalent in some communities, leading to a reluctance to get vaccinated. There is a need for more information campaigns and the involvement of local government and medical personnel in these efforts, as well as addressing the specific concerns and needs of different communities, such as the inclusion of spiritual leaders in the case of religious communities and addressing the concerns of migrants.





Vulnerable women

It is crucial for vulnerable populations, such as women with multiple children, women living alone, and single mothers, to get vaccinated in order to protect themselves and their families from the potential consequences of contracting the disease. These groups may be more prone to contracting the virus due to social and economic factors, and may also face greater challenges in accessing healthcare and treatment if they do become infected. Getting vaccinated can help to mitigate these risks.

Suggestions and recommendations made by participants

Overall, the participants in these focus group discussions suggested that more information sessions and campaigns be conducted, particularly in collaboration with medical workers who can provide reliable and specific information. They also emphasised the need for clear and comprehensive information materials, such as brochures, and for the dissemination of current information about COVID-19 through various channels, including social media and the internet. The participants in the Chui focus group also suggested that medical workers better explain the need for vaccinations, as there are many medical exemptions, but the reasons for this are not often explained. In addition, the participants in Jalal-Abad suggested that visual information, such as videos, could be useful in helping people remember and understand the material presented.

Concerns shared by participants

Based on the findings from the focus group discussions in Bishkek and Chui, it appears that there is a significant level of distrust among some of the participants towards the information and guidance provided by medical workers and healthcare professionals. Some participants reported that they have received conflicting or misleading information about COVID-19 and the vaccination process, which has contributed to their mistrust. Additionally, there were complaints that some medical workers have advised against vaccination or have not provided adequate information about the risks and benefits of vaccination, leading to confusion and uncertainty among the participants. There were also reports of instances where vaccination was carried out without taking into account individual factors or without fully informing the recipients about the process. These findings highlight the need for improved communication and trust-building efforts between medical professionals and the general population, as well as the importance of ensuring that accurate and comprehensive information is provided to the public about COVID-19 and vaccination.

Questions asked by participants

Several questions arose from participants during the FGDs. In Bishkek, participants asked about the timing and number of doses needed for vaccination during pregnancy, the potential for vaccines to cause infertility, and the content of vaccines. They also asked about the safety and effectiveness of different vaccines and whether children are eligible for vaccination. In Chui, participants enquired about the best vaccine to be eligible for international travel and the safety of different vaccines, as well as questioning the use of expired vaccines. In Jalal-Abad, participants asked about the timing of vaccination in relation to breastfeeding and pregnancy, the suitability of vaccination for a child who frequently gets the flu, and the recommendation of the vaccine by medical workers. In Osh, participants asked about the RCSK mandate, whether they provide medical checkups, and vaccine recommendations for children, as well as the vaccination status and vaccine choice of the RCSK staff.

Summary and recommendations

Overall, the findings from the focus group discussions indicate that there is a significant lack of information and misperceptions about the COVID-19 vaccination process among the different communities involved. Many participants expressed concerns about the safety and effectiveness of vaccines, and there were reports of negative experiences with medical workers and a lack of trust in the information provided. It is recommended that more efforts be made to provide accessible and accurate information about the vaccination process, including through personal information sessions with medical workers and the use of visual materials and success stories. There is also a need for targeted outreach to specific groups, such as vulnerable women and religious communities, to address their specific concerns and fears. In addition, there is a need to address issues of motivation and economic incentives in vaccine uptake, as well as the availability of materials in local languages.





1926
КРАСНЫЙ
ПОЛУМЕСЯЦ
КЫРГЫЗСТАНА

TRUST

PERCEPTION OF THE RCSK



Trust and perception of the RCSK

The level of recognition and trust that an organization has among the communities it serves is a critical factor in the effectiveness of its engagement with them. The Red Crescent Society of Kyrgyzstan is a well-established organization in the country that has provided key information about COVID-19 to communities since the beginning of the outbreak. In order to reach the most vulnerable populations, the RCSK is continuously working to improve its outreach and recognition as a humanitarian organization delivering reliable information.

The survey results indicate that the RCSK has a high level of awareness and trust among the Kyrgyzstani population. 84.2% of respondents in Bishkek, 81.9% in Chui, 79.9% in Osh, and 74.6% in Jalal-Abad reported having prior awareness of the organization. Among those who were aware of the RCSK, 79.4% reported having trust in the organization.

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Yes	■ 235 (84.2%)	■ 222 (81.9%)	■ 200 (74.6%)	■ 223 (79.9%)	■ 880 (80.2%)
I'm not sure	• 10 (3.6%)	• 9 (3.3%)	• 2 (0.7%)	• 7 (2.5%)	• 28 (2.6%)
No	• 30 (10.8%)	• 40 (14.8%)	• 61 (22.8%)	• 45 (16.1%)	■ 176 (16.0%)
I don't want to answer	• 4 (1.4%)		• 5 (1.9%)	• 4 (1.4%)	• 13 (1.2%)

Figure 32 "Did you hear about the Red Crescent Society of Kyrgyzstan prior to this conversation?" - disaggregated by location

The high level of trust in the RCSK is important as it can positively influence vaccine uptake through the organization's information sessions and campaigns. When communities trust an organization, they are more likely to trust the information and guidance provided by that organization. This is particularly important when it comes to a topic such as vaccines, which can be sensitive and controversial. The RCSK's reputation for providing reliable information and its high level of trust among the population can help to increase vaccine uptake and promote public health.

	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Yes	■ 197 (83.8%)	■ 164 (73.9%)	■ 148 (74.0%)	■ 190 (85.2%)	■ 699 (79.4%)
I'm not sure	• 18 (7.7%)	• 21 (9.5%)	• 16 (8.0%)	• 17 (7.6%)	■ 72 (8.2%)
No		• 4 (1.8%)	• 7 (3.5%)	• 3 (1.3%)	• 14 (1.6%)
I don't want to answer	• 20 (8.5%)	■ 33 (14.9%)	■ 29 (14.5%)	■ 13 (5.8%)	■ 95 (10.8%)

Figure 33 "Do you trust the Red Crescent Society of Kyrgyzstan (in general)?" - disaggregated by location

Furthermore, the relatively high level of trust in the RCSK across all districts, despite slight variations, suggests that the organization has a strong reputation and is well-respected throughout the country. This can be a valuable asset for the RCSK in terms of future outreach and engagement efforts, particularly in regards to COVID-19 and vaccination efforts.


It is worth noting that, although the level of trust and awareness of the RCSK is high, there is still room for improvement. Efforts should be made to further increase awareness and trust in the organization, particularly among the most vulnerable populations, in order to ensure that the RCSK's message reaches as many people as possible.



	District				Grand Total
	Bishkek	Chui	Jalal-Abad	Osh	
Yes	■ 183 (77.9%)	■ 159 (71.6%)	■ 147 (73.5%)	■ 165 (74.0%)	■ 654 (74.3%)
I'm not sure	■ 29 (12.3%)	■ 27 (12.2%)	■ 24 (12.0%)	■ 34 (15.2%)	■ 114 (13.0%)
No	• 1 (0.4%)	• 3 (1.4%)	• 4 (2.0%)	• 9 (4.0%)	• 17 (1.9%)
I don't want to answer	■ 22 (9.4%)	■ 33 (14.9%)	■ 25 (12.5%)	■ 15 (6.7%)	■ 95 (10.8%)


Figure 34 "Do you think the RCSK can provide verified and accurate information about COVID-19?" - disaggregated by location

SUMMARY

RECOMMENDATIONS

+CIFRC  **USAID**
ОТ АМЕРИКАНСКОГО НАРОДА

 **КЫРГЫЗСТАН**
1924 **КЫЗЫЛ АЙ**
КООМУ  **FINCA® Bank**



**Чек-ара окуяларынан
жабыр тарткан Баткен
элине жардам**

Кыргызстан Кызыл Ай Коомунун
ыкчам байланыш телефондору :

Beeline 0777 300 190 Megacom 0995 300 190 O! 0709 300 190

Recommendations

In light of the challenges posed by the COVID-19 pandemic, it is imperative that action be taken to address vaccine hesitancy, increase vaccine uptake, and maintain or increase routine immunisation coverage. Incorporating the following recommendations could result in improved vaccine uptake and coverage, increased public trust in vaccines, promotion of equity, better health outcomes, and increased resilience to future pandemics.

Finding 1: *Reported mistrust in vaccine/s (among the unvaccinated).*

1. Increase transparency in vaccine development and testing process by sharing relevant information and data as part of the vaccination campaign - ensuring active participation of medical experts in development and dissemination of key messages and information.
2. Conduct public awareness campaigns to educate the public on the safety and efficacy of vaccines. Provide accessible resources to address vaccine related concerns and questions.
3. Partner with trusted community leaders to help dispel myths and misinformation about vaccines and convey trusted information.
4. Use historical context and past experiences to strengthen the message of vaccines' effectiveness and protective properties.

Finding 2: *High number of people not vaccinated due to "medical reasons". Some of them decided themselves, without medical checkup, that they would not be eligible for COVID-19 vaccination. Others said that doctors neglected them and disqualified them "automatically", without further check-ups.*

1. Provide accurate information on vaccine eligibility and dispel any misinformation that may be causing people to self-disqualify.
2. Advocate for inclusive and equitable access to medical evaluations for all individuals to determine their vaccine eligibility.
3. Partner with healthcare providers to ensure all individuals are fully informed and assessed before being disqualified from vaccination.
4. Address any systemic issues causing unequal or inadequate medical evaluations for certain populations/vulnerable groups.
5. Encourage open and honest communication between patients and healthcare providers regarding vaccine eligibility.

Finding 3: *Not knowing which information/sources of information to trust. At the same time, some respondents quoted too much - often contradictory - information.*

1. Partner with trusted and credible sources such as health organisations, scientific experts, and government agencies to provide reliable information on COVID-19 and vaccines.
2. Disseminate information through various channels, including community gatherings and digital platforms, to reach a wider audience.
3. Conduct public awareness campaigns to educate the public on how to evaluate the credibility of information sources and recognize misinformation.
4. Encourage people to seek information from multiple sources to verify information and reduce the spread of false information.
5. Ensure all information materials produced and disseminated by organisations are written in a reader-friendly and inclusive manner, and available in languages spoken by communities.

Finding 4: ***TV being one of the most popular /accessible sources of information, especially among older people who do not always have access to/do not know how to use the internet.***

1. Leverage traditional media channels, such as TV and radio, to reach individuals who may not have access to or be proficient in using the internet.
2. Partner with trusted media outlets and organisations to provide accurate and consistent information on COVID-19 and vaccines.
3. Encourage family members, friends, and community organisations to support individuals who may not have access to digital technologies and help them access information.

Finding 5: ***Rumours and misperceptions jeopardising vaccination efforts. Misperceptions about vaccines containing pork/being not halal. Prevalent rumour about the COVID-19 vaccine containing tracking microchips.***

1. Address specific rumours and misperceptions through targeted communication and public awareness campaigns.
2. Partner with religious and community leaders to provide accurate information and dispel misinformation about the compatibility of vaccines with religious beliefs.
3. Share information about vaccine ingredients and manufacturing processes to dispel misinformation about vaccines containing harmful substances.
4. Address privacy and security concerns about the use of technology in vaccines and healthcare. Use historical context and past experiences to strengthen the messages.
5. Provide accessible resources and opportunities for individuals to have their questions and concerns about vaccines addressed.
6. Encourage open and honest communication between individuals and healthcare providers regarding vaccine safety and efficacy.

Finding 6: ***Need proof that vaccines are harmless. Rumours about severe adverse effects and death. Rumours about adverse effects being much more severe in older people.***

1. Provide evidence-based information on the safety and efficacy of vaccines, supported by human stories and experiences.
2. Address specific safety concerns and dispel misinformation about the risks and side effects of vaccines.
3. Partner with trusted healthcare providers to offer in-person support for individuals who have questions about vaccine safety and potential side effects.
4. Address the concerns of older individuals, who feel they may be more susceptible to vaccine hesitancy, by providing information on the safety and efficacy of vaccines for this key group.
5. Encourage individuals to report any adverse effects experienced after receiving a vaccine and provide resources for reporting and monitoring vaccine safety.

Finding 7: ***Reported need for having more information sessions for specific groups. Lack of tailored key messages addressing specific needs of vulnerable groups. Lack of representation of the vulnerable groups in vaccination campaigns.***

1. Conduct targeted information sessions for specific vulnerable groups to address their unique concerns and needs.
2. Develop tailored messaging and communication strategies for these groups, taking into consideration their specific needs.
3. Partner with community organisations and trusted leaders to reach these groups and provide them with accurate information on COVID-19 and vaccines.
4. Ensure representation of vulnerable groups in vaccine campaigns and education efforts to promote inclusiveness and equity.
5. Address any systemic barriers, such as lack of access to healthcare or limited mobility, that may prevent vulnerable groups from accessing vaccine information and services.

Finding 8: **Reported need for mobile vaccination centres to support the 'less mobile' vulnerable groups.**

1. Provide support to mobile vaccination centres to reach vulnerable populations, such as the elderly and individuals with disabilities, who may have limited mobility.
2. Partner with community organisations and healthcare providers to offer on-site vaccination clinics in accessible locations, such as community centres and senior centres.
3. Offer transportation and logistical support, such as shuttles, to help individuals access mobile vaccination clinics.
4. Ensure that relevant and trusted information about the vaccination process is provided in the mobile clinics, including visual materials.

Finding 9: **COVID-19 pandemic affecting (globally) the general immunisation coverage.**

1. Prioritise COVID-19 vaccination efforts while maintaining or increasing coverage for routine immunisations.
2. Address the hesitancy and misinformation surrounding both COVID-19 vaccine and general immunisation.
3. Encourage healthcare providers to emphasise the importance of both COVID-19 and routine immunisations.
4. Provide accessible and comprehensive information explaining to parents and caregivers what needs to be done if any vaccination appointments of their children were missed during the COVID-19 pandemic.
5. Monitor and evaluate the impact of the COVID-19 pandemic on routine immunisation coverage and take necessary measures to maintain or increase coverage.



Annex 1

Kyrgyzstan: WHO and UNICEF estimates of immunisation coverage (%), 2010-2021; [source](#)

Official coverage: "Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine official coverage may differ across countries."

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
BCG¹	98	98	98	98	97	97	97	97	97	96	96	97
DTP1²	99	97	96	98	96	100	97	94	98	99	90	87
DTP3³	96	96	96	97	96	97	96	92	94	95	87	89
Pol3⁴	<i>n/a</i>	94	94	97	95	97	97	93	92	96	87	90
IPV1⁵	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	54	94	86	87
MCV1⁶	99	97	98	99	96	99	97	95	96	96	92	93
MCV2⁷	98	98	98	97	97	96	98	96	96	98	93	97
RCV1⁸	99	97	98	99	96	99	97	95	96	96	92	93
HepBB⁹	99	73	94	96	99	97	96	97	97	96	95	96

1 The birth dose of bacille Calmette-Guérin (BCG) vaccine.

2 The first dose of diphtheria, tetanus toxoid and pertussis containing vaccine.

3 The third dose of diphtheria, tetanus toxoid and pertussis containing vaccine.

4 The third dose of polio containing vaccine.

5 The third dose of the inactivated polio vaccine. Estimates for IPV began in 2015 following the Global Polio Eradication Initiative Strategy.

6 The first dose of measles containing vaccine.

7 The second dose of measles containing vaccine.

8 The first dose of rubella containing vaccine. No official data, estimates based on MCV1.

9 The birth dose of hepatitis B vaccines.

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
HepB3¹	96	96	96	97	96	97	96	92	<i>n/a</i>	95	86	89
Hib3²	96	96	96	97	96	97	96	92	<i>n/a</i>	94	86	88
RotaC³	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	52	90
PcV3⁴	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	88	92	96	90	90

Table 3 Kyrgyzstan: WHO and UNICEF estimates of immunisation coverage (%), 2010-2021

1 The third dose of hepatitis B containing vaccine.

2 The third dose of Haemophilus influenzae type b containing vaccine.

3 The second or third dose of rotavirus vaccine, depending on the vaccine.

4 The third dose of pneumococcal conjugate vaccine.





Annex 2

List of references/source

REPORTS

UN Kyrgyz Republic "*Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan*", July 2020

WHO "*Poverty, Food Security and Nutrition Analysis in the context of COVID-19 and the role of Social Protection in the Kyrgyz Republic, October 2021*"

UNDP "*COVID-19 in the Kyrgyz Republic: Socioeconomic and Vulnerability Impact Assessment and Policy Response*", August 2020

Dzushupov K, Lucero-Prisno III DE, Vishnyakov D, Lin X, Ahmadi A. *COVID-19 in Kyrgyzstan: Navigating a way out*. J Glob Health 2021;11:03020

MEDIA OUTLET NEWS

https://24.kg/obschestvo/248089_otkaznikov_otvaksinatsii_poreligioznyim_prichinam_vkyrgyzstane_stalo_menshe/

<http://en.kabar.kg/news/children-in-kyrgyzstan-to-be-vaccinated-against-covid-19/>

GENERAL DATA AND INFORMATION

<https://covid19.who.int/region/euro/country/kg>

<https://new.med.kg/>

<https://ourworldindata.org/coronavirus/country/kyrgyzstan>

www.vc.emed.gov.kg

<https://www.ecdc.europa.eu/en/immunisation-vaccines/vaccine-hesitancy>

www.who.int/health-topics/infodemic

<https://www.health.gov.au/our-work/covid-19-vaccines/is-it-true/is-it-true-do-covid-19-vaccines-contain-a-microchip-or-any-kind-of-tracking-technology>

<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance/adverse-events>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

<https://www.unicef.org/philippines/stories/muslim-religious-leaders-barmm-unite-covid-19-vaccination>

<https://www.cdc.gov/vaccines/parents/why-vaccinate/vaccine-decision.html>

<https://www.unicef.org/kyrgyzstan/immunization>

<https://www.who.int/news-room/facts-in-pictures/detail/immunization>

<https://www.unicef.org/rosa/stories/children-and-covid-19-vaccines>

<https://go.ifrc.org/emergencies/4085>





The International Federation of Red Cross and Red Crescent Societies (IFRC)

is the world's largest humanitarian organisation, reaching 150 million people in 192 National Societies, including the Red Crescent Society of Kyrgyzstan through the work of 13.7 million volunteers.

Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We provide assistance without discrimination as to nationality, race, gender, religious beliefs, class or political opinions.

The Red Crescent Society of Kyrgyzstan (RCSK)

is a humanitarian organisation that operates in all regions of Kyrgyzstan, providing assistance to the population through its 7 regional, 1 city, 38 district branches, and a network of over 3,000 volunteers.

The overarching goal of the RCSK is to prevent and alleviate human suffering while upholding impartiality and non-discrimination based on nationality, race, age, gender, religious beliefs, and political views, and to promote mutual understanding and friendship among all people, contributing to world peace. The RCSK is a structure auxiliary to the government supporting it in addressing various social needs of the country's population and also collaborates with numerous international and non-governmental organisations in order to provide assistance to the most vulnerable groups.

Contact us:

Red Crescent Society of Kyrgyzstan | A 10 Erkindik Blvd., 720040 Bishkek, Kyrgyzstan
Asel Toktomambetova, Head of Health Department | E a.toktomambetova@redcrescent.kg
Ekaterina Orekhova, Project Coordinator | E e.orekhova@redcrescent.kg
Asel Kadyrbekova, CEA/IM Specialist | E a.kadyrbekova@redcrescent.kg

IFRC Central Asia Country Cluster Delegation | A 10 Erkindik Blvd., 720040 Bishkek, Kyrgyzstan
Oyungerel Amgaa, Health & Care Manager for Central Asia | E oyungerel.amgaa@ifrc.org

Follow us:

Red Crescent Society of Kyrgyzstan
www.redcrescent.kg | twitter.com/redcrescent_kg | facebook.com/kyrgyzredcrescent

IFRC
www.ifrc.org | twitter.com/ifrc | facebook.com/ifrc | instagram.com/ifrc | youtube.com/user/ifrc