Office for National Statistics

Statistical bulletin

COVID-19 vaccine refusal, UK: February to March 2021

Exploring the attitudes of people who are uncertain about receiving, or unable or unwilling to receive a coronavirus (COVID-19) vaccine in the UK.

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1 . Main points

- Many participants who were unwilling or uncertain about receiving a coronavirus (COVID-19) vaccine expressed concerns about their safety; these included concerns about immediate side effects and longer-term impacts that participants felt could not yet be known.
- Fears about the safety of COVID-19 vaccines were often linked with how quickly they had been developed; participants perceived this as a sign that the COVID-19 vaccines could not be as safe as other vaccines that had been developed and used over several years.
- Some participants did not perceive catching COVID-19 as a significant risk; typically, this was because they were younger and felt they were unlikely to either catch or develop serious symptoms from catching COVID-19, or because they felt they were already taking adequate steps to avoid catching COVID-19.
- Those who were unable to receive a COVID-19 vaccine cited barriers including: not being able to find childcare to attend the vaccination appointment; not being able to travel to the vaccination centre; or having existing physical or mental health conditions that prevented them from receiving a COVID-19 vaccine.
- There was an appetite for more information about COVID-19 vaccines, particularly: side effects; contents; how they had been developed; and differences between, and safety of, the various COVID-19 vaccines.
- Some participants accessed information about COVID-19 vaccines from social media or unverified sources as well as, or instead of, mainstream media; this gave them cause for concern, for example, about the contents or side effects of COVID-19 vaccines.

2 . Main themes for concern about or unwillingness to receive a COVID-19 vaccine

This bulletin contains summary findings from an in-depth qualitative study undertaken by IFF Research, which was commissioned by the Office for National Statistics (ONS). Its aim was to explore the attitudes of participants who were uncertain about receiving, or were unable or unwilling to receive a coronavirus (COVID-19) vaccine across the UK. The findings are based on 50 in-depth interviews conducted in February and March 2021.

Many participants cited more than one reason for not wanting a coronavirus (COVID-19) vaccine. However, they commonly gave one of two primary recurring reasons, which seemed to inform many participants' uncertainty or unwillingness to receive a COVID-19 vaccine.

The most common primary concern was that participants did not trust that COVID-19 vaccines were safe. Participants often talked about the speed with which the COVID-19 vaccines had been developed, and the belief that not enough people had received COVID-19 vaccines over a long enough time period to know that there were no long-term side effects.

The second primary reason was that participants did not feel the COVID-19 vaccines were necessary. Participants who held this belief often felt that they could protect themselves against COVID-19 by maintaining their own health and a strong immune system, or by taking steps to avoid catching COVID-19 in the first place.

3 . Main concerns about COVID-19 vaccines

Many participants who were unwilling or uncertain about receiving a coronavirus (COVID-19) vaccine expressed concerns about the safety of the vaccines. This included concerns about immediate side effects and longer-term impacts that participants felt could not yet be known.

A prominent concern was whether COVID-19 vaccines affected fertility (both female and male), as well as the fertility of their children. For a few participants, the fear that COVID-19 vaccines would harm their fertility was the main reason for their uncertainty or refusal.

Fears about the safety of COVID-19 vaccines were often linked to how quickly they had been developed. Participants perceived this as a sign that the COVID-19 vaccines could not be as safe as other vaccines that had been developed and used over several years.

4 . Perceived lack of risk

Some participants who were unwilling or uncertain about receiving a coronavirus (COVID-19) vaccine felt that they were not necessary because they did not perceive catching COVID-19 as a significant risk. This was typically because they were younger and felt they were unlikely to either catch or develop serious symptoms from catching COVID-19, or because they felt they were already taking adequate steps to avoid catching COVID-19. Some participants preferred natural remedies, or to rely on their own immune system to protect them from developing COVID-19.

5 . Beliefs about vaccine contents

Some participants had heard that coronavirus (COVID-19) vaccines contained ingredients that they found alarming or concerning, and this raised religious or ethical concerns for some of them. A few had heard that they were developed using material from foetuses.

A few participants were concerned that COVID-19 vaccines contained animal products or were tested on animals, and this prevented them from accepting one because it conflicted with their beliefs. For example, one Muslim participant had heard that COVID-19 vaccines included animal content, which she did not think would be Halal.

6 . Confusion over different types of COVID-19 vaccines

A few participants were concerned about the different types of coronavirus (COVID-19) vaccines. They felt that because several different vaccines were available, with differing news stories about each in the media, it was difficult to know which were credible or safe.

7 . Practical barriers among those who felt unable to receive COVID-19 vaccines

Those who were unable to receive a coronavirus (COVID-19) vaccine cited barriers including:

- not being able to find childcare to attend the vaccination appointment
- not being able to travel to the vaccination centre
- having existing physical or mental health conditions that prevented them from receiving a COVID-19 vaccine

8 . Influences and motivations for receiving a COVID-19 vaccine

There was an appetite for more information about coronavirus (COVID-19) vaccines, particularly:

- side effects
- contents
- how they had been developed
- differences between, and safety of, the various COVID-19 vaccines

Some said they would revisit their opinion on receiving a COVID-19 vaccine once there was more information available about side effects.

9 . Wider attitudes and beliefs about COVID-19 vaccines

Lack of trust in government and pharmaceutical companies among participants who were concerned or unwilling

Among some participants there was a lack of trust in the government and the government's messaging around the coronavirus (COVID-19) and COVID-19 vaccines. Several participants believed that the government had exaggerated the number of COVID-19 cases to make the pandemic seem worse than it was. As a result, some participants felt that COVID-19 vaccines were not as necessary as government messaging suggested, which led to an unwillingness to accept COVID-19 vaccines.

A few participants also referenced news stories they had heard about other countries' governments being more cautious about rolling out COVID-19 vaccines, for example, only deciding to offer it to people over 65 years old; this undermined the participants' trust in the UK government's decision to rollout COVID-19 vaccines so quickly.

A few participants mentioned stories that linked the COVID-19 vaccine rollout to increased deaths in care homes, conspiracy theories concerning population control, or that symptoms were actually being caused by 5G masts.

A few participants also expressed a lack of trust in the pharmaceutical industry and referred to reports that one of the producers of a COVID-19 vaccine would have legal immunity. This concerned them because they felt it would reduce the company's motivation to take their time to produce safer COVID-19 vaccines.

Use of unverified news stories and information

Some participants accessed information about COVID-19 vaccines from social media or unverified sources as well as, or instead of, mainstream media. These participants commonly cited stories they heard through social media or unverified sources that gave them cause for concern, for example, about the contents or side effects of COVID-19 vaccines.

Attitudes to vaccinations in general

All participants had, to their knowledge, received their childhood vaccinations. Many participants had received vaccines in adulthood such as the flu jab, as well as those required for travel to certain countries, such as vaccinations against malaria and yellow fever.

Overall, participants did not have any hesitation about vaccines in general and were positive about their role in protecting against disease. During the interview, many participants stressed that while they were not currently accepting of COVID-19 vaccines, they were not "anti-vaxxers" and did not belong to an "anti-vax" movement.

More detailed findings are available on the IFF website.

10 . Glossary

Low-income workers

A low-income worker is defined for this research as someone with an annual household income last year of less than £18,000, after tax.

Low educational attainment

Low educational attainment is defined as having no educational or vocational qualifications.

Parent

A parent in this research refers to someone who is a parent or legal guardian of one or more children aged under 16 years.

Ethnic minority participants

Ethnic minority participants in this research refers to people who are from an ethnic minority group or background.

Clinically extremely vulnerable

People who are identified as clinically extremely vulnerable (CEV) are at very high risk of severe illness from the coronavirus (COVID-19). Up to 16 February 2021, CEV people were identified either because of a pre-existing condition or based on the clinical judgement of their clinician or GP that they are at higher risk of serious illness if they catch COVID-19.

From 16 February 2021, individuals can still be identified as CEV by these routes, but also by COVID-19 population risk assessment. The NHS identified approximately 2.2 million people as being CEV by clinical condition or clinician's review. A further 1.5 million people were advised to shield through the COVID-19 risk assessment. More information can be found in Guidance on shielding and protecting people who are CEV from COVID-19.

11 . Measuring the data

The findings in this bulletin contains summary findings from an in-depth qualitative study that was completed by IFF Research and commissioned by the Office for National Statistics (ONS). Its aim was to explore the attitudes of groups who were uncertain about receiving, or were unable or unwilling to receive a coronavirus (COVID-19) vaccine across the UK.

The full set of findings are published on the IFF website. The findings are based on 50 participants who each took part in a 70-minute in-depth interview online or via telephone, between February and March 2021. The following groups took part in the study:

- parents
- those on lower incomes (defined as earning less than £18,000 a year after tax)
- those with lower educational attainment (defined as having no educational or vocational qualifications)
- those from ethnic minority backgrounds
- clinically extremely vulnerable people

These groups are not mutually exclusive. For more information, please refer to the COVID-19 vaccine refusal, UK QMI.

The analysis is not intended to be “representative” or measure the incidence of attitudes or behaviours, it is to understand them in depth and detail. When describing the results, terms such as “many”, “some” or “a few” are used to give a relative indication of the extent to which views were expressed or behaviours reported within the sample. The term “many” is used to mean that a view or behaviour is fairly widespread within a particular group of participants while “a few” indicates that the findings applied only to a small handful of participants. “Some” is used to indicate a middle ground between “many” and “a few”.

More quality and methodology information on strengths, limitations, appropriate uses, and how the data were gathered is available in the COVID-19 vaccine refusal, UK QMI.

12 . Strengths and limitations

The main strengths of the study include:

- it captures the personal circumstances of individual participants within the main demographic groups with varying reasons for uncertainty, unwillingness or lack of ability to receive a coronavirus (COVID-19) vaccine
- it is flexible, allowing the interview to be participant specific, with relevant prompts or probes to ensure important information is captured
- the interview guide was developed through expert consultation and met policy user needs

The main limitations of the study include:

- findings relate to certain circumstances that have since changed (for example, the extent of the vaccine rollout in the UK, or the information that was in the public domain at the time of interview) and therefore, attitudes or behaviours may have changed
- non-response bias: our participants may be different attitudinally and behaviourally than those who are not participants because of their willingness and ability to take part
- our findings are not statistically generalisable to other populations or the wider population because we have used a non-probabilistic sampling method – non-proportional quota sampling

There is more information in the COVID-19 vaccine refusal, UK QMI.

13 . Related links

Coronavirus and compliance with government guidance, UK: April 2021
Bulletin | Released 12 April 2021
Exploring the attitudes and behaviours of different social groups in relation to compliance with coronavirus (COVID-19) government guidance across the UK.

Coronavirus and vaccine hesitancy, Great Britain: 31 March to 25 April 2021
Bulletin | Released 6 May 2021
Hesitancy towards the coronavirus (COVID-19) vaccine, based on the Opinions and Lifestyle Survey covering the period 31 March to 25 April 2021.