

# Supplemental Materials

## “Better to die trying”: vaccine perceptions and COVID-19 experiences in rural Nambian pastoralists

### Interview guide

#### Malaria and COVID QUESTIONS

- Description
  - What do you call this disease?
  - What is the local word for it? What does it mean?
- Signs and Symptoms
  - How do you know when someone has this disease?
  - What are the symptoms?
  - How can you tell they are sick with this and not something else? (e.g malaria vs a regular fever)
- Causes
  - What causes people to become sick with this?
  - Do people have some control over whether they might get sick? (e.g. avoiding others, bednets, etc)
  - Can you get this through witchcraft?
- Pathophysiology
  - What does this do to the body?
  - Are there specific aspects of the body that are impacted more than others?
  - Does this disease have lingering effects on the body?
- Treatment
  - When you get sick with this, what do you do to treat it?
  - What kinds of medicine work for this?
  - Is it ok to go to the clinic or hospital when you get sick? What might they do for you?
  - Is ok to go to the witchdoctor for treatment when you are sick? What might they do for you?
  - Why factors do you use to decide between visiting the witchdoctor or clinic/hospital?
  - What things should you NOT do or take when you are sick with this?
- Prevention
  - What can you do to prevent yourself from getting sick with this?
- Risk Groups
  - Are there times of the year or places where you are more likely to get sick with this? Why?
  - Are there certain types of people that are more likely to get sick? Why?

#### Vaccine questions

- Description/perception
  - What is the local word for vaccine?
  - What is a vaccine? What does it do?

- What kind of vaccines do people take? When do they take them?
- When is the best time to get a vaccine?
- What are the benefits to getting a vaccine?
- What concerns do you have about vaccines? (COVID specific?)
- Vaccine decision making
  - In a household, who decides if and when a child should be vaccinated?
  - How do you decide to get vaccinated?
  - What factors are important to you in whether or not to get vaccinated?
  - Would you seek out advice before getting a vaccine? Who would you go to get information about vaccines?
  - If you see that lots of people are getting vaccinated in your community, does that influence your decision to get vaccinated?
  - If you see that doctors and nurses are getting vaccinated, does that influence your decision to get vaccinated?
- Future malaria vaccine
  - Have you heard about the malaria vaccine that has recently started being given out in other countries?
  - Would you be interested in getting this vaccine? Your children?
  - If the malaria vaccine becomes available in your area, who would you go to for advice on whether or not to get it? What factors would influence your decision to get you or your children vaccinated?

## COREQ Checklist

<b>Domain 1: Research team and reflexivity</b>	
1. Interviewer/ Facilitator	Both SP and AL conducted the focus group. AL provided instantaneous translations.
2. Credentials	SP has a PhD in Anthropology. AL has significant experience in anthropological interviews and behavioral research in the region.
3. Occupation	SP was a professor, AL was a research coordinator and translator.
4. Gender	Both SP and AL are men.
5. Experience and training	Both SP and AL have training and experience in anthropological data collection in the Kunene region.
6. Relationship established	There was no relationship established prior to study commencement.
7. Participant knowledge of the interviewer	Most participants had largely had little to no knowledge of SP, but some may have known AL from prior research work
8. Interviewer characteristics	Participants were told that researchers were interested in learning about beliefs and practices regarding diseases and healthcare decisions.
<b>Domain 2: Study design</b>	
9. Methodological orientation and theory	Ethnography was the primary methodological orientation underpinning the study.

10. Sampling	Sampling was largely convenience, by visiting communities known to researchers. In some cases, participants recommended other locations where participants may be interested in participating as well.
11. Method of approach	Participants were approached face-to-face.
12. Sample size	Seven focus groups of 4-8 people participated, for a total of 41 people involved.
13. Non-participation	No participants refused to participate. In one case, a participant had to leave partway through the FGD to engage in household tasks.
14. Setting of data collection	Data were collected at or nearby a household/compound. FGDs were all conducted outside, typically under a tree or in other shady location.
15. Presence of non-participants	No one else was present, although occasionally children popped in and out.
16. Description of sample	We collected information on gender and tribe, but no other data was collected. Opportunistically we noted age categories of some participants.
17. Interview guide	Interview guide is located above. SP and AL discussed the interview guide prior to collecting data, in order to make sure all questions were relevant and translatable.
18. Repeat interviews	Repeat interviews were not carried out.
19. Audio/visual recording	FGDs were audio recorded.
20. Field notes	Opportunistic field notes were made during and after the interview.
21. Duration	FGDs took between 1 and 2 hours.
22. Data saturation	Data saturation was not discussed prior to data collection. However by the end of all FGDs, both researchers agreed that data saturation had been reached.
23. Transcripts returned	Transcripts were not returned.

---

### **Domain 3: Analysis and findings**

---

24. Number of data coders	SP coded the data only, following discussions with AL after data collection.
25. Description of coding tree	Main coding categories included vaccination and COVID-19 experiences. Based on our original themes of interest, and following iterative analysis, subthemes were developed for each. For COVID-19, subthemes included attitude, experience, origins, symptoms, treatments, and vaccine experience. For vaccination, subthemes included decision-making, mistrust, malaria, and ovenda.
26. Derivation of themes	We began this work wanting to understand both vaccination beliefs and practice, and COVID-19 experiences, using the framework of cultural models and ethnography. FGDs revealed additional avenues of analysis, which we iteratively coded and continually updated through the analysis process.
27. Software	Taguette software was used for coding interviews.
28. Participant checking	Participants did not provide feedback on findings.
29. Quotations presented	Participant quotations presented to illustrate findings. However, as we didn't identify participants in recordings and notes, we don't provide participant

	numbers in our quotations. However, we were careful to sample quotations from different people across different focus groups.
30. Data and findings consistent	We found consistency between data presented and findings, as well as quantitative and qualitative data collected in previous studies.
31. Clarity of major themes	Major themes of interest to this manuscript were presented in the findings.
32. Clarity of minor themes	Minor themes and diverse cases were described in the results.

---