Misunderstood Information: Measuring the Effect of Socioeconomic

Inequality on Vaccine Hesitancy, A Malaysian Case Study Hypothesis: There is a connection between socioeconomic Problem: What are the reasons for vaccine inequality and vaccine hesitancy within the Malaysian context. Unequal access to healthcare might be a factor

hesitancies in some Malaysian states? Vaccine rates can be used to measure "trust" in public health and healthcare systems. Vaccines are public goods and vaccine hesitancy pose an

interesting manifestation of the free rider problem.

- Performed exploratory data analysis Districts that have low vaccination rates are not necessarily the poorest, but those that

have wide ethnic disparities in vaccine uptake

Identify all relevant variables (age, ethnicity,

corporatization (1980s-present)

behind mistrust of health and scientific professionals

(1957-1969), NEP (1969-1980s), privatization and

Four paradigms of Malaysian public health: Colonial (late

19th century - 1957), pre-New Economic Program (NEP)

gender, death rates, etc.) OLS pipeline: variable selection -> perform

OLS -> regression diagnostics

Next steps: Current observation and process: Finalize candidate statistical measure of Collected data from the Ministry of Health and vaccine inequality, either Gini (Lorenz curve) or demographic census from Dept of Statistics generalized entropy based (Atkinson or Theil).

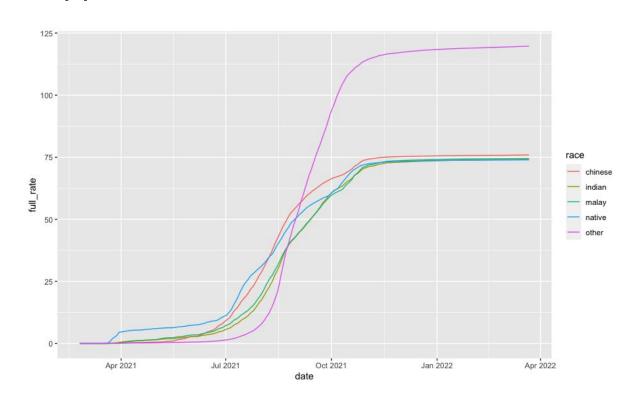


Diagram 1: National Full Vaccination Rate by Ethnicity

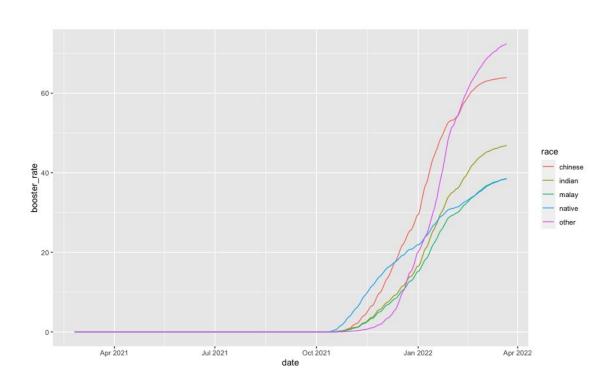


Diagram 2: Booster rates by Ethnicity

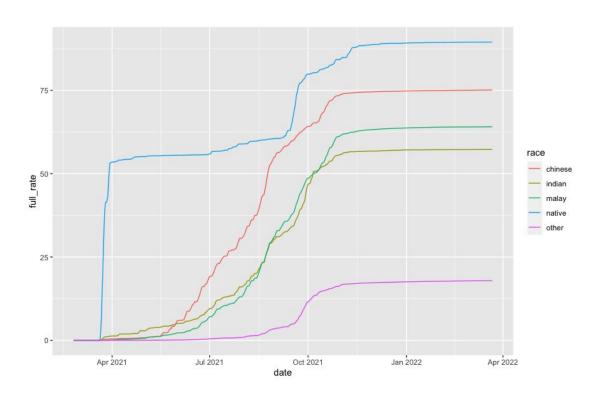


Diagram 3: Full Vaccination rate by Ethnicity in Kelantan (lowest vaccination rate)

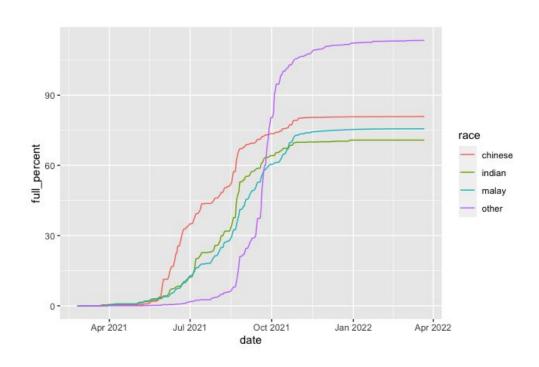


Diagram 4: Best Performing District in Kelantan (Kuala Krai)

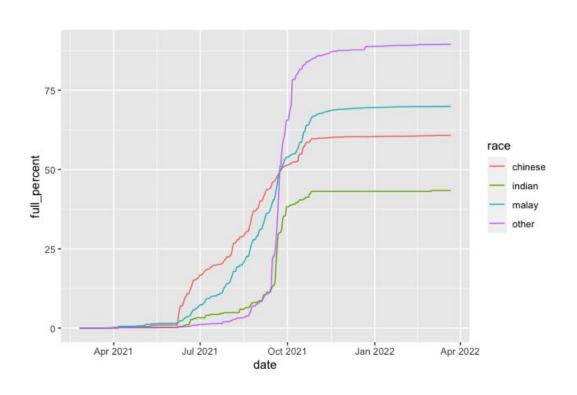


Diagram 5: Worst Performing District in Kelantan (Tanah Merah)

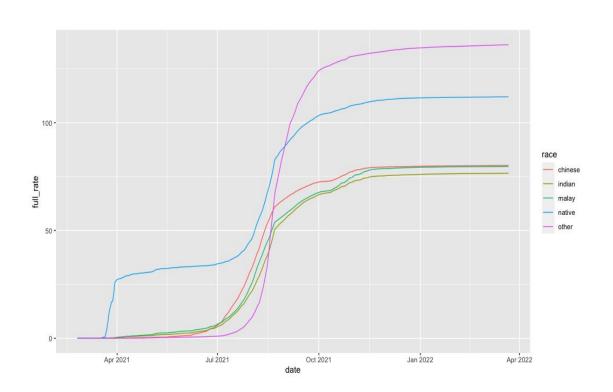


Diagram 6: Full Vaccination Rate by Ethnicity, Klang Valley (highest vaccination rate)

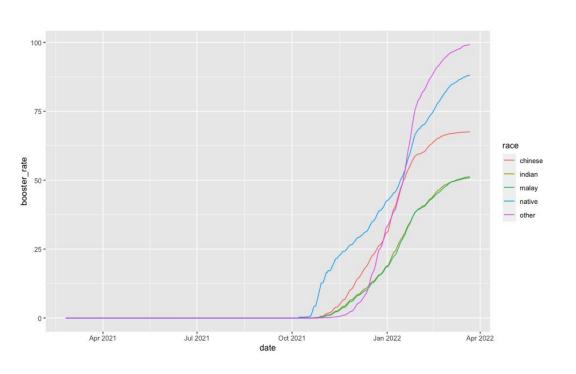


Diagram 7: Booster Rates for Klang Valley by Ethnicity