COVID-19 VACCINE HESITANCY WITHIN MINORITY ETHNIC COMMUNITIES IN SCOTLAND

INTRODUCTION

This report provides insight from our study on "COVID-19 vaccine hesitancy within ethnic minority communities in Scotland". The research was funded by Glasgow Caledonian University as part of the University's commitment to the common good and the United Nations (UN) Sustainable Development Goals (SDGs) 2030. Findings from the study are particularly useful in the light of ongoing efforts aimed at increasing COVID-19 vaccine inclusion and equality across communities. This brief document is designed to support the Scottish Government in deliberations regarding the adequacy of current policy on the COVID-19 vaccination program in Scotland and to support local agencies and communities to consider their current operations and its adequacy in contributing to vaccine uptake.

COVID-19 VACCINATION PROGRAMME

This research on vaccine hesitancy is inspired by the ongoing rollout of COVID-19 vaccination around the world. According to the University of Oxford COVID-19 data explorer, 46.1% of the world population had received at least one dose of the vaccine, and 89.8% and 82.5% of all UK adults have received their first and second dose, respectively as of the first week in October 2021 (UK Government COVID-19 vaccination data). Similarly, in Scotland, around 90% of adults have received their first dose of the vaccine as of September 2021 (Audit Scotland COVID-19 vaccination program report, 2021). However, the lowest uptake has been among young people, people living in the most deprived areas, and those from ethnic minority communities. When comparing across communities, as at August 2021, 88% of people within the white Scottish population had taken up COVID-19 vaccine compared to 66% uptake within African and Caribbean communities. The figure stands at 76.5% and 72% in Asian and mixed communities (Audit Scotland COVID-19 Vaccination Report, 2021). This begs the question of why COVID-19 vaccine hesitancy is greater in certain communities?

RESEARCH QUESTION

There are three research questions at the heart of this study. These are:

1. What is the perception of COVID-19 risk within African and Asian communities in Scotland?
2. What are the contributing factors to COVID-19 vaccine hesitancy within African and Asian communities in Scotland?
3. How can we better communicate risk, science, and innovations to ethnic minority communities in Scotland?

Ethnic minority communities constitute around 5% of Scotland's population and make various economic and social contributions to the economy. Asians represent around 2.7% and are the largest ethnic group in Scotland; Africans and Caribbean groups account for over 1% of the Scottish population; and mixed and other ethnic groups represent under 1% of Scotland population (Scottish Government Census, 1991-2011, last updated August, 2021).

METHODOLOGY

To answer the study research questions, we developed and administered online survey between April – May 2021, targeted at those from ethnic minority communities, who are at least 18 years, and live in Glasgow and surrounding areas. We received responses from over 200 participants across diverse age groups, ethnic, religious, and educational backgrounds. 80% of our respondents were female and 20% were male. The study further explored COVID-19 vaccine hesitancy through semi-structured interviews with twenty-six (26) experts (lecturers and medical professional) and non-expert members within these communities. The survey data were coded and analyzed using SPSS - descriptive statistics and regression analyses. The interview data were analyzed using thematic analysis.

FINDINGS

PERCEPTION OF COVID-19 RISK AND KEY INFLUENTIAL FACTORS

Analysis of our data indicates that between April – May 2021, there was a moderate level of COVID-19 concern. However, it is essential to note that risk perception is a fluid and dynamic process that reflects changes in societal events. There were several vital influential factors on risk perception that are statistically significant, including:

- Social amplification from (public reliance on) non-scientific sources of information, trust in medical professionals and Government. Furthermore, personal efficacy influences coronavirus risk concerns with ethnic minority communities.
- Statistically significant predictors of self-reporting vaccine uptake are social amplification from (public reliance on) scientific sources of information**,** trust in Government, science, and medical professionals**.**
- There were no statistically significant differences across demographic factors.

CHANNELS AND SOURCES OF COVID-19 INFORMATION

- The study survey data also shows that scientific sources are the most relied upon sources of coronavirus information (5.54 mean value on a scale of 1 - 7). But non-scientific sources were also important (4.41).
- Public health authorities (68.9%) and officials (58.8%) are the most relied upon sources of coronavirus information. Television (75.1%) and social media (54.3%) are the most used information channels.
- The study analysis also shows that around 60% of our study respondents conduct their research and search for information and facts themselves to make decisions about risk associated with COVID-19 risk. However, the emerging state of science (or evidence) and the lack of quality COVID-19 data based on ethnicity in Scotland is a cause of concern here.
- Findings from the analysis of interview transcripts reveal that misinformation (including fake news and conspiratorial views) and trust are significant factors shaping risk perception and vaccine hesitancy.

REASONS FOR VACCINE HESITANCY

Our survey data suggest that only 72% of our participants have taken or will take COVID-19 vaccine when invited. We explored the reasons behind this COVID-19 vaccine hesitancy and this is reflected below:

- There are concerns around the unknown long-term effects of the COVID-19 vaccine on human health and a lack of confidence in the vaccine due to the speed of the

innovation. These concerns are amplified by tales of adverse reactions (such as blood clots or even death) from the experience of others or as reported in the news.

- There are questions around the extent of representation of African and Asian communities in vaccine trials. For this reason, there are groups of people who do not want to be part of the current COVID-19 vaccination program in what they still call an 'experiment'.
- There are groups of people who lack the conviction of need and have preference for natural immunity (and the use of unprocessed natural substances, e.g., herbs) to deal with COVID-19 symptoms if they get infected.
- Manufacturers being relieved of liabilities is also a cause of concern. This was seen as a lack of confidence in COVID-19 vaccines on the part of the Government and the manufacturers themselves.

KEY MESSAGES FOR NATIONAL POLICYMAKERS AND VACCINE INCLUSION AND EQUALITY PRACTITIONERS

Ultimately, this study shows the importance of communication, trust, relationship building but also disinformation (including fake news and conspiratorial views) as significant factors shaping the perception of COVID-19 risk and vaccine hesitancy. This study recommends that:

1. There is the need to continue collecting data based on ethnicity to better understand how communities differ in their exposure, vulnerabilities, and experiences to COVID-19 and the various vaccine brands. This ethnicity-based data could also help tell more compelling stories to the different communities, as risk messages can be framed at a level of granularity that makes sense to each of the local communities.
2. There is the need to forge and expand the ongoing relationship with different community groups to foster trust between the Government and the various ethnic minority communities. Such visible relationship would help encourage discussion about the cost and benefit of COVID-19 vaccines at the community level.
3. Risk messaging should include appropriate identities, values, and experiences of target communities. For example, framing messages around festive and religious celebration will be useful as individuals can better relate to them.
4. There is the need to ensure availability and access to trusted vaccine at the community level and this, to some extent would require giving individuals some level of control or choice over the brand of vaccine administered to them. For instance, our findings indicate that some participants have preference for certain brands of COVID19 vaccines.
5. There is the need to invest in ethnic minority communities, supporting members of the communities to prosper and reach their potential. Communicating about risk and COVID-19 vaccination does not solely rest on science. There are often structural, cultural and psychological factors that are also influential in shaping how people engage with risk information and take up protective behaviour. For example, there is a need for the Government to address some of the structural problems that are exposing people from ethnic minority communities to COVID-19 infection in the first place. Many of these issues centre around underemployment, unemployment, gender discrimination. Furthermore, lack of Government investment into these communities has contributed to the perceptions held by members of these communities.
6. Lastly, there is the need to allocate funds to forge scientific research pertaining to ethnic minority communities that would help enhance an understanding of the behavior and concerns of people as it pertains to public health.

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