

ABSTRACT

Parental vaccine hesitancy among former refugees in New Zealand

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Immunisation is one of the most effective public health measures to prevent and control infectious diseases. But for vaccinations to work, very high vaccine compliance is needed both amongst the general population and subgroups. Vaccine hesitancy (VH) — delay or refusal of vaccines — is an important factor underpinning low vaccination uptake around the world and in New Zealand (NZ). Previous VH studies have focused on the general population and evidence on subgroups, such as refugees, is limited. I have conducted a cross-sectional study among former refugee parents with a child under 16 years old. I used the Parental Attitudes about Childhood Vaccines (PACV) questionnaire in four languages (English, Arabic, Somali and Oromo). The rate of VH and the association between VH and sociodemographic factors was examined. This presentation will report key findings of the study. Of 178 participants, 29 (16.3%) were vaccine hesitant. The greatest concerns about childhood vaccines were side effects, general safety and efficacy (vaccine might not work well). Three in four parents reported that their child(ren) had up-to-date vaccination status. Parents with lower educational achievement were more hesitant to vaccinate than those with higher educational achievement. Caregivers who used unofficial sources of vaccine information were more hesitant to vaccinate than those who used official sources of vaccine information. The rate of VH among former refugees was less than that of the host population, yet more refugee parents delayed and refused vaccines than the host population, which may be explained by issues with accessibility and understanding of the NZ health system. VH among former refugees is influenced by modifiable factors (education and source of information); therefore, health and vaccine literacy tailored to former refugee parents' needs in a manner that addresses their concerns is required to reduce VH and improve uptake.

References

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