Background

- An ethnocultural group shares characteristics (country of origin, ethnicity, cultural traditions).1
- Social location (gender, age, education) describes one’s status on a continuum of privilege and oppression in comparison with a society’s dominant norms.2
- Canada is ethnoculturally diverse; 5.0% self-identify as Indigenous (First Nations, Métis, Inuit),3 26.5% are Racialized minorities,4 and 23.0% are born outside of Canada (newcomers).5
- Some ethnocultural groups in Canada experience low childhood vaccination.6
- Inequities have been attributed to differential constraints/access to services, culturally irrelevant care, and experiences of discrimination.7,8
- Intersections of some ethnocultural identities and social locations may further influence acceptance and access to childhood vaccines.

Objectives

1. Descriptively explore how intersections of ethnocultural identities and social locations influenced perceptions and access to childhood vaccination during the COVID-19 pandemic, among Indigenous, Racialized minority, newcomer, and language minority parents.
2. Provide recommendations that support strength-based and inclusive access to childhood vaccination for ethnocultural groups in Canada.

Methods

Study design: Qualitative descriptive

Sample: Parents of children 2-11 years old, purposively selected from national survey9 (Oct/Nov 2021) respondents who consented to an interview (N=105).


Semi-structured interviews: Participants described perceptions of childhood vaccination and experiences when accessing services including discrimination. Intersectionality guided interview processes as responses were contextualized within ethnocultural identities and social locations.

Qualitative analysis: Using inductive descriptive thematic analysis,10 coded transcripts were reviewed and emerging themes identified.

Results

Table 1. Themes and supporting quotes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
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<tbody>
<tr>
<td>Theme 1</td>
<td>Newcomers found Canadian routine childhood vaccination accessible, yet unfamiliarity with vaccine schedules and processes created uncertainty.</td>
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<td>“Most of the newcomers don’t know or they are not aware of how these things [vaccination] happen and how do they know what to do? … because every country has different diseases and different kinds of vaccines.” [Participant 2]</td>
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<td>Theme 2</td>
<td>Ethnocultural diversity was a protective factor against racialized discrimination, and Indigenous participants described culturally relevant vaccine services.</td>
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<td>“Here in Canada, we’re multicultural people, right? And we have to respect every aspect of every human being… I don’t experience that [discrimination]. We have different kinds of diversity… many other countries.” [Participant 13]</td>
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<td>Theme 3</td>
<td>Vaccination inclusivity consisted of normalized and socialization processes, and was far more than just a convenient ‘location.’</td>
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<td>“The kid feels supported because they’re not the only kid getting the vaccine… they don’t feel alone and it’s a group thing.” [Participant 12]</td>
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<td>Theme 4</td>
<td>Newcomers experienced more challenges navigating childhood vaccination services without family or social support systems.</td>
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<td>“We don’t have family in Canada. […] English is not my first language, so I was afraid. But the nurse has always been so good to me if I ask anything in the vaccination appointment for my daughter.” [Participant 14]</td>
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<td>Theme 5</td>
<td>Polarized perceptions placed high importance on routine vaccines but increased hesitancy towards influenza and COVID-19 vaccines for children.</td>
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<td>“[COVID-19] made me more in favor of routine vaccines, because aside from COVID you don’t want to think about other illnesses.” [Participant 1]</td>
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Discussion

- Newcomers perceived childhood vaccination as a privileged opportunity in Canada.
- Uncertainty accessing services and vaccine unfamiliarity requires newcomer resilience and adaptability.
- Without family supports and restrictive COVID-19 prevention measures, newcomers experienced further challenges accessing vaccines.
- Canada’s multiculturalism is protective against racialized discrimination, and fosters respectful and inclusive health services for ethnocultural minorities.
- Parents frequently lumped COVID-19 and influenza vaccination together as unreliable, unsafe, or unnecessary.
- COVID-19 and influenza vaccine hesitancy did not negatively impact attitudes towards routine vaccines.
- Strength-based and inclusive vaccination included protective factors such as multiculturalism and culturally relevant services.

Conclusion

- Sociocultural perceptions of vaccination and experiences with vaccine preventable diseases shaped parents’ acceptance of childhood vaccines in Canada.
- Parents’ polarized perceptions between routine, COVID-19, and influenza vaccines are a cause for concern in the prevention of adverse health outcomes for at risk children.
- The heart of inclusive services for parents of diverse ethnocultural identities and social locations, 1. encompass culturally relevant approaches, 2. address international differences in vaccination, and 3. bridge communication gaps to ensure access to trustworthy and straightforward information.

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*References provided in a supplementary document

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Applied immunization research to inform best practice & policy