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Somali Youth Development Resource Centre

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COVID-19
Vaccine Hesitancy Within The Somali Community

ABSTRACT

Lower vaccine uptake and increased hesitancy are currently of concern in London, as recent data reveals the capital city to be lagging behind the rest of England in its vaccine uptake.

These low numbers are mostly attributed to ethnic minority communities, as their worries continue to grow regarding the safety of Covid-19 vaccines. Alarmingly, as a result of the pandemic, BAME groups find themselves facing the greatest health risks, with some of the highest rates of death and serious illnesses arising among these groups. Though Somalis are embedded in these wider BAME statistics, Covid-19 outcomes that relate to their specific community are non-existent.

This research attempts to explore some of the reasons behind vaccine hesitancy within the Somali community. A few worries that emerged include: a lack of trust in healthcare systems, fear of short- and long-term side effects and the general safety of the vaccine. Lastly, this study will highlight some recommendations to tackle concerns regarding vaccine hesitancy in the Somali community.

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INTRODUCTION

Covid-19 has undoubtedly affected the lives of many, however, the outcome has arguably been more devastating for ethnic minority communities [1]. In the United Kingdom the first 10 healthcare professionals to die from Covid-19 were from Black, Asian and ethnic minority communities[2].

2020 ONS records show that black males and females were two to three times more at risk of dying from Covid-19 related complications, in comparison to their white counterparts[3]. Furthermore, the Senior Policy Officer at Runnymede Trust noted; "Black and ethnic minorities have borne the brunt of the pandemic, facing a disproportionate fatality rate and are now being hit harder by job losses too."[4] Another study, published by the House of Commons, noted that the number of BAME workers in areas of the economy that had shut down were significantly above average.[5]

As a result of Covid-19, an already disadvantaged community has been further troubled with fears of higher mortality rates, the death of their loved ones, unemployment and poverty; each of these dynamics being significant risk factors that influence the mental health of individuals. A consensus shared by many is that these disparities in the outcome and risk of Covid-19 have brought to the surface longstanding issues of inequality in health, the labour market, housing and education.[6] Moreover, the differential uptake in Covid-19 vaccinations has further exacerbated these issues, highlighting the lack of trust that ethnic minority groups have in the NHS.[7] While Covid-19 vaccinations are believed to provide protection against the virus (especially for those more at risk i.e. ethnic minorities), surveys indicate greater vaccine hesitancy in these groups.[8] For instance, just 20% of the over 80s age group from ethnic minority backgrounds received the vaccine in comparison to 42.5% of their white counterparts.[9] Given these alarming statistics, this short study aims to uncover the concerns and rationale behind vaccine hesitancy in ethnic minority groups, particularly the Somali community in the London borough of Camden.

Just 20% of the over 80s age group from ethnic minority backgrounds received the vaccine in comparison to 42.5% of their white counterparts

The UK is home to the largest Somali community in Europe, with the vast majority found in London.[10] Though the exact numbers are still unknown, figures in 2018 estimated there to be 108,000 Somalis in the UK, whilst anecdotal numbers estimate close to a quarter of a million.[11] In 2003, Camden's Somali community was estimated to be greater than 4000, however council and community leaders estimate figures to be over 10,000.[12] Historically, the Somali community 's needs have been largely overlooked, which is to be expected, given that basic data collection to capture the Somali population in the U.K is limited if not non-existent.

After residing in the U.K for over half a century, Somalis are still categorised under the umbrella of 'Black African.'[13] As a result, the likelihood of their issues being recognised, understood or changed

is highly improbable. This is echoed in the struggle to ascertain the exact number of deaths due to Covid-19 in the Somali community, as they were yet again lost in wider statistics. Of the few articles that depict the loss of Somali lives to Covid-19, one describes it as a disease that "began to ravage the Somali community" and soon after, everyone knew at least one person who had lost their life to the pandemic.[14] Understanding that Covid-19 is a matter of life and death, the urgency to explore the topic of vaccine hesitancy in the Somali community cannot be delayed, especially when looking at the vast number of lives at risk.

As such, SYDRC, a youth-led organisation, has taken the initiative to commission this survey which attempts to examine and understand the rationale behind vaccine hesitancy in the Somali community in Camden. This study is a significant opportunity to platform the voices and concerns of a silenced, underrepresented and disadvantaged community, so as to attract the listening ear of relevant stakeholders and voluntary organisations.

VACCINE HESITANCY

Vaccine hesitancy is "characterised by uncertainty and ambivalence about vaccination" and though it is not specific to any group, it is most visible in ethnic minority communities. Following the news that the UK had higher Covid-19 related deaths in 2020 than almost any other European country, the vaccination drive was launched. 100 million doses of the Oxford-Astra-Zeneca adenovirus vaccine, 40 million of the Pfizer-BioNTech messenger RNA (mRNA) vaccine and 17 million doses of the Moderna vaccine were rolled out in the UK. The Covid-19 vaccinations are said to have multiple advantages, which include decreased severity of the symptoms and transmission of the disease, and a positive step towards achieving herd immunity.

Despite these advantages, in December 2020 a study with a sample of 12,035 participants found that 72% of Black British ethnic groups said they were unlikely to take the vaccine. A more recent ONS report uncovered that only 49% of black people said they were likely to take the vaccination when questioned in early 2021, in comparison to 85% of white people. Although the figures have decreased, there remains a substantial number of ethnic minority groups who seem hesitant to take the vaccine. It is also important to note that transmission of the disease is higher amongst ethnic minority communities; due to their lower socio-economic status, they are more likely to work in fields that have a higher risk of transmission, live in overcrowded homes and are therefore unable to adhere to rules of social distancing.

Only 49% of black people said they were likely to take the vaccination when questioned in early 2021, in comparison to 85% of white people

It can thus be questioned why vaccine hesitancy is highest amongst ethnic minority groups, considering the risks that are involved. Although the reasons are manifold, the themes that have surfaced are interlinked: mistrust in the healthcare system, concerns about side effects and a general lack of information.[15]

METHODS

We developed a detailed cross-sectional online survey which was iterated and tested prior to its deployment. The integrated questionnaire was an online form, easily accessible on mobile and tablet devices. This method was chosen due to it both time and cost effective and, given the urgency of this research, it was the best route to produce comprehensive and extensive data whilst following social distancing guidelines.

Online surveys can also be a means to yield honest answers to sensitive topics as there is no fear of embarrassment nor influence of another individual.[16] This was especially important for this study, as the issue is complex, requiring authentic unadulterated answers. Our reach as an established Somali organisation with over 20 years of experience in community-based issues, facilitated the ease with which we were able to gather data. The survey was sent to all Somali residents of Camden registered in various community databases via their mobile phones.

Through the snowballing effect, we hoped the survey would also reach those not registered with any organisations. Ethical guidelines were followed, the explicit consent of all participants was received for the survey and all data was anonymised. The survey remained open for 2 weeks in April (17th – 30th) and was completed by 207 participants. The lack of research in the area of vaccine hesitancy and the Somali community meant that we were often limited to referencing material from ethnic minority communities. This stresses the significance of specific research tailored to exploring the needs and concerns of the Somali community.

RESULTS AND DISCUSSION:

General Demographics

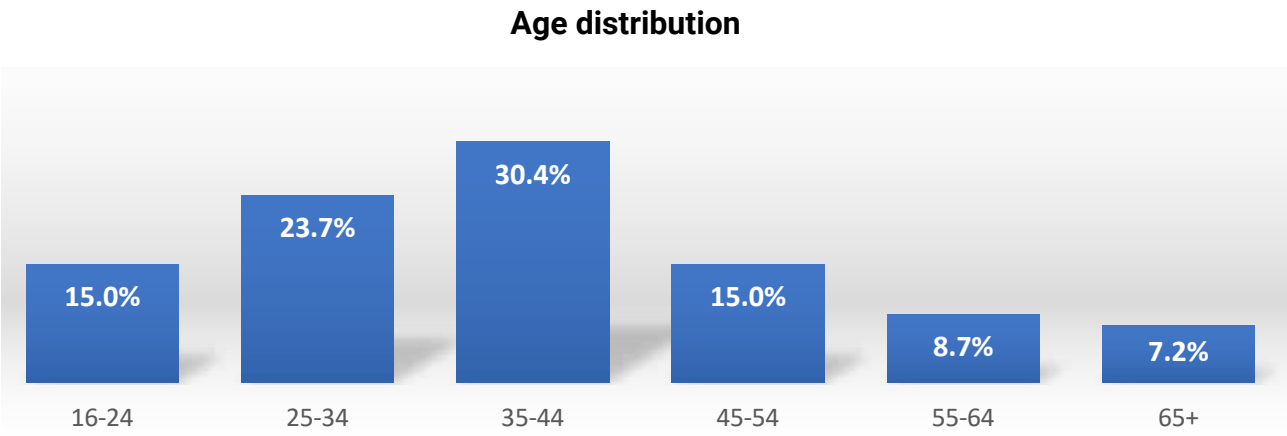

Figure 1

The survey included 207 participants, of which 95% were residents of the London borough of Camden and 5% were non-residents. In terms of gender, 49% of the participants were males and 51% were females. The survey targeted individuals over 18 years of age. The age distribution was captured as illustrated in *Figure* 1: 48% of the participants were married, 36% were single, 12% were separated and 4% were widowed. Concerning the period of time spent living in the United Kingdom, 23% of the participants indicated that they were born in the U.K, 7% had lived in the country between 5 to 10 years, 68% had lived in the country for over ten years and only 2% had lived in the country for less than five years.

General Vaccine Uptake

In *Figure 2* the participants were asked about their uptake of the seasonal flu vaccine, when it is offered to them. This question was designed to gauge the general attitudes to vaccinations. The results showed that 73% of the participants did not take the flu vaccine when offered in the last 5 years, and 27% said they had. This is representative of research which indicates that only 7% of those on the NHS vaccine registry are from ethnic minority backgrounds, with Black ethnic minorities comprising only 0.5% of those figures.[17] These findings follow a historical trend of lower vaccine uptake in areas with a greater percentage of ethnic minority communities, owing to the lack of trust in the UK healthcare system.[18] The idea of 'trust' is a recurring theme when discussing vaccine hesitancy, as past

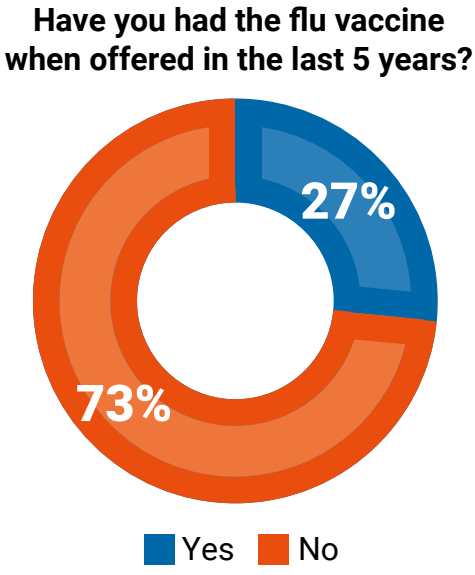

Figure 2

experiences of ethnic minorities with healthcare systems have proven to be typically negative. The lack of trust is exacerbated by structural and institutional racism, a lack of inclusivity in immunisation research and underrepresentation in vaccine trials, which can all create doubts that vaccinations are either ethnically heterogeneous or safe.[19]

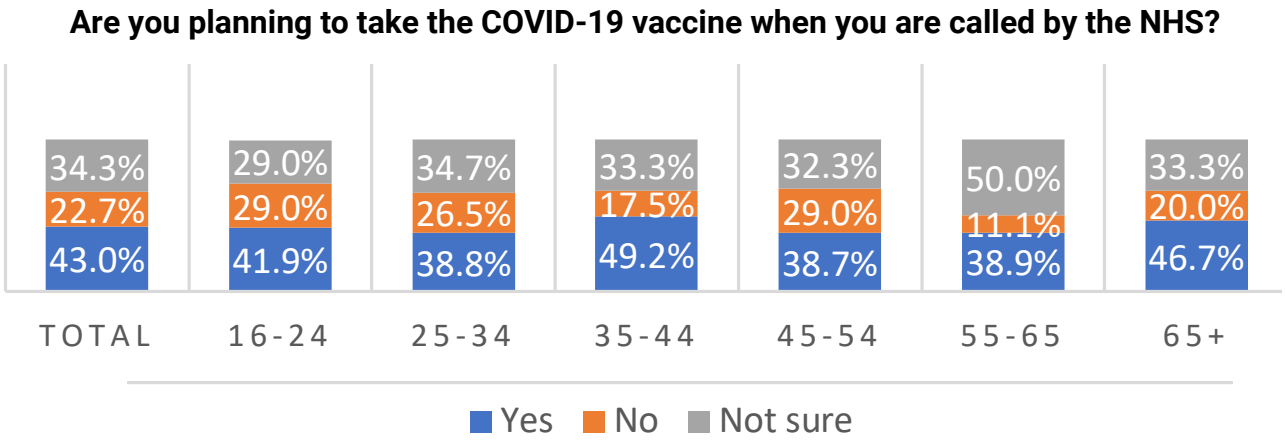

Figure 3

Distrust can lead naturally to complacency in seeking knowledge about vaccine efficacy, and the absence of this allows misinformation to spread. To further link this to the Somali community, research has established that their culture is one that is heavily reliant on oral communication, because the Somali language did not have a written script until the early 1970s.[20] As such, there are some Somalis, particularly the elderly, who are yet to be exposed to written scripts. Therefore, they may rely on news that is orally transmitted, so limiting their ability to gain knowledge from multiple sources and platforms, making them susceptible to misinformation and hearsay.

For instance, a study in Norway found that Somalis had a considerably lower than average MMR vaccine uptake, on account of fears of it being linked to autism, despite multiple studies failing to find any link between the two.[21] This study also found that with the Somali culture being so oral and tightly knit, information flows very quickly, which influences the decisions of many households and creates "peer pressure not only from friends and family, but also from those who they don't know." Subsequent research found that as a result of lower vaccine uptake, three measles outbreaks affected unvaccinated Somali children, and later spread to other communities. [22]

This emphasises the importance of using community organisations and trusted entities who have established trust within the Somali community, as a means to increase awareness on the topic of vaccine hesitancy, to aid them in making informed decisions.

Covid-19 Vaccine Uptake

In *Figure 3*, participants from different age groups were asked if they were planning to take the Covid-19 vaccine when offered and whether they would recommend it to their friends and family. This question sought to reveal the willingness of participants to get Covid-19 vaccines. The survey revealed that 43% of the participants were planning to take the vaccine, whilst 22.7% said no and 34.3% were unsure. The percentage of those that said no and those that were unsure could be linked again to the idea of trust, especially when considering the wider outcomes of

Covid-19. A report published in June 2020 by Public Health England, an agency of the Department of Health and Social Care, highlighted; For some BAME communities, longstanding challenges in the provision of high quality, culturally competent and compassionate health and care service provision meant that there was little trust or faith in healthcare providers and services.
In addition, as so many communities had lost family or community members following often challenging interactions with the health service (NHS 111, emergency and clinical care) during the COVID-19 outbreak, this relationship was further strained.[23]

A more recent government report in May 2021 revealed that vaccine confidence has increased with 93% percent of adults exhibiting positive attitudes towards the vaccine. However, 30% of Black and Black British adults remained hesitant to receive any Covid-19 vaccine – the highest figure reported compared to all ethnic groups.[24] The BBC reported a Somali community centre that took the initiative to dispel some of the myths and concerns surrounding Covid-19 vaccines, in an attempt to try and tackle vaccine hesitancy.[25] They noted that: "It is vital that information about the vaccine should be culturally appropriate and from trusted sources." However, the opinions and concerns must first be explored in order to understand why the Covid-19 vaccine uptake is low in the Somali community, in order to in turn find a solution.

93% percent of adults exhibiting positive attitudes towards the vaccine. However, 30% of Black and Black British adults remained hesitant to receive any Covid-19 vaccine

Which of the following define your concerns about getting the vaccine?

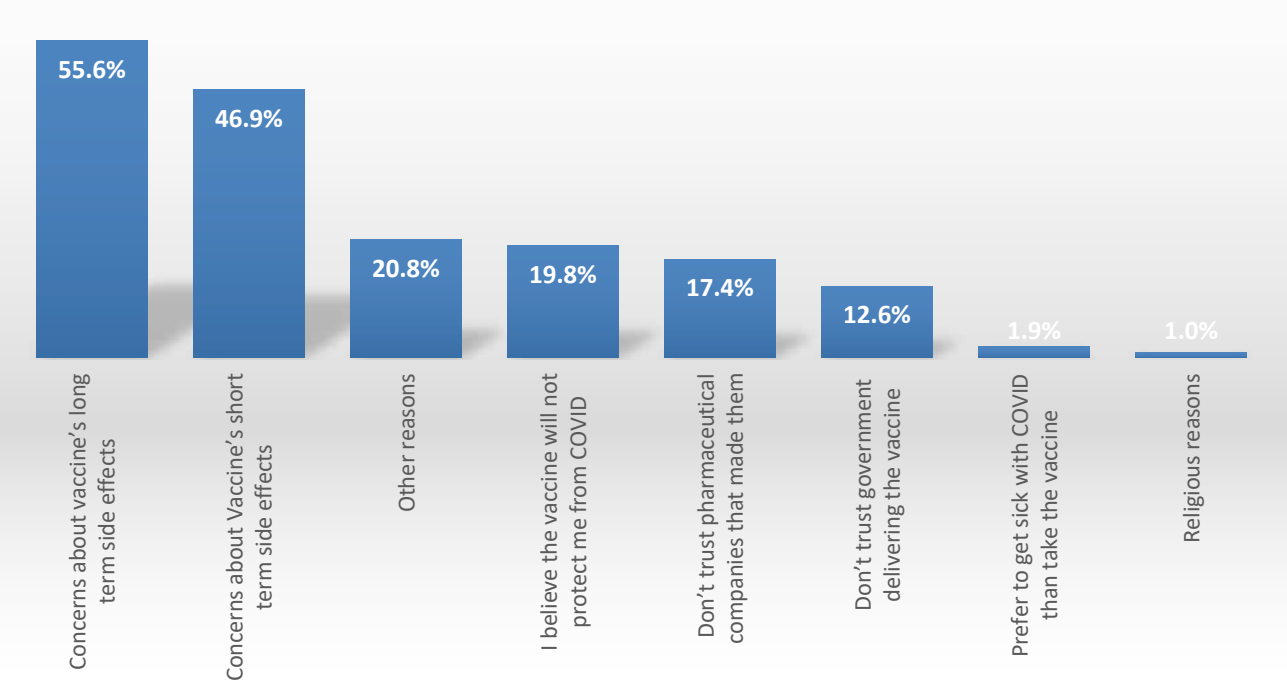

Figure 4

REASONS FOR VACCINE HESITANCY

In *Figure 4*, the participants were asked a number of questions to explore the reasons why they were hesitant about getting Covid-19 vaccines. Only 1% of participants noted religion as a reason for their vaccine hesitancy, which is surprising considering that, historically, religion and cultural beliefs are considered influential in vaccine hesitancy.[26] However, the low percentage illustrates that religion is not significant in determining vaccine efficacy within the Somali community. There were 1.9% of participants who felt strongly about the matter, highlighting that they would rather get sick with Covid-19 than take the vaccine. Participants who stressed a lack of trust in the government delivering the vaccine totalled at 12.6%, with a slightly higher figure (17.4%) when looking at lack of trust in pharmaceutical companies. As previously noted, trust, or lack thereof, is a recurrent and intersectional theme in this study which can be deemed a defining factor for vaccine hesitancy in BAME communities. In fact, a study found that BAME communities would rather trust the view of someone on social media than trust politicians delivering information about Covid-19 vaccines.[27]

19.8% outlined their belief that Covid-19 vaccines would not protect them, which is a popular narrative spread amongst ethnic minority communities. As discussed earlier, a lack of confidence in vaccinations or healthcare initiatives is visible in ethnic minority communities, given the historical mistrust as a result of discrimination or unethical/inadequate health treatment.[28] The topic of mistrust could also be influential when looking at the 46.9% of participants that highlighted short term side effects as a concern and the 55.6% that were wary of the long term side effects of Covid-19 vaccines. Several studies that explored the reasons for MMR vaccine hesitancy in the Somali community found concerns of vaccine safety, vaccine efficiency and previous negative experiences with healthcare providers [29],[30],[31]. It is therefore apparent that a lack of confidence in vaccinations does not solely relate to Covid-19 vaccines, but any similar programme within the healthcare system. This stresses the significance of trust building in marginalised communities, which could in turn save lives.

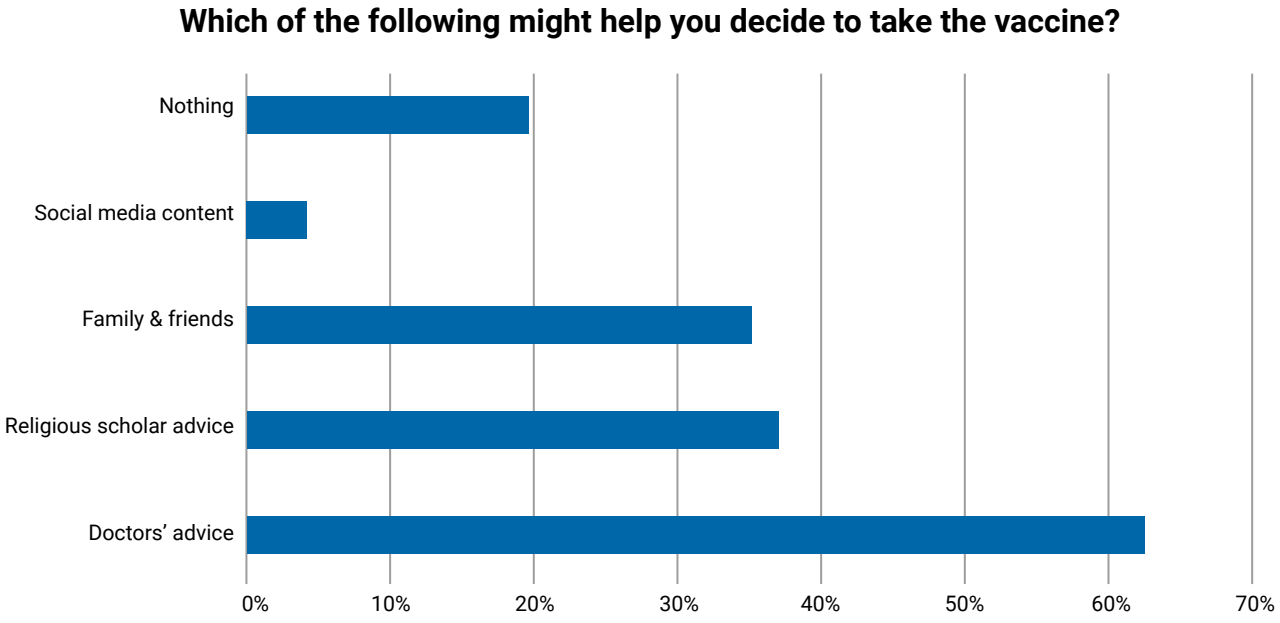

Figure 5

What Would Influence You To Take The Covid-19 Vaccine?

In *Figure 5*, participants were asked what would influence their decision to take the Covid-19 vaccine. This was intended to uncover where the Somali community place their trust and where they are willing to receive advice and information from. Although there is a great lack of trust placed in UK healthcare systems, over 60% of participants still selected doctors' advice as being influential in their decision to take Covid-19 vaccines. Previous research would suggest that these doctors would either represent organisations trusted by the Somali community or be of Somali descent themselves. Indeed, a Somali doctor noted that people would seek his advice from all over the world, even if they were able to get advice locally.[32] Based solely on the basis of his ethnicity, he was automatically trusted. Similarly nearly 40% of participants indicated that the advice of a religious scholar would impact their decision regarding their Covid-19 vaccine.

20% of participants noted that 'nothing' can influence their decision to take the vaccine. This is a concerning figure, given the lives that are still being lost to Covid-19.

Somalia is one of the few countries where more than 99% of the population are Sunni Muslims.[33] With Islam being so embedded into their country, culture and lifestyle, it is expected to be influential in their life choices and decisions. Following religion at 45%, participants chose family and friends as being significant in shaping their decision about the vaccines. As mentioned previously, the Somali community is extremely tight-knit, owing to their distinct position as one of the most ethnically and culturally homogenous groups in the world, with almost 99% of the people sharing the same religion, sect, culture and language.[34] For these reasons, there is a sense of cohesion and understanding in the Somali community, which is a by-product of trust, to the extent that a study found that several Somali mothers had refused immunisation for their children as a result of simply 'hearing' it may not be beneficial for their child[35]. This reiterates the importance of involvement from Somali organisations or trusted sources when looking at vaccine hesitancy in the Somali community. This would prevent susceptible individuals being misled by giving them the tools to make informed and independent choices.

20% of participants noted that 'nothing' can influence their decision to take the vaccine. This is a concerning figure, given the lives that are still being lost to Covid-19. However, a study found that ethnic minorities unwilling to change their minds about Covid-19 vaccines were receptive when asked if they would change their minds if given more information. [36]Given the nature of the Somali community, it is clear that information spreads quickly: if trusted organisations were able to inform just a few, this could have a domino effect allowing the information to reach far more people.

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CONCLUSION

Our findings are consistent with research surrounding vaccine hesitancy in ethnic minority groups, particularly the Somali community. It is clear that long standing issues of inequality and negative experiences in the healthcare system have been further aggravated by the disproportionate number of deaths as a result of Covid-19. The lack of trust in healthcare systems also gave room for the spread of misinformation within the Somali community. According to our findings and research, an opportunity to dispel this issue is in building trust in communities that are disadvantaged, or using sources which are already trusted to them. In doing so, the rate of transmission can be controlled, and Covid-19 related deaths reduced. A recent study commissioned in May 2021, showed that 30% of Black and Black British adults remained hesitant to receive any Covid-19 vaccine – the highest reported compared to all ethnic groups. Although Covid-19 has been among us for over a year, the issue of vaccine hesitancy, remain and this pandemic is still immensely prevalent, ravaging the lives of underprivileged communities worldwide. Only recently, plans to ease lockdown were delayed as a result of the new Covid-19 variant, therefore we must deal with this as a matter of urgency, to reduce the negative outcomes of this pandemic on the Somali community.

Recommendations:

Our recommendations take into account the themes that were generated from this excellent study into vaccine hesitancy within the Somali community living in Camden. Our recommendations broadly address ways of communicating with the Somali community, while trying to increase trust and confidence in the Covid-19 vaccine.

Communication:

We have to develop appropriate and culturally acceptable communication channels to reach each segment within the heterogeneous Somali community. These tailored communication packages can include oral and visual information via popular Somali TV channels, WhatsApp and other social media platforms. Prominent Somali community representatives and those with influence can be utilised to deliver clear communication regarding the vaccine and thus challenge and dispel some of the myths and concerns surrounding Covid-19 vaccines. This communication approach could be effectively applied at locations where Somalis, particularly the 'seldom heard' tend to congregate in large numbers, including Somali-owned cafes and mosques. It is crucial that the Somali community is involved in the planning, developing and evaluating phases of any intervention so they are accepted, implemented and sustained. This is where Somali organisations can play a vital role with their experiences and insight.

Trust:

We need to make sure the message being delivered is accepted as genuine and honest. There is clear distrust towards well-established organisations, as seen in the above study. Therefore, the Department of Health and Social Care, Public Health Camden, and Camden Council should consider commissioning trusted and reputable Somali Organisations to provide targeted and tailored interventions to the Somali community to promote testing and vaccination. Moreover, community connectors or navigators would establish excellent links to the Somali community in Camden. A strong connection and relationships with all members of the Somali community would instil trust, confidence and engagement. Feedback from the community can be continually reviewed and responded to. This vital link to the community will help create connections that can provide a safety net of social support to help people with vaccine hesitancy and Covid-19 vaccine uptake. Collaboration with the council, other relevant bodies and established structures in the community including Somali organisations to co-design a pilot project to improve testing, vaccine and self-isolation would certainly be advantageous.

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