Perspectives of COVID vaccines among Aboriginal people living in western Sydney

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Information regarding data source and context

Data comes from a qualitative interview study conducted in western Sydney in February 2021 on Darug Country. Data were collected using a peer-led interviewing method in which Aboriginal young people were trained to conduct interviews with others in their community about their experiences of and perspectives on COVID prevention and health needs. Peer interviewers were paid for their time at the UNSW student casual rate. At the time of data collection, Sydney had just experienced an outbreak of COVID-19 (December 2020–January 2021) and there were heightened restrictions on the number of people who could participate in social engagements. The staged vaccination rollout had commenced, however vaccination was not yet available to Aboriginal and Torres Strait Islander people. Data were collected prior to concerns about rare blood clots and the strategic shift away from Astra Zeneca vaccines for people aged under 50 years.

Findings are based on 36 in-depth interviews, which include 27 interviews conducted by peer interviewers and 9 debrief interviews with 8 peer interviewers, conducted by researchers. The 36 participants included 22 women and 13 men. Participants described their Aboriginal ancestry with reference to eleven different Aboriginal nations, with the most common being Kamilaroi (14), Wiradjuri (10) and Dunghutti (6).

Cultural practices were included in the research which strengthened the quality and relevance of the findings and improved the experience of the peer interviewers. Training sessions used culturally familiar practices and multiple ways of knowledge sharing, including learning through yarning and

intergenerational learning which is an important pathway of knowledge sharing in Aboriginal communities. The peer-led interviewing method allowed participants to be interviewed through the familiar cultural practice of yarning. Conceptualising the research interview as a yarning process established a safe space for the peer interviewers to conduct their interviews, and where interviewers and interviewees could engage in a familiar cultural practice.

What people think and feel about vaccines

Vaccine safety: Rapidly develop messages that promote vaccine acceptability

Participants held a range of views about vaccine, some of which were supportive, and others were neutral and cautious. The main reason for feeling cautious were beliefs that vaccines were developed "too quickly" and this compromised their safety. Participants described how vaccines "take years to develop" (female, 30–49 years) and that the COVID vaccine "took one year" (male, 16–30 years) which was viewed with scepticism:

> *I think that's crazy. I don't trust it. We've probably gotta wait for another country to see the side effects.* (Male,16–30 years).

Concerns were about specific aspects of vaccine development and composition:

- That participants did not know what is in the vaccines, including concerns that they contain "small bits of actual virus" (peer interviewer, 16–29 years) and that this could make people sick.
- That side effects could be just as damaging as COVID, with participants referring to how people have died from vaccine side effects and expressing the view that older people and those with underlying conditions would be less able to cope with these: "It won't take as much of a toll on our bodies than the older people who are a bit more vulnerable" (peer interviewer, 16–29 years).

Participants talked about taking a 'wait and see' approach, suggesting that they were willing to be vaccinated, but wished to 'get to the back of the line' and see how others experience the vaccine before putting themselves forward.

Vaccine safety: Need more scientific information

Participants also expressed caution because they wanted more information about the safety and efficacy of vaccines, something that they felt the authorities had failed to provide. These participants were not suspicious of vaccine science but rather were critical of how little scientific information has been shared:

> *There hasn't been enough communication with the public as to let us know how this vaccination came about. You know, what are the pros and cons with it, you know? Like is it 100 per cent safe?... They don't trust it because, again, we don't know too much about it. We don't know where this vaccine came from, how it was produced, how it was manufactured, what's in it; that sort of stuff.* (Female, 50+ years)

Participants described needing to know more about:

- What the vaccine contains
- How it is made
- What happens to a person's body when receiving the COVID vaccine
- Whether a person will get sick after being vaccinated and why they might get sick

Vaccine safety: A vaccine like any other

Neutral views about vaccines were also expressed and, in these, participants offered the view that COVID vaccines were just like other vaccines and should be trusted: "It'd be like the flu vaccine I guess, as a preventative measure, and I have had the flu vaccine" (male, 50+ years). Vaccines were described as a regular part of life and maintaining one's health, and that accepting a COVID vaccine in an emergency situation like the current pandemic "shouldn't be hard" (female, 50+ years).

Vaccine benefits: A reluctant necessity and the return to 'normal' life

One of the main reasons given in support of vaccination was the desire to get on with living a 'normal' life. For younger people this was about returning to travel and other social activities; for those aged 30–50 years, this was about work obligations; and for older people, this was about living longer and healthier lives:

> *I think it's important that a lot of people are vaccinated so we can get back to the normality of things. Yeah, so I'm willing to sort of speed that up and do my part.* (Male, 30–50 years)

Some participants saw vaccination as a reluctant necessity. They described having “no choice” (female, 16–30 years) if they wanted to travel or if it was a condition to work: “I’d probably have to get it done ‘cause I need to get income” (male, 16–30 years). Others expressed the view that vaccines might be mandatory to visit restaurants and that, by consequence, they would be willing to get vaccinated.

Percieved risk: Severity of COVID-19

Participants described how the Aboriginal community was taking COVID very seriously, identifying it as a “serious disease” (male, 30–49 years) and “life threatening” (female, 16–30 years). Participants were not only concerned about contracting the virus themselves, but also taking the virus home to their families. For example, participants raised the fear of acquiring COVID as the main reason that people were avoiding medical clinics and hospitals:

> *I think it’s happening because they’re obviously scared that someone else in the area has symptoms or COVID and, you know, they’ve got that fear of taking it home to their families or obviously contracting it themselves.* (Female, 30–50 years)

While participants viewed COVID as a dangerous infection, they also recognised that the risk of acquiring it in their local setting was very low.

Cultural and social processes that drive or inhibit vaccination

Inhibitors: Distrust in government

There was some distrust in government and the wider medical institution, based on historical and ongoing injustices. Some participants interpreted the prioritisation of Aboriginal people in early-stage vaccine roll-out as a strategy to ‘test out’ the vaccines on Aboriginal people:

> *You know, the Aboriginal communities will be one of the first ones that will be trying the vaccine. What, again, are we just the fucking guinea pigs for ‘em? So I’m not happy with that. Like, give it to a bunch of white fellas first and let’s see if them fellas live from it.* (Female, 50+ years)

Drivers: Trust in health providers

Participants identified a range of places where they would feel comfortable getting vaccinated, but emphasised that these were places that they trusted staff and felt safe. These places included Aboriginal Medical Services, trusted mainstream General Practitioner, or general medical and social services that employed Aboriginal staff:

> *A lot of people would go to the AMS…Like everyone may not be able to go to the AMS but they're able to go to…the medical centre…But I think a lot of them would like to see an Aboriginal person there to be able to talk to them about it, especially if they don't understand.* (Male, 50+ years)

In all instances, trust was central: advice would only be taken from those who were known:

> *People won't trust taking the word of someone they've never met before. Whereas, if it was with their GP or their local AMS, or something like that, they would be more likely to trust it.* (Male, 30–50 years)

Drivers: Cultural values of collective care

A strong theme of collective care was evident throughout the data, with participants describing how families and communities look after each other and that vaccination was one way to do this. Collective care for community is a known strong feature of Aboriginal culture and care for older people was a specific reason given by younger people to get vaccinated:

> *Yeah. For sure. If I had to get it for my, for my dad or [Yeah] my mum, or my aunties or uncles, I would get it for them. Yes.* (Male, 16–30 years)

Drawing on this value system is a way to increase vaccine uptake.

Drivers: Need for specific information for Aboriginal people

Participants identified how information about vaccines, including the science-based information described earlier in this report, should be provided in ways that are specific to and relevant for Aboriginal people:

> *It's always good to be repetitive with the information. But, if, if you were really, you know, wanting to, to make sure that this research hits the mark for our people, then it's the information now about the vaccine and… what are the risks associated with having this vaccine for our people.* (Female, 50+ years)

Practical factors

Overall, there were comparatively fewer concerns expressed about practical factors compared to the extent and depth of narratives about vaccine safety described above.

Transport

Transport to and from vaccination appointments was identified as the main practical barrier, however participants who mentioned transport problems also identified that AMS had programs to address this whereby they could bring people to the clinic and return them home, or alternatively they could send medical staff to people's homes, particularly elderly people:

> *Well, I think the AMS should actually visit the elderly [Yeah] rather than the elderly leaving their home to go to the AMS. I mean they have that service. They should use the service to go to the elderly people.* (Female, 50+ years)

Overall, transport problems were identified as less of an issue than other barriers such as concerns about vaccine side effects. For example, when asked about potential problems with returning for a booster shot, most participants responded that they would not return if they had side effects from the first dose:

> *If you feel like crap after and whatever else after the first one, you're obviously not gonna go back and do it again for the second time.* (Peer interviewer, 16–29 years)

Costs

A few participants expressed concerns over needing to pay to be vaccinated. This may have been associated with the need to pay for a GP consultation, if the vaccination were to happen at a GP, and participants who raised cost as a barrier also identified that they could get vaccinated free of charge at an AMS.

Implications

For messaging:

- Provides information about the rigour of scientific methods of vaccine production.
- Provides science-based information on what the vaccine contains, how they are made, what happens to a person's body when receiving the COVID vaccine, whether a person will get sick after being vaccinated and why they might get sick.
- Demonstrates how vaccination is a way to get back to normal life
- Demonstrates how vaccination is a way to care for community and protect.

In relation to practical aspects of rollout:

- As is already happening, vaccine roll out needs to happen in GP and AMS, as many Aboriginal people will be unlikely to use the mass vaccination site.

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For more information about this project, visit:
arts.unsw.edu.au/csrh/our-projects/covid-19-health-needs-aboriginal-communities-nsw

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