



# **MIGRANTS' CULTURE AND ATTITUDES TOWARDS IMMUNIZATION**



PROMOVAX WP4: Mapping of EU migrant origin and access to immunization

## SUMMARY

As part of Work Package 4, the partner countries also analyzed several factors that may influence immunization acceptance in a list of 10 selected migrant ethnicities.

### **Methodology followed for the selection of migrants' ethnicities**

Specific information on a total of 10 migrant ethnicities in each partner member state were identified and collected.

Following a group consensus, a set of criteria was developed for the selection of migrant ethnicities; these included:

- Number of migrant workers in the project's partner country (10 ethnicities were identified by each partner based on the total number of migrants from that ethnicity)
- Incidence rate for VPD in migrants' countries of origin (for each of the 10 countries identified by each member as described above)
- Outbreaks of VPD in migrants countries of origin (for each of the 10 countries identified by each member as described above)
- Expert's opinion (for each of the 10 countries identified by each member as described above)\*-IOM

\*A list of 52 countries was compiled and thereafter, experts from IOM ranked these countries from 1 to 52 in an ascending order of risk (with 1 indicating the country with the lowest risk and 52 the corresponding country with the highest risk), according to the challenge these countries may pose in the host country in terms of VPD.

The above four mentioned criteria were weighted as outlined in Table 1 below and a score was finally derived on which the selection of migrants' countries of origin for the scope of the PROMOVAX project was based upon. Thus, each partner country ranked their 10 specific selected migrant countries from 10 to 1, according to the score that was computed for each country and a migrant country was finally chosen for each partner country.



**Table 3. Weighing of Criteria used for the selection of Migrant Ethnicities**

CRITERIA	WEIGHTING
Number of Migrant workers	0.4
Incidence rates for VPD	0.3
Outbreaks of VPD	0.2
Expert's opinion	0.1

For the final selection of ethnicities, the first country that came up after the application of all criteria was allocated to each partner. In cases where there was a tie (e.g. Cyprus and Greece having Romania with the highest rank), then the host country that had the highest score for that ethnicity was given priority.

The table 4. below displays the migrant ethnicities allocated to each partner followed by the individual results for each country of origin.

PARTNER COUNTRY	ALLOCATED MIGRANT ETHNICITY
Greece	Bulgaria
Cyprus	Romania, Nepal*, Somalia*
Norway	Iraq
Germany	Poland

<b>Italy</b>	Albania
<b>Croatia</b>	Bosnia and Herzegovina
<b>Poland</b>	Ukraine
<b>Hungary</b>	China

\*The two additional countries that were selected as the two countries among all remaining countries not yet chosen that had the highest score in order to have a total of 10 migrant ethnicities analyzed.

Below are the details regarding the methodology followed and factors that may influence immunization acceptance in each country of origin.



❖ BULGARIA

**Methodology Followed: Literature Review and Focus Group**

**Potential factors that may influence immunization/vaccination acceptance in Bulgaria**

Factor	Details
<b><i>Interest and involvement in health issues</i></b>	Bulgarians who are living in Greece portrayed a picture of rather sensitive and mindful citizens as far as immunizations for adults are concerned. They are searching for accurate sources of information combining both scientific and societal consensus in order to handle the issue responsibly. They take a rather serious and mature stance towards vaccination when it the time comes to cope with it. The fact of prior well education and culture on obligatory vaccinations that provide further the well being not only of citizens but also of the society is an essential rationale for their current stance.
<b><i>Socioeconomic position</i></b>	The problems in achieving a large coverage of the planned immunizations have to do mainly with the high-risk groups and are related mostly to the Roma ethnic group, children with no permanent residence address, and children having no GP (regardless of the reasons thereof).
<b><i>Family makeup (e.g. single parented families)</i></b>	No family-related factors were identified that could act as a barrier in immunization access.
<b><i>Religious values</i></b>	No religion related factors were identified that could act as a barrier in immunization access.

<b>Access to healthcare</b>	One of the obstacles is the delay in the supply of vaccines and other bio-products for immunizations according to schedule. The main problem in ensuring centralized procurement of vaccines occurs due to the possibility of having the procurement procedure suspended for a long time in case a bidder that participated in the procedure lodges a claim. The shift from having a medical professional in charge of a certain area to having a free choice of a GP has been a profound and deep change, which resulted in a considerable drop in the immunizations coverage.
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❖ IRAQ

**Methodology Followed:** Literature Review

**Potential factors that may influence immunization/vaccination acceptance in Iraq**

Factor	Details
<b><i>Dependence on doctor's advice - Beliefs towards immunizations and immunization safety</i></b>	According to O.G. Al-Sheikh et al. (1999) it <i>"is clear that government policies are the main force behind immunization coverage"</i> . This, in combination with their finding that ignorance or negligence are important factors in explaining falling immunization rates, imply that the role of the doctors as health educators <i>should be</i> of huge importance in Iraq.
<b><i>Degree of family/community care responsibilities for childhood immunization</i></b>	A general finding of relevance, is the role of the mother in caring for the children and making decisions related to their health.
<b><i>Access to healthcare</i></b>	Human Resources for health are inadequate in number and unevenly distributed.

According to MoH 2008 Annual Report, there are about 19 334 physicians nationwide (compared to 18 887 reported by the 2007 Health Compass). There are insufficient physicians focusing on PHC. The physician to population ratio is lower than other countries in the region. At the same time the reported distribution of physicians per 10 000 population varies from 2.9 in Missan to 10.5 in Sulaimaniya. The national average was 6.1 (2008).

❖ POLAND

**Methodology Followed: Telephone Interviews**

**Potential factors that may influence immunization/vaccination acceptance in Poland**

Factor	Details
<b><i>Immunization awareness</i></b>	1: People often rely on their own experiences or those of others. 2: In Poland exists a large influence of the media is in terms of health issues. There are a large number of state-controlled, based campaigns; if the people are interested in health issues they are well informed. 3: Polish people are very well informed about health issues – a lot of information is available (e. g. television, flyer, advertisement). Young people mostly use the internet.
<b><i>Dependence on doctor's advice</i></b>	1: The opinion of the treating physician has a major influence on the behavior of patients – it depends on the relationship with the doctor. 2: In Poland there is less binding on the general practitioner as in Germany. 3: People consult the GP, but the main influence comes from family and friends.
<b><i>Beliefs towards immunizations</i></b>	1, 3: People often rely on their own experiences or those of others.



<b>and immunization safety</b>	2: Standard vaccinations are taken for granted; high suspiciousness exists to new vaccines
<b>Interest and involvement in health issues</b>	1, 2, 3: Very different; depending on age, education level, socioeconomic position and living situation.
<b>Influence of family and friends on immunization decisions</b>	1, 3: <i>Decisions are often influenced by the experiences of others (mostly family).</i>
<b>Other</b>	2: In principle there is a greater skepticism to state campaigns and promotions in Poland - the use to the common welfare is strongly challenged.
<b>Educational level</b>	1, 2, 3: People with higher education are more likely to get vaccinated. 1, 2: Regardless of the level of education the willingness for boosting decreases with advancing age.
<b>Socioeconomic position</b>	1, 2, 3: Because the Polish must make co-payments for some vaccines, the socio-economic status plays a role by decisions for the recommended vaccinations (not for the obligatory vaccinations).
<b>Degree of family/community care responsibilities for childhood immunization</b>	1, 2, 3: Immunization is an issue in kindergartens and in schools. There are continuous visits of doctors – with check-up of the vaccines record card and immunization campaigns.
<b>Health care views, meanings and beliefs related to immunization</b>	1, 2, 3: There exist different views - these are marked by their own experiences and experiences of others (depend on age, educational level and living situation).
<b>Access to healthcare</b>	1: Access to health services is given anywhere. 2, 3: The access to medical services is different - in some rural areas exist supply gaps.



1, 2: Generally, in urban areas, exists a greater willingness to access health care services and make co-payments.

NOTE: The numbers refer to the ID of the people interviewed.

## ❖ ROMANIA

**Methodology Followed:** Focus group

### Potential factors that may influence immunization/vaccination acceptance in Romania

Factor	Details
<b><i>Immunization awareness</i></b>	The vast majority of the people do have access to information about immunization, mainly from their family doctor. The educational background of the people plays a significant role to the level of awareness, especially regarding the side-effects and contra-indications.
<b><i>Dependence on doctor's advice</i></b>	The doctor's advice is the most important in terms of decision making about important treatment decisions. However, for serious conditions, people tend to get 2 <sup>nd</sup> or 3 <sup>rd</sup> doctor's opinion
<b><i>Beliefs towards immunizations and immunization safety</i></b>	In general the Romanian society is well informed about the traditional vaccines and their safety and they do follow the immunization schedule as advised. However many people refuse to have vaccines in cases where they do not have sufficient information about side-effects, as in the case of the H1N1 vaccine.

<b><i>Interest and involvement in health issues</i></b>	People are involved in health issues, but are not particularly interested in preventative medicine. They are mostly concerned if they have a serious medical condition, or if a health issue is strongly projected by the Mass Media. The focus group participants are of the opinion that compared to the situation in Cyprus, parents in Romania are not so strongly interested about their children's health. They consider that Cypriot parents are interested to an exaggerated degree.
<b><i>Educational level</i></b>	High educational level seems to play a significant role in terms of awareness and understanding the immunization process and immunization safety. However trust to the doctor is the major source of influence.
<b><i>Religious values that may influence vaccination acceptance</i></b>	The focus group stated that there are some minorities in the country that, due to religious barriers, might refuse processes like blood transfusion, but this is not general in the case of the Orthodox religious group, which is the vast majority in the country.
<b><i>Health care views, meanings and beliefs related to immunization</i></b>	People in general are very positive towards immunization and very sensitive towards illness prevention through immunization.
<b><i>Use of traditional Hmong health care</i></b>	There is no way to know what percentage of the population follow alternative medicine treatments. There is however a tendency among the elderly to follow traditional practical cures, which they inherited from their parents and grandparents and which are based mainly on herbs.

❖ CHINA

**Methodology Followed: Personal interviews**

**Potential factors that may influence immunization/vaccination acceptance in China**

Factor	Details
<b><i>Dependence on doctor's advice</i></b>	Almost half of the participants take the doctor's advice into consideration.
<b><i>Influence of family and friends on immunization decisions</i></b>	30 percentage of the interviewed people aren't influenced, 20 percentage are less influenced, 50 percentage are influenced by family and friends on immunization decisions.
<b><i>Degree of family/community care responsibilities for childhood immunization</i></b>	40% of the responders consider very important/high responsibility this issue.
<b><i>Cultural values that may influence vaccination acceptance</i></b>	The majority of responders stated that their vaccination acceptance isn't influenced by cultural values.

❖ UKRAINE

Methodology Followed: Literature Review

Potential factors that may influence immunization/vaccination acceptance in Ukraine

Factor	Details
<b><i>Beliefs towards immunizations and immunization safety</i></b>	According to the recent information, there is an alarming trend in Ukraine – parents choose not to vaccinate their children. The numbers were very high – up to 40% in the first half of 2009. It all started from death of teenager caused by the measles vaccine in 2008. In addition there were observed more than 200 cases of complications. As a result a nationwide campaign of vaccinations failed and was interrupted. Those incidents weakened social trust in vaccinations which will have to be rebuilt.
<b><i>Access to healthcare</i></b>	<ol style="list-style-type: none"><li>1. Periodic disruption of immunization schedule due to vaccine stock-outs</li><li>2. Difficulties in tracking children after their parents change place of residence</li><li>3. Absence of funding for maintenance and replacement of the local cold chain (ice packs, vaccine carriers, small-size refrigerators)</li><li>4. Frequent shortage of disposable syringes</li><li>5. Seasonal shortage of medical personnel</li><li>6. Discouragingly low salaries in the health care sector.</li></ol>

❖ ALBANIA

**Methodology Followed: Literature review and pilot survey**

**Potential factors that may influence immunization/vaccination acceptance in Albania**

Factor	Details
<b><i>Immunization awareness</i></b>	Awareness of the importance of vaccinations is broadly diffused in Albania, notably after the large outbreak of polio occurred between April and November 1996 in the country; this was confirmed in the pilot survey too, which further showed that the people interviewed vaccinated/would vaccinate their children.
<b><i>Dependence on doctor's advice</i></b>	The GP is the principal reference for prevention activities.
<b><i>Educational level</i></b>	The low educational rate among Roma children has been considered an obstacle to the diffusion of immunization and vaccination culture.
<b><i>Religion</i></b>	70% of the Albanian population is Sunni Muslim. From a general Islamic jurisprudence perspective there is agreement amongst the scholars that vaccinations in principle are permissible and there are various Quranic references and prophetic narrations which support this view on the grounds that it is a duty upon every Muslim to ward off harm as much as he/she can. No data/information on religious concerns about vaccinations are reported for Albania.

❖ NEPAL

**Methodology Followed:** Literature Review

**Potential factors that may influence immunization/vaccination acceptance in Nepal**

Factor	Details
<b><i>Immunization awareness</i></b>	Nepalese mothers in particular have good knowledge and health behavior in relation to childhood immunizations.
<b><i>Perceived benefits</i></b>	Greater perceived benefits of immunization, are associated with higher immunization rate/coverage
<b><i>Perceived access to health services.</i></b>	Access to health is an important factor influencing childhood immunization. One of the main disadvantages in Nepal’s health system has been the inability to provide affordable access to health services to the poor and disadvantaged population. As a result, these people are heavily reliant on public health services that are not properly resourced as they cannot afford private health services.
<b><i>Immunization providers</i></b>	Nepalese people often perceive private providers as compared to the public sector ones, more responsive in terms of privacy, speed of service, accessibility and quality of service.
<b><i>Educational level</i></b>	This appears to be the most important demographic variable which appears to predict healthy immunization behavior and to significantly relate to immunization history in Nepalese mothers; Mothers with higher levels of education are more likely to be immunized. Regarding immunization coverage of children, it appears to be significantly determined by parental education particularly those of mothers; The higher the education of the mother is, the more likely is to use immunizations as a means to protect her child against disease.
<b><i>Household income</i></b>	Although vaccines in Nepal are free of charge and believed to be widely available,

	household income is a factor appearing to influence child immunization coverage. Children living in poor households are significantly less likely to be fully immunized than those living in the highest quintile.
<b>Ethnicity</b>	It appears to influence immunization rates, with the children of minority groups (e.g., Bangali, Musalman, Rajbhar, Raute, Raji, and other minorities of the hill and Terai) appearing to be the most disadvantaged.
<b>Setting</b>	It appears to significantly relate to the frequency of immunization; Mothers and children living in urban areas are more likely to have had vaccinations.
<b>Socioeconomic level</b>	Health services and immunization campaigns are usually based in communities that are relatively privileged.
<b>Geographic region</b>	Childhood immunization coverage among is also influenced by geographic regions. It appears that less children that live in mountains receive all vaccinations as compared to those living in the hills and the terai. In addition, in the western areas of Nepal, less children appear to be fully immunized as compared to those in the eastern region.
<b>Conflict and access to healthcare</b>	Access to health care is adversely influenced by conflict and the subsequent violence. The mobility of people living in rural areas in particular has been disrupted due to the resulting insecurity and fear of violence.

❖ **Somalia**

**Methodology Followed:** Literature Review

**Potential factors that may influence immunization/vaccination acceptance in Somalia**

Factor	Details
<b><i>Socioeconomic position</i></b>	Due to widespread and deep poverty (45% of its population in urban areas currently lives in extreme poverty), recurrent famines, and civil war that has been taking place in the last 15 years, Somalia has reportedly the worst health standards in Sub-Saharan Africa. In addition, employment opportunities are extremely limited while health care is very expensive for the population (by local standards), as this is basically being offered by the private sector. Thus, only few of its citizens can afford the medical fees and most are these who receive assistance from the relatives abroad.
<b><i>Geographic regions</i></b>	It appears that there is a bias towards urban areas. It has been estimated that only 15% of rural people have access to health services, as compared to 50% of urban people. Additionally, no nurses or midwives (except traditional ones) are reported to be available in the rural and nomadic areas.
<b><i>Limited access and movement the humanitarian community</i></b>	Due to the fluctuating security situation, there is limited access for NGOs and IGOs and consequently cannot always operate within Somalia. As a result, there is no sustainable healthcare provision. In addition, the limited access and movement of the humanitarian community particularly to the security unstable areas, render it difficult to supervise and monitor the efficacy and efficiency of the existing interventions.
<b><i>No functional central government</i></b>	Coordination of the health care system is complicated by the fact that there is no functional central government while there are 3 different health authorities with different levels of development in different areas of Somalia. As a result of the lack of a central coordination mechanism, there is no equal coverage of health care provision throughout the country.
<b><i>Quality of healthcare provision</i></b>	The quality of healthcare provision is difficult to monitor, due to limited access and security constraints while the lack of skilled personnel and limited capacity of local agencies lessens the quality of services provided to the population.
<b><i>Insecurity and gaps in the infrastructure</i></b>	These also lead the humanitarian community to increased operational costs (i.e. security measures).