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MEDICINE  
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# Introduction

**Qualitative research:** in-depth understanding of experiences, opinions,...

- **Covid-Antwerp:** documenting experiences of ethnic minorities during first lockdown (*april-June 2020*)
- **Transvaxx:** Addressing the challenges for an effective uptake of COVID-19 vaccination in Belgium (*jan 2021 - ...*)



# The impact of COVID-19 on ethnic minority groups in Antwerp

**A QUALITATIVE ETHNOGRAPHIC STUDY**

*Department of Public Health, ITM*



# Main insight: Broader focus needed - COVID-19 is a social disease

The social determinants of health



Diagram courtesy of the Institute for Future Studies, Stockholm

- Social conditions make people more vulnerable to COVID-19
  - Housing, working
  - Legal status
  - Access to health care
- Health effects interplay with socio-economic effects and existing health inequalities
- Pre-existing social vulnerabilities are exacerbated by COVID-19

# To measure is to know – data gaps

- Official statistics not specific enough to develop target-audience oriented policy
- Need for **reliable data** on (in)direct impact on socially vulnerable groups
- Numbers make inequalities **visible**: first step in closing the gap



# Indirect effects of the pandemic

- **Socio-economic level**
  - Public and migration services less accessible (closed/digital or over burdened)
  - Financial precarity

*“.. at the beginning it was also difficult for them to arrange everything to ask for “tijdelijke werkloosheid” ... some of them did that too late .. and we organize one group, to help them online to fill the form and to send it online and to the “vakbond” ... and others had their identity card expired ... there are a lot of factors, and they got many problems, so they could not get their money at the right time. Some of them are single women with two or one child .. and the percentage is also low, they get 70% of their salary, so to cover all the expenses is difficult ...”*



## Indirect effects of the pandemic

*"I know people who haven't gone outside once in two and a half months. They don't dare go outside those people. And they are not old people. They are mature people but not older than 40. Those people are constantly inside, they are even against their children going to school or whatever."*

*"It [closing the synagogue] feels like something is missing, yes.... First of all because of the social aspects. I meet friends there every day. We have breakfast together, drink coffee before or after prayers and study the Talmud. Of course it feels like something is missing.... when you can't do what you've been doing three times a day for your whole life."*

- **Psychosocial level: fear and stress**
  - Fear of the future
  - Fear of infection, the “virus”
  - Fear of police
  - Support mechanisms disappear, stress increased



## Perceived discrimination and social exclusion

- Language barriers impact on information needs
  - (digital) illiteracy
  - No Dutch language proficiency
  - Perceived feeling of not being part of the society
- Perceived ethnic framing (“policing”)
- (Anticipated) stigmatization

*"Police presence like this has never been seen before and people really do fear the fines, that's why they follow the measures very strictly, they also literally say: "I'm not going outside, I don't want to risk a fine because I can't pay it".*

*"There are illiterate people, who are very low level, who need their grandson to explain what they hear on TV. The concepts themselves are difficult: what is the virus?"*

*"Yes I also got angry, because at one point people also started to be very condescending about people with a migrant background. "They don't understand" "Does our message reach them?". That's very paternalistic and very, with a sense of superiority. That has really pissed me off actually"*





## Community resilience

- Social networks & social capital
- Bottom-up response
- Key informants/volunteers
- Recognition and dialogue!



*“In my church we have so many WhatsApp groups, so by any change of information we send it to the different groups. Like information for the Nederlandstaligen, my family reads it in Nederlands, I have to convert it into English. Or in another language, I send to the group in that language. If the pastor finds information like extension of the lock down, like a letter from the government on Corona, he forwards. He sends it around and says this is what is happening. So a lot of people who cannot understand the Nederland, we try our very best to make them understand this information.”*

# Addressing the challenges for an effective uptake of COVID-19 vaccination in Belgium

## A TRANSDISCIPLINARY APPROACH



Socio-Ecological Health Research Unit  
Department of Public Health  
Institute of Tropical Medicine



ACCESS-TO-MEDICINES

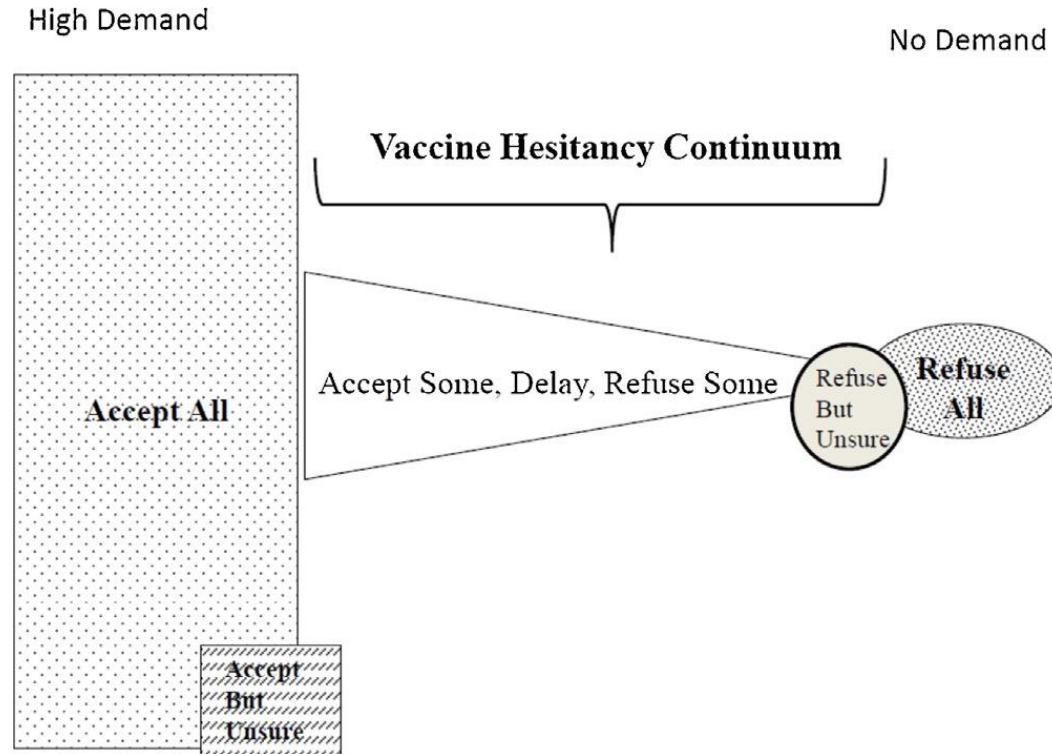


## Vaccine hesitancy



# The continuum of vaccine hesitancy between full acceptance and outright refusal of all vaccines

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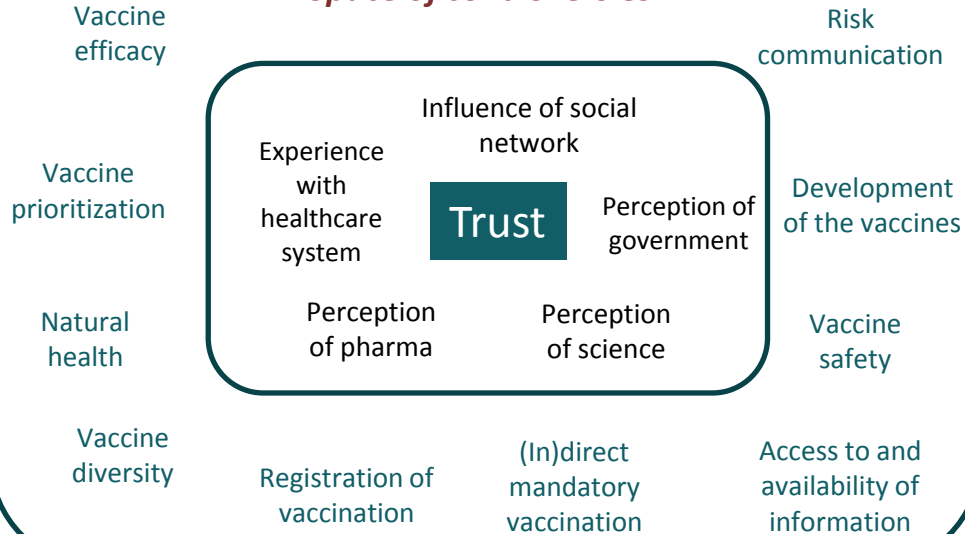


Noni E. MacDonald. Vaccine hesitancy: Definition, scope and determinants, Vaccine, Volume 33, Issue 34, 2015

# Community perspectives

## *Space of narratives*

### *Space of controversies*



## *Space of narratives*

*"Our church in Belgium [its] interest is to protect [...] the African community. And in that regard, is there any way that the state or the policy makers can give us the assurance that if they agree to vaccinate our undocumented brothers and sisters, they can make some compromise at the local level that the church must play an active role to protect our citizens from any form of harassment or deportation".*

*"When they reported that they were going to do their first tests in Africa, I got really angry. It is so typical that they then use that poverty to manipulate people. We have communicated here from African groups to Africa: 'Be sure you don't participate!' My father was there, in Mali, and he responded: 'We know that'. [...] They should have done their tests in Europe because it is here that [COVID-19] hit hard".*

# Social exclusion impacting vaccine confidence

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- General feelings of discrimination
  - Mistrust of vaccines embedded in already existing mistrust of official institutions
- Not feeling related to society
- Social exclusion reaches further than ethnic minorities in this pandemic
- “Anti-vax” stigma

# Social exclusion impacting vaccine confidence

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*"You know, the problem [of conspiracy theories] is much deeper than that. These are young people who feel that the whole system is against them, they've been up against the wall many times before and they don't feel like they're getting the same opportunities, so you don't trust government institutions and such. Also specifically with the Covid measures. There are far more police deployed in Borgerhout, for example, than in Wilrijk or the Zurenborgplein [in Antwerp]. So they feel enormously threatened and they often just go to Wilrijk or something like that because they are less bothered there".*





# Community-reported short-term solutions

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## LEVERAGE INFLUENTIAL FIGURES & EXPERTS

GP & pharmacist  
Respected community members  
Religious leaders  
Health ambassadors



## CREATE AN OPEN DIALOGUE



Room/time for doubts & questions  
Respect for differences and  
freedom of speech  
Informing, not convincing

## DEVELOP MORE COMPREHENSIVE STRATEGIES



Dialogue combined with physical  
materials (e.g., flyers), video's,  
mainstream and social media

## SUPPORT LOCAL RESOURCES

Intermediary organizations:  
expertise, but limited by resources,  
lack of info and 'own' hesitancy



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## ■ Research team:

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## ■ All study participants



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