

Corona vaccinations divide opinions amongst older migrants in Finland

Nearly half wants a vaccination but many still have doubts



PICTURE: Alexandr Pereverzed, Getty Images

WORKING GROUP:

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Introduction

With the corona pandemic, concerns about the foreign-language speaking older group members arose among organisations that implement activities for them. Employees were concerned about how the group members would cope in unusual circumstances, whether they had received enough information to protect themselves from the coronavirus, and whether the information from authorities had reached the elderly belonging to ethnic and language minorities. These concerns developed into a collaborative study of the foreign-language speaking elderly and their coping in the unusual circumstances caused by the coronavirus in the spring of 2020. How are we doing? -report highlighted the thoughts of elderly people in the early stages of the corona crisis ([How are we doing -report](#)). The report points out that the authorities' information did not reach foreign-language speakers comprehensively enough, and that many older people relied on the help of relatives, friends, or third sector organisation workers. A clear wish from the older people was to receive information in their native language and in a way that was accessible for them. For some older people with a foreign background, it is already challenging to apply for services which is due to the lack of accessibility and equality of services. Accessibility of services became a particularly burning issue during the health and well-being affected by the corona crisis, as the older persons belong to a risk group regarding COVID-19.

Organisations, that promote the inclusion and well-being of older migrants, in "normal" situation carry out peer group activities, personal counselling and support for the elderly as well as advocacy work on a common front. During the restrictions on gatherings caused by the coronavirus, the activities of the organisations have been carried out e.g., remotely and in small groups outdoors. Support by telephone and the sharing of information about the corona situation in their own language, in an accessible and comprehensible way by the group facilitators for the older migrants, was an important activity.

Restrictions in society caused by corona were tightened in early 2021 as infection rates increased, even though at the same time corona vaccinations had been started in stages for health care personnel, the oldest age groups, and those belonging to risk groups. The organisation workers have continued with remote group activities and providing information for the older group members in their own language throughout the unusual corona year. The discussion in society about the corona situation and corona vaccinations has increased the visibility and discussion of the issue among the participants in group activities as well. The debate on vaccinations among the elderly varied, on one hand much information was needed and vaccinations stirred interest and on the other hand the vaccines and the vaccination process caused suspicion and growing concern for some. The organisations decided to find out the foreign-language speaking older people's thoughts about the corona vaccinations and whether they were in the need of information and possible help relating the subject. Similarly, as in the spring of 2020, the issue was approached together with the elderly, participating in the activities of the organisations, to clarify the situation.

The working group consisted of six organisations: The Pensioners' multicultural activities, Käpyrinne's JADE Activity Centre, The Association of Carers in Helsinki and Vantaa's Omaisneuvo-activity, Palvelutaloyhdistys Koskenrinne's Kotona täälläkin -project, Multicultural Memory Centre Finland and Monikko. The common goal of the working group is to promote the position of foreign-language speakers and older people with a foreign background in Finnish society, to increase the authorities' awareness of the situation of older people belonging to ethnic and language minorities and to promote the well-being and involvement of the older people in services.

Collection of information

The material of this study has been collected through telephone surveys of older group members participating in the activities of the six organisations, as well as in-depth information gathered from group facilitators. The actual surveys were conducted through telephone interviews conducted by group facilitators in their own language or, in some cases, via an electronic form filled in independently by the respondent (6% of the responses). For the collection of information, the working group designed a common questionnaire for a web platform, in which each group facilitator could record responses during or immediately after the telephone conversation. Information, that would not have otherwise come to light through the questionnaire, was gathered through open-ended questions. The telephone conversations were conducted in the respondent's native language, as the target group of the survey was group members over the age of 50 involved in the activities of the organisations, for whom communication in the Finnish language is challenging. In addition to the questions posed, the facilitator was able to have a more general discussion with the group member about their personal situation and coping with the daily life of the corona restrictions as well as to identify possible needs for support, especially regarding the corona vaccines. At the same time, the instructor could also share current information about the coronavirus situation and various instructions related to it.

The present questionnaire does not qualitatively meet the criteria of scientific research, but the aim has been to gather up-to-date information on the thoughts, situation and information and assistance needs of the older persons participating in organisations group activities, for example as valuable additional information for authorities. Telephone interviews and the collection of questionnaires took place between 4.2. - 5.3.2021 after which the results were analysed between 8. - 16.3.2021 and the report was completed on 19.3.2021 in Finnish. The translations of the report was finished on 8.4.2021. The survey was carried out as part of the basic co-operation of the network of six organisations, which were able to reach out to the elderly who participate in their group activities. The report does not show the voice of the foreign-language speaking older persons who have not been reached by organisational activities. Thus, the answers of the survey cannot be generalised to speak behalf of all foreign-language speaking older people living in Finland, but it does give an indication of the thoughts of the elderly and especially their hopes regarding access to information in this unusual societal situation. In addition to the responses documented on the questionnaire, each group facilitator who conducted the interviews were, in the end, asked for an overall assessment and experience of the telephone conversations through the facilitators' own electronic form.

Background information

A total of 121 people responded to the survey (N = 121) and among them nine different native languages were represented. The language groups of the respondents, that were reached, are the same ones that are within the group activities provided by organisations. The highest number of responses was received from Russian-speaking elderly (40%), with 11-13% of all respondents were Arabic-, Chinese-, Estonian-, and Kurdish-speaking each. Language groups of less than 10% have been combined into the "other" block, which included Dari-, Persian, French- and Somalian speaking respondents. The survey reached foreign-language speaking people over the age of 50, and the respondents, who were reached the most, were 60-69-year-olds. By far the majority of respondents were women, 79%, and one-fifth of them were men, 21%. The high response rate of women has been influenced by the fact that there are generally more women than men in third sector organisational activities.

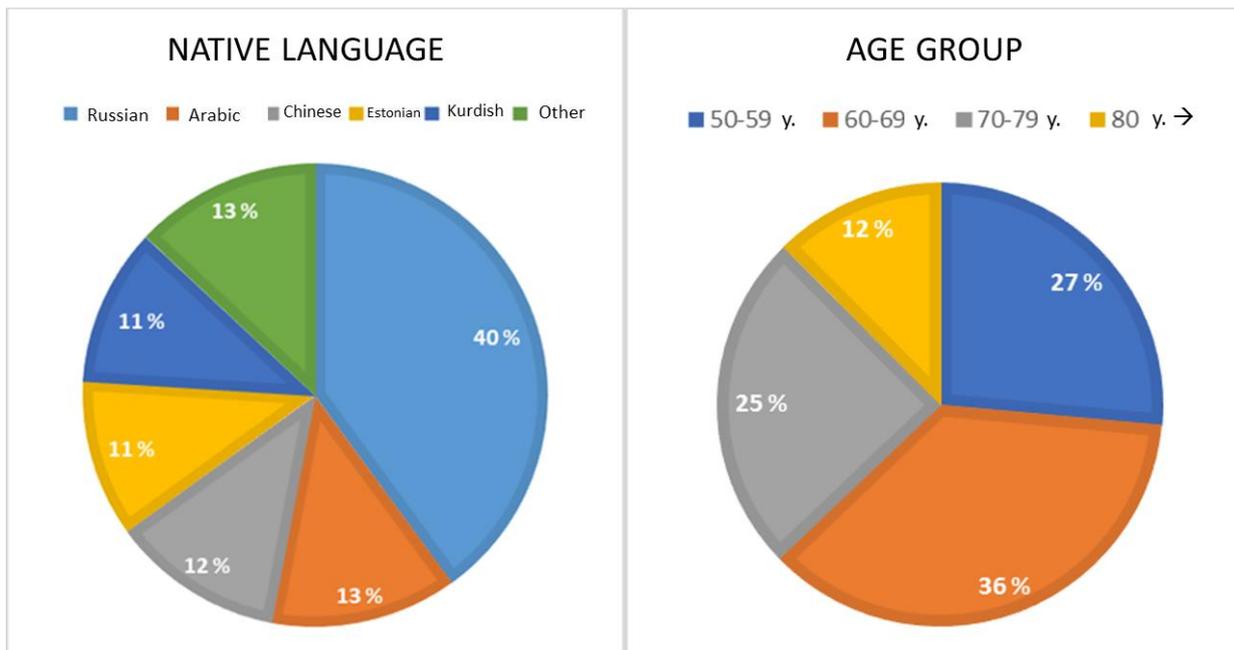


FIGURE 1 & 2: There were nine different native languages among the respondents. The “other” group includes the Dari, Persian, Somalian and French. The most easily reached respondents were 60-69-year-olds, who accounted for 36% of all respondents.

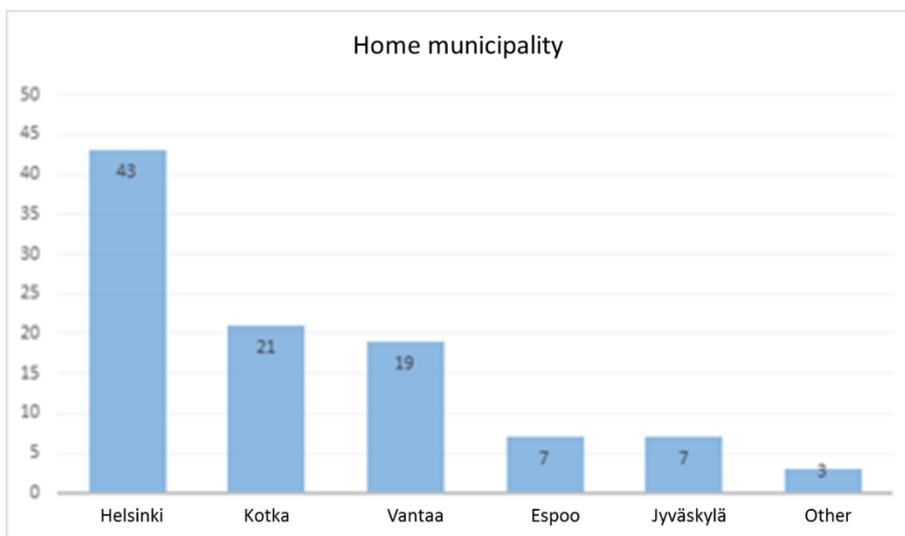


FIGURE 3: Respondents mainly live in the Helsinki metropolitan area, Kotka and Jyväskylä, in addition to which responses were received from Tampere and Pori.

Respondents mainly live in the Helsinki metropolitan area, Kotka and Jyväskylä (Figure 3). In addition, answers have been received from Tampere and Pori. The place of residence of the respondents has been influenced by the location of the organisations, as group facilitators have primarily contacted the elderly who are involved in the organisations' group activities. Most of the respondents live alone or with their spouse (Figure 4). About one-sixth live with more family members and one respondent lived with a friend. The survey also asked from whom the elderly receive help in their daily lives if necessary (Figure 5). Most people receive help from family members or relatives (n=62) or friends or neighbours in Finland (n=42). It is noteworthy that respondents of the survey felt that they received more help from third sector organisations than from the authorities when needed.

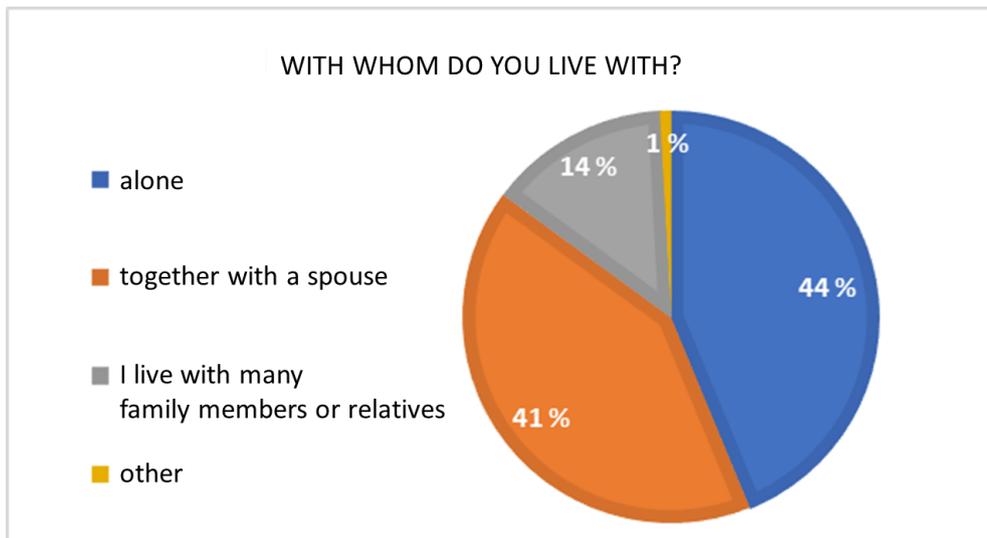


FIGURE 4: Respondents to the survey generally live either alone or with their spouse.

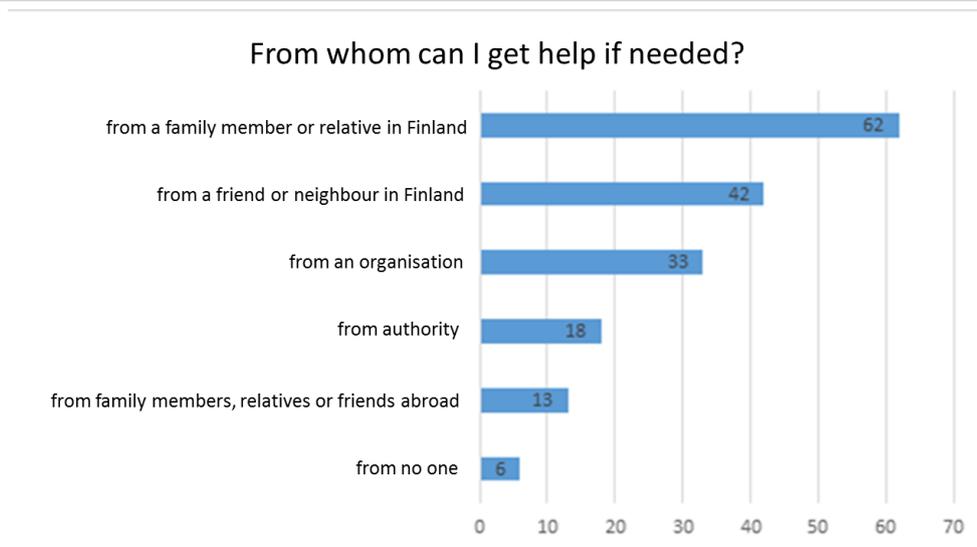


FIGURE 5: Respondents most often receive help in their daily lives from family members, relatives, or friends in Finland. Respondents were able to choose one or more options and the total number of selected answers was 208.

Attitudes towards corona vaccination

About half of the respondents (47%) intended to take a vaccination. Nearly a quarter (24%) of respondents had a negative attitude towards taking the vaccination and about a third (29%) could not yet say whether they intended to take the vaccine or not. Among the age groups 70–79-year-olds were the most positive about taking corona vaccine, 60% of them planned to take the vaccine. People over 80 had the highest percentage of respondents who were refusing vaccination (40%). About a third of respondents under the age of 70 and over the age of 80 are still hesitant to take the vaccination. The cities with the largest groups of respondents, Helsinki (52), Kotka (24) and Vantaa (23), were included in the city-specific analysis. About half of the respondents (48–50%) in Helsinki and Vantaa and less than a third of the respondents in Kotka (29%) were going to get corona vaccination. Half of Kotka's respondents were hesitant to take corona vaccination. The proportion of those who had a negative attitude towards vaccination was the highest in Helsinki (29%), and in Kotka and Vantaa one fifth had a negative attitude.

Are you going to take the corona vaccination?

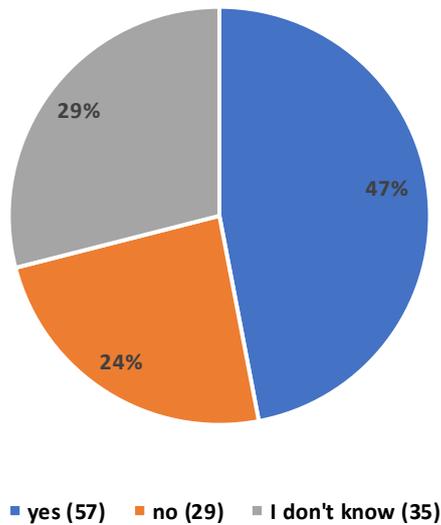


FIGURE 6: Are you going to take a corona vaccination? There were 121 respondents to the question. Of these, 47% planned to receive the corona vaccination, 24% of respondents did not plan to take the vaccination and 29% of respondents could not yet say whether or not to take the vaccination.

When analysing the results, a comparison was also made between the language groups, in which case only groups with more than 10 respondents were included in the comparison. When interpreting the answers, it should be noted that this is a relatively small sample of the elderly, and it is not possible to make universally valid estimate of the older people belonging to different foreign-language groups in Finland.

Based on the survey responses, the highest willingness to take corona vaccination was among Arabic-speaking respondents. About 75% of them

planned to be vaccinated. The lowest willingness to be vaccinated was in Estonian-speaking respondents, of whom a little over half did not plan to take the vaccine. The respondents who were the most hesitant were in Russian- and Chinese-speaking groups. **Hesitancy involving vaccinations is particularly evident in those groups that, even in open-ended responses, bring up discussion about different vaccination manufacturers.** Russian-speaking respondents raise the issue of the Sputnik V vaccine that is to be distributed in Russia, and Chinese-speaking respondents consider vaccines made in China and the possibility of choosing the vaccine themselves.

After the general question, respondents were asked a more specific reason for their attitude to vaccinations i.e., depending on the previous answer: YES= "Why are you taking a corona vaccination?", NO= "Why won't you take a vaccination?" and IDK = "Why cannot you say yet whether you're going to take a vaccination or not?". The group facilitators were instructed in advance not to list the answer options aloud, but to choose the appropriate options from the form based on a free discussion with the respondent. In the absence of a suitable alternative, the facilitator was instructed to write an open answer.

People want corona vaccination so that they do not get seriously ill

The main reason for taking the vaccination was that the respondent did not want to get seriously ill; more than 80% of respondents cited this as a reason for taking the vaccination. Nearly half of the respondents wanted to protect other people by taking the vaccination, 46%. In a few language groups, this reason proved to be very important alongside self-protection. Less than a third of respondents saw vaccination as an obligation or compliance with an official recommendation. Less than one-fifth of respondents cited the impact of vaccination recommendation from loved one's.

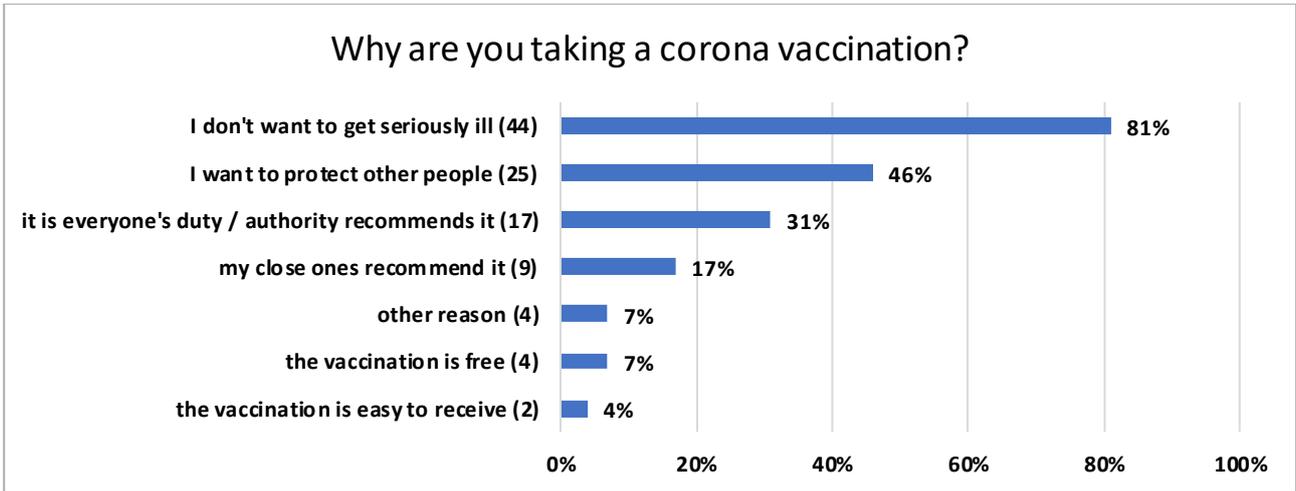


Figure 7: Number of respondents 54, number of answers selected 105. In this multiple-choice question, instructions were to choose 1 to 3 reasons mentioned by the respondent or to write an open answer in the absence of a suitable alternative.

The safety of corona vaccination is questioned by those who refuse to get vaccinated

The main reason for refusing corona vaccination was doubt about the safety of the vaccine, over 60%. A little over a quarter of respondents thought vaccination would not help and five respondents refused because they had already been diagnosed with corona. For only three of those who refused, the reason was the thought that their own health condition would set an obstacle to taking the vaccination. Of the three respondents who found vaccination arrangements too cumbersome, two were over 80 years of age. Other reasons for the respondents' negative attitude were e.g., that they did not see it necessary for them to take the vaccination.

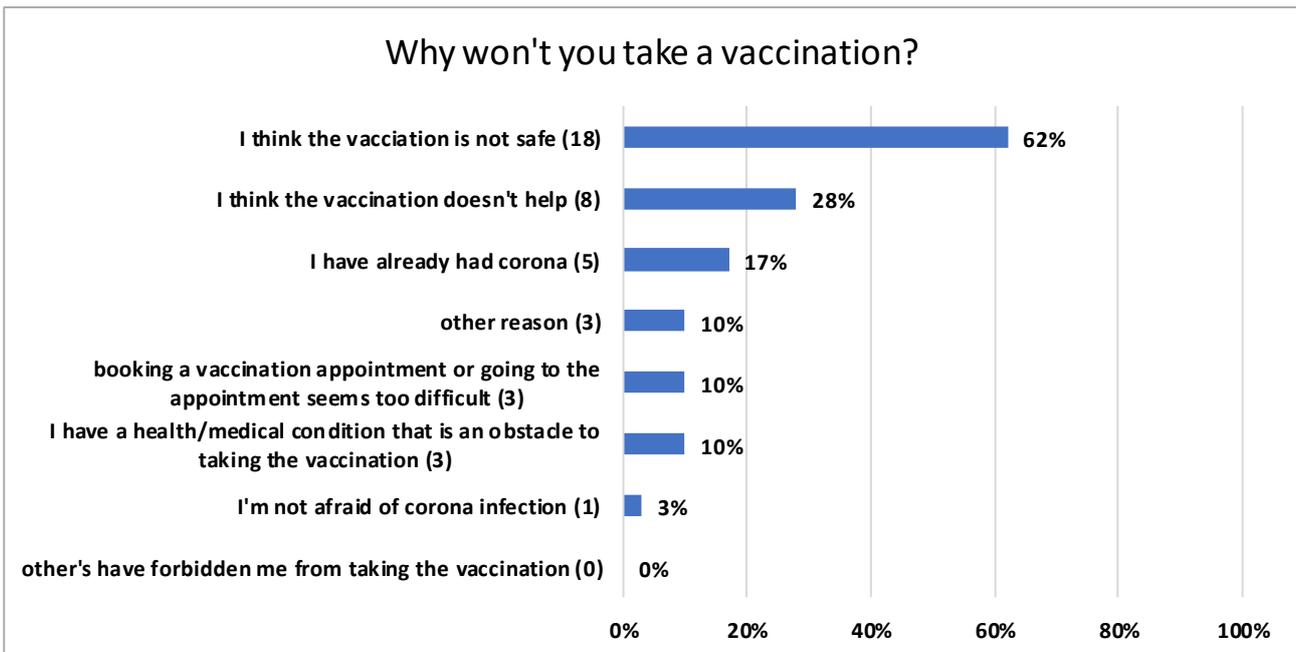


Figure 8: Number of respondents 29, number of answers selected 41. In this multiple-choice question, instructions were to choose 1 to 3 reasons mentioned by the respondent or to write an open answer in the absence of a suitable alternative.

Information on the safety and benefits of the vaccine is needed to support the decision of whether to be vaccinated or not

The main justification for the hesitation of vaccinations was a lack of information about the safety or benefits of the vaccine, with 86% of those who were hesitant thought they had not yet received enough information on these issues. One-fifth of those who were hesitant were still unaware of the vaccination arrangements. The same number of responses had been recorded under the 'other reason' section. In these answers, the elderly were pondering e.g. the effect of the vaccine for those with multiple sicknesses or for those with allergies, the respondent feared side-effects or had already suffered from corona, or the respondent wanted to receive the Sputnik V vaccine.

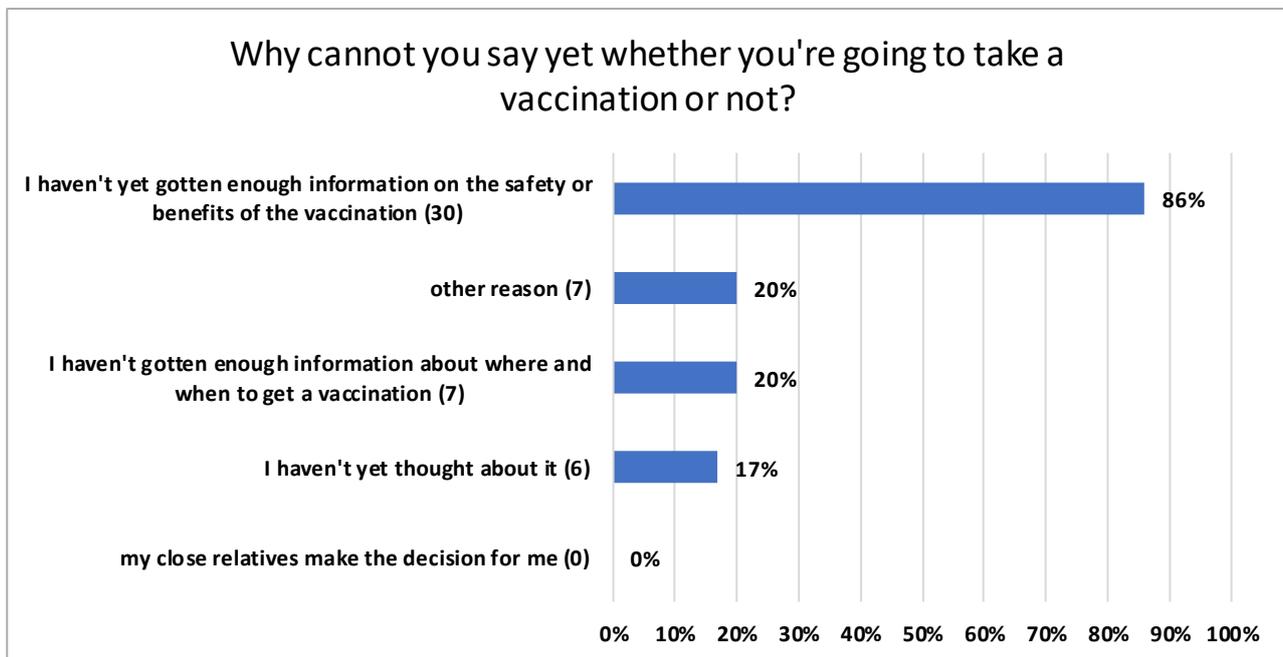


Figure 9: Number of respondents 35, number of answers selected 50. In this multiple-choice question, instructions were to choose 1 to 3 reasons mentioned by the respondent or to write an open answer in the absence of a suitable alternative

Obtaining information about corona vaccinations

The survey also examined respondents' access to information on corona vaccinations in general and where from the respondents have received information about vaccinations so far and whether they consider the information to be sufficient. At the same time, it was investigated whether the respondents had received information about the vaccination arrangements in their own municipality and the booking of vaccination time. In addition, the older people were asked about their experiences of what would be a good way for them to get more information about vaccinations and how to book a vaccination time, and how many people cope with vaccination arrangements on their own or would need help.

Sources of information for the elderly regarding corona vaccinations vary

Based on the answers, most information about corona vaccinations was obtained from Finnish TV or radio channels or newspapers (51%), family members, friends, or acquaintances in Finland (43%) or by searching independently on Finnish websites (41%). In this question it was possible to choose more than one answer. Based on the answers, it can be estimated that to obtain the most information related to corona vaccinations Finnish information channels are followed, and information is obtained from close acquaintances living in Finland. In the survey, in the 50-79 age group, about half of the respondents searched for information on the

Internet, but among those over 80, only less than one-sixth. Those aged 50-59 were most likely to seek information on social media, for those over 70 social media use was low (10%) and respondents over 80 were not using it at all. The oldest age groups have received more information from Finnish TV and radio channels as well as newspapers. People over the age of 80 received the most information from family members, friends or acquaintances living in Finland (60%). Instead access to information on corona vaccinations through family members, friends or acquaintances living abroad was not significant, accounting for about 20% in all age groups.

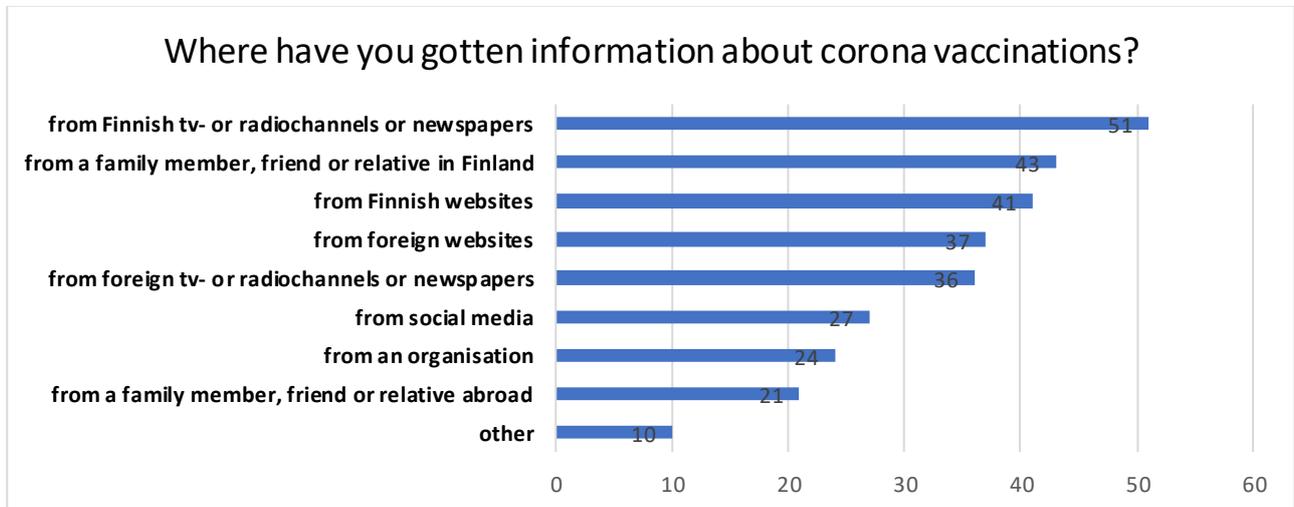


Figure 10: Respondents were able to choose more than one option, on average 3 options were chosen. The “other” answer option had provided information from the authorities in writing, face to face and by telephone.

The organisations’ part in distributing information about corona vaccinations has also been 20%. The role of the authorities in providing information has not been significant. Only 9% of the respondents have received information about corona vaccinations by post, telephone, e-mail or in a meeting with officials (e.g. social worker). Examined by language group, Persian- and Dari-speaking (88%) received the most information from Finnish websites. Estonian-, Kurdish- and Russian-speaking have received information from Finnish TV and radio channels or newspapers. Arabic- and Russian-speaking have received the most information from foreign websites or TV and radio channels or newspapers. Kurdish- and Arabic-speaking receive the most information through the group facilitators of the organisations and social media.

More accessible information is needed on municipality’s corona vaccination arrangements

More than half of the respondents, 56%, feel that they have not received enough information about how their home municipality organises corona vaccinations, and 16% do not know whether the received information was sufficient. Only in the over-80 age group more than half feel they have received enough information. The experience of accessing information gradually declines when moving to younger age groups. Among the language groups, Somali-, Dari-, Persian- and Estonian-speaking have been the most satisfied with received information, and Kurdish-, Chinese- and Russian-speaking have received the least information about the arrangements of vaccinations in their home municipality. The information should be up-to-date and preferably in one’s own language.

Communication in one's own language is considered necessary in matters related to vaccinations

The older people were inquired about their experience of needing help in vaccination matters. Respondents could choose from each statement either 1) I perform independently or 2) I need help from others. **A little over half of the respondents feel that they need some kind of help regarding vaccinations** (Table 1). 56% of respondents feel that they need help to book a vaccination appointment. On the other hand, when traveling to a vaccination site, respondents feel that they perform best independently (76%). **Particularly the eldest respondents felt that they needed help to find information about vaccinations and to schedule vaccination appointments.** The majority of Russian- and Estonian-speaking felt that they could perform independently, while in other language groups well over half felt that they needed help from others.

	I perform independently	I need help from others
Seeking information of vaccinations	51 %	49 %
Booking appointments for vaccinations	44 %	56 %
Travelling to the vaccination site	76 %	24 %
Language skills needed to understand and clarify vaccination instructions at the vaccination site	47 %	53 %

Table 1: The survey examined the respondents' need for help and independent performance. Respondents had to choose either 1) I perform independently or 2) I need help from others.

Next, the elderly were asked, with an open-ended question, what would be the easiest way for them to get information about vaccinations and, on the other hand, book an appointment for their own vaccination. **Based on the responses to the survey, the most preferable way to get information about vaccinations would be by letter to one's own home i.e., in writing or orally in one's native language** (Figure 11). Television news in one's own language is also an important source of information, as is information provided by relatives or family members. The answers clearly highlight the need for clear information in one's own language. A lot of important information is obtained through the organisations and, in the future, help from native-speaking workers will continue to be sought.

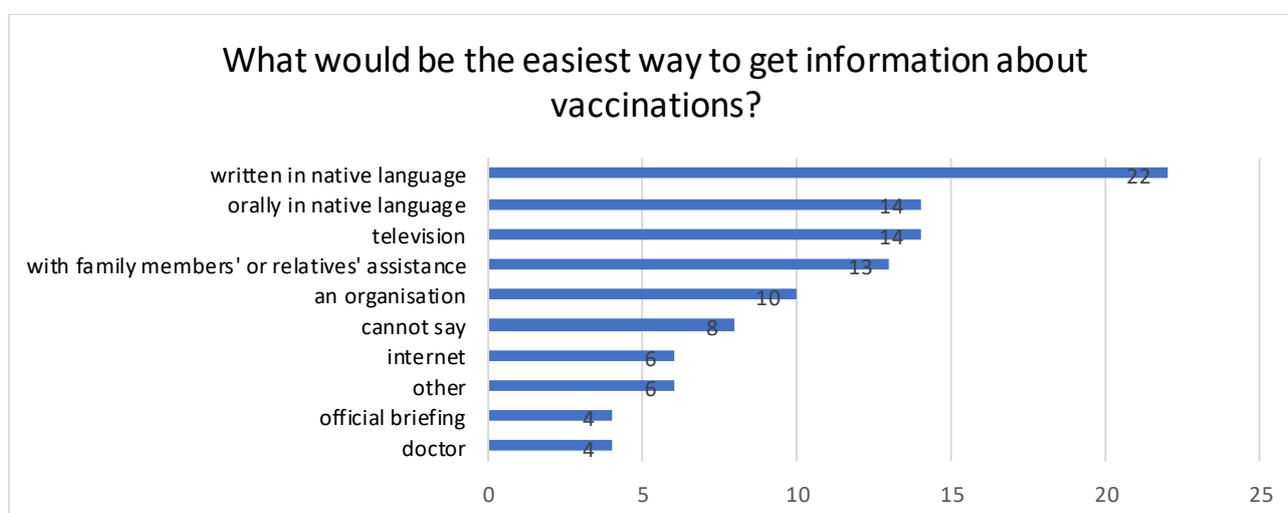


FIGURE 11: The answers to the question were open, in which case the interviewer has generally recorded the answer in a few words or a short sentence, for example: "On the phone, phone, TV, news, daughter- caregiver tells and explains." The answers have been grouped with the analysis of the working group. "Other"- option includes other means of communication, such as text messages, phone calls, and e-mail.

Respondents hope to be able to make a vaccination appointment, preferably by phone or via the Internet independently and with the help of family members or relatives (Figure 12). The help of organisation workers and authorities is also needed when booking an appointment. Some respondents wanted the authority to contact them directly e.g., by sending appointment information by letter at home. The openly recorded answers do not indicate the language in which the contact is requested, but from the observations made by the interviewers and from the answers to the multiple-choice questions primarily indicate the need for contact or assistance in their own language.

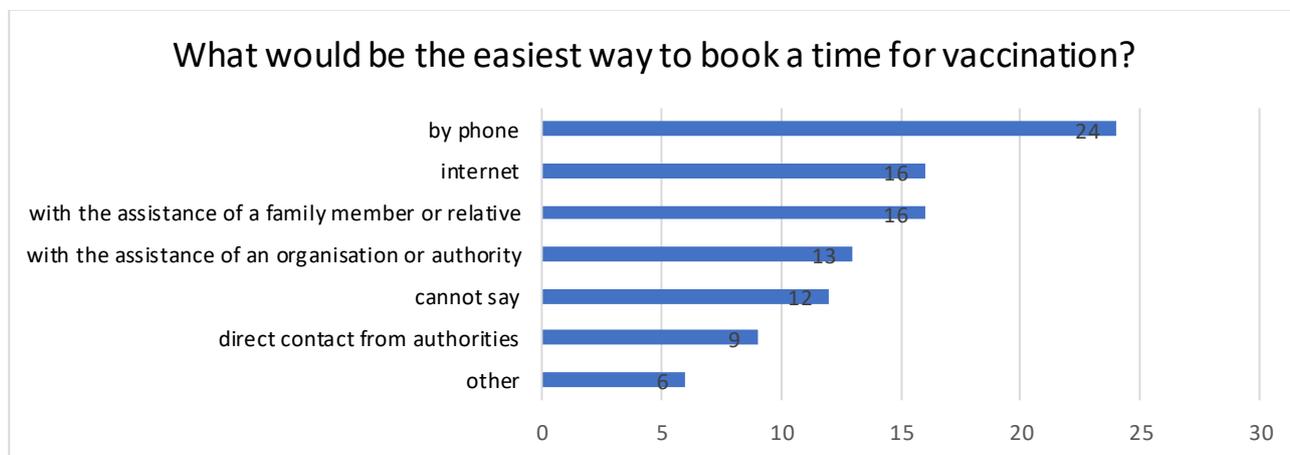


FIGURE 12: The answers to the question were open, with the interviewer generally recording the answer in a few words or short sentences, for example, “Phone, internet, I don’t know, my daughter helps, I would get the vaccination time ready at home or as a text message.” The answers have been grouped with the analysis of the working group. The “other” option includes e.g., e-mail, text message, Omakanta- and appointment application.

The older people are pondering with different perspectives on vaccinations

In addition to the questions described above, the older people have been asked what else they want to bring up regarding corona vaccinations. The answers to the question are recorded in open text, either quite shortly in a few words or in longer, more descriptive sentences. The working group has grouped open answers when analysing them. A total of 84 individual responses have been received. The responses are grouped under the following categories: A) Need for more information on corona vaccinations or -vaccines (47), B) Attitudes towards corona vaccinations or -vaccines (25), and C) ‘Negatives & positives’ regarding the current situation (12). In addition to these, several responses show different feelings about vaccinations. Concerns, fears, and uncertainties about corona vaccinations and -vaccines are widespread (36), but on the other hand, positive attitudes towards corona vaccinations also comprehensively come up in the open responses (37).

(A) Respondents who chose additional information on corona vaccinations or -vaccines would especially want information on the risks of vaccination, the safety and side effects of vaccines, and the suitability of the vaccine selected for them based on age group or risk group (20). For the time being, the person to be vaccinated in Finland cannot choose which vaccine manufacturer’s vaccine to take, but the matter will be determined according to their own vaccination group (THL 2021). In addition, the responses requested more general information on vaccines and vaccinations in their native language (14) and repeated the wish to receive a direct letter of an invitation to vaccination delivered at home (13).

B) Responses describing attitudes towards vaccine and vaccination indicated a desire to receive a vaccine (14) and a desire to receive a certain type of vaccine, such as the Sputnik V vaccine (6). Vaccine refusal was also confirmed in some open responses (5).

C) 'Negatives & positives' - comments include criticism (4), expression of emotion (3) and gratitude (4). A large proportion of respondents have concerns and hesitations about making a decision about vaccinations. The comments emphasise the lack of information or its uncertainty and delay, issues related to the availability of necessary information, and the request for correct and reliable information.

Attitudes towards vaccinations are brought up from many different perspectives. Some respondents have raised only one aspect related to the topic others bring up a few different issues at a time. A large part of respondents has so far had no personal experience with corona vaccination. Own or relative's vaccination was mentioned in a small proportion of responses (7). Some respondents highlight the need for dialogue with the authorities in the future (e.g., THL, government and municipalities). **More discussion is wanted regarding e.g., the types of vaccines, the known risks and harms to health, the parties responsible for any side effects of vaccination and the voluntary nature of vaccination in society.** In addition, the respondents would like to receive information on how receiving vaccination is related to traveling abroad in the future e.g., whether a vaccination certificate is required and whether the vaccine obtained in Finland is valid in the destination countries.

Deepening the questionnaire material with the facilitators' questionnaire

The thoughts and experiences of foreign-language speaking elderly, about corona vaccinations and -vaccines, were mapped by the native-speaking group facilitators from six different organisations. After the telephone survey, in-depth information, and experiences about the calls and about issues related to vaccinations that arose in the group activities of the organisations were gathered from the facilitators who conducted the interviews. The facilitators' questionnaire was answered by a total of 8 workers who were interviewing the elderly in Arabic, Dari, Farsi, Russian, Chinese, Kurdish, Somali, and Estonian. To expand on the responses, the facilitators were asked to write down things they remembered after the survey or issues which may not have been possible to be recorded in a suitable place on the actual response form. Because the facilitators who conducted the interviews have worked with their groups for a long time, they have gained confidential relationships with the group members in their native language. Thus, the facilitators had gained a personal sense of what the foreign-language speaking elderly think and what they are pondering about right now. The facilitators were asked:

- 1) Did the clients' interviews reveal any additional information on the topic that could not be recorded on the form?
- 2) What kind of feeling did you get about the situation or attitudes of your clients when you interviewed them?
- 3) What was your impression of how qualitative and accurate information the clients have received about corona vaccinations?
- 4) What kind of information do you think the clients would have needed regarding corona vaccinations?

Need for information on the vaccination process and the effects of vaccinations

Almost all interviewers noted the elderly's lack of knowledge about the overall vaccination process. The interviewers themselves felt that they lacked the necessary information regarding corona vaccinations. Uncertainty was experienced regarding, among other things, where, when and how the elderly can get vaccinated, how information about their own vaccination appointment is reported and how everyone can register for vaccination. The experience of the facilitators was that the appointment of vaccinations has been badly overcrowded. **The elderly would also have needed more information about the composition of the vaccines and the reaction of the vaccines in the body.**

The facilitators felt that, in general, there was not enough information, or it was not accessible. It would be important that the available information, on corona situation and -vaccinations, is official and up-to-date with THL and the health authorities. **The most common question asked of facilitators was about the side effects of vaccinations.** Instructors were asked, among other things, what are the side-effects, how often they occur, what should be done if they occur, and where can help be found if needed? In addition, the facilitators were asked if very old and sick can be vaccinated and why they are not instructed to visit a doctor before vaccination? **The elderly were also interested in how the different vaccines differ from each other and whether it is possible to choose a specific vaccine manufacturer.** According to the facilitators' experiences, there were also those among the respondents who assumed that vaccines could lead to death and wanted to discuss the matter more deeply with the facilitator. **The elderly respondents would like to decide for themselves which vaccine to receive.** At this point, the facilitators highlighted the importance of reassuring and calming people that everyone who wants to will be vaccinated. It would be crucial to support organisations and congregations with the informing so that the information on vaccinations can genuinely reach the foreign-language speaking elderly as well as other people in a challenging situation or those who are inaccessible to information.

Access to information

According to the facilitators who acted as interviewers, most of the elderly do not understand Finnish or English but need information in their native language. The facilitators at JADE Action Centre documented the group members' satisfaction with receiving Yle's weekly foreign-language news videos as links to their own message group, for example via WhatsApp or WeChat (in Somali, Arabic, Kurdish-Sorani, and Dari). In addition, respondents were pleased with the new government policies sent to them and the up-to-date vaccination lists in various cities. Official information from the state or municipalities were translated into various languages which has been perceived as important and people were grateful for it. On the other hand, the fact that in Finland it was decided to extend the interval between two vaccinations to three months, even though in other countries vaccination is carried out according to the pharmaceutical company's instructions within a maximum of 21 days, aroused resentment among the respondents. The facilitators notices that sharing official information on social media increased the activity of the elderly, although in general this age group is not very active there.

The older people's wishes for information and practical help

The facilitators noted that **the elderly would feel safer if, instead of booking a vaccination time themselves, they would be informed by letter or telephone when and where to go for vaccination.** An example that was brought up was breast cancer screening, in which women receive ready-made appointment via a letter at home. This would bring peace and reassurance that they have not been forgotten. Examples of such practices can be found e.g., in Estonia and Israel. A direct phone call for the elderly would reduce anxiety and provide an opportunity to clarify details and to directly ask from a professional about matters of concern. **Some of**

the elderly also needed practical assistance with the vaccination process. From JADE Action Centre came requests for help with booking the vaccination time and to find a support person to accompany to the vaccination site. The elderly are afraid that their Finnish language skills will not be enough when the vaccination is given and a support person or interpreter would be needed for the situation.

Emotions and experiences expressed by respondents

Many group facilitator noted that **the interviewees had feelings of fear, anxiety, loneliness, and insecurity. Many older people are alone and need help with the vaccination process.** Some respondents noted that other important aspects of life have been left untouched because of corona restrictions, causing problems to pile up. For example, access to social and health services now takes longer than before. It is difficult to make appointments with a doctor and surgical procedures are postponed. In addition to the fear of getting infected with corona, there is concerns for general well-being and ability to get by.

The facilitators indicated that all respondents were happy to participate in the interview, regardless of whether they had a positive or negative attitude towards the actual vaccinations. The topic is very important for the elderly in general. The facilitators had also recorded the observation that, on the other hand, the current situation is not as stressful as in the spring of 2020 and the early days of the corona epidemic. Now many respondents want to hear positive news of what is happening after the corona crisis. **Many want a stronger message that there will be light at the end of the tunnel and many believe that we will get out of the crisis through joint efforts.** Some expressed their concerns about whether there is money for the activities of public organisations during or after the crisis. There are also concerns about whether there is money in society to do various activities that are important for the elderly when corona has taken all the money.

Discussion

The survey was conducted at a time when only a relatively small proportion of the population had been vaccinated and the vaccinations were mainly given to the oldest age groups. At the time of the survey, about half, as in 47%, of the respondents had already decided to receive corona vaccination, almost a quarter, as in 24%, were negative about the vaccination and 29% were still reluctant to take the vaccine at the time of the survey. Vaccine coverage would be below the target level based on this survey if a reluctant group of respondents would not be persuaded to take the vaccine. The general trend in Finland has been that as the number of vaccinated people increases, so does the willingness to take vaccinations. This perspective was also raised in a few open-ended responses, in which those who were hesitant expressed a desire to monitor the impact of taking vaccination in their close circles e.g., whether the vaccination has side effects. The focus is strongly on the experiences that foreign-language speaking elderly hear from vaccinated people in their immediate circle or how relatives and friends feel about the vaccinations.

The responses to the survey showed that more information is needed on the safety and benefits of vaccinations, preferably in their own native language and in a way that is accessible to the elderly. Obtaining comprehensible and sufficiently in-depth information about vaccines could turn especially those who are hesitant about vaccines to vaccine receivers. The possible side effects of vaccinations are a matter of concern within the foreign-language speaking elderly. It may be that news or rumours from abroad about the side effects of vaccines also effectively reach the foreign-language speaking population and they may not have any part in the discussion among Finnish-speakers or the general public. Therefore, it would be important to obtain up-to-date and adequate information, which would alleviate fears and uncertainties, from reliable sources. The importance of available information in one's native language cannot be overemphasized. Based

on the survey, it can be stated that information produced from official sources should preferably be translated at least for the largest foreign-language groups as well as in plain Finnish. Investing in achievable, clear, and up-to-date communication is very important in an unusual societal situation.

The organisations' group facilitators also had ideas on how to better distribute socially important information to foreign-language groups. Facilitators call for training, especially for group facilitators, so that they receive the information they need to give quality customer guidance and counselling. It is especially important to provide support for group members whose Finnish language skills are insufficient to absorb the information that is generally available. The possibility of conversation in your own native language reduces the fear and stress in general associated with vaccinations. Some of the facilitators pointed out that they were not always sure how to answer to their more detailed questions or problems raised by the elderly during the telephone survey.

We have suggested to THL that they maintain, on their website, an up to date, plain-language slide show on the corona situation, corona vaccinations and -vaccines, which the facilitators could go through with the group members in their remote discussion groups. This would help the foreign-language speaking population to get the up-to-date information they need in their native language from people they already trust and often turn to with their questions. There is a lot of false and misinformation circulating, especially on social media, so it is important to get the right and reliable information from a trusted facilitator that inspires trust. With this report, we would like to point out that access to information, thinking and behaviour may be different for the elderly than for working age or younger age groups, in which case research should also be done for the foreign-language speaking elderly (cf. Skogberg et al. 2021, THL MigCOVID).

The present questionnaire data were compiled before the vaccinations of the largest age groups and only a small part of the respondents had personal experience with vaccinations. So far, most of the respondents were not among those to be vaccinated in their home municipality. In the future, it would also be good to know how the elderly cope with everything related to vaccinations, taking into account their own vaccination schedule, making an appointment and the vaccination process as a whole. According to the survey, more than half of the foreign-language speaking elderly need help with one or more issues related to vaccinations.

Based on this study, it appears that the elderly, in the native language group activities carried out by the organisations, feel that they receive support and information on the corona situation and vaccination issues, which can also be seen as having a positive effect on vaccine favourability. On the other hand, those who are further away from group activities and the trust they have built in their own community or Finnish society may not receive enough information or have the opportunity to have the necessary discussion. In this case, opinions about vaccinations are formed only through related parties, one's own information gathering, or images created by the media. Reliable information and the opportunity to ask and discuss things for yourself are important for the experience of safety and belonging as well as for further behaviour and adherence to various recommendations.

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