



Firoz Lalji Institute
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Vaccine Calculations among Diaspora Populations

Evidence from South Sudanese communities in Canada

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Ethnographies of (Dis)Engagement: Understanding Vaccine Rejection in Chronically Neglected Communities across the G7

Abstract

This brief explores understandings, and experiences of COVID-19 vaccines among South Sudanese diaspora members living across Canada. Members of this community, along with other members of African diaspora populations globally, have been considered to be vaccine 'hesitant'.

By contrast, we find that many South Sudanese Canadians have accepted a vaccine. Yet, this has not been linked to the formation of trust with the healthcare system or the government. Rather, fears of vaccine side-effects persisted, and many considered their decision-making compromised.

This brief places sentiments in the context of adverse experiences of the COVID-19 pandemic, which have fostered trust in diaspora networks, maintained both virtually and physically, where vaccine misinformation has circulated.

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The Firoz Lalji Institute for Africa (FLIA) focuses on engagement with Africa through cutting-edge research, teaching and public events, strengthening LSE's long-term commitment to placing Africa at the heart of understandings and debates on global issues.

Vaccine Calculations among Diaspora Populations: Evidence from South Sudanese communities in Canada

1.1 Introduction

This brief explores understandings, and experiences of COVID-19 vaccines among South Sudanese diaspora members living across Canada. Members of this community, along with other members of African diaspora populations globally, have been considered to be vaccine 'hesitant'. Accordingly, policy approaches have been designed to boost engagement with vaccine campaigns, and the healthcare system. Nominally, COVID-19 vaccine campaigns have been lauded as an opportunity to build wider trust relationships in the healthcare system.

We find that many South Sudanese Canadians have accepted a vaccine. Yet, this has not been linked to the formation of trust with Western biomedicine or the Canadian state. Rather, fears of vaccine side-effects persisted, and many considered their decision-making compromised. This brief places sentiments in the context of adverse experiences of the COVID-19 pandemic, which have fostered trust in diaspora networks, maintained both virtually and physically, where vaccine misinformation has circulated. The isolation incurred during COVID-19 restrictions have linked to rising solidarity amongst transnational South Sudanese diaspora. Misinformation, which influences understandings of COVID-19 vaccines, is implicated within these shifts.

The brief has been compiled by Malith Kur (McGill University), Dr Naomi Pendle (University of Bath) and Dr Elizabeth Storer (LSE). Research was conducted within the "Ethnographies of Disengagement" project, hosted at the Firoz Lalji Institute, London School of Economics. Findings presented herein are based on ethnographic research conducted physically and remotely in Canada (and the UK) between December 2021 and January 2022. As a member of the South Sudanese diaspora, Malith Kur facilitated the construction of a network of interlocutors. Along with Kur, Dr Naomi Pendle conducted interviews and focus groups in London, Ontario during January 2022. During this time, fears of the severity of the omicron variant were looming, and vaccine passes were tied to the right to work, travel across borders and access some public spaces across Canadian provinces. This formed the context of viral risk and governance and affected our interlocutors' understandings of the virus.

1.2 Key Findings

- We found that the vaccination rate is high among South Sudanese Canadians. Rather than being vaccine “hesitant”, many have complied with government vaccines rollouts.
- Many South Sudanese Canadians reported that they did not accept the vaccines voluntarily. Rather, government mandates and proof of vaccination in workplaces compelled many to get the shots.
- Mistrust in vaccines stems from sense of loss and isolation which existed prior to the COVID-19 pandemic. Disenfranchisement was deepened by pandemic policies which restricted social movement. Many South Sudanese Canadians are employed in ‘essential’ forms of work and live with families or other renters in overcrowded and cramped dwellings. On account of this heightened vulnerability produced through relative poverty, many contracted COVID-19. It was perceived that rates were higher than in the general population.
- Deaths from the virus were experiences communally. Despite the denial of in-person funerary rites, news of fatalities was spread over Whatsapp and social media. Such events galvanised a sense that policies had ignored South Sudanese needs.
- Sentiments fed into the vaccination campaigns. South Sudanese Canadians feel disempowered that leaders, churches and diaspora associations were not consulted. This has promoted a sense that the vaccine campaign is “not for us”.
- In turn, many have sought support and information from diaspora networks. These fora have served as a deliberative space where fears of the vaccine can be shared and debated. This has given misinformation spread by transnational diaspora members increased credibility.

1.3 Experiences of the COVID-19 Pandemic

Many of our South Sudanese Canadian interlocutors had fled South Sudan prior to 2005, after experiencing the violence of prolonged civil war. Before arriving in Canada, many had been refugees in East and North Africa. Government-sponsored resettlement program in the mid-1990s attracted many to Canada. Despite being settled for many years, our interlocutors explained that their identities and opportunities in Canada were still being navigated and made. Many explained that despite

obtaining a Canadian education, structural discrimination prevented them accessing well-paid jobs and living prosperous lives. Whilst the COVID-19 pandemic did not produce feelings of disenfranchisement resulting from structural racism, it did deepen a sense of disconnection among our interlocutors.

Production of Vulnerability

The COVID-19 pandemic, and associated restrictions, brought fundamental changes to diaspora communities throughout 2020-22. Many South Sudanese earn low incomes and rely on government social transfers to make ends meet. Like other minority groups, many South Sudanese Canadian families live in social housing complexes, which are usually congested and located in deprived urban areas.

Many South Sudanese Canadians work in types of employment which were considered mandatory throughout the pandemic. Our interlocutors were frontline workers, including taxi drivers and nursing home employees, or worked in factories. Groups were rendered particularly vulnerable to contracting the virus. Accordingly, over the last two years, many South Sudanese Canadians have suffered illness, and experienced loss related to COVID-19. Lives in Canada rendered people particularly vulnerable to suffering from viral risk.

Social Dislocation

The Canadian government's COVID-19 restrictions deeply impacted social connectivity. Compliance was also enforced by fears of contracting the virus and being responsible for its spread among diaspora communities. A nurse in London, Ontario, explained: "[I] fear coronavirus as a frontline worker at nursing home. I may get infected and bring it to my children." Restrictions were felt acutely for South Sudanese Canadians, who explained that their sense of community relied on a combination of adhoc visits, as well as organised events with other diaspora members. COVID-19 and its restrictions also prevented large, north American gatherings of South Sudanese. Annual meetings that gathered thousands of South Sudanese from Canada and the USA, and that involved dancing, sports and talks, had to be cancelled. The most restrictive COVID-19 measures were implemented in urban areas, such as London and Toronto in Canada.

Additionally, South Sudanese Canadians were particularly affected by travel restrictions. One man in Charles Town, Prince Edward, summarised: *"[t]he only problem is that South Sudanese are scattered around Canada. Most of us find themselves in isolated places with few friends to talk or interact with in many cases. Loneliness is a major issue for me"*. International travel bans also impacted people's ability to spend time with community abroad. One male respondent explained: *"The current pandemic has affected my life in many ways. It has halted my travel plans. I wanted to go to South Sudan in 2020 for the first time since I left in 1985, but the virus changed that plan. In addition, the virus has caused isolation in our community. We enjoy socialising with one another, but now, it is not possible for many people to gather in one place. People are afraid to carry the virus to others."*

Disruption to Funerary Rites

Given the vulnerabilities created through minoritised groups' socio-economic situations, many of interlocutors had direct experience of managing deaths from COVID-19. Awareness about these deaths travelled fast among South Sudanese, who are linked physically and virtually to other members of the diaspora. In addition, deaths from the global South Sudanese community from COVID-19 were also quickly shared through diasporic networks, meaning that many South Sudanese felt these losses as proximate and personal. These shared experiences have created anxiety and shared grief among all South Sudanese Canadians, sentiments which have been compounded to restrictions on funerary rights.

Funerals provided a moment to lament these immediate tragedies on a collective level, as well as serving as a reminder of the forms of community which were lost. For example, in London (UK) South Sudanese communities still regularly gather in-person to mourn by going to the home of the family of the deceased on specified days. When this was not possible because of COVID-19 restrictions, families hosted open-houses on Zoom. They set up Zoom meetings on TVs in their lounge and friends and family would come and go to the Zoom call through the day in order to offer words of comfort.

In all, it has been difficult for many South Sudanese Canadians to endure the COVID-19 pandemic, in emotional, social and economic terms. The pandemic has been experienced simultaneously as a viral and a cultural shock. As a community forming identities and lives, the pandemic was considered to

prevent forms of coming together crucial to survive difficult socio-economic realities. Such experiences have provided an immediate context upon which vaccines have been interpreted.

1.4 Vaccine Uptake

To date, over 83.38% of Canadians have been vaccinated.¹ Our ethnographic research indicated that the vaccination rate is high among South Sudanese Canadians. Yet, many reported that they did not accept the vaccines voluntarily. Rather, government mandates which necessitated proof of vaccination to access employment in workplaces compelled most to get the shot. One interviewee encapsulated this experience: *"I was coerced and forced to take the vaccine that I did not want. That has affected me psychologically because I do not know the long-term effect of this vaccine on my health. Through government mandate, my workplace required me to take the vaccine whether I work remotely or not. It was disappointing that people did not have a choice"*. Our interlocutors in Ontario, Alberta, Manitoba, Saskatchewan and Prince Edward Island, despite having received full doses of the available vaccines, remained concerned about long-term side effects of the vaccine on their health. Fears of side effects persisted even if physiological symptoms were not experienced.

Exact statistics about vaccinated and unvaccinated South Sudanese Canadians are unknown. In this study, community and church leaders estimated the number of unvaccinated (as of January), to be between 5-10% of South Sudanese in their communities. Our interlocutors suggest that unvaccinated South Sudanese Canadians include men, women and young people. Community leaders emphasised emerging youth reluctance to get vaccinated.

Reasons for Mistrust

By contrast to studies which suggest that disenfranchised groups mistrust the government, many South Sudanese Canadians expressed support for the Canadian government, and gratitude for the welfare and healthcare provided through the state. People expressed trust in doctors and health services in Canada. Yet, COVID-19 policies, including vaccination, were conceived differently. As indicative of the distrust fostered through vaccine interventions, it is notable that several of our

¹ Government of Canada, 'Vaccine Coverage: COVID-19 Vaccination in Canada'. Jan 21, 2022. <https://health-infobase.canada.ca/COVID-19/vaccination-coverage/>

interlocutors equated the process to a reminder of war, when too, there was no freedom for individuals to make choices.

Disempowerment

Many explained that the Canadian and provincial governments did not share the priorities of diaspora communities. Pre-vaccination COVID-19 responses, which were conceived as detrimental to individual and communal interest, produced distrust in the government's policies and priorities, which were activated in relation to the vaccination campaign.

Our interlocutors explained that whilst many minority groups have representation in Canada, this was not the case for South Sudanese people. Without political channels to voice experiences of the pandemic, many articulated feelings of disempowerment. It was perceived that there had been no efforts to incorporate, or include, South Sudanese people. Particularly, people reported feelings of marginality stemming from the lack of government inclusion of leaders, churches and diaspora associations who serve as figureheads of communities.

Vaccine Inefficacy

Other reported reluctance or regret in relation to observed lived experience. At the time of research, people expressed concern that cases continued to be registered, even after one or two vaccine shots had been accepted by an individual. One young person explained: *"the vaccines are not working. They do not stop the virus"*.

Fear about the COVID-19 vaccine was also layered with prior knowledge of medical experiments. South Sudanese community leaders referred to historical events when Africans were exposed to numerous unethical medical trials or procedures over time, which has eroded faith in pharmaceutical companies in some parts of Africa. During COVID-19, these fears were compounded by inequalities in

vaccine distribution to Africa, and awareness of the shortcomings of the COVAX vaccines scheme. This overall context has, understandably, created a general climate of distrust in vaccines.²

Engagement with Online Networks Spreading Misinformation

With movement restricted, online connectivity has become increasingly important. Many South Sudanese Canadians remain part of epistemic communities in South Sudan, and share knowledge and ideas, including health information, through social media. Some of interlocutors among South Sudanese Canadians indicated that they received calls from relatives and friends in South Sudan, advising them to reject the vaccines. Social media has made it easy for people to instantly share information about the COVID-19 vaccine in different parts of the world and across global South Sudanese communities. This has had particular impact among diaspora communities, who have long relied on trust relationships maintained at a distance.

Many adults who had resisted vaccination, explained that rumours they receive from friends and relatives on social media were the primary cause for vaccine fears. As Christians, many had come to associate COVID-19 and vaccines with “signs of the beast” mentioned in the Bible, which, for them, signal the end of times. For devout Pentecostal Christians connected through social media, rejecting the vaccine had become a form of spiritual warfare. Some explained that their faith, and decisions to be guided by it, were connected to their long experiences of surviving war and sickness. For many others, particularly younger people born in Canada, conspiracies propagated through social media, particularly those that equate COVID-19 vaccines to infertility, were persuasive.

There is important context to this trust in social media. Many South Sudanese are members of WhatsApp groups and Facebook pages that link them to discussions in South Sudan. Many pay particular attention to conflict dynamics, and reports of violence from home. As an empirical portrait, during this research in January 2022, South Sudanese in London (Canada) were receiving live-updates and analysis via friends on WhatsApp about a violent incident in Jonglei State (South Sudan).

² Quinn, S., Jamison, A., Musa, D., Hilyard, K., & Freimuth, V. ‘Exploring the Continuum of Vaccine Hesitancy Between African American and White Adults: Results of a Qualitative Study’. *PLOS Currents Outbreaks*, p. Edition 1 (2016).

WhatsApp groups which had been used to share political and conflict updates, have hosted debates about COVID-19 and vaccinations. The confluence of these types of information, gives legitimacy to misinformation about vaccines (since political information is, whilst debated, often considered true). But more cogently, participating in these groups reinforces people's social and epistemic connections to South Sudan. In the context of disempowering vaccines campaigns which did not reflect South Sudanese interests, many have turned to these fora for guidance in uncertain times.

Many have turned to online fora where they can discuss opinions with friends, relatives, or distant South Sudanese contexts, who take note of their decision making. By contrast to the distance of state policymaking, online deliberations seem more proximate, in that participants demonstrate empathy and listen to one another.

1.5 Key Recommendations

Though the COVID-19 pandemic has presented deep challenges for South Sudanese Canadians, we also found reasons for optimism. If rolled out inclusively, vaccine campaigns provide a key opportunity to build trust and inclusion in Canadian society. In order to encourage equitable engagement with vaccination campaigns, we suggest the following strategies could be adapted by federal, provincial and municipal government representatives:

- Throughout this research, it was clear that South Sudanese Canadians wanted to be heard in government policymaking. It is important to involve community leaders, church pastors, as well as diaspora organisations in policymaking. Diaspora communities are well organised, and thus as easy for provincial state workers to access.
- It is important to create space for deliberative discussion within engagement attempts. It is essential for mediators to appreciate that decisions about vaccines do not solely relate to health, and the necessity to create for South Sudanese Canadians to discuss their experiences of the pandemic, as well as prior experiences of disenfranchisement and medical mistrust
- Information campaigns rely on the incorporation of these influential community voices. It is important that transparent information on vaccine brands and side effects is offered to

community leaders. These individuals should be encouraged to spread this information online and offline.

- Church pastors and leaders are highly influential sources of information. As trusted leaders, it is essential to promote buy in amongst religious leaders, who serve as direct influencers on their congregation's health-seeking behaviour.
- It is important for health information relating to vaccine campaigns to be twinned with signposting for psycho-social support, to allow the option for South Sudanese Canadians to manage experiences of grief and conflict trauma.



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