## Mediation as a strategy for promoting COVID vaccination uptake amongst UK Bangladeshis

These recommendations are based on the emerging findings (see page 2) from our ESRC funded project – a collaboration between researchers at King's College London and the Swadinhata Trust looking at East London Bangladeshi experiences of the pandemic. Our data provides strong indications that **information sharing is fundamental** to accessing, interpreting and applying messages to managing everyday risk within these communities. This holds in particular for **a vulnerable subgroup**, who tend to be older (over 65), more often female and predominantly **reliant on an oral language** (Sylheti) to access information. There are two types of information sharing that we have observed – *incidental sharing* and *mediation*. Incidental sharing typically involves carers, family members and acquaintances acting as linguistic gatekeepers of information in English for community elders. **Mediation** involves the strategic cross-linguistic and cross-cultural translation of information to promote messages as more intelligible, personally relevant, credible and actionable as part of formal and informal risk communication systems. Our data suggests that policies that actively promote mediation as a dissemination strategy are likely to increase compliance and vaccine uptake when based on the following principles:

**Messenger is key**
People well placed as mediators are those with position and influence in the eyes of the community – community and religious leaders, local politicians (e.g. counsellors), local health experts (GPs, pharmacists). Mediators could also be trusted family members, friends and acquaintances recruited, e.g. via appropriate messaging, to fulfil this role. Good mediators need to be comfortable with fact-based reasoning about COVID-19 and vaccine efficacy and possess the linguistic and cultural knowledge for cross-linguistic and cross-cultural translation.

**Mediation should be personal**
There was a strong preference for face to face communication amongst our older participants. Knocking on doors, in-person chats are the most valued, alongside telephone calls. Similarly, oral, video-based media are preferred to print media and posters. Trust is dependent on the mediator locating themselves in the community if this is not apparent by saying who you are, who you know that they know, and/or announcing your expertise.

**Messages should have a story**
Narrative can work as a powerful and persuasive knowledge framework, particularly for speakers of oral languages like Sylheti. It is possible to frame vaccination within a narrative in which the act of getting vaccinated empowers the community by helping business reopen, people to see loved ones again and the easing of lockdown restrictions. Crucially, **vaccination should not be framed as the end of the story**, as there are still transmission risks, but as one of the resolutions that will help lead events of the story to a happier conclusion. Anecdote is also important, e.g. experiential examples from other trusted members of the community that have had the vaccination and are happy they took it. Messages also have their own story that is part of the persuasion – where did you hear this? who did this person hear it from? etc. Attribution to trusted mediators will obviously enhance persuasiveness.

**Emerging findings from the UKRI (ESRC) funded project *Social learning about COVID-19 vulnerability and social distancing in high density populations: the case of UK urban dwelling Bangladeshis***

This summary is based on our ongoing analysis of 37 interviews with older (over 65) members of the Bangladeshi communities in Tower Hamlets and people in their immediate and wider support networks – friends, relatives, community workers, pharmacists, counsellors and activists.

This indicates the presence of **a vulnerable subgroup of Bangladeshis**, who were older, more often female, and predominantly reliant on an oral language (Sylheti) to access information. Our participants in this group tended to **frame their knowledge of COVID-19** and their experiences **through stories and anecdotes**. From these we saw the emergence of **fatalistic attitudes**, e.g. that COVID health outcomes will ultimately be decided by God. This indicates a need for intervention if compliance is to be maintained and new measures, such as vaccination are to be adopted by those most vulnerable to the effects of COVID. Furthermore, we noted a tendency to avoid media reports/messaging in Bangla and other languages due to **information overload** and **a perceived lack of agency** in facing a threat of such magnitude. A combination of a **reliance on information shared by others** and a **preference for face to face communication** potentially makes mediation the solely effective communication strategy for this group.

We found common tendencies across our sample (older male and female participants and members of their support network) in terms of **risk perception** and **trust**. Most seemed to know about transmission vectors (e.g. touch) and messaging (keeping a distance), but **long-term compliance** seemed to be **affected by social cultural pressures**, e.g. to meet other family members. In contrast, the **perception of risk to others** (family and the community) appeared to **a primary driver** of compliant behaviour and the perceived need for maintaining social distancing measures. **Trust** is a key factor in any risk communication scenario as it affects how messages are interpreted and acted upon. Our data also indicated an important role for distrust, which some participants drew upon as justification for non-compliance. We found **higher trust for messengers who were closer to the person** (e.g. family members) **and the community** (e.g. other Bangladeshis). Similarly, while **"government" advice** was trusted as **the official story**, participants expressed **distrust in individual politicians** due to their handling of the pandemic, particularly in relation to Bangladeshis and other ethnic minority groups. It is a different story for **local politicians**, such as counsellors, who **were more trusted**, particularly those who have engaged community members door to door. Another axis of trust relates to expertise and knowledge. **Trust in scientific "experts"** was high and **"insider knowledge"** of COVID was also prized, e.g. for GPs, pharmacists, and also community workers and teachers who have knowledge of safety protocols. The most trusted mediators are likely to be health professionals who work locally as members of the community.

**Click here for more information about the project and our contact details.**

**We have also produced tailored advice for the speakers of different oral languages (Sylheti, Pahari and Pashto) through our sister project CoronAwareness**

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