e-ISSN: 2789-5661
2024: Vol 4, pp 1-16. https://doi.org/10.38140/ijss-2024.vol4.06
Interdisciplinary Journal of Sociality Studies

Communication Strategies for Healthcare Providers to Enhance Vaccine Discussions with Vaccine-Hesitant Patients

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EDITORIAL INFORMATION
Received: 29 February 2024
Revised: 09 April 2024
Accepted: 18 April 2024
Published: 27 April 2024

DOI: 10.38140/ijss-2024.vol4.06

Abstract: This study examines vaccine hesitancy as an emerging public health concern that undermines the efficacy of vaccination initiatives. Healthcare providers play a crucial role in addressing vaccine hesitancy; however, many lack effective communication strategies. This study developed evidence-based communication guidelines to assist healthcare providers in discussing vaccines with hesitant patients. Drawing on Bourdieu's theoretical framework, semi-structured interviews were conducted with ten vaccine-hesitant parents and ten paediatricians in Nigeria. Through reflexive thematic analysis of the interview transcripts, this study uncovers power dynamics, legitimacy struggles, and cultural capital's significance in vaccine conversations. The findings reveal that hesitant parents question the legitimacy of vaccine recommendations, feeling marginalised yet constrained by societal norms of responsible parenthood. Similarly, healthcare providers' reliance on biomedical expertise often proves insufficient without rapport building, cultural competency, and addressing patients' unique knowledge assets. The findings of this study contribute to communication theory, medical education, and clinical practice by advocating for power-conscious, dialogue-based strategies to promote vaccination amidst uncertainty and scepticism.

Keywords: Vaccine, hesitancy, healthcare providers, communication, trust, Bourdieu, reflexivity.

1. Introduction

Vaccine hesitancy has become a significant global public health concern, impeding progress in the reduction of vaccine-preventable diseases. The World Health Organization (WHO) has identified vaccine hesitancy as one of the top ten global health threats, citing its role in recent outbreaks of infectious diseases (Hammond, 2020). However, the pandemic has highlighted vaccine hesitancy even more, as certain population segments have outright refused COVID-19 vaccines despite their widespread availability and accessibility. In the United States, several studies have shown that approximately 77% of parents express concerns regarding recommended childhood vaccines (Dubé et al., 2014), and a small percentage refuse all vaccines (Kennedy et al., 2011). The COVID-19 experience has emphasised how vaccine hesitancy can significantly undermine public health efforts to control infectious disease outbreaks. In Nigeria, cultural beliefs deeply embedded in society, religious misconceptions, and inadequate access to healthcare facilities have contributed to low vaccination coverage rates (Ophori et al., 2014).

Vaccine hesitancy presents a substantial obstacle in achieving widespread acceptance and uptake of vaccines. Despite the existence of safe and effective vaccines, many individuals choose to delay or refuse recommended vaccinations due to various concerns and barriers. This phenomenon puts individual and community health at risk, as it increases the likelihood of outbreaks of vaccine-preventable diseases, strains healthcare systems, and hampers socioeconomic development.

How to cite this article:
Adedokun, T. A., & Idowu-Collins, P. (2024). Communication strategies for healthcare providers to enhance vaccine discussions with vaccine-hesitant patients. *Interdisciplinary Journal of Sociality Studies*, *4*, 1-16. https://doi.org/10.38140/ijss-2024.vol4.06

Vaccine hesitancy refers to the deliberate postponement or rejection of available vaccines, even when adequate access to healthcare and immunisation services is in place (Dubé et al., 2013). It exists on a spectrum, encompassing a range of attitudes from complete rejection to occasional hesitancy towards specific vaccines. Vaccine-hesitant individuals comprise a diverse group with varying reasons for their concerns. Most experts consider vaccine hesitancy to be arising from barriers related to complacency, confidence, and convenience surrounding vaccines (SAGE Working Group, 2014). Complacency arises from the belief that vaccine-preventable diseases pose minimal risk due to past successes. Lack of confidence stems from fears surrounding safety or efficacy. Convenience barriers include factors such as availability, affordability, accessibility, and the appeal of immunisation services. These barriers are underpinned by fundamental psychological needs that vaccination may threaten, namely safety, autonomy, and relatedness (Betsch et al., 2018). Concerns regarding potential physical risks to one's child may erode feelings of security. Moreover, mandatory vaccination policies impinge upon autonomy and control. Distrust in pharmaceutical companies, government authorities, and the mainstream medical establishment undermines social cohesion and shared values. Addressing vaccine hesitancy is likely to require affirming these core needs for security, freedom, and community.

The consequences of vaccine hesitancy in Nigeria are far-reaching and potentially devastating, with low vaccination coverage rates increasing the risk of disease outbreaks. These outbreaks can lead to preventable morbidity and mortality, particularly among vulnerable populations like infants and children (Mahachi et al., 2022). Additionally, outbreaks of vaccine-preventable diseases can strain already overburdened healthcare systems, diverting resources from other essential health services. Moreover, vaccine-preventable diseases can have long-term economic impacts, negatively affecting productivity and impeding socioeconomic development (Bbaale, 2013). Addressing vaccine hesitancy is crucial not just for safeguarding individual and community health but also for promoting sustainable development and economic growth in Nigeria.

Healthcare providers play a unique role in promoting vaccine acceptance by fostering trusting relationships with hesitant patients and families. Surveys show that, alongside friends and family, healthcare providers are one of the most highly trusted sources of vaccine information, underscoring their influential position (Freed et al., 2011). However, many healthcare providers report their lack of time and training to effectively discuss vaccines, particularly in the face of growing resistance (O'Leary et al., 2021). Observational studies reveal that most healthcare providers rely on brief information-giving rather than engaging in discussions about patients' questions and concerns, resulting in one-sided conversations (Leask et al., 2012).

This study aims to address this gap by developing communication guidelines for healthcare providers to facilitate patient-centred and trust-building vaccine conversations with hesitant families. By synthesising evidence from parenting perspectives, provider experiences, communication theories, and messaging approaches, this study seeks to identify impactful strategies for overcoming barriers to vaccine acceptance. Specifically, this study will pursue the following research questions:

- **RQ1**: What are the key barriers to vaccine acceptance from the perspective of vaccine-hesitant patients?
- **RQ2**: How do healthcare providers currently approach communicating with vaccine-hesitant patients, and what challenges do they face?
- **RQ3**: What communication strategies and messaging approaches could help healthcare providers have more effective vaccine conversations with hesitant patients?

2. Review of Literature

Vaccine hesitancy is a significant concern in the field of public health, impeding global progress towards achieving full immunisation coverage (Dubé et al., 2019). Effective health communication is

essential for addressing hesitancy and maintaining community immunity against infectious diseases. Healthcare providers play a crucial role in promoting vaccination acceptance among vaccine-hesitant individuals during clinical encounters. However, many healthcare providers lack the necessary communication strategies to engage in productive discussions about vaccines, particularly in the face of uncertainty and mistrust. This literature review aims to synthesise key findings from relevant studies on barriers to vaccine acceptance among hesitant populations, as well as promising approaches to provider communication that can inform the development of evidence-based guidelines.

Existing literature in the field of public health characterises vaccine hesitancy as a complex phenomenon arising from multiple determinants at both the population and individual levels. Dubé et al. (2018) identify complacency, convenience, and confidence as major driving forces. Complacency arises when individuals perceive low risks associated with vaccine-preventable diseases or fail to recognise the necessity of vaccination as a preventive measure. Issues related to access, affordability, awareness, and appeal affect convenience. Lack of confidence in vaccine safety and effectiveness, as well as mistrust in the institutions responsible for vaccine production (e.g., the pharmaceutical industry), undermine vaccine acceptance.

At the individual level, vaccine concerns and decision-making are influenced by socio-cultural contexts and personal experiences (Paterson et al., 2016). For instance, firsthand experiences with adverse events or exposure to emotionally impactful stories through social networks can diminish confidence in vaccines despite scientific evidence supporting their safety (Kennedy, 2019). Dubé et al. (2016) have also observed that a lack of trust in healthcare providers and public health authorities fuels hesitancy. Additionally, religious, philosophical, or political beliefs intersect with vaccine perspectives (Edwards et al., 2021). Furthermore, Paterson et al. (2016) emphasised the role of family and social group norms in shaping parents' willingness to have their children vaccinated.

Considering the diverse array of factors influencing vaccine acceptance, it is evident that unique communication approaches are necessary to build confidence, establish convenience, and counter complacency by understanding patients' contextual perspectives. However, Smith (2017) found that healthcare providers often rely on rigid information-only strategies when engaging in vaccine discussions, which proves ineffective in resonating with hesitant individuals.

Research has highlighted the significant disparities between the perspectives of healthcare providers and patients, which serve as obstacles to effective communication regarding vaccines. Healthcare providers often express feelings of inadequacy in engaging in constructive conversations when patients exhibit mistrust towards medical expertise or have concerns regarding the motivations of the healthcare system in relation to immunisation (Kempe et al., 2020). This suggests that individuals who hesitate to receive vaccinations desire open dialogue and personalised information from healthcare providers, rather than being subjected to paternalistic lectures or dismissal of their concerns (Attwell et al., 2018).

Another communication challenge faced by healthcare providers is the limited amount of time available in primary care, which hinders in-depth discussions about vaccines. Brief encounters often focus solely on reaching an immediate vaccination decision, rather than engaging in broader counselling (Paterson et al., 2016). Furthermore, healthcare providers acknowledge that they possess insufficient cultural competence in understanding the unique perspectives and norms held by patients regarding vaccines (Kim et al., 2023). This indicates that these challenges may result in missed opportunities to build confidence through vaccine conversations that are empathetic in nature.

Despite these barriers, prior studies have identified promising communication strategies that could inform the development of guidelines for healthcare providers. Jarrett et al. (2015) suggest that

interventions centred around dialogue and interactivity, conducted over multiple visits, are more effective than the provision of standardised information in addressing vaccine concerns. Similarly, motivational interviewing techniques that explore ambivalence in a non-confrontational manner represent another promising approach, as they not only encourage dialogue but also exhibit potential for promoting vaccination (Olson et al., 2020).

In addition, effective vaccine counselling necessitates an individualised approach. Counsellors should prioritise uncovering underlying concerns through active listening, building rapport by demonstrating empathy and affirming the autonomy of patients (Leask et al., 2012). When dealing with parents, discussing the risks and benefits of vaccination for both the individual child and the broader community can be valuable (Danchin & Nolan, 2014). Allowing parents to share their narratives builds trust and enables counsellors to gently address any misconceptions (Oku et al., 2017). Moreover, the provision of trustworthy resources can counter misinformation and support informed decision-making in regard to vaccine acceptance (Kempe et al., 2020). To summarise, the counsellor's role is to create a non-judgmental environment for open dialogue, meet patients at their level, and guide them towards evidence-based information, empowering them to make the most informed health decisions for themselves and their families.

While these studies offer preliminary insights, there are still significant research gaps concerning the most effective communication for promoting vaccines. Limited empirical studies directly compare distinct message formats and styles through controlled interventions, which hinders the identification of best practices. Furthermore, there is a need for further evaluation of dialogue-based approaches such as motivational interviewing and counselling models. Additionally, more research on adapting strategies to accommodate cultural and linguistic variations would enhance cultural competency. The objective of this study is to address these knowledge gaps in order to enhance both theoretical and practical understanding of how to facilitate meaningful vaccine conversations in the midst of uncertainty.

3. Theoretical Framework

This study examines the development of communication guidelines for healthcare providers using Bourdieu's conceptual tools from sociology. These tools help to analyse power dynamics, struggles over legitimacy, and the role of cultural capital in shaping vaccine conversations. According to Bourdieu (1989), the concept of symbolic power offers insights into how scientific institutions, such as biomedicine, influence vaccine discourse. Dominant groups, like the medical establishment, possess significant symbolic power to determine what forms of knowledge and practices are considered legitimate. In the context of vaccination, public health authorities and healthcare providers hold symbolic power in defining accepted vaccine science and scheduling protocols. However, marginalised populations may challenge this monopoly on legitimacy, leading to conflicts over vaccine decisions.

Bourdieu's concept of habitus also sheds light on how internalised social norms intersect with communication (Bourdieu, 2017). For instance, appeals that emphasise parental responsibility leverage the ingrained social expectations of being a "good parent" to indirectly promote vaccination for the well-being of children and communities. Even in the face of personal vaccine hesitancy, deeply ingrained social expectations restrict the range of acceptable decisions. Additionally, Bourdieu's concept of cultural capital helps understand patient-provider interactions in the context of vaccines (Huang, 2019). Clinicians possess technical expertise and credentials as a form of institutionalised cultural capital valued in clinical settings. However, patients draw on diverse embodied cultural capital rooted in their own lived experiences, which often goes unnoticed in medical institutions. This mismatch creates barriers to mutual understanding, highlighting the need for reflexivity in understanding these dynamics.

By integrating these concepts, a deeper understanding of vaccine communication is achieved. Symbolic power influences struggle over the legitimacy of recommendations versus individual perspectives. Internalised habitus around responsibility indirectly reinforces social norms. At the same time, unequal distributions of cultural capital disadvantage lay individuals. Together, these tools illuminate how broader systems of power and internalised expectations intersect with interpersonal communication. This study utilises Bourdieu's sociology to inform the development of dialogue-based communication guidelines that foster reflexivity and awareness of power dynamics.

4. Methodology

This qualitative study utilises semi-structured interviews to develop communication guidelines for healthcare providers when discussing vaccines with hesitant patients. The qualitative approach was appropriate to gain an in-depth understanding of the complex perspectives and experiences of both vaccine-hesitant parents and healthcare providers regarding vaccine communication, allowing for the exploration of the intricate factors influencing vaccine hesitancy. This study employed a qualitative research design utilising semi-structured interviews, which was a suitable method to delve into the participants' subjective views, concerns, and communication needs on this sensitive topic. Interviews allow in-depth exploration of perspectives from both parents and providers in this complex communication context.

Interviews were conducted with 10 vaccine-hesitant parents and 10 paediatricians or family physicians who vaccinate children in their practice. Parents were recruited through social media parenting groups and contacts with local health departments. A purposive sampling method was adopted for diversity purposes in terms of gender, race/ethnicity, education, and degree of hesitancy based on a screening survey. Healthcare providers (paediatricians) were recruited through paediatric and family medicine professional associations and contacts at regional medical centres.

The semi-structured interview guide included open-ended questions to elicit parents' concerns, questions, and communication needs around childhood vaccines in Ogbomoso, Nigeria. Example questions for parents included: "What are some of the emotions and concerns you have regarding vaccines that have influenced your decision-making process?" and "How do you perceive the role of healthcare providers in addressing your vaccine hesitancy, and what communication strategies do you believe would be most effective in helping you make informed decisions about vaccination?" Parallel questions asked providers about their approach, challenges, and desires for improvement in vaccine conversations with hesitant families, such as, "In your experience, what are some of the most common challenges you encounter when discussing vaccines with hesitant parents, and how do you typically approach these conversations?" and "How do you perceive the effectiveness of your current communication strategies in addressing vaccine hesitancy, and are there any areas where you feel improvement is needed?" Interviews lasted between 30-60 minutes and were conducted via phone/video or in-person based on participant preference.

Interviews were audio-recorded, professionally transcribed, and analysed using inductive and deductive thematic analysis. The researchers independently coded the transcripts, meeting regularly to discuss emerging themes and refine codes. The analysis identified key barriers to vaccine acceptance, suboptimal provider communication practices, and promising messaging strategies to test in future guideline development.

The study protocol was reviewed and approved by the Ogbomosho South Local Government Council Health Department. Informed consent was obtained from all participants prior to the interviews, and they were assured of confidentiality and their right to withdraw from the study at any time without consequence. Participants were also informed about the study's purpose and procedures. Measures were taken to protect participant privacy, such as anonymising transcripts and securely storing data with restricted access. The researchers underwent training in research ethics

and interviewing techniques for handling sensitive topics such as vaccine hesitancy. They exercised care and respect while conducting the interviews and had provisions for referring participants to counselling services if needed to address any distress arising from the discussions.

5. Analysis and Results

This analysis examines a qualitative study that explores the perspectives of parents who are hesitant about vaccinating their children, as well as the views of healthcare providers on effective communication strategies to address vaccine hesitancy. The analysis is structured around five central themes that emerged from the interview data, which address the following research questions: RQ1: What are the key barriers to vaccine acceptance from the perspective of vaccine-hesitant patients? The first theme delves into how symbolic power dynamics, social norms, and perceptions of legitimacy influence parents' vaccine choices, often leading them to feel marginalised from the dominant medical discourse. This theme relates to the barriers that vaccine-hesitant parents face in accepting vaccines. RQ2: How do healthcare providers currently approach communicating with vaccine-hesitant patients, and what challenges do they face? The second theme examines the interplay of patient-provider power dynamics and cultural capital in shaping effective vaccine communication approaches. The fourth theme explores the strategies employed by providers to build rapport, address misconceptions, and foster trust while respecting patient autonomy. These themes shed light on the current provider communication approaches and challenges. RQ3: What communication strategies and messaging approaches could help healthcare providers have more effective vaccine conversations with hesitant patients? The third theme presents parents' desire for empathetic, non-judgmental conversations with healthcare providers where their concerns are validated and addressed through open dialogue. The fifth theme underscores the need for comprehensive communication strategies that augment providers' scientific expertise with cultural competency, empathy, and critical reflexivity. These themes offer insights into more effective communication strategies for providers.

Theme 1: Symbolic power, social norms, and legitimacy as a determinant of vaccine decision-making

Several participants expressed concerns about the "sheer number" of vaccines, "foreign substances" being injected, and not having full transparency about vaccine risks (Participants 3, 2, 10). For example, Participant 3 directly states, "*I worry about the sheer number of vaccines recommended for children nowadays and whether it's truly necessary.*" This reflects scepticism towards the legitimacy of vaccine recommendations and scheduling protocols promoted by authoritative bodies like the Nigeria Centre for Disease Control and Prevention (NCDC) and the Federal Ministry of Health (FMOH). Drawing on Bourdieu's concept of symbolic power, dominant institutions like the medical establishment, government health agencies, and pharmaceutical companies substantially influence social norms and practices related to healthcare, including vaccines (Bourdieu, 1989). The scientific legitimacy conferred on these entities grants them symbolic power to define socially accepted vaccine practices. However, some participants feel marginalised from the decision-making process and question the need to follow prescribed vaccine guidelines. Participant 10 conveys this by saying "*I wish there was more transparency about the risks and benefits of vaccines, so I could make an informed decision without feeling pressured.*"

Bourdieu's idea of social fields provides insight into how individuals may occupy marginalised positions in the vaccine discourse (Bourdieu, 1985). Some participants (Participants 5, 9, 10) convey anxiety about social judgment for going against dominant norms by questioning or refusing vaccines. For instance, Participant 9 states "*I'm worried about the societal pressure to vaccinate and the fear of being judged if I choose not to.*" While Participants 5 and 10 respectively state that *"I feel overwhelmed by the conflicting information out there, making it hard to know what's best for my child"* and "*I wish there was more transparency about the risks and benefits of vaccines, so I could make an informed decision without feeling*

pressured." Their hesitancy locates them on the margins of the pro-vaccine norm perpetuated by dominant groups. This can create an internal conflict between adhering to recommendations or asserting autonomy over healthcare choices while facing potential stigmatisation. Bourdieu argues that dominated groups within a social field may eventually challenge the legitimacy of established norms as they recognise their marginalisation (Bourdieu, 1989). This also suggests that some vaccine-hesitant parents could represent a counter-current opposing the symbolic power of mainstream vaccine discourse.

However, the desire to be a "responsible" parent and fear of "guilt" if their child is harmed reflects acceptance of moral norms around caregiving. For example, Participant 7 expresses "*I feel a sense of responsibility for my child's health, and the decision to vaccinate feels like a huge weight on my shoulders.*" Despite hesitancy, social expectations to be a "good parent" limit the range of acceptable vaccine decisions. This demonstrates the constraining force of cultural norms amidst ambiguity. Swidler (1986) argued that culture shapes action by providing a "tool kit" of habits, skills, and styles from which people construct strategies of action. The weight of being a responsible parent makes it difficult to go completely against the dominant norms around vaccines.

Some participants, such as 4 and 6, fear the potential adverse effects of vaccines despite scientific consensus on their safety. For instance, Participants 4 and 6 state "*I'm scared of the idea of my child having an adverse reaction to a vaccine, and the guilt that would come with it*", and "*I have concerns about the ingredients in vaccines and whether they could be harmful to my child's health*" respectively. Their fears align with research presenting vaccine hesitancy as driven by perceived risks outweighing benefits (Dubé et al., 2013). Some concerns stem from alarming but unfounded claims proliferated online, like vaccines causing autism. Participant 8 articulates this by saying, "*I've heard stories of children developing autism or other serious conditions after vaccination.*" Dubé et al. (2013) found a strong association between the use of the Internet for vaccine information and increased perceptions of risk. This illustrates how access to unverified information of variable quality online can shape parent perceptions.

In summary, the application of Bourdieu's theoretical framework provides valuable insights into how various socio-cultural factors, such as symbolic power, social norms, and legitimacy, influence individual choices pertaining to vaccines. The analysis elucidates the ways in which participants navigate the influence of scientific authority while also considering their own risk assessments and desire for autonomy within a backdrop of conflicting cultural norms surrounding vaccination. This overarching theme highlights the significance of employing sociological theory to situate vaccine hesitancy within a multifaceted network of power dynamics, cultural norms, and contested legitimacy that underlie discussions surrounding vaccines.

Theme 2: Power dynamics and cultural capital interplay in shaping effective vaccine communication

Several participants emphasise the need for healthcare providers to listen, be non-judgmental, and respect patient autonomy (Participants 1, 2 and 7). For example, Participant 2 directly states that "*I believe healthcare providers should respect our autonomy and involve us in the decision-making process rather than dictating what we should do.*" In the case of Participant 7, who commented, "*I think healthcare providers should be empathetic and understanding of our concerns, rather than dismissive or condescending*". This suggests that some patients feel marginalised by the power differential between medical experts and lay individuals. Bourdieu's concept of cultural capital provides insight into this dynamic. Healthcare providers possess specialised medical knowledge and credentials, a form of institutionalised cultural capital that grants them authority and influence (Bourdieu, 1986). However, patients also accumulate experiential knowledge about their own or their child's health, constituting embodied cultural capital not formally recognised by medical institutions (Shim, 2010). This indicates that patients desire more equitable collaboration in vaccine decision-making rather than a

paternalistic approach. Participant 1 also conveys this through the following statement: "*I think healthcare providers should listen to our concerns without judgment.*"

Some participants also request personalised information that addresses their concerns, opens ongoing discussion, and acknowledges their fears' validity. For instance, Participant 4 expresses wanting providers to "*take the time to address all of our questions and provide personalised information specific to our specific concerns.*" This contrasts with a one-size-fits-all information approach that does not resonate with vaccine-hesitant patients. This indicates that healthcare providers need cultural capital in the form of empathy and understanding of patients' unique social realities that shape their vaccine perspectives. For instance, Participant 10 states that providers should "*be patient and willing to address all of our concerns, even if it takes multiple visits or discussions.*" This further indicates that patient-centred counselling and narrative approaches that elicit patient stories have been effective in addressing vaccine hesitancy, affirming patients' experiences while gently challenging misconceptions (Kaufman et al., 2021).

Furthermore, participants want providers to offer resources to empower their decision-making rather than coercing compliance. However, others appreciate guidance in navigating the confusing vaccine information landscape. This aligns with research showing that vaccine-hesitant patients prefer balanced information and shared decision-making rather than being told what to do (Attwell et al., 2021). This suggests that patients desire a delicate balance between receiving guidance from healthcare providers and maintaining autonomy in decision-making regarding their health, including vaccination. This balance is crucial in fostering trust and collaboration between patients and providers, ensuring patients feel empowered to make informed choices while benefiting from expert guidance and support. Participant 6 conveys wanting providers to "*be knowledgeable about vaccines and able to address any misconceptions or myths we may have heard.*" This highlights the necessity of employing a versatile communication strategy to accommodate diverse patient backgrounds and preferences. Moreover, acknowledging the socio-cultural roots of patients' vaccine concerns is crucial for tailoring communication approaches effectively.

In summary, Bourdieu's framework provides insights into the multifaceted nature of vaccine communication, emphasising that it goes beyond a mere transmission of biomedical information. The analysis reveals that ensuring effective healthcare provision necessitates addressing power imbalances, leveraging the cultural capital of healthcare providers in socially responsible manners, and establishing rapport through judicious counselling techniques that validate patients' perspectives. This recurring theme underscores the importance of reflexive thinking in acknowledging the influence of socio-cultural dynamics on vaccine communication between patients and providers.

Theme 3: Desire for vaccine conversations that are empathetic and non-judgmental

Some of the participants interviewed emphasised wanting healthcare providers to actively listen, take time to address all concerns without dismissing them, and create a non-judgmental environment. For instance, Participant 5 states that *"Healthcare providers should create a safe and non-judgmental environment for discussing vaccines, where parents feel comfortable expressing their concerns openly."* Other participants, such as Participants 1, 2 and 4, share similar sentiments respectively: "*Healthcare providers should actively listen to our concerns without dismissing them and take the time to address each one thoroughly*", "*I think healthcare providers should undergo training on effective communication strategies for discussing vaccines with hesitant parents, including empathy and active listening*" and "*I wish healthcare providers would acknowledge the complexity of the decision to vaccinate and offer support and guidance rather than pressure or judgment.*" This points to the need to reduce symbolic power differentials that marginalised parents' perspectives. As Bourdieu argued, certain institutions wield symbolic power to confer legitimacy upon the knowledge claims and practices they promote (Bourdieu, 1989). In the vaccine context, public health authorities and medical professionals hold

significant symbolic power to define valid vaccine science. However, some parents feel delegitimised when their concerns are dismissed as irrational or misinformed. This suggests that building cultural capital through communication training focused on empathy, compassion, and cultural sensitivity could help providers better understand patients' perspectives, as echoed by Participants 8 and 10. According to these two participants, "*I wish healthcare providers would approach vaccine discussions with humility and empathy, recognising that each family's concerns are unique and valid"* and "*I think healthcare providers should acknowledge the emotional aspect of vaccine hesitancy and provide compassionate support to parents as they navigate their concerns.*"

Participants also request educational resources, transparency about vaccine uncertainties, and acknowledgement of the decision's complexity (Participants 3, 6, 7). Participant 7 conveys this through their statement, "*Healthcare providers should be transparent about the limitations and uncertainties surrounding vaccines while also emphasising their proven benefits in preventing disease."* This contrasts with a paternalistic approach that promotes biomedical knowledge while dismissing patient concerns. Yet, participants also seek evidence-based information from credible experts to make sense of conflicting vaccine claims, as stated by participants 3 and 6. *According to them (Participants 3 and 6 respectively), "Healthcare providers could provide more educational materials and resources about vaccines, including evidence-based information addressing common misconceptions"* and "*I think healthcare providers should acknowledge the validity of our concerns and provide evidence-based information to address them, rather than dismissing them as irrational.*" As Bourdieu argues, diverse forms of cultural capital have unequal value in a given social field (Goldthorpe, (2007). This indicates that providers, from the patient's point of view, are required to leverage their scientific expertise responsibly by acknowledging limitations and respecting parents' perspectives.

Moreover, participants articulate the need for guidance and ongoing support in vaccine decision-making (Participants 4, 9). Participant 9 says, "*Healthcare providers should be willing to engage in ongoing discussions about vaccines and provide support and guidance as parents navigate their decision-making process.*" Participant 4 while also expressing a similar view, "*wish [that] healthcare providers would acknowledge the complexity of the decision to vaccinate and offer support and guidance rather than pressure or judgment."* This suggests the need for cultural capital in the form of strong clinician-patient rapport built through active listening, appropriate counselling skills and longitudinal care. Research shows that vaccine hesitancy is reduced when parents feel heard, respected and supported by empathetic providers who take the time to address their concerns (Aulia & Susilo, 2022; Nugraha & Udi, 2022).s

In summary, Bourdieu's concepts shed light on the fact that the transmission of biomedical knowledge alone, despite good intentions, often falls short in the absence of developing other forms of cultural capital, such as building relationships, honing communication skills, and being open to power-sharing. This implies that moving forward necessitates a reflective approach towards understanding how symbolic power inadvertently operates through institutional norms and practices, which can lead to the alienation of patients. This overarching theme underscores the importance of employing practical strategies to foster empathetic discussions about vaccines, including acknowledging and affirming the perspectives of parents, gradually establishing rapport, and offering guidance without resorting to coercion.

Theme 4: Confronting vaccine hesitancy through rapport building and deliberate health communication approaches

This study participants emphasise the need to address misconceptions, build trust, and provide evidence-based information to assuage safety concerns. For example, Participants 2 and 5 states that they "*often encounter parents who are distrustful of the medical establishment, which requires building rapport and addressing underlying concerns before discussing vaccines*" and often "*encounter parents who are influenced by misinformation online or through social networks, so I provide reliable sources and encourage critical thinking*." Their concerns point to the importance of accumulating cultural capital in the form

of relationship-building skills to foster productive vaccine conversations. As Bourdieu argues, cultural capital refers to cultural skills, knowledge, and behaviours that confer social advantage in a particular social field (Bourdieu, 1986). For healthcare providers, cultural capital encompasses interpersonal expertise to gain patient trust and scientific knowledge to debunk misconceptions. Leveraging these forms of capital can grant symbolic power to influence patients.

However, some participants noted that rigid biomedical approaches often fail, highlighting the need for cultural competency and understanding patients' unique perspectives. Participant 7 conveys this through the statement, "*Some parents have had negative experiences with vaccines in the past, so I validate their concerns and provide personalised information to address their specific worries.*" Bourdieu asserts that patients from marginalised groups often have different stocks of cultural capital that clash with the dominant biomedical paradigm (Schneider-Kamp, 2021). Thus, providers require distinct counselling skills and a willingness to acknowledge other ways of knowing to create mutually beneficial vaccine conversations.

Time constraints impede thorough discussions, and vaccine hesitancy often requires multiple visits. This concern was conveyed by Participant 10, who stated this challenge directly: "*Addressing vaccine hesitancy sometimes requires multiple visits and ongoing discussions, so I make sure to schedule follow-up appointments to continue the conversation.*" This is in line with research that suggests that empathetic listening and gradually addressing concerns over time, instead of lecturing patients in a single visit, can help reduce hesitancy (Shapiro et al., 2021). This implies that developing long-term relationships with patients allows for the accumulation of cultural capital through trust and familiarity.

Furthermore, healthcare providers emphasise the importance of respecting patient autonomy while also emphasising the significance of community immunity (Participant 9). As found by Dubé et al. (2013), individuals who are hesitant about vaccines still express concern for others, which presents opportunities for mutually motivating conversations. Bourdieu's concept of habitus, or the internalised social norms that shape behaviour, provides insight in this regard (Bourdieu, 2017). Parents who are hesitant to vaccinate their children still operate within a "*good parent*" habitus that takes into account the well-being of the community. In other words, in this case, parents' hesitancy to vaccinate their children does not stem from a disregard for communal well-being or a rejection of societal norms related to responsible parenting. Instead, their hesitancy is rooted in their habitus, which has been shaped by their unique experiences, social environments, and the information they have been exposed to.

This theme illustrates how Bourdieu's concept of habitus highlights the need for healthcare providers to be reflective and mindful of the complex interaction between their own embodiment of scientific, cultural capital and the diverse knowledge, norms, and habitus that patients bring to the table. Healthcare providers, as representatives of the medical establishment, may inadvertently perpetuate a disconnect by relying solely on their scientific expertise and failing to acknowledge or appreciate the various socio-cultural factors that shape patients' perspectives and decision-making processes. This study argues that in order to bridge this gap and effectively communicate with hesitant parents, healthcare providers must engage in a process of reflection, critically examining their own position and any potential biases or assumptions they may hold. They must also strive to understand the unique habitus of their patients, recognising that their hesitancy is not necessarily a rejection of science or communal well-being but rather a manifestation of their deeply ingrained dispositions and experiences.

In summary, Bourdieu's concept of habitus emphasises the importance of recognising the complex interplay between individual agency, social structures, and cultural norms in shaping human behaviour and decision-making processes. By embracing this complexity and engaging in reflective practices, healthcare providers can better navigate the challenges posed by vaccine hesitancy and work towards fostering a more inclusive and effective healthcare system.

Theme 5: Multidimensional communication strategies that augment providers' scientific and cultural capital with humanistic approaches

Several participants emphasise active listening, empathy, addressing emotions, and building trust in vaccine conversations. For example, participant 1 states "*I believe active listening and empathy are crucial in addressing vaccine hesitancy, so incorporating these principles into communication guidelines would be beneficial.*" This highlights the limits of positivist biomedical paradigms that privilege technocratic expertise over humanistic approaches. As Bourdieu argues, the medical field's cultural capital valorises scientific knowledge over empathetic dispositions (Kumar et al., 2022). This suggests that communication guidelines should prompt reflexivity regarding how providers' embodiment of scientific authority can alienate patients.

Healthcare providers also note the importance of personalised communication for specific concerns and populations. Participant 8, for instance, conveys this through the statement, "*Developing strategies for addressing vaccine hesitancy in diverse populations, including non-English speakers and marginalised communities, should be considered in communication guidelines.*" Bourdieu asserts that lay individuals' cultural capital is often delegitimised in clinical spaces, exacerbating marginalisation (Bourdieu, 1989). This indicates that communication guidelines should integrate critical reflexivity regarding how biomedical paternalism devalues minority patients' perspectives and norms.

In addition, participants recommend providing resources/support, fostering ongoing dialogue, and addressing the influence of misinformation. As Participant 9 notes that incorporating "*strategies for fostering ongoing dialogue and follow-up with hesitant parents should be a priority in developing communication guidelines.*" Participant 5 also echoes a similar recommendation by stating that "*Addressing the influence of misinformation and providing reliable sources of information should be prioritised in communication guidelines for healthcare providers".* This is in line with research that demonstrates the effectiveness of multidimensional approaches in addressing vaccine concerns over time (Jarrett et al., 2015). This suggests that health-related communication guidelines should go beyond one-size-fits-all information transmission. Instead, communication guidelines should emphasise understanding the specific needs, values, and contexts of the target audience and then crafting messaging that resonates with them on a personal level.

Moreover, participants highlight the importance of cultural competence training (Participant 10). They argue that incorporating "*training on cultural competence and humility in communication guidelines*" can enhance healthcare providers' scientific knowledge with humanistic cultural capital. As described by Shim (2010), cultural health capital refers to the diverse strengths and resources that patients bring into healthcare encounters. Communication guidelines rooted in cultural humility and reflexivity can enable healthcare providers to utilise their scientific expertise more responsibly. Cultural humility involves maintaining a humble and respectful attitude towards different cultures while acknowledging the limitations of one's own cultural perspective (Mosher et al., 2017). Reflexivity, on the other hand, refers to the practice of critically examining one's own assumptions, beliefs, and biases (Atkins & Lorellel, 2022).

By embracing these principles, healthcare providers can become more mindful of how their own cultural lenses may influence their interactions with patients from diverse backgrounds. This heightened self-awareness can help prevent miscommunication, foster trust, and enable providers to effectively adapt their expertise to meet each patient's unique needs, values, and preferences. Instead of relying on a universal approach, culturally humble and reflexive communication can empower healthcare providers to engage in insightful and collaborative dialogues that uphold the humanity and dignity of every patient.

6. **Discussion of Findings**

This analysis examines the interview data collected for a study focusing on vaccine perspectives and communication strategies, utilising Bourdieu's theoretical framework. The findings of this study reveal several key themes that are rooted in Bourdieu's conceptual tools. A central finding highlights the significance of symbolic power and the challenges surrounding legitimacy within vaccine discourse. The initial transcripts from hesitant parents demonstrate that some individuals question the legitimacy of prevailing vaccine scheduling recommendations and the necessity of deferring to scientific authority (Themes 1 & 2). Nevertheless, these parents express a sense of being constrained by societal norms associated with being a *responsible* parent, thereby shedding light on the power of internalised cultural expectations amid their doubts (Swidler, 1986). Bourdieu (1989) argues that specific institutions, such as medicine, hold considerable symbolic power in defining socially recognised knowledge and practices. However, marginalised groups may contest this monopolisation of legitimacy as they become aware of their own delegitimisation. The vaccine-hesitant parents represent such a counter-current that challenges the symbolic power held by mainstream vaccine science. Nonetheless, their internalised habitus as conscientious caregivers also limits the extent to which they can resist dominant norms. Consequently, tensions arise in negotiating between adhering to recommendations and conducting individual risk assessments. These findings align with those of Kadono (2020), who discovered that vaccine-hesitant parents frequently feel marginalised and delegitimised by mainstream medical institutions while simultaneously experiencing pressure to conform to societal expectations of responsible parenting.

Another significant finding is the crucial role of cultural capital in facilitating effective communication between patients and healthcare providers regarding vaccines. The transcripts involving healthcare providers reveal that relying solely on biomedical expertise often falls short, emphasising the need to build rapport, possess counselling skills, exhibit cultural competency, and understand patients' unique knowledge bases (Themes 4 & 5) (Bourdieu, 1986). As Bourdieu posits, patients and providers enter clinical encounters with different forms of cultural capital, which either confer advantages or disadvantages. Biomedical paradigms often discount the cultural capital possessed by lay individuals, thereby hindering mutual understanding. However, providers also acknowledge that time constraints impede the implementation of these humanistic approaches, thereby reflecting how broader systemic factors shape vaccine conversations. Similar findings have been reported by Martinez Leal et al. (2023), who underscore the importance of cultural humility and fostering two-way dialogues in vaccine communication rather than merely transmitting information unilaterally from providers to patients.

Likewise, the analyses highlight the importance of comprehensive communication strategies that evolve over time through ongoing dialogue rather than one-time information transmission. Both parents and providers expressed the need for personalised guidance and resources to address evolving concerns across multiple interactions. This is in contrast to paternalistic paradigms that rely solely on static biomedical knowledge provision without considering counselling. The communication guidelines should go beyond simplistic information deficit models. These findings are consistent with those of Hyland-Wood et al. (2021), who argue that effective vaccine communication requires sustained engagement and tailoring of messages to specific audiences over time instead of universal approaches.

Moreover, the findings reveal the need for providers to critically reflect on how their scientific, and cultural capital intersects with the perspectives and norms of marginalised patients. Reflexivity can identify not only gaps in empathy, cultural competency, and holistic care but also prompt providers to consider power differentials. This aligns with the recommendations of Abrams et al. (2020), who propose that healthcare providers critically reflect on their positionality and power dynamics when communicating with marginalised patient populations.

In conclusion, applying Bourdieu's sociological tools has shed light on the dynamics of vaccine hesitancy and opportunities for improving communication by addressing issues of legitimacy and power dynamics, as well as incorporating humanistic approaches that acknowledge patients' cultural capital. This study emphasises the need to move beyond simplistic information deficit models and instead employ insightful, dialogue-based strategies that resonate with patients' socio-cultural realities and concerns. These insights provide guidance for developing comprehensive communication approaches grounded in cultural humility and reflexivity.

7. Conclusion and Recommendations

This study has provided a comprehensive understanding of the complex dynamics surrounding vaccine hesitancy and the pivotal role of patient-provider communication in addressing this growing public health concern. By employing Bourdieu's theoretical framework, the research has illuminated the struggles for legitimacy, the significance of cultural capital, and the interplay of symbolic power in vaccine conversations. The findings underscore the importance of moving beyond simplistic information deficit models and embracing patient-centred, dialogue-based communication strategies that acknowledge and address patients' unique perspectives, concerns, and socio-cultural contexts.

Notably, the study highlights the need for critical reflexivity among healthcare providers, prompting them to examine their own positionality, biases, and the intersections of their scientific cultural capital with marginalised patients' perspectives and norms. By cultivating cultural humility and empathy, providers can foster trust and comprehension, ultimately facilitating informed vaccination decisions.

While this study provides valuable insights, its generalisability may be limited due to the specific context of Nigeria and the sample size of 20 participants. Larger-scale and longitudinal studies could further validate and refine the proposed communication strategies across diverse settings and over time.

It is recommended that professional development programs be implemented to equip healthcare providers with effective communication strategies for addressing vaccine hesitancy. Healthcare organisations and policymakers should adopt patient-centred, culturally responsive approaches that acknowledge and respect diverse perspectives while promoting evidence-based practices. Interdisciplinary collaborations among healthcare professionals, social scientists, and community stakeholders are encouraged to develop tailored communication interventions that resonate with specific socio-cultural contexts and address the unique barriers and facilitators to vaccination. By embracing an insightful, power-conscious, and dialogue-based approach to vaccine communication, healthcare providers can navigate the complexities of vaccine hesitancy, build trust, and empower individuals to make informed decisions about vaccination, ultimately contributing to improved public health outcomes.

8. Declarations

Author Contributions: Conceptualisation (T.A.A. & E.P.); Literature review (T.A.A); methodology (E.P.); software (N/A); validation (T.A.A. & E.P.); formal analysis (T.A.A. & E.P.); investigation (T.A.A); data curation (T.A.A) drafting and preparation (T.A.A); review and editing (T.A.A); supervision (E.P.); project administration (T.A.A.); funding acquisition (N/A). All authors have read and approved the published version of the article.

Funding: The study received no external funding.

Acknowledgements: There is no acknowledgement to make.

Conflict of Interest: The authors declare no conflict of interest.

Data availability: In adherence to approved ethics guidelines, the authors cannot publicly share the raw data due to ethical considerations. However, more information is available from the corresponding author on request.

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