

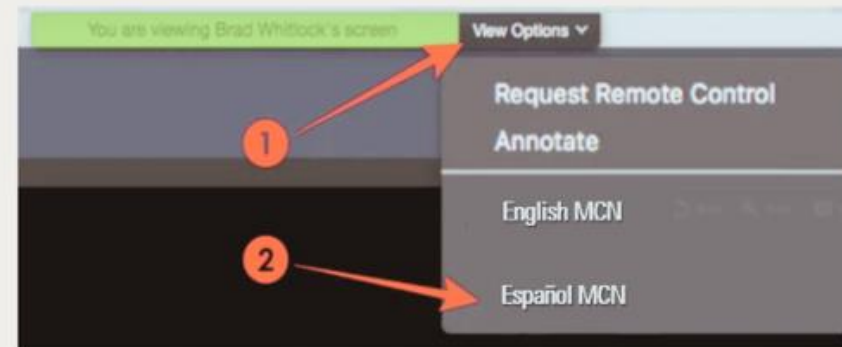


# Vaccination among adult Mexican males

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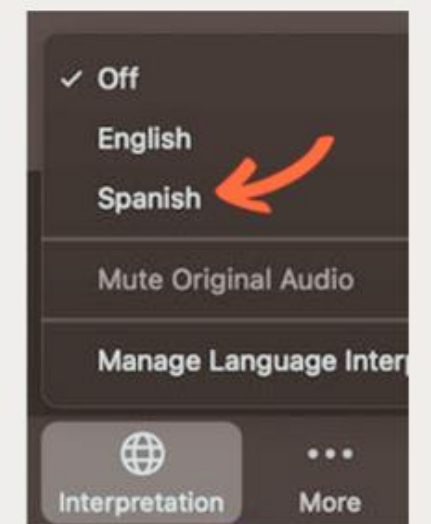


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Migrant Clinicians Network is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

MCN has applied for continuing medical education to the American Academy of Family Physicians. Approval is pending.



Credit will be awarded based on time spent in session and submission of the evaluation.

# Disclosure of Relevant Financial Relationships

We have no relevant financial relationships that relate to this presentation, nor do we have any relevant financial relationships with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

This presentation was supported by an independent medical education grant by Pfizer. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.



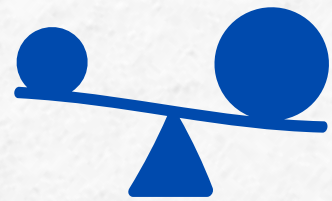
# Objectives:

- Identify social determinants of health, obstacles, and challenges for successful vaccinations for men who are Spanish-speaking, Latino, or indigenous with roots in Mexico and Central America;
- Discuss examples of successful vaccine campaigns and research on vaccine promotion with indigenous groups in Mexico and Guatemala, and among immigrants and migrant populations in the US;
- Identify vaccination strategies and resources, like the COVID-19 Hub and ‘Los grandes tambien se vacunan’ educational material, and “Vaccination is...” manual campaign to work with underserved and marginalized populations.

# The importance of vaccination



Vaccination is the single most important preventive medicine action worldwide.



In the U.S. there are inequalities in the procurement of vaccines particularly among ethnic and racial minority males when compared to the rest of the U.S. population. The barriers for vaccination access among minority group males are complex and strongly related to traditional gender roles.



Hispanic groups have the lowest rates of vaccination compared to most other race/ethnic groups residing in the U.S.

# Background

- Some of the reasons adult patients do not receive vaccines, as reported by clinicians, include:
  - resistance due to cost
  - needle opposition -“If I don’t have to get the shot [for work] then I don’t want it”-
  - unwillingness to miss work to get vaccinated
  - pain avoidance
  - lack of knowledge about benefits of vaccines

# Background

- Clinicians report more hesitance coming from male adult Hispanic patients than from other population groups.
- The health system seems to exclude males as there is a significant focus on immunizations for pregnant women and their newborn children, but not for men.
- Misinformation of parents regarding vaccines not only affects their own health, but it may prevent children from receiving vaccination.



# Mexico's Vaccination Achievements

- Mexico began its national vaccination campaign in 1973 by applying six biologics included in four essential vaccines: BCG (Tuberculosis vaccine), polio, DPT (diphtheria, pertussis and tetanus) and measles.
- In 1991, the Universal Vaccination Program was initiated, which focused on administering eight vaccinations to children under 5 years of age. For at least three decades, this program achieved coverage of between 73% and 98% in children under 5 years of age nationwide.

# Research study: Exploring why adult Mexican males do not get vaccinated

- We conducted a cross-sectional, exploratory study with a sample of convenience of 401 adult Mexican males (age range 18–79).
- The purpose of this study was to explore reasons given by Mexican-origin males for obtaining vaccines or avoiding getting vaccinated.
- Findings can help health service providers develop strategies to facilitate Mexican-origin men access immunization programs for themselves and their family members.

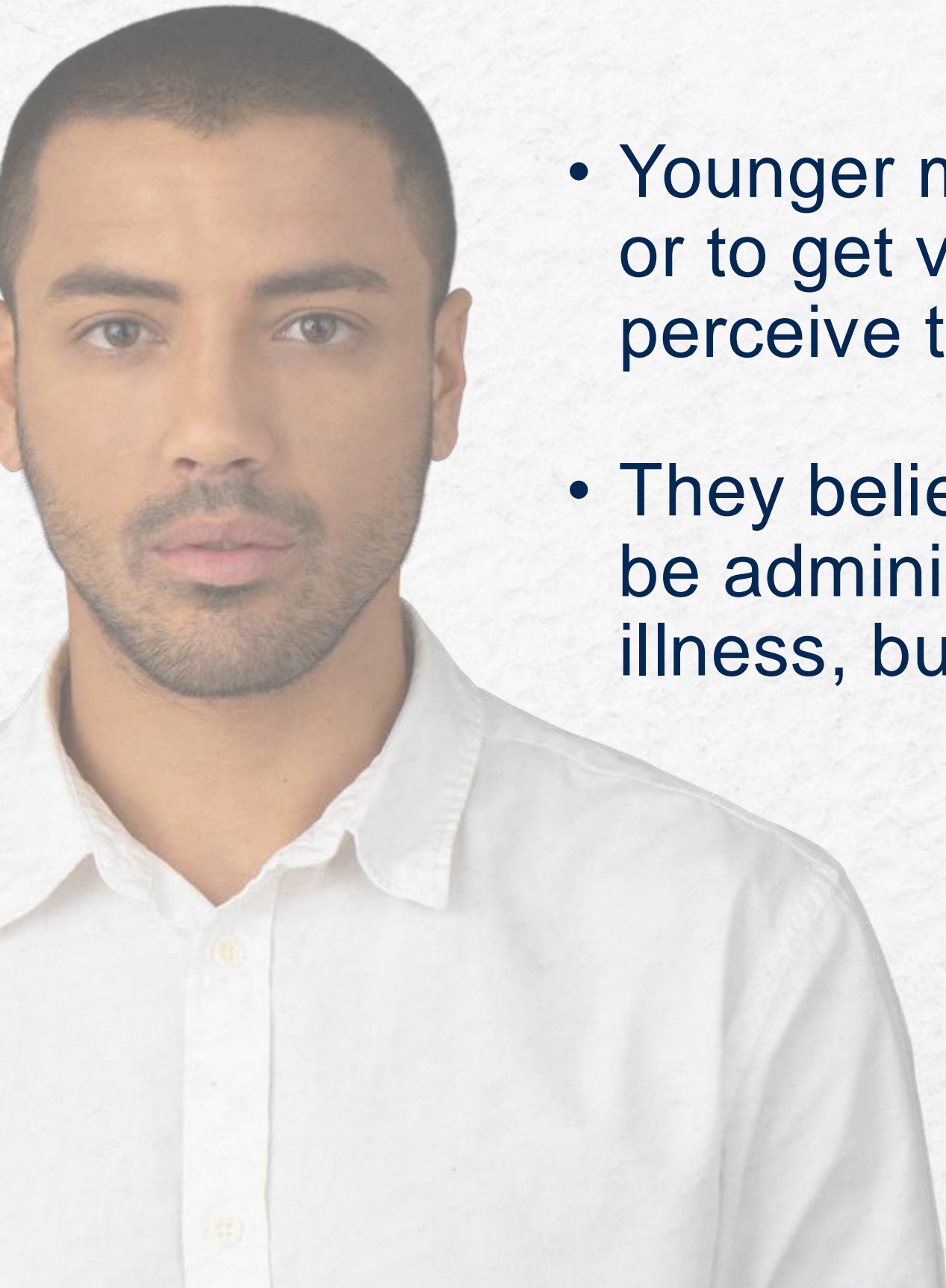


# Findings from our study

- Men believe that vaccinations are important for their health.
- They have limited knowledge on the benefits and access to vaccines, and consequently, do not engage in vaccination nor prioritize this as a preventive health practice.
- Almost one-half of the respondents had not received a vaccine in the last 5 years.
- They held the erroneous belief that they did not need a vaccine because they “did not feel sick”

# Findings

- Younger males were less likely to pay attention to their health or to get vaccines, simply because **they do not feel ill**, and perceive themselves as “healthy” individuals.
- They believed that vaccines are equivalent to “medication”, to be administered only in case of a medical intervention for illness, but not as a preventive measure.



# Why should we insist on vaccination

- In many traditional Mexican families, especially those originating in rural communities, family life is oriented around male dominance where men lead their family by example.
- The leading role of the head of household in matters of health is of utmost importance to assure the well-being of all members of the family.
- We have limited knowledge on the role of culture as it shapes beliefs, attitudes and behaviors toward vaccinations among Mexican-origin, adult (working-age) men.



# Recommendations

1. It is essential to invest health promotion resources in health literacy campaigns that emphasize the preventive role of immunizations that are directed at adult Mexican males.
2. The narrative of vaccination campaigns must be reframed to **focus on men** as providers of their families and therefore prioritizing their acceptance of vaccinations as preventive for everyone in their family.
3. Very often, Mexican men are the only, or the main providers for their families, so it is important to discuss the financial impact that a health-related incident (that could have been prevented with a vaccine) could have on the well-being of their family members.

# Recommendations

1. The employers' support can motivate workers to take action in reaching out for help and to better manage their health. Also, the coordination between mobile clinics and employers to bring vaccinations to worksites, such as construction sites and farms would make vaccinations readily available for these high-risk groups.
2. Because men's decisions often carry much weight within Mexican families; being informed about preventive health care may determine whether or not to get a vaccine for themselves, and more importantly, get vaccinations for their children.

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