

Information, trust in and access to COVID-19 vaccines among adolescents at a healthcare center: Correspondence

Dear Editor,

We would like to comment on “Qualitative study on information, trust in and access to COVID-19 vaccines among adolescents at a healthcare center in Buenos Aires, Argentina.”¹ This study looked into how adolescents in Buenos Aires made decisions on the COVID-19 vaccine in terms of knowledge, trust, and decision-making processes. The results showed that teenagers learned about the vaccine from a variety of sources, including family, TV, and social media. These sources included official campaigns and messages opposing the vaccine. Their decision about the vaccine was not always honored, even though they had access to information. This suggests that, in order to persuade adolescents to participate in vaccination campaigns, specific communication tactics should be developed for this age group.

One of the study’s weaknesses was its tiny sample size—just 14 interviews—which might have limited how far the results could be applied. Furthermore, the research did not explicitly tackle the viewpoints of teenagers from marginalized or underprivileged groups, which may have resulted in the neglect of particular obstacles they encounter while attempting to obtain and obtain the COVID-19 vaccination. In order to obtain a more thorough knowledge of teenage attitudes regarding vaccination, future research should strive to include a larger and more diverse sample.

Further research could explore the effectiveness of different communication strategies in promoting vaccine uptake among adolescents, taking into account their specific needs and concerns. Additionally, future studies could investigate the role of healthcare providers and school-based interventions in addressing vaccine hesitancy and increasing vaccination rates among adolescents. By identifying and addressing barriers to COVID-19 vaccination in this population, public health efforts can be better tailored to meet the needs of adolescents and promote community-wide immunity.

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Author’s reply

Dear editor:

We appreciate the critical reading and comments made by Hinpetch Daungsupawong and Viroj Wiwanitkit on our article “Qualitative study on information, trust in and access to COVID-19 vaccines among adolescents at a health center in Buenos Aires”, recently published in your journal.

There, the small sample size is pointed out as a limitation of our study. The decision on the sample size is linked to the fact that repetition began to be recorded in the information collected in the interviews.¹ It was also considered that the prolongation of the fieldwork implied more time elapsed from the decision to be vaccinated to the interview, with a greater risk of memory bias. Both questions were considered to finalize the fieldwork. Although the sample does not seek to be statistically representative, we agree that a larger sample could have allowed for a deeper analysis of how this phenomenon occurs according to gender, nationality or family composition.

Regarding the population, these are adolescents who attend a health center; with the exception of one, all of them lived in a popular neighborhood. Residence in popular neighborhoods expresses a situation of marginalization with respect to the rest of the city and a condition of housing vulnerability, in addition to having an effect of amplifying the poverty situation of its residents.² In this sense, we believe that the study expresses the point of view of adolescents from marginalized or vulnerable sectors.

We agree on the need to deepen knowledge on this issue with new research, including designs

with larger sample sizes and combining different methodological designs. We also agree on the importance of evaluating the interventions of health teams and educational institutions. In our country, in the field of adolescent health, there are multiple experiences of intersectoral approaches between health and education; for example: health counseling in schools, workshops carried out by health teams in schools, implementation of the school health booklet. It would be interesting to evaluate the outcome of this type of intervention for the issue of adolescent vaccination in particular.

Finally, we agree that guaranteeing the right to vaccination of the adolescent population will result in benefits for the entire society.

The authors thank you again for the critical reading and comments received. We remain available.

Without further ado, sincerely,

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