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The Childhood Immunization Coverage Survey in Key Populations (KPCICS): 2SLGBTQI+ and Men Who Have Sex with Men (MSM) Parents 2023

Report

Prepared for the Public Health Agency of Canada

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Ce rapport est aussi disponible en français.

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This report presents the methodological details for The Childhood Immunization Coverage Survey in Key Populations (KPCICS): 2SLGBTQ+ and Men Who Have Sex with Men (MSM) Parents 2023, conducted by Advanis Inc. on behalf of the Public Health Agency of Canada (PHAC). The survey was administered among 5,576 members of the adult Canadian general public, 584 of them where 2SLGBTQI+ or MSM, between August 3 and October 2, 2023.

Ce rapport est aussi disponible en français sous le titre: Enquête sur la couverture vaccinale des enfants dans les populations clés (ECVEPC) - Parents 2SLGBTQI+ et hommes ayant des relations sexuelles avec des hommes 2023

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1. Executive Summary

1.1 Background and Objectives

Surveillance data suggests that vaccine coverage is uneven across Canada. Furthermore, results from existing surveillance tools suggest that certain key at-risk populations are under-surveyed.

New surveillance tools are needed to address data coverage gaps identified for at-risk populations and to inform public health vaccination programs and initiatives. In the effort of addressing vaccine coverage data gaps relating to at-risk populations, the Public Health Agency of Canada (PHAC) sought third party support to develop a new surveillance initiative, the Childhood Immunization Coverage Survey in Key Populations (KPCICS) in Canada.

The core objective of this survey is to provide up-to-date childhood vaccine coverage data (e.g., on measles, diphtheria, tetanus, pertussis, polio, COVID-19) specific to the 2SLGBTQI+ and MSM populations. The survey will assess parent/legal guardian/other person most knowledgeable's (PMK; e.g., child's step-parent, adoptive parent, foster parent, sister or brother, grandparent or relative caring for and responsible for health decisions for the child) opinions and views on their child's immunization uptake, as well as vaccine hesitancy and vaccine refusal. This survey will also investigate the reasons for vaccine hesitancy among these populations and the impact this has on routine childhood immunization, for each population.

The second objective is to consider the unknown effects of the COVID-19 pandemic on concurrent childhood immunizations to determine priorities for vaccine-preventable diseases, with the aim of identifying whether catch-up routine immunization campaigns are required.

The surveillance project aims to collect information on:

- Routine childhood and COVID-19 immunizations status
- Intent to get vaccinated for those not yet vaccinated
- Reasons for non-vaccination (including barriers)
- Parent/legal guardian/other PMK's knowledge, attitudes and beliefs (KAB) toward immunization
- Trusted sources of information on immunization, including routine childhood vaccines and COVID-19 vaccines
- Inequalities in vaccination uptake by socio-demographic characteristics.

1.2 Research Use

The COVID-19 pandemic has yielded a large shift in Canadians' knowledge, attitudes, and beliefs towards vaccinations, including for these specific populations. For certain populations, recent evidence points that there has been a high prevalence of vaccine hesitancy and refusal for COVID-19 vaccines. Monitoring of parental attitudes is essential to predict expected vaccine uptake and to guide education and awareness efforts to promote vaccination among children issued from these specific populations.

New surveillance tools are needed to fill data coverage gaps identified for at-risk populations and to support the development of public health vaccination programs and initiatives tailored to these populations. With this in mind, the Public Health Agency of Canada (PHAC) sought third party support to implement a new surveillance initiative titled: The Childhood Immunization Coverage Survey in Key Populations (KPCICS) in Canada.

1.3 Methodology

Data collection was completed between August 3 to October 2, 2023. Respondents were offered an online survey through the use of Advanis' General Population Representative Sample (GPRS) and through Random digit dialing (RDD). Advanis sought a probability-based sample of 5,500 Canadian parents/guardians of children and adolescents younger than 18 years old living across Canada.

The target audience for this project were 2SLGBTQI+ and MSM populations in Canada who are parents/legal guardians/other persons most knowledgeable (PMK; e.g., child's step-parent, adoptive parent, foster parent, sister or brother, grandparent or relative caring for and responsible for health decisions for the child) for a child(ren) aged 17 years or younger living across Canada. The targeted number of completed surveys was 5,500 Canadian parents/legal guardians/PMK (including 500 from the targeted populations and 5,000 from the general population). Questions within the survey further filtered out responses from anyone under the age of 18 years (S1) and responses for anyone who is not the parent/legal guardian of a child(ren) under the age of 18 (S2). A total of 5,576 responses were obtained (588 from 2SLGBTQI+ (including 4 MSM not 2SLGBTQI+), 164 MSM and 4,988 from the general population) to reach quotas, where possible (Table 1). As part of the expected 5,000 a notable proportion ended up being part of the 2SLGBTQI+ community. Since this was the main target of this study, the results actually provided more of the target population and slightly less of the general public.

Advanis also worked to obtain nationally representative coverage of the following key sub-populations:

- Parents with children in the age groups: 0 months to 4 years, 5 to 11 years, 12 to 17 years.
- Parents in specific regions (individual provinces and territories).
- Children of both sexes (50% males, 50% females).

The 2SLGBTQI+ were defined as anyone who identified as not heterosexual and cis-gendered. The MSM were any men that indicated having sexual intercourse with another man, regardless of whether or not they considered themselves part of the 2SLGBTQI+ community. For more information about the target populations, please refer to section 4.

Data are unweighted since the population proportions were not available for this exact population of parents.

1.4 Key Findings

Most children with 2SLGBTQI+ or MSM parents have been vaccinated at least once (96% for those with 2SLGBTQI+ parents and 95% for those with MSM parents). A majority of those who received at least one vaccine also received all the recommended vaccines (71% for those with 2SLGBTQI+ parents and 71% for those with MSM parents).

Although most did not encounter obstacles when trying to get vaccinated, a child's fear of needles and the difficulty to book time off work or school for a vaccine appointment were the main obstacles mentioned by both 2SLGBTQI+ and MSM parents.

The main reasons for deciding not to get their child vaccinated or for being hesitant towards recommended childhood vaccination were concerns about the safety of the vaccine(s) or their side effects (61% for hesitant 2SLGBTQI+ parents and 62% for hesitant MSM parents).

Regarding the COVID-19 vaccine specifically, among 2SLGBTQI+ parents, almost three quarters (74%) said that their child has received at least one dose of the COVID-19 vaccine. It is also the case for 77% of MSM parents. The main reasons for hesitancy regarding the COVID-19 vaccine were concerns that not enough research has been done on the vaccine in children and concerns about the safety of COVID-19 vaccines and/or side effects.

1.5 Contract value

The contract value for this study was \$195,196.20 (including HST).

1.6 Political Neutrality Requirement

I hereby certify as a Senior Officer of Advanis that the deliverables fully comply with the Government of Canada's political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research.

Specifically, the deliverables do not contain any reference to electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leader.



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2. Background and Objectives

Surveillance data suggests that vaccine coverage is uneven across Canada. Furthermore, results from existing surveillance tools suggest that certain key at-risk populations are under-surveyed. The childhood National Immunization Coverage survey (cNICS) is a general population survey that measures routine childhood immunization coverage among children aged 2, 7, 14 and 17 years and COVID-19 vaccine uptake in children ages 14 and 17 years, as well as parental knowledge, attitudes, and beliefs about vaccination. This surveillance tool provides critical information about childhood immunization in Canada, though is limited in that it was not designed to sample from all child age ranges or from key at-risk populations.

Consequently, this results in insufficient data regarding routine childhood immunization status and COVID-19 vaccine coverage, and knowledge, attitudes, and behaviors towards vaccination within these specific groups. In turn, this hinders core immunization functions including COVID-19 vaccine and routine immunization surveillance, vaccine confidence, available data, policy, public health guidance, and knowledge mobilization activities.

In addition, the COVID-19 pandemic has yielded a large shift in Canadians' knowledge, attitudes, and beliefs towards vaccinations, including for these specific populations. For certain populations, recent evidence points that there has been a high prevalence of vaccine hesitancy and refusal for COVID-19 vaccines. Monitoring of parental attitudes is essential to predict expected vaccine uptake and to guide education and awareness efforts to promote vaccination among children issued from these specific populations.

New surveillance tools are needed to address data coverage gaps identified for at-risk populations and to inform public health vaccination programs and initiatives. In the effort of addressing vaccine coverage data gaps relating to at-risk populations, the Public Health Agency of Canada (PHAC) is seeking third party support to develop a new surveillance initiative, the Childhood Immunization Coverage Survey in Key Populations (KPCICS) in Canada.

The core objective of this survey is to provide up-to-date childhood vaccine coverage data (e.g., on measles, diphtheria, tetanus, pertussis, polio, COVID-19) specific to the 2SLGBTQI+ and MSM populations. The survey will assess parent/legal guardian/other person most knowledgeable's (PMK; e.g., child's step-parent, adoptive parent, foster parent, sister or brother, grandparent or relative caring for and responsible for health decisions for the child) opinions and views on their child's immunization uptake, as well as vaccine hesitancy and vaccine refusal. This survey will also investigate the reasons for vaccine hesitancy among these populations and the impact this has on routine childhood immunization, for each population.

The second objective is to consider the unknown effects of the COVID-19 pandemic on concurrent childhood immunizations to determine priorities for vaccine-preventable diseases, with the aim of identifying whether catch-up routine immunization campaigns are required.

The surveillance project aims to collect information on:

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- Parent/legal guardian/other PMK's knowledge, attitudes and beliefs (KAB) toward immunization
- Trusted sources of information on immunization, including routine childhood vaccines and COVID-19 vaccines
- Inequalities in vaccination uptake by socio-demographic characteristics.

To address the objectives of this surveillance project, an online survey was conducted with parents/legal guardians/other PMKs of children aged 0 to 17 years from specific at-risk populations, who live in Canada. The specific audiences included the following two (2) key at-risk populations. Parents/legal guardians/other PMKs aged 18 years and older, who have a child(ren) aged 0 to 17 years and who identify as:

1. 2SLGBTQI+ community members (an estimated 0.8% of the Canadian population with children; where 4% of the Canadian population identify as 2SLGBTQI+ and approximately 20% of couples who are of the same gender, transgender, or non-binary families have children)^{1,2}; and
2. Men who self-identify as men who have sex with men (MSM) (regardless of whether they self-identify as 2SLGBTQI+ or not) based on past experiences, (estimated 3.3% of men or 1.7% of Canadian population, regardless of parental status)^{3,4}.

¹ <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2021062-eng.htm>

² <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810013601>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7085112/>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7085112/#R25>

3. Methodology

3.1 Pilot testing

A pilot test was conducted on March 29, 2023, to make sure the survey questionnaire was well understood by respondents. To do so, telephone interviews were conducted to obtain a better feel of the respondents' understanding of the questions. In total, 42 completed interviews were conducted in both official languages (21 in English and 21 in French). Interviews from the pilot test were not kept in the final database. After this pilot, several adjustments were made to questions based on the review of the interview recordings. Among those, some skip logic was adjusted on a few questions, some wording changes were applied to allow for better clarity and response levels were added to some questions to capture what was seen in the "other (specify)" category.

3.2 Sample Planning and Data Collection

Data collection was completed between August 3 to October 2, 2023. Respondents were offered an online survey through the use of Advanis' General Population Representative Sample (GPRS) and through Random digit dialing (RDD). Advanis sought a probability-based sample of 5,500 Canadian parents/guardians of children and adolescents younger than 18 years old living across Canada.

The sample source: GPRS

Over the past few years, Advanis has been developing its own proprietary General Population Random Sample (GPRS) using an IVR-to-Web and CATI-to-Web methodology. This sample includes about 600,000 Canadians. We use our proprietary interactive voice response (IVR) system and our in-house CATI call centre to conduct random digit dialing (RDD) to recruit respondents to be part of this sample. This method is probability-based; that is, every recruit has an equal and known chance of being invited to participate. We all typically call all the participants to prompt participation. We have found that this ensures a better distribution of the Canadian population. Advanis GPRS leverages a known probabilistic sampling method used by Statistics Canada, called **multi-phase sampling**. This approach involves collecting data from *randomly selected sample units*, and then collecting more data from a randomly selected subsample⁵.

So, unlike using traditional online panel samples, most of which is not randomly recruited (it is known as convenience sample), researchers can calculate the representativeness of the data collected from this sample with associated margins of error and can perform statistical testing on results. Furthermore, and unlike most traditional panel samples, all of Advanis' GPRS sample is **a)** new (the vast majority having been recruited since January 2018), and **b)** not "expert survey takers" since we survey each person no more than 8 times each year (our engagement is to not contact the same respondents within a minimum of a six week period) and do not provide incentives. Therefore, our respondents will not have been contacted by Advanis during the 30 day period for a survey. It is important to note that we *only* use this sample for the public sector and not-for-profit studies. As such, this method offers:

- One key advantage of CATI surveying (random sampling that supports statistical testing); and
- One key advantage of online panel surveying (much lower cost than CATI).

⁵ <https://www150.statcan.gc.ca/n1/edu/power-pouvoir/ch13/prob/5214899-eng.htm>

Advanis leveraged our General Population Random Sample to invite respondents to complete the survey online. All Advanis web surveys are hosted internally by Advanis, and they are online 24 hours a day. Because Advanis fields online surveys in-house, we can employ a rigorous and stringent set of data collection control mechanisms to ensure the highest quality for the data collected including:

- Careful monitoring of response rates during all stages of the fielding process (and with all methods). Actions will be taken to maximize compliance and minimize non-response.

Target audience

The target audience for this project were 2SLGBTQI+ and MSM populations in Canada who are parents/legal guardians/other persons most knowledgeable (PMK; e.g., child’s step-parent, adoptive parent, foster parent, sister or brother, grandparent or relative caring for and responsible for health decisions for the child) for a child(ren) aged 17 years or younger living across Canada. The targeted number of completed surveys was 5,500 Canadian parents/legal guardians/PMK (including 500 from the targeted populations and 5,000 from the general population). Questions within the survey further filtered out responses from anyone under the age of 18 years (S1) and responses for anyone who is not the parent/legal guardian of a child(ren) under the age of 18 (S2). A total of 5,576 responses were obtained (588 from 2SLGBTQI+ (including 4 MSM not 2SLGBTQI+), 164 MSM and 4,988 from the general population) to reach quotas, where possible (Table 1). As part of the expected 5,000 a notable proportion ended up being part of the 2SLGBTQI+ community. Since this was the main target of this study, the results actually provided more of the target population and slightly less of the general public.

Advanis also worked to obtain nationally representative coverage of the following key sub-populations:

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- Children of both sexes (50% males, 50% females).

The 2SLGBTQI+ were defined as anyone who identified as not heterosexual and cis-gendered. The MSM were any men that indicated having sexual intercourse with another man, regardless of whether or not they considered themselves part of the 2SLGBTQI+ community. For more information about the target populations, please refer to the note to reader section (Section 4).

As seen in Table 1, these targets were achieved.

Table 1 Number of completed and targeted number

Targeted population	Completed the survey	Minimum targets
MSM*	164	---
Not MSM (men only)	2,467	---
Part of 2SLGBTQI+	584	---
Not part of 2SLGBTQI+	4,887	---
Part of 2SLGBTQI+ or MSM	588	500
Not Part of 2SLGBTQI+ or MSM	4,883	5,000
Unknown sexual orientation and behavior	105	---
Total	5,576	5,500

*MSM definition: The definition is men having sex with men or any men that mentioned having sex with men in the sexual orientation question. If the men mentioned being heterosexual but still reported having sex with men, we considered their sexual behavior rather than sexual orientation.

Weighting

Overall, 5,576 people completed the survey. Data are unweighted since the population proportions were not available for this exact population of parents. The census and the Canadian Community Health Survey (CCHS) data cannot provide accurate population counts or proportions for the 2SLGBTQI+ population. For this reason, no statistical testing was applied.

Because being a parent and being a part of the 2SLGBTQI+ community is a central point of that study, it would be detrimental to have a weighting scheme that takes all 2SLGBTQI+ people into consideration. With only census data, it is impossible to account for gay cis men parents that are currently legally single, lesbian cis women that are currently legally single or any cis parents that are bisexual, pansexual, or other sexual orientation and either legally single or in a heteronormative relationship (opposite sex relationship). Those cases would need to be weighed as general population, skewing the analysis, and taking out of the analysis a part of the targeted population, hence the decision to not weigh the data.

It would be a very far-fetched estimation to match parents from the census and the CCHS and control potential biases that can be included by an indirect approach like this.

3.3 Questionnaire

The survey draft and the French translations were provided by PHAC. Advanis worked with PHAC to refine the questionnaire. This was supported by the pilot testing that provided further insight into the challenges of the questionnaire. The survey was programmed using SurveyBuilder, a software program that is proprietary to Advanis. The surveys were available to be completed online.

The online survey was compatible with both desktop computers and mobile devices (tablets and smartphones). The surveys were housed on a website hosted by Advanis.

The surveys were designed to include multiple-choice questions, single response questions, including scaled, open-ended, and demographic questions. Skip logic was applied throughout, including thank-you messages used for the screening out of ineligible participants (not having a child under 18 living in the household, not a legal parent/guardian/PMK, refusing to provide their children's age). The survey was thoroughly pre-tested to ensure that skip patterns and survey questions were correctly programmed. The survey included the following sections:

- Screeners
- Selection Question - CHILD
- Immunization Coverage - CHILD
- Demographic information – CHILD
- Vaccination-Related Obstacles, Reason and Hesitancy – PARENT/GUARDIAN/PMK
- Knowledge, Attitudes and Behaviours – PARENT/GUARDIAN/PMK
- General health information - PARENT/GUARDIAN/PMK
- Gender and sexual orientation – PARENT/GUARDIAN/PMK
- Demographic Information - PARENT/GUARDIAN/PMK

The survey length was just over 13 minutes, exceeding the expected length of 10 minutes.

3.4 Data Collection

Invitations and reminders were sent by SMS or email. All SMS or emails were sent grouped by province to ensure that they were sent out during appropriate hours within each time zone. After sending the initial invitation, a reminder message was sent three days later to applicants who did not complete a survey or who were not screened out of the survey.

In total, 27,150 potential participants were invited to the studies (valid sample). Of these, 2,360 were screened out because they did not qualify and 7,144 refused to participate. In total, 11,739 ended up not answering the survey and 331 dropped off at various points. The global response rate to the study is 29.2%⁶. The estimated margin of error is 1.31% at a 95% confidence interval.

Each survey had a unique number embedded in the hyperlink to eliminate the possibility of duplicate responses from one participant.

All Advanis Web surveys are hosted internally by Advanis, and we employ a rigorous and stringent set of data collection control mechanisms to ensure the highest quality for the data collected, including:

- Respondents have a unique access code to ensure that only that participant can complete the online survey.
- Extensive internal logic checks are programmed directly into the survey to ensure logical responses.
- Web surveys are implemented using Advanis' proprietary software (which is designed to handle complicated survey formats).
- Advanis administered a detailed internal test and an external pretest to ensure that the survey instrument was working as planned.
- We tested the questionnaire in multiple browsers and provided PHAC with a link so they could do internal testing.

3.5 Data Cleaning

Data cleaning primarily involved creating variables tailored to the distinct populations, facilitating straightforward analysis for each group. Any "Other, specify" comments were carefully reviewed and integrated into existing levels where applicable. Additionally, new categories were introduced to the questions based on specify responses, ensuring that "Other" responses remained under 10%. The following variables were recoded (either with new categories or in existing buckets).

- C4
- C5
- C7
- C8
- C10
- C11
- D3
- A2
- S6
- A10
- A5

⁶ POR response rate formula: $(R) 5576 \text{ participants} + 2360 \text{ screened out} / (U) 11739 + (IS) 7475 + (R) 5576 \text{ participants} + 2360 \text{ screened out}$

4. Note to Readers and Study Limitations

There are a few limitations to consider in this study:

1. Filtering Impact: The question "Has [child's nickname] ever been vaccinated?" acts as a filter for subsequent questions. Consequently, respondents not indicating their child's vaccination status might limit insights into reasons behind non-vaccination.
2. Sensitive Subject Responses: Given the sensitive nature of the study, some respondents opted not to answer identifier questions used to categorize groups of interest (2SLGBTQI+ and MSM groups). These respondents were included in the "not 2SLGBTQI+" or "not MSM" groups.
3. The results shown present unweighted data for the reasons explained in section 3.2. Therefore, no extrapolation can be made to the broader Canadian population, the 2SLGBTQ+ population and the MSM population.

Also noteworthy is the fact that the 2SLGBTQI+ group and the MSM group are not mutually exclusive. The "not MSM" group excludes women for a better comparison of this target group.

MSM definition: The definition is men having sex with men or any men that mentioned having sex with men in the sexual orientation question. If the men mentioned being heterosexual but still reported having sex with men, we considered their sexual behavior rather than sexual orientation.

2SLGBTQ+ definition: The 2SLGBTQI+ were defined as anyone who identified as not heterosexual and cis-gendered.

Results in the tables include nonresponse levels like "I don't know" and "I prefer not to answer", except in some cases where responses to these levels were 0% are not shown in the report. Results may also not total 100% due to rounding or where multiple responses could be provided. Results with a base of fewer than 30 respondents should also be interpreted with caution.

When reporting on aggregated categories in this report, the percentage can show a variation of +/- 1% due to rounding.

In addition to this report, three banner tables were provided to PHAC for the purposes of sub-group analyses. The banners had the following crosstabs for analysis:

- Banner 1: Region, Age of child, Child's sex.
- Banner 2: Parent gender, Parent self-identification to 2SLGBTQ+, Parent self-identification to MSM, Highest level of parent education, Household income.
- Banner 3: Recommended vaccines received, Obstacles to getting child vaccinated, Number of COVID-19 doses, Vaccination hesitancy for child for recommended vaccines, Vaccination hesitancy for child for COVID-19 vaccine.

It is to be noted that "Don't know" and "Prefer not to answer" categories were included in the banners. All numbers for respondents and percentages are unweighted in the banners. The data was rounded so that no decimals were shown and results with a base of 10 or below were suppressed. Some NET variables were requested by the research team and are included in the banners.

Non-response bias

Non-response bias occurs when non-responders differ in a meaningful way from respondents and this difference impacts the information gathered. It is difficult to assess the presence of non-response bias since information about why non-responders did not participate is usually unavailable. That said, one way to gauge the potential impacts of non-response bias is to evaluate if the sample is presentative by comparing the respondents' characteristics and gauge if they reflect known population characteristics. In this case, the data was not available.

Where possible, we can check the distribution of respondents across various demographics (e.g., age and gender) and geographic categories and compare those distributions against known population characteristics. If the variation is fairly small and we have no reason to believe there are other factors impacting respondents' willingness to participate, we can conclude that the likelihood of non-response bias impacting the information gathered in the study is minimal. Several strategies were employed to increase response rates and reduce the effects of non-response bias. This includes:

- Recruiting respondents by telephone, which achieves a higher response rate compared to email invitations.
- Outpulsing a local phone number (rather than a toll-free number) and the name of the study sponsor ("GovCanada"), which increases pick-up rates (reducing call screening).
- Systematically setting the next call date and time based on the outcome of the current call, which ensures that each respondent is called methodically across days of the week and times of the day. Especially for respondents that are difficult to reach, this maximizes the likelihood of reaching them.
- Sending an SMS text message to recruits, which assures a seamless transition from the telephone survey to the online survey, as receipt can be confirmed in real-time and encourages respondents to complete the survey as soon as the call ends.
- Informing the potential respondent of the study sponsor to enhance credibility and reassure the respondent that the call is not a scam.
- Offering the survey in both official languages to maximize ease of completion.

5. Results

5.1 Respondents profile

The sample of respondents is composed of 5,576 parents or legal guardians or person most knowledgeable of a child(ren). For the remainder of this report, we will refer to them as parents.

2SLGBTQI+ parents predominantly fall within the 35 to 44 year age range (43%), followed with the age range 45 to 54 (32%). MSM parents are equally distributed across the 35 to 44 and 45 to 54 age groups (37% for both).

Table 2 - Respondent's age group

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
18-24	0%	0%	1%	0%	1%
25-29	1%	1%	4%	0%	2%
30-34	4%	3%	11%	2%	8%
35-44	40%	40%	43%	37%	37%
45-54	43%	45%	32%	46%	37%
55-64	9%	9%	8%	12%	12%
65+	2%	2%	1%	3%	3%
Base	5,576	4,887	584	2,467	164

age_combined - How old are you? (S1 and S1a - both variables combined)

About 13% of 2SLGBTQI+ parents describe their physical health as “excellent,” 32% as “very good,” 36% as “good,” and 13% as “fair.” Additionally, about 17% of MSM parents report “excellent” physical health, 35% report “very good”, 32% report “good”, and 11% report “fair”.

Table 3 - Respondent's description of their physical health

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Excellent	16%	16%	13%	17%	17%
Very good	38%	38%	32%	37%	35%
Good	34%	34%	36%	34%	32%
Fair	9%	9%	13%	8%	11%
Poor	3%	2%	5%	3%	5%
Base	5,576	4,887	584	2,467	164

b3 - In general, how would you describe your physical health?

About 11% of 2SLGBTQI+ parents describe their mental health as “excellent,” 23% as “very good,” 32% as “good,” 23% as “fair,” and 11% as “poor.”

Approximately 18% of MSM parents report “excellent” mental health, 30% report “very good”, 26% report “good”, 18% report “fair”, and 9% report “poor”.

Table 4 - Respondent’s description of their mental health

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Excellent	16%	16%	11%	21%	18%
Very good	33%	34%	23%	35%	30%
Good	32%	32%	32%	28%	26%
Fair	14%	13%	23%	12%	18%
Poor	4%	4%	11%	3%	9%
Base	5,576	4,887	584	2,467	164

b4 - In general, how would you describe your mental health?

2SLGBTQI+ parents (44%) tend to be parents of one child, as are MSM parents (43%)— only slightly higher than the proportions of 2SLGBTQI+ (41%) and MSM (40%) parents who are parents of two children.

Table 5 – Number of children for which respondents are a parent/legal guardian/person most knowledgeable of

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
1	39%	38%	44%	35%	43%
2	44%	44%	41%	47%	40%
3	13%	14%	10%	14%	11%
4 or more	4%	4%	5%	4%	6%
Base	5,576	4,887	584	2,467	164

s3 - How many children under the age of 18 are you a parent/legal guardian/person most knowledgeable of?

Two-thirds (66%) of 2SLGBTQI+ parents indicated that their sex at birth was female, and just under one-third (32%) indicated male. A vast majority (93%) of MSM parents indicated that their sex at birth was male; 5% indicated female.

Table 6 – Respondent’s sex at birth

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Female	52%	51%	66%	2%	5%
Male	47%	49%	32%	97%	93%
Other	0%	0%	1%	0%	1%
I prefer not to answer	1%	0%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

a4 - What was your sex at birth?

Among 2SLGBTQI+ parents, 60% self-identified as women, 26% as men, 7% as non-binary, 1% as transgender women, 2% as transgender men, 2% as two-spirit/bi-spirit, and 3% as another gender.

Among MSM parents, 91% self-identified as cis-gender men, 3% as transgender men, and 5% as two-spirit/bi-spirit.

Table 7 – Respondent’s gender

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Woman (cis-gender female; my sex assigned at birth is the same as my current gender)	51%	51%	60%	0%	0%
Man (cis-gender male; my sex assigned at birth is the same as my current gender)	45%	48%	26%	96%	91%
Non-binary	1%	0%	7%	2%	0%
Transgender woman	0%	0%	1%	0%	0%
Transgender man	0%	0%	2%	0%	3%
Two-spirit/bi-spirit	0%	0%	2%	0%	5%
Another gender	0%	0%	3%	1%	0%
I prefer not to answer	3%	1%	0%	2%	0%
Base	5,576	4,887	584	2,467	164

s5 - What is your gender?

15% of 2SLGBTQI+ parents self-identified as heterosexual, 44% as bisexual, 14% as pansexual, 10% as lesbian, 6% as gay, and 5% as asexual. Approximately 18% of MSM parents self-identified as heterosexual, 44% as bisexual, 13% as pansexual, and 22% as gay.

Table 8 – Respondent’s sexual orientation

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Heterosexual (“straight”)	86%	96%	15%	95%	18%
Bisexual	5%	0%	44%	0%	44%
Pansexual	1%	0%	14%	0%	13%
Lesbian	1%	0%	10%	0%	0%
Gay	1%	0%	6%	0%	22%
Asexual	1%	0%	5%	0%	0%
Other, please specify	0%	0%	3%	0%	1%
I prefer not to answer	6%	4%	3%	4%	3%
Base	5,576	4,887	584	2,467	164

s6_r - What is your sexual orientation?

Among 2SLGBTQI+ parents, 42% of their partners are women, 54% are men, 7% are non-binary, 4% are transgender women, 2% are transgender men, and 2% are two-spirit/bi-spirit. Among MSM parents, 54% of their partners are women, 52% are men, 7% are non-binary, 3% are transgender women, 1% are transgender men, and 5% are two-spirit/bi-spirit.

Table 9 – Gender of respondent’s sexual partner(s)

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Woman (cis-gender female; sex assigned at birth is the same as their current gender)	45%	47%	42%	94%	54%
Man (cis-gender male; sex assigned at birth is the same as their current gender)	47%	47%	54%	1%	52%
Non-binary	1%	0%	7%	1%	7%
Transgender woman	0%	0%	4%	0%	3%
Transgender man	0%	0%	2%	0%	1%
Two-spirit/bi-spirit	0%	0%	2%	0%	5%
Not applicable	4%	3%	9%	2%	5%
I prefer not to answer	5%	3%	4%	3%	1%
Base	5,576	4,887	584	2,467	164

s6b - What gender is (are) your sexual partner(s)? *This is a multi-level response question. The total can add up to more than 100%.

Among 2SLGBTQI+ parents, over eight-in-ten (81%) self-identified as white. About three-quarters (74%) of MSM parents also self-identified as white.

Table 10 – Respondent’s racial or ethnic community

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
White (e.g., European, Caucasian)	76%	76%	81%	73%	74%
Black (African, Afro-Caribbean, African descent)	6%	6%	5%	6%	7%
East/Southeast Asian	5%	5%	5%	6%	9%
South Asian (e.g., Afghan, Indian, Pakistani, Bangladeshi, Sri Lankan)	5%	5%	5%	7%	7%
Middle Eastern and North African	5%	5%	4%	6%	5%
Latino/Latina (e.g., Latin American, Hispanic descent)	3%	3%	3%	3%	8%
Indigenous (First Nations, Métis and/or Inuit)	3%	2%	6%	2%	5%
Other, please specify	2%	2%	3%	2%	3%
I prefer not to answer	4%	3%	3%	4%	3%
Base	5,576	4,887	584	2,467	164

a10 - Which of the following best describes the racial or ethnic community that you belong to? *This is a multi-level response question. The total can add up to more than 100%.

Among 2SLGBTQI+ parents, over one-half (52%) have completed a university degree or higher, and one-fifth (21%) have a college, CEGEP, or other non-university certificate or diploma.

Almost six-in-ten (56%) of MSM parents have completed a university degree or higher, one-in-ten (10%) have a university certificate or diploma, and almost one-fifth (19%) have a college, CEGEP, or other non-university certificate or diploma.

Table 11 – Respondent’s highest completed level of formal education

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Less than a high school diploma or equivalent	1%	1%	2%	1%	2%
High school diploma or equivalent	7%	7%	11%	8%	9%
Registered apprenticeship or other trade certificate or diploma	5%	5%	4%	7%	3%
College/CEGEP or other non-university certificate or diploma	21%	21%	21%	21%	19%
University certificate or diploma below bachelor’s level	7%	6%	8%	7%	10%
University – bachelor’s degree or equivalent	28%	29%	25%	28%	29%
University – post-graduate degree above bachelor’s level or equivalent	30%	30%	27%	27%	27%
Other, please specify	0%	0%	0%	0%	1%
I prefer not to answer	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

a5 - What is the highest level of formal education that you have completed?

In 2022, almost one-quarter of 2SLGBTQI+ parents’ households made between \$100,000 and \$150,000, and \$150,000 or more (23% and 24%, respectively). In the same year, almost one-quarter (23%) of MSM parents’ households made between \$100,000 and \$150,000, and almost one-third (32%) made \$150,000 or more.

Table 12 - Total household income

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Under \$20,000	2%	2%	5%	1%	4%
\$20,000 to just under \$40,000	4%	3%	7%	2%	5%
\$40,000 to just under \$60,000	7%	6%	10%	6%	9%
\$60,000 to just under \$80,000	8%	7%	10%	7%	7%
\$80,000 to just under \$100,000	12%	12%	15%	13%	14%
\$100,000 to just under \$150,000	24%	24%	23%	25%	23%
\$150,000 and above	38%	40%	24%	41%	32%
I prefer not to answer	7%	6%	5%	5%	6%
Base	5,576	4,887	584	2,467	164

a6 - Please indicate your total household income, before taxes and deductions, for the year ending December 31, 2022.

Almost one-quarter (24%) of 2SLGBTQI+ parents are single parents. For MSM parents, this rate is 16%.

Table 13 – Respondent is a single parent

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Yes	16%	15%	24%	11%	16%
No	82%	84%	74%	88%	82%
I prefer not to answer	2%	1%	1%	1%	2%
Base	5,576	4,887	584	2,467	164

s7 - Are you a single parent?

A vast majority of 2SLGBTQI+ (90%) and MSM (88%) parents do not live in a community with a population of fewer than 1,000 people.

Table 14 – Respondent living in a small community

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Yes	5%	5%	8%	6%	11%
No	93%	94%	90%	93%	88%
I don't know	1%	1%	2%	1%	0%
I prefer not to answer	0%	0%	0%	0%	1%
Base	5,576	4,887	584	2,467	164

a11 - Do you live in a community with a population of fewer than 1,000 people?

Over one-half (55%) of 2SLGBTQI+ and MSM parents live in Ontario and under one-fifth (17% and 18%, respectively) live in Quebec. Just over one-tenth (13%) live in British Columbia.

Table 15 – Respondent's region

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Atlantic	3%	2%	5%	2%	2%
Quebec	21%	22%	17%	21%	18%
Ontario	60%	60%	55%	61%	55%
Prairies	5%	4%	10%	5%	11%
British Columbia	12%	11%	13%	11%	13%
Territories	0%	0%	0%	0%	1%
Base	5,576	4,887	584	2,467	164

region_net - region_net - Region for banners

5.2 Selected child profile

Almost one-half of 2SLGBTQI+ parents (45%) and MSM parents (47%) randomly selected children aged between 12 years and 17 years.

Table 16 – Selected child’s age group

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
(1) under 6 months	1%	1%	1%	1%	1%
(2) 6 months to 2y and a half	3%	3%	5%	3%	3%
(3) 2y and a half to 5y	8%	8%	13%	7%	14%
(4) 5y to 11y	39%	39%	37%	40%	35%
(5) 12y to 17y	49%	49%	45%	49%	47%
Base	5,576	4,887	584	2,467	164

SelectedChild

Among 2SLGBTQI+ parents, about 87% are a birth parent. Eight-in-ten (80%) MSM parents are a birth parent.

Table 17 – Respondent’s relationship to child

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Birth parent	93%	94%	87%	94%	80%
Other Relationship	7%	6%	13%	6%	20%
Base	5,576	4,887	584	2,467	164

b1 - What is your relationship to [child's nickname]?

Among 2SLGBTQI+ parents, 96% of their children reside within the household. About 91% of MSM parents’ children reside in the household.

Table 18 – Child lives in respondent’s household

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Yes	97%	98%	96%	97%	91%
No	2%	2%	3%	3%	8%
I prefer not to answer	0%	0%	1%	0%	1%
Base	5,576	4,887	584	2,467	164

b5 - Does [child's nickname] currently live in your household (primary or secondary residence)?

One-half of 2SLGBTQ+ and MSM's (50% for both) children were female at birth.

Table 19 - Child's sex at birth

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Female	48%	48%	50%	48%	50%
Male	50%	51%	48%	50%	49%
I don't know	0%	0%	1%	0%	1%
I prefer not to answer	2%	1%	1%	2%	0%
Base	5,576	4,887	584	2,467	164

a1 - What was [child's nickname]'s sex at birth?

The majority of 2SLGBTQ+ parents' children are white (80%), as are 70% of MSM parents' children.

Table 20 – Child's racial or ethnic community

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
White (e.g., European, Caucasian)	76%	77%	80%	73%	70%
East/Southeast Asian	7%	7%	7%	8%	10%
Black (African, Afro-Caribbean, African descent)	6%	6%	6%	6%	5%
South Asian (e.g., Afghan, Indian, Pakistani, Bangladeshi, Sri Lankan)	5%	5%	5%	7%	7%
Middle Eastern and North African	5%	5%	3%	5%	3%
Latino/Latina (e.g., Latin American, Hispanic descent)	4%	4%	3%	3%	7%
Indigenous (First Nations, Métis and/or Inuit)	3%	3%	8%	3%	9%
Other, please specify	3%	3%	2%	3%	1%
I prefer not to answer	3%	3%	3%	4%	3%
Base	5,576	4,887	584	2,467	164

a2 - Which of the following best describes the racial or ethnic community that [child's nickname] belongs to? *This is a multi-level response question. The total can add up to more than 100%.

5.3 Results for childhood vaccination status and general attitudes towards vaccination

Around 96% of children, whose parent responded as 2SLGBTQ+, have been vaccinated, and 95% of children whose parent responded as MSM, have been vaccinated at some point.

Table 21 - Child vaccination status

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Yes	94%	94%	96%	92%	95%
No	5%	5%	3%	6%	3%
I don't know	0%	0%	0%	0%	1%
I prefer not to answer	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

c1 - Has [child's nickname] ever been vaccinated?

Generally, most children have received all recommended childhood vaccinations. Among the 96% of 2SLGBTQI+ parents who said their child had been vaccinated at some point, seven-in-ten children (70%) have received “all” of their recommended vaccinations, while about 28% have received “some” vaccinations. Among the 95% of MSM parents who said their child had been vaccinated at some point, over seven-in-ten (71%) reported they have received “all” of their recommended vaccinations, and about 27% have received “some” vaccinations.

Table 22 – Vaccines received by child

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
All	68%	68%	70%	67%	71%
Some	30%	30%	28%	30%	27%
None	0%	0%	0%	0%	0%
I prefer not to answer	1%	1%	0%	1%	1%
I don't know	1%	1%	1%	2%	1%
Base	5,304	4,647	565	2,321	159

c2 - To the best of your knowledge, would you say that [child's nickname] has received all, some, or none of the recommended vaccines as of today?

For children who received “some” or “none” of the vaccines recommended for their age group and those who answered “I don’t know”, over two-fifths of children with a 2SLGBTQI+ parent (43%) have not received the seasonal influenza (flu) shot, and about the same proportion (41%) have not received the human papillomavirus (HPV) vaccination. Under two-fifths of children with an MSM parent have not received the flu (36%) or HPV (30%) vaccination.

Table 23 – Vaccines not received by child⁷

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Diphtheria, Tetanus and Pertussis (DTaP, Tdap or Td)	5%	5%	4%	6%	4%
Haemophilus influenzae Type b (Hib)	12%	12%	10%	11%	16%
Hepatitis B (Hep B or HB)	17%	17%	16%	15%	18%
Hepatitis A and B (HAHB) (*Only recommended in Quebec)	21%	21%	21%	18%	20%
Meningococcal	11%	11%	11%	12%	11%
Pneumococcal	11%	11%	11%	10%	7%
Polio (IPV)	6%	6%	6%	6%	7%
Rotavirus (Rota)	12%	12%	13%	11%	9%
Bacille Calmette-Guérin (BCG) (*Only recommended in Northwest Territories and Nunavut)	31%	32%	30%	27%	18%
Measles, Mumps, Rubella (MMR)	5%	5%	4%	5%	2%
Measles, Mumps, Rubella, Varicella (MMRV)	8%	8%	5%	8%	2%
Varicella (Var)	11%	11%	11%	11%	2%
Human Papillomavirus (HPV)	38%	39%	41%	32%	30%
Seasonal influenza (flu)	46%	47%	43%	40%	36%
Don't know	26%	25%	27%	35%	38%
I prefer not to answer	6%	5%	4%	6%	4%
Base	1,664	1,452	166	744	45

c2a - Which of the following recommended vaccines has [child's nickname] not received? *This is a multi-level response question. The total can add up to more than 100%.

⁷ Flu Shot Inquiry: The question regarding whether or not the child has received a flu shot framed within the current immunization status. Responses to this question might yield varied responses due to the annual nature of the flu shot. Some individuals may not consider last year's flu vaccine if they haven't received this year's, introducing potential response variations that will require revision in later cycles of the survey.

Most 2SLGBTQI+ parents (69%) and MSM parents (75%) reported that they have not experienced obstacles that made it difficult to get their child vaccinated with one or more of the recommended vaccines.

When obstacles have been encountered, the main obstacles indicated by 2SLGBTQI+ and MSM parents include the child’s fear of needles (12% and 11%, respectively), difficulty booking time for the vaccination (11% and 9%, respectively), and parental opposition (4% and 5%, respectively).

Table 24 – Obstacles in child’s vaccination

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
No obstacles	73%	73%	69%	75%	75%
My child fears needles	9%	9%	12%	7%	11%
Difficult to book time off work/school for a vaccine appointment	9%	8%	11%	7%	9%
At least one parent opposed it	5%	5%	4%	6%	5%
Do not have access to a doctor	1%	1%	1%	1%	2%
Health concerns/Allergy/medical conditions	1%	1%	1%	1%	0%
Hard keeping track/hard finding information/do not know what vaccines are necessary	1%	1%	1%	1%	0%
Live in a remote area (limited transportation)	1%	1%	1%	1%	2%
Concerns about racism or discrimination towards your child	0%	0%	1%	0%	1%
Language barriers (e.g., lack of access to relevant information in my preferred language)	0%	0%	1%	0%	1%
Other, please specify	4%	4%	5%	4%	3%
Base	5,576	4,887	584	2,467	164

c4_r - What obstacles if any, have made it more difficult to get [child's nickname] vaccinated with one or more of the recommended childhood vaccines? *This is a multi-level response question. The total can add up to more than 100%.

For those with a child who did not receive all recommended vaccines for their age group, over one-quarter (28%) of 2SLGBTQI+ parents and over one-fifth (21%) of MSM parents indicated they did not consider it necessary for their child.

About 18% of 2SLGBTQI+ parents are concerned about the risk of vaccine side effects, as are 14% of MSM parents. Approximately 16% of 2SLGBTQI+ and 26% of MSM parents did not know that one or more vaccines were important for their child to receive.

Table 25 – Reasons not to have child immunized with one or more recommended childhood vaccines

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
I did not consider it necessary for my child	35%	36%	28%	33%	21%
Concerns about the risk of side effects of vaccines	20%	20%	18%	19%	14%
I did not know that one or more of these vaccines was important for my child to get	15%	15%	16%	17%	26%
Not confident in the effectiveness of vaccines	14%	15%	10%	13%	12%
Not of age yet / It's not the time yet	10%	10%	13%	7%	5%
Religious or philosophical reasons	4%	4%	4%	4%	2%
Health care system accessibility	4%	4%	4%	3%	2%
My child has or had a pre-existing medical condition	3%	2%	4%	2%	0%
Fear of needles	1%	1%	2%	0%	0%
Other, please specify	6%	6%	10%	6%	7%
I don't know	10%	10%	9%	14%	19%
I prefer not to answer	5%	4%	5%	6%	5%
Base	1,605	1,402	158	699	43

c5_r - For what reason(s) has [child's nickname] not been immunized with one or more recommended childhood vaccines? *This is a multi-level response question. The total can add up to more than 100%.

Among parents who said that child received “some” or “all” of the recommended childhood vaccines, around seven-in-ten 2SLGBTQI+ parents (72%) and MSM parents (66%) cited protecting their children and/or others from disease as a reason their child received immunizations.

Over one-half of 2SLGBTQI+ parents (52%) and nearly five in ten MSM parents (49%) said they vaccinated their child because the benefits of immunizations are more important than the risks. Advice from their doctor or health care professional was mentioned by 42% of 2SLGBTQI+ parents and 46% of MSM parents.

Over one-quarter of 2SLGBTQI+ parents (26%) and MSM parents (27%) said this was because it is necessary for their child to enter daycare or school. Fewer of 2SLGBTQI+ parents and MSM parents mentioned they feared they might regret it later (10% and 8%, respectively).

Table 26 – Reason for having child immunized with one or more recommended childhood vaccines

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
To protect my child, myself or others from disease	68%	68%	72%	65%	66%
Benefits are more important than risks	47%	46%	52%	44%	49%
Advice from my doctor or health care professional	41%	41%	42%	41%	46%
Need it for daycare or school entry	25%	25%	26%	26%	27%
I fear I may regret it later if I don't	7%	6%	10%	6%	8%
I know or knew someone who got a vaccine-preventable disease	5%	4%	8%	4%	3%
Advice from a friend or a family member	3%	3%	6%	3%	6%
Other, please specify the reason	1%	1%	1%	1%	1%
I don't know	1%	1%	1%	2%	2%
I prefer not to answer	1%	1%	1%	2%	1%
Base	5,184	4,550	554	2,245	156

c7_r - Why did [child's nickname] receive one or more recommended childhood immunizations? *This is a multi-level response question. The total can add up to more than 100%.

Overall, around one-tenth (13%) of MSM parents are or have been hesitant to vaccinate their child with the recommended immunizations. Under one-fifth (17%) of 2SLGBTQI+ parents are or have been hesitant to vaccinate their child with the recommended childhood vaccines.

Table 27 – Parents' hesitancy towards recommended childhood vaccination

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Yes	21%	21%	17%	18%	13%
No	77%	78%	80%	80%	84%
I don't know	1%	1%	1%	1%	1%
I prefer not to answer	2%	1%	2%	1%	2%
Base	5,576	4,887	584	2,467	164

c9a - Are you or have you been hesitant to vaccinate [child's nickname] with one or more recommended childhood immunizations?

Among 2SLGBTQI+ parents and MSM parents who were or are hesitant to vaccinate their child with recommended childhood vaccines, over six-in-ten (61% and 62%, respectively) have concerns about the safety of the vaccine and/or side effects. About 43% of MSM parents have concerns about the effectiveness of the vaccine, as do 35% of 2SLGBTQI+ parents.

For 27% of 2SLGBTQI+ parents, mistrust in vaccine-related information was a reason for hesitancy. This rate was 29% for MSM parents. Almost one-quarter (24%) of MSM parents wanted to discuss the vaccine with their child’s health care practitioner before immunizing their child, as do one-fifth (21%) of 2SLGBTQI+ parents.

Table 28 - Reasons for hesitancy and/or decision to not get child immunized

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Concerns about the safety of the vaccine(s) and/or side effects	66%	67%	61%	65%	62%
Concerns about the effectiveness of the vaccine(s)	33%	33%	35%	34%	43%
Mistrust in vaccine-related information	30%	30%	27%	35%	29%
I wanted to discuss the vaccine(s) with my child’s health care practitioner	12%	12%	21%	11%	24%
My child is not at risk for infection	11%	12%	5%	12%	0%
Religions or philosophical reasons	9%	9%	11%	10%	14%
My child had a bad experience with previous vaccines	8%	8%	11%	7%	10%
Do/did not know where to get reliable information	7%	7%	13%	8%	14%
My child had a bad experience with health care providers	2%	2%	4%	1%	10%
Concerns about racism or discrimination	1%	0%	3%	1%	5%
Other, please specify	5%	5%	5%	4%	0%
I prefer not to answer	3%	2%	3%	3%	0%
Don't know	1%	1%	2%	1%	0%
Base	1,153	1,006	101	439	21

c10_r - For what reasons were/are you hesitant and/or decided not to get [child's nickname] immunized for one or more recommended childhood immunizations? *This is a multi-level response question. The total can add up to more than 100%.

Among 2SLGBTQI+ parents, almost three-quarters (74%) said that their child has received at least one dose of COVID-19 vaccine (7% have received one dose, 37% have received two doses, and 30% have received three doses or more). Among MSM parents, almost one-in-eight (77%) said that their child has received at least one dose of COVID-19 vaccine (6% have received one dose, 39% have received two doses, and 32% have received three doses or more).

Table 29 – Number of COVID-19 doses received by child

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
None	23%	22%	23%	21%	18%
At least one dose	74%	75%	74%	76%	77%
1 dose	6%	6%	7%	7%	6%
2 doses	40%	41%	37%	40%	39%
3 doses or more	28%	28%	30%	28%	32%
I don't know	1%	1%	2%	2%	4%
I prefer not to answer	2%	2%	1%	2%	1%
Base	5279	4604	589	2302	172

c3 - How many doses of the Health Canada approved COVID-19 vaccines has [child's nickname] received?

Among those whose children received at least one dose of COVID-19 vaccine, 71% of 2SLGBTQI+ and 71% of MSM parents cited protecting themselves and/or household members against COVID-19 infection as a reason to have vaccinated their child. For both 2SLGBTQI+ and MSM parents, almost seven-in-ten (67%) based their decision to immunize their child against COVID-19 on public health recommendations. Almost six-in-ten (57%) MSM parents and seven-in-ten (66%) of 2SLGBTQI+ parents indicated their child received a COVID-19 vaccine to prevent the spread of COVID-19 in their community.

Table 30 – Reasons why child vaccinated against COVID-19

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
To protect themselves and/or household members against COVID-19 infection	66%	66%	71%	63%	71%
Based on public health recommendations	61%	60%	67%	59%	67%
To prevent the spread of COVID-19 in my community	58%	58%	66%	55%	57%
To help restore a more normal life (e.g., to lift public health measures, participate in extra-curricular activities, travel)	57%	57%	53%	55%	48%
To protect themselves against long COVID	45%	44%	54%	41%	43%
The COVID-19 vaccine was recommended by a health care professional	33%	33%	35%	33%	30%
Other, please specify	1%	1%	1%	2%	1%
I prefer not to answer	0%	0%	0%	1%	0%
Base	3,919	3,468	416	1,750	122

c8_r - Why did [child's nickname] receive a COVID-19 vaccine? *This is a multi-level response question. The total can add up to more than 100%.

Approximately four in ten of 2SLGBTQI+ parents (38%) and one-third MSM parents (30%) are or have been hesitant to vaccinate their child against COVID-19.

Table 31 - Hesitancy to vaccinate child against COVID-19

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Yes	42%	42%	38%	41%	30%
No	55%	55%	60%	56%	67%
I don't know	1%	1%	1%	1%	1%
I prefer not to answer	2%	2%	1%	2%	1%
Base	5,530	4,847	578	2,449	162

c9b - Are you or have you been hesitant to vaccinate [child's nickname] against COVID-19?

Among 2SLGBTQI+ and MSM parents who are or have been hesitant to vaccinate their child against COVID-19, about 59% of 2SLGBTQI+ parents and 55% of MSM parents attribute their hesitation to vaccinate their child against COVID-19 to a lack of research on childhood vaccination. More than half cited concerns about the safety and/or side effects of COVID-19 vaccines (56% of 2SLGBTQI+ parents and 61% of MSM parents). Around two-fifths of 2SLGBTQI+ and MSM parents (40% and 45%, respectively) are concerned about the effectiveness of these vaccines.

Table 32 - Reasons for hesitation and/or decision to not get child vaccinated against COVID-19

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Concerns that not enough research on the vaccine has been done in children	62%	62%	59%	63%	55%
Concerns about the safety of COVID-19 vaccines and/or side effects	61%	62%	56%	62%	61%
Concerns about the effectiveness of COVID-19 vaccines	44%	44%	40%	47%	45%
Mistrust in COVID-19 vaccine-related information	38%	37%	37%	42%	43%
Do/did not consider it is/was necessary	32%	32%	32%	35%	31%
My child already had a COVID-19 infection	25%	25%	29%	22%	27%
My child is not at risk of getting COVID-19 or at risk of severe infection	22%	22%	19%	26%	14%
I want(ed) to first discuss COVID-19 vaccines with my child's health care practitioner	6%	6%	8%	5%	8%
My child fears needles	5%	5%	6%	5%	8%
Religious or philosophical reasons	5%	5%	8%	3%	4%
My child had a bad experience with previous vaccinations	3%	3%	5%	2%	10%
Concerns about racism or discrimination	1%	1%	2%	1%	2%
My child had a bad experience with health care providers	1%	1%	1%	1%	2%
Other, please specify	3%	3%	3%	3%	2%
I prefer not to answer	1%	1%	1%	1%	0%
I don't know	0%	0%	1%	0%	0%
Base	2,326	2,049	219	1011	49

c11_r - For what reasons were/are you hesitant and/or decided not to get a COVID-19 vaccine for [child's nickname]? *This is a multi-level response question. The total can add up to more than 100%.

Over six-in-ten 2SLGBTQI+ parents (67%) and MSM parents (63%) said they “definitely will” vaccinate their child with recommended childhood vaccines in the future (excluding the COVID-19 vaccines). Around one-fifth of 2SLGBTQI+ and MSM parents (19% and 22%, respectively) said they “probably will.”

Table 33 - Likelihood of getting child vaccinated with the recommended vaccines in the future (excluding COVID-19 vaccines)

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Definitely will	62%	62%	67%	59%	63%
Probably will	21%	21%	19%	24%	22%
Probably won't	5%	6%	3%	6%	4%
Definitely won't	5%	5%	3%	5%	4%
Not applicable, my child has received all recommended childhood vaccines	3%	3%	4%	3%	4%
I don't know	2%	2%	2%	2%	3%
I prefer not to answer	2%	1%	1%	2%	1%
Base	5,576	4,887	584	2,467	164

d1a - Excluding the COVID-19 vaccines, how likely it is that you will get [child or children] vaccinated with the recommended childhood vaccines in the future?

Among parents of a child 6 months of age or older, about two-fifths of 2SLGBTQI+ parents (38%) and MSM parents (40%) said they “definitely will” get their child vaccinated against COVID-19 in the future. Under one-quarter of 2SLGBTQI+ parents (24%) and MSM parents (22%) said they “probably will” get their child vaccinated with a COVID-19 vaccine in the future.

Table 34 – Likelihood of getting child vaccinated with a COVID-19 vaccine in future

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Definitely will	27%	26%	38%	27%	40%
Probably will	24%	24%	24%	24%	22%
Probably won't	20%	20%	16%	19%	18%
Definitely won't	20%	20%	15%	22%	14%
I don't know	7%	8%	6%	5%	6%
I prefer not to answer	2%	2%	1%	2%	1%
Base	5,530	4,847	578	2,449	162

d1b - How likely is it that you will get [child's nickname] vaccinated with a COVID-19 vaccine in the future?

A total of 33% of 2SLGBTQI+ parents indicated that, since the COVID-19 pandemic, their views about vaccines have changed (23% “somewhat agree” with this statement and 10% “strongly agree”). Most 2SLGBTQI+ parents (62%) did not change their views about vaccines since the COVID-19 pandemic (42% “strongly disagree” with this statement and 20% “somewhat disagree”).

Over one-third of MSM parents agree (36%) that, since the COVID-19 pandemic, their views about vaccines have changed (24% “somewhat agree” and 12% “strongly agree”). Most MSM parents (59%) did not change their views about vaccines since the pandemic (40% “strongly disagree” with this statement and 19% “somewhat disagree”).

Table 35 – Respondent’s level of agreement with “In general, my views about vaccines have changed since the COVID-19 pandemic”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	15%	16%	10%	18%	12%
Somewhat agree	23%	23%	23%	24%	24%
Somewhat disagree	20%	21%	20%	19%	19%
Strongly disagree	37%	37%	42%	34%	40%
I prefer not to answer	2%	2%	2%	2%	2%
I don't know	3%	3%	3%	2%	4%
Base	5,576	4,887	584	2,467	164

d2_a - In general, my views about vaccines have changed since the COVID-19 pandemic. : Please rate your level of agreement with the statements below

Before the COVID-19 pandemic, over nine-in-ten 2SLGBTQI+ parents (92%) believed that vaccines were safe for children (71% “strongly agree” and 20% “somewhat agree”). Around 7% of 2SLGBTQI+ parents disagreed (5% “somewhat disagree”, 2% “strongly disagree”) with the statement.

More than nine-in-ten MSM parents (91%) believed that vaccines were safe for children before the COVID-19 pandemic (74% “strongly agree” and 18% “somewhat agree”). A total of 6% of MSM parents disagreed (4% “somewhat disagree”, 2% “strongly disagree”) with the statement.

Table 36 – Respondent’s level of agreement with “Before the COVID-19 pandemic, I believed that vaccines were safe for children”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	65%	65%	71%	64%	74%
Somewhat agree	25%	26%	20%	27%	18%
Somewhat disagree	4%	4%	5%	4%	4%
Strongly disagree	3%	3%	2%	3%	2%
I prefer not to answer	1%	1%	1%	1%	2%
I don't know	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d2_b - Before the COVID-19 pandemic, I believed that vaccines were safe for children. : Please rate your level of agreement with the statements below

Before the COVID-19 pandemic, the majority of 2SLGBTQI+ parents (93%) (73% “strongly agree” and 21% “somewhat agree”) believed that vaccines were effective for children. The proportion of 2SLGBTQI+ parents who disagreed with the statement was 6% (4% “somewhat disagree”, 2% “strongly disagree”).

The majority of MSM parents (93%) believed that vaccines were effective for children before the COVID-19 pandemic (70% “strongly agree” and 23% “somewhat agree”). A total of 5% of MSM parents disagreed (4% “somewhat disagree”, 1% “strongly disagree”) with the statement.

Table 37 - Level of agreement with “Before the COVID-19 pandemic, I believed that vaccines were effective for children”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	70%	70%	73%	68%	70%
Somewhat agree	23%	23%	21%	25%	23%
Somewhat disagree	3%	3%	4%	3%	4%
Strongly disagree	2%	2%	2%	2%	1%
I prefer not to answer	1%	1%	1%	1%	1%
I don't know	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d2_c - Before the COVID-19 pandemic, I believed that vaccines were effective for children. : Please rate your level of agreement with the statements below

Almost seven-in-ten 2SLGBTQI+ parents (66%) and MSM parents (68%) cited they would be most likely to consult health care providers as a source of information on childhood immunization. Around six-in-ten of 2SLGBTQI+ and MSM parents (61% and 58%, respectively) said they would be most likely to consult the Public Health Agency of Canada (PHAC) or Health Canada (HC). The regional Ministry of Health was mentioned by over two-fifths of parents (46% of 2SLGBTQI+ parents and 45% of MSM parents).

Table 38 – Most likely sources of information to be consulted for childhood immunization

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Health care providers	65%	66%	66%	63%	68%
Public Health Agency of Canada or Health Canada	53%	53%	61%	50%	58%
Ministry of Health within my province or territory	42%	42%	46%	42%	45%
Scientific publications, journals	42%	41%	46%	42%	39%
My local public health unit/clinic	37%	37%	44%	36%	42%
International organizations (e.g., World Health Organization (WHO))	31%	30%	42%	27%	37%
National Advisory Committee on Immunization (NACI)	20%	19%	24%	19%	24%
Community nursing stations or clinics	16%	15%	23%	16%	20%
News/media	14%	14%	13%	14%	18%
Family/friends	12%	12%	12%	12%	15%
Social media (e.g. Twitter, Facebook)	4%	4%	3%	5%	4%
Other, please specify	5%	5%	4%	6%	4%
I prefer not to answer	2%	2%	1%	2%	1%
I don't know	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d3_r - Which of the following sources of information would you be most likely to consult in order to find information about childhood immunization? *This is a multi-level response question. The total can add up to more than 100%.

For the greater proportion of 2SLGBTQI+ parents and MSM parents (both 90%), vaccines are safe.

Table 39- True or false: In general, vaccines are safe

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
True	87%	88%	90%	87%	90%
False	5%	5%	4%	6%	5%
I don't know	5%	5%	4%	5%	4%
I prefer not to answer	3%	2%	2%	2%	1%
Base	5,576	4,887	584	2,467	164

d4_a - In general, vaccines are safe. : To the best of your knowledge, please rate whether the following statements about childhood immunizations are true or false.

For the vast majority of 2SLGBTQI+ (91%) and MSM parents (90%), vaccines are effective.

Table 40 - True or false: In general, vaccines are effective

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
True	88%	88%	91%	87%	90%
False	5%	5%	3%	6%	5%
I don't know	5%	5%	4%	5%	4%
I prefer not to answer	2%	2%	2%	2%	1%
Base	5,576	4,887	584	2,467	164

d4_b - In general, vaccines are effective. : To the best of your knowledge, please rate whether the following statements about childhood immunizations are true or false.

For over two-thirds of 2SLGBTQI+ (70%) and MSM parents (75%), COVID-19 vaccines are safe.

Table 41 - True or false: In general, COVID-19 vaccines are safe

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
True	62%	62%	70%	62%	75%
False	18%	18%	13%	21%	12%
I don't know	16%	17%	14%	15%	11%
I prefer not to answer	3%	3%	3%	3%	2%
Base	5,576	4,887	584	2,467	164

d4_c - In general, COVID-19 vaccines are safe. : To the best of your knowledge, please rate whether the following statements about childhood immunizations are true or false.

For many 2SLGBTQI+ (66%) and MSM parents (67%), COVID-19 vaccines are effective.

Table 42 - True or false: In general, COVID-19 vaccines are effective

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
True	58%	58%	66%	58%	67%
False	23%	23%	16%	27%	17%
I don't know	16%	16%	16%	13%	13%
I prefer not to answer	3%	3%	2%	2%	2%
Base	5,576	4,887	584	2,467	164

d4_d - In general, COVID-19 vaccines are effective. : To the best of your knowledge, please rate whether the following statements about childhood immunizations are true or false.

Over nine-in-ten 2SLGBTQI+ parents agree that vaccines help protect their child’s health (74% “strongly agree” and 21% “somewhat agree”). About 2% “somewhat disagree” and 2% “strongly disagree”. Most MSM (95%) parents also agree that vaccines help protect their child’s health (71% “strongly agree” and 24% “somewhat agree”). Among MSM parents 2% “somewhat disagree” and 2% “strongly disagree”.

Table 43 – Level of agreement with “In general, vaccines help to protect my child’s health”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	67%	68%	74%	65%	71%
Somewhat agree	24%	24%	21%	26%	24%
Somewhat disagree	3%	3%	2%	4%	2%
Strongly disagree	3%	3%	2%	3%	2%
I don't know	2%	2%	1%	2%	1%
I prefer not to answer	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d5_a - In general, vaccines help to protect my child’s health. : Rate the extent to which you agree or disagree with the following statements about childhood immunizations.

Almost one-half (48%) of 2SLGBTQI+ parents agree that they are concerned about the potential side effects from vaccines (17% “strongly agree” and 32% “somewhat agree”). The same proportion (49%) disagree (31% “somewhat disagree” and 18% “strongly disagree”).

Over one-half (53%) of MSM parents agree that they are concerned about potential side effects from vaccines (16% “strongly agree” and 37% “somewhat agree”). About 44% disagree (29% “somewhat disagree” and 15% “strongly disagree”).

Table 44 – Level of agreement with “In general, I am concerned about the potential side effects from vaccines”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	20%	20%	17%	22%	16%
Somewhat agree	35%	36%	32%	35%	37%
Somewhat disagree	27%	27%	31%	25%	29%
Strongly disagree	16%	16%	18%	16%	15%
I don't know	1%	1%	1%	1%	2%
I prefer not to answer	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d5_b - In general, I am concerned about the potential side effects from vaccines. : Rate the extent to which you agree or disagree with the following statements about childhood immunizations.

Over one-in-ten 2SLGBTQI+ parents (11%) agree that the use of alternative practices, such as homeopathy or naturopathy, can eliminate the need for vaccination (3% “strongly agree” and 8% “somewhat agree”). Over eight-in-ten (81%) disagree (12% “somewhat disagree” and 69% “strongly disagree”).

Similarly, 12% of MSM parents agree that the use of alternative practices, such as homeopathy or naturopathy, can eliminate the need for vaccination (1% “strongly agree” and 10% “somewhat agree”). Almost eight-in-ten (79%) disagree (11% “somewhat disagree” and 68% “strongly disagree”).

Table 45 – Level of agreement with “Alternative practices, such as homeopathy or naturopathy, can eliminate the need for vaccination”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	4%	4%	3%	4%	1%
Somewhat agree	9%	9%	8%	10%	10%
Somewhat disagree	17%	18%	12%	18%	11%
Strongly disagree	61%	61%	69%	60%	68%
I don't know	7%	7%	6%	8%	8%
I prefer not to answer	2%	1%	2%	1%	1%
Base	5,576	4,887	584	2,467	164

d5_c - The use of alternative practices, such as homeopathy or naturopathy, can eliminate the need for vaccination. : Rate the extent to which you agree or disagree with the following statements about childhood immunizations.

Over one-in-ten (15%) 2SLGBTQI+ parents agree that a healthy lifestyle, such as healthy nutrition and hygiene, can replace the need for vaccination (5% “strongly agree” and 9% “somewhat agree”). Eight-in-ten (80%) disagree (17% “somewhat disagree” and 63% “strongly disagree”).

Almost one-fifth of MSM parents (18%) agree that a healthy lifestyle can replace the need for vaccination (9% “strongly agree” and 10% “somewhat agree”). Almost eight-in-ten (78%) disagree (21% “somewhat disagree” and 57% “strongly disagree”).

Table 46 – Level of agreement with “In general, a healthy lifestyle such as healthy nutrition and hygiene can replace the need for vaccination”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	7%	7%	5%	9%	9%
Somewhat agree	13%	13%	9%	16%	10%
Somewhat disagree	21%	22%	17%	23%	21%
Strongly disagree	54%	54%	63%	49%	57%
I don't know	3%	3%	4%	3%	3%
I prefer not to answer	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d5_d - In general, a healthy lifestyle such as healthy nutrition and hygiene can replace the need for vaccination. : Rate the extent to which you agree or disagree with the following statements about childhood immunizations.

2SLGBTQI+ parents overwhelmingly agree (91%) that vaccinating their child helps protect the health of others (73% “strongly agree” and 18% “somewhat agree”). Only 7% disagree (3% “somewhat disagree” and 4% “strongly disagree”).

About the same proportion of MSM parents (88%) also agree that vaccinating their child helps protect other’s health (69% “strongly agree” and 19% “somewhat agree”). Only 9% disagree (3% “somewhat disagree” and 6% “strongly disagree”).

Table 47 – Level of agreement with “Having my child vaccinated helps to protect the health of others in my family and/or community”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	63%	63%	73%	58%	69%
Somewhat agree	22%	23%	18%	25%	19%
Somewhat disagree	6%	6%	3%	8%	3%
Strongly disagree	6%	6%	4%	7%	6%
I don't know	2%	2%	2%	2%	2%
I prefer not to answer	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d5_e - Having my child vaccinated helps to protect the health of others in my family and/or community. : Rate the extent to which you agree or disagree with the following statements about childhood immunizations.

Most 2SLGBTQI+ parents agree (73%) that most parents in their community have their children vaccinated with all recommended vaccines (40% “strongly agree” and 32% “somewhat agree”). Only 8% disagree (6% “somewhat disagree” and 2% “strongly disagree”).

Similarly, almost three-quarters (73%) of MSM parents agree most other parents in the community have fully vaccinated their children (39% “strongly agree” and 34% “somewhat agree”). Only 8% disagree (5% “somewhat disagree” and 3% “strongly disagree”).

Table 48 – Level of agreement with “Most parents in my community have their children vaccinated with all recommended vaccines”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	39%	40%	40%	37%	39%
Somewhat agree	37%	37%	32%	38%	34%
Somewhat disagree	5%	5%	6%	6%	5%
Strongly disagree	2%	2%	2%	2%	3%
I don't know	16%	16%	18%	16%	17%
I prefer not to answer	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d5_f - Most parents in my community have their children vaccinated with all recommended vaccines: Rate the extent to which you agree or disagree with the following statements about childhood immunizations.

Under one-third of 2SLGBTQI+ parents agree (28%) that children receive too many vaccines in the same visit (11% “strongly agree” and 18% “somewhat agree”). Over one-half (59%) disagree (29% “somewhat disagree” and 30% “strongly disagree”).

Again, under one-third (27%) of MSM parents agree that children receive too many vaccines in the same visit (7% “strongly agree” and 21% “somewhat agree”). Over one-half (58%) disagree (30% “somewhat disagree” and 27% “strongly disagree”).

Table 49 – Level of agreement with “Children receive too many vaccines at the same visit”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	12%	12%	11%	10%	7%
Somewhat agree	19%	19%	18%	18%	21%
Somewhat disagree	29%	30%	29%	30%	30%
Strongly disagree	25%	24%	30%	23%	27%
I don't know	14%	14%	11%	17%	13%
I prefer not to answer	2%	1%	2%	1%	2%
Base	5,576	4,887	584	2,467	164

d5_g - Children receive too many vaccines at the same visit. : Rate the extent to which you agree or disagree with the following statements about childhood immunizations.

About one-fifth of 2SLGBTQI+ parents agree (22%) that children receive too many vaccines overall (10% “strongly agree” and 12% “somewhat agree”). Over seven-in-ten (71%) disagree (23% “somewhat disagree” and 48% “strongly disagree”).

Again, about one-fifth of MSM parents agree (22%) that children receive too many vaccines overall (10% “strongly agree” and 12% “somewhat agree”). Almost seven-in-ten (68%) disagree (23% “somewhat disagree” and 46% “strongly disagree”).

Table 50 – Level of agreement with “Children receive too many vaccines, overall”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	11%	11%	10%	10%	10%
Somewhat agree	14%	14%	12%	15%	12%
Somewhat disagree	26%	26%	23%	27%	23%
Strongly disagree	39%	39%	48%	37%	46%
I don't know	9%	9%	6%	10%	9%
I prefer not to answer	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d5_h - Children receive too many vaccines, overall. : To the best of your knowledge, please rate the extent to which you agree or disagree with the following statements about childhood immunizations.

About one-fifth of 2SLGBTQI+ parents agree (22%) that it’s better to develop immunity from having a disease rather than from a vaccine (9% “strongly agree” and 13% “somewhat agree”). Seven-in-ten (70%) disagree (21% “somewhat disagree” and 49% “strongly disagree”).

One-quarter (25%) of MSM parents agree that immunity from a disease is better than immunity from a vaccine (13% “strongly agree” and 12% “somewhat agree”). Almost seven-in-ten (67%) disagree (22% “somewhat disagree” and 45% “strongly disagree”).

Table 51 – Level of agreement with “It is better to develop immunity from having a disease rather than from a vaccine”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	10%	9%	9%	11%	13%
Somewhat agree	18%	18%	13%	20%	12%
Somewhat disagree	25%	25%	21%	24%	22%
Strongly disagree	37%	36%	49%	34%	45%
I don't know	9%	9%	7%	9%	7%
I prefer not to answer	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d5_i - It is better to develop immunity from having a disease rather than from a vaccine. : Rate the extent to which you agree or disagree with the following statements about childhood immunizations.

Almost three-quarters of 2SLGBTQI+ parents agree (74%) that delaying child vaccines causes risks to their health (43% “strongly agree” and 31% “somewhat agree”). Over one-in-ten (16%) disagree (11% “somewhat disagree” and 4% “strongly disagree”).

Eight-in-ten MSM parents agree (80%) that delaying child vaccines causes risks to their health (43% “strongly agree” and 37% “somewhat agree”). Over one-in-ten (14%) disagree (9% “somewhat disagree” and 5% “strongly disagree”).

Table 52 – Level of agreement with “Delaying child vaccines causes risks to their health”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	37%	36%	43%	37%	43%
Somewhat agree	32%	32%	31%	33%	37%
Somewhat disagree	12%	13%	11%	13%	9%
Strongly disagree	8%	8%	4%	8%	5%
I don't know	10%	10%	9%	9%	5%
I prefer not to answer	1%	1%	1%	1%	1%
Base	5,576	4,887	584	2,467	164

d5_j - Delaying child vaccines causes risks to their health. : Rate the extent to which you agree or disagree with the following statements about childhood immunizations.

Almost eight-in-ten 2SLGBTQI+ parents agree (78%) that unvaccinated children are at a higher risk of getting some serious diseases, including COVID-19 (58% “strongly agree” and 20% “somewhat agree”). Under one-fifth (17%) disagree (9% “somewhat disagree” and 9% “strongly disagree”).

Again, almost eight-in-ten MSM parents agree (77%) that children are at a higher risk of getting serious diseases (59% “strongly agree” and 19% “somewhat agree”). Under one-fifth (17%) disagree (7% “somewhat disagree” and 10% “strongly disagree”).

Table 53 – Level of agreement with “Unvaccinated children are at higher risk of getting some serious diseases”

	Total	Not part of 2SLGBTQI+	Part of 2SLGBTQI+	Not MSM	MSM
Strongly agree	47%	47%	58%	45%	59%
Somewhat agree	25%	26%	20%	25%	19%
Somewhat disagree	10%	10%	9%	11%	7%
Strongly disagree	10%	10%	9%	12%	10%
I don't know	5%	5%	4%	4%	4%
I prefer not to answer	2%	2%	1%	2%	1%
Base	5,576	4,887	584	2,467	164

d5_k - Unvaccinated children are at higher risk of getting some serious diseases, including COVID-19: Rate the extent to which you agree or disagree with the following statements about childhood immunizations.

6. Conclusion

Most children with 2SLGBTQI+ or MSM parents have been vaccinated at least once (96% for those with 2SLGBTQI+ parents and 95% for those with MSM parents). A majority of those who received at least one vaccine also received all the recommended vaccines (71% for those with 2SLGBTQI+ parents and 71% for those with MSM parents).

Although most did not encounter obstacles when trying to get vaccinated, a child's fear of needles and the difficulty to book time off work or school for a vaccine appointment were the main obstacles mentioned by both 2SLGBTQI+ and MSM parents.

The main reasons for deciding not to get their child vaccinated or for being hesitant towards vaccination were concerns about the safety of the vaccine(s) or their side effects (61% for those with hesitant 2SLGBTQI+ parents and 62% for those with hesitant MSM parents).

Regarding the COVID-19 vaccine specifically, among 2SLGBTQI+ parents, almost three quarters (74%) said that their child has received at least one dose of the COVID-19 vaccine. It is also the case for 77% of MSM parents. The main reasons for hesitancy regarding the COVID-19 vaccine were concerns that not enough research has been done on the vaccine in children and concerns about the safety of COVID-19 vaccines and/or side effects.

Appendix 1: English Questionnaire

Parent 2SLGBTQ+



Intro CATI

Hello, this is _____ calling from TellCityHall. We are conducting an online study about emerging public health topics in Canada on behalf of The Public Health Agency of Canada.
Can I send you a TEXT with a link to the study to complete when you have time?

IF REFUSE TO RECEIVE TEXT:

I can also send the survey link by EMAIL. Can I send you an email with a link to the survey? We will only send you a message for the purposes of administering this specific survey.

ONLINE SURVEY LENGTH:

If asked; the online survey will take approximately 10 minutes depending on your answers.

IF PERSON IS ANGRY ABOUT BEING CALLED:

We would be happy to put you on our do-not-call list. Thank you for your time today.

Respondent too busy (refusal/appointment):

We will send you the study via text message or email and you can complete it when it's more convenient.

If needed:

You've completed a study for us in the past, and said you might participate in public policy surveys in the future. TellCityHall is a public policy initiative of Advanis, a market and social research company. Tell City Hall is a service that provides survey information to all levels of government and non-profits. All of your responses are completely anonymous and only group results will be reported. The study can be completed on a smartphone, tablet, or computer.

- 4 Yes - Send SMS/text message to current phone number *(Show if is mobile (phone_source = 2,3))*
- 5 Send SMS/text message to a different number
- 6 Send email message
- 3 Callback later (use sparingly)
- 2 No - Refused (did not agree to email or SMS)

Intro Web

[Si vous préférez répondre à l'étude en français, veuillez cliquer sur français dans le coin supérieur droit.](#)

This public health study is sponsored by the Public Health Agency of Canada and is focused on knowledge, attitudes, and experiences about childhood immunization for key populations. [Advanis \(http://advanis.net\)](http://advanis.net) (opens in a new window) is conducting the research on behalf of the Public Health Agency of Canada. TellCityHall is one of Advanis' data collection methods.

It will take approximately 10 minutes to complete and is voluntary and confidential. Your responses will not be linked to any personally identifiable information, to protect your anonymity.

For more information about this survey and how the data will be used, please see below. If you agree to participate in this survey, please click on the following button to continue:

Privacy Statement

Participation in this study is voluntary and you can withdraw at any time. There will be no consequences if you decide not to participate. You may skip questions that you do not feel comfortable answering by clicking “Prefer not to answer”, where applicable. You may also complete the survey in several sessions and from different devices. If you are interrupted while doing the survey, you can click on the same link to pick up right where you left off. Once data has been collected, please note that researchers have no way of knowing which data belongs to which participant. The results from partially completed or abandoned surveys will be deleted.

What You Will Be Asked to Do

You will be asked some demographic questions and questions related to childhood vaccines. Please note that certain questions will be asked at the start of the survey to determine if you are eligible to participate. If you are not eligible to participate, your data will be removed and destroyed.

What are the benefits of participating?

By participating, you are helping to generate data which will help to improve the health and well-being of children from key Canadian populations by providing public health authorities with the information they need to ensure health equity.

Why are we collecting your information?

You will be asked questions, such as age, gender, sexual orientation and ethnicity in order to better understand knowledge, attitudes, and experiences across different key populations. You will also be asked about the first three characters of your postal code to help determine your geographic area for sampling purposes. Your home address cannot be identified through this information. We will not ask you to provide us with any information that could directly identify you, such as name(s), or date of birth and data will be stored on password-protected computers. However, in exceptional circumstances, individual responses in combination with other available information could lead to identifying you. The protection of your personal information is very important to us, and we will make every effort to safeguard it and reduce the risk that you are identified.

It is possible that some questions may be triggering to some people. Risks to participants will be minimized by providing a note before these questions appear. You have the right to skip any questions you are not comfortable answering.

What is the Authority to Collect the Information?

The information you provide to the Public Health Agency of Canada is collected by the Centre for Immunization Surveillance under the authority of section 4 of the Department of Health Act and Section 3 of the Public Health Agency of Canada Act and handled in accordance with the Privacy Act.

Will we use or share your personal information for any other reason?

The survey firm, Advanis, will be responsible for collecting survey data from all participants. Once data collection is complete, Advanis will provide the Public Health Agency of Canada with a dataset that will not include any individual responses to reduce the risk that you could be identified. All the responses received will be grouped for analysis and presented in grouped form. The dataset will also be available

to federal and provincial governments, organizations, and researchers across Canada, if requested. Any reports or publications produced based on this research will use grouped data and will not identify you or link you to these survey results.

Your answers will remain anonymous and the information you provide will be administered according to the requirements of the Privacy Act, the Access to Information Act, and any other pertinent legislation. Click to view our [privacy policy \(http://www.tellcityhall.ca/privacy.html\)](http://www.tellcityhall.ca/privacy.html) (opens in a new window).

What are your rights?

You have a right to complain to the Privacy Commissioner of Canada if you feel your personal information has not been handled properly.

For any questions or concerns about the survey or the information we are collecting, or if you require technical support (including accessibility requirements or to request that the survey be completed over the phone), please e-mail: survey+parents@tellcityhall.ca. (<mailto:survey+parents@tellcityhall.ca>)

For more information about routine and catch-up immunization for infants and children in Canada [click here \(https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information/provincial-territorial-routine-vaccination-programs-infants-children.html\)](https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information/provincial-territorial-routine-vaccination-programs-infants-children.html) (opens in a new window).

This survey is registered with the Canadian Research Insights Council's (CRIC) Research Verification Service. The project verification number is: 20230803-AD829. Click [here \(opens in a new window\)](https://www.canadianresearchinsightscouncil.ca/rvs/home/) (<https://www.canadianresearchinsightscouncil.ca/rvs/home/>) to verify the legitimacy of this survey.

- 1 Assistive Survey for those with a disability (Screen reader enabled)
- 2 Start Survey

S1

How old are you?

Minimum: 16, Maximum: 120

_____ years old

- 8 I prefer not to answer

S1a *Show if Refuse age (S1 = I prefer not to answer, Not Answered)*

For our analysis of the data, we need to know your age category. Can you tell us your age group?

- 1 Under 18
- 2 18 to 24
- 3 25 to 29
- 4 30 to 34
- 5 35 to 44
- 6 45 to 54
- 7 55 to 64
- 8 65 or older

- 8 I prefer not to answer

Term1 Show if Under 18 OR under 18 group or refused ((S1) OR (S1a = 1,I prefer not to answer))

Thank you for your interest but for this survey, you must be 18 years of age or older.

Status Code: 501

S2

Are you a parent or legal guardian or person most knowledgeable of a child(ren) **under the age of 18?**

The person most knowledgeable may include the child's step-parent, adoptive parent, foster parent, sister or brother, grandparent or other relative caring for the child and responsible for health decisions for the child.

- 1 Yes
 0 No
 -8 I prefer not to answer

Term2 Show if Not parent OR refuse (S2 = 0,I prefer not to answer)

Thank you for your interest, but for this survey, we are looking for people who are parents or legal guardians or the person most knowledgeable of a child under the age of 18.

Status Code: 502

General health

B3

In the following questions, we are interested in your general health status.

In general, how would you describe **your physical health?**

- 1 Excellent
 2 Very good
 3 Good
 4 Fair
 5 Poor
 -8 I prefer not to answer
 -9 I don't know

B4

In general, how would you describe **your mental health?**

- 1 Excellent
 2 Very good
 3 Good
 4 Fair
 5 Poor

- .8 I prefer not to answer
- .9 I don't know

Number of children

S3

How many children **under the age of 18** are you a parent/legal guardian/person most knowledgeable of?

- 0 None
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 or more
- .8 I prefer not to answer

S3b Show if Number of children Not provided (S3 = I prefer not to answer)

For our analysis of the data, we **need to know** how many children under the age of 18 you are the parent/legal guardian/person most knowledgeable of.

Are you sure you don't want to give this information?

- 1 Yes, I'm sure
- 2 No, I will answer

S3c Show if WillAnswer AND Number not provided ((S3b = 2) AND (S3 = I prefer not to answer))

Term3 Show if NoChildren OR Refused to tell ((S3 = 0) OR (S3b = 1))

Thank you for your interest, but for this survey, we are looking for people who are parents or legal guardians or the person most knowledgeable of a child under the age of 18.

Status Code: 503

Child selection

B2

We now have some questions about your child(ren) who is(are) under 18 years of age.

How old is each child, **starting with the oldest child?**

1. 1st child
2. 2nd child (Show if 2 or more children (S3 = 2,3,4,5,6,7,8,9,10))

- 3. 3rd child *(Show if 3 or more children (S3 = 3,4,5,6,7,8,9,10))*
- 4. 4th child *(Show if 4 or more children (S3 = 4,5,6,7,8,9,10))*
- 5. 5th child *(Show if 5 or more children (S3 = 5,6,7,8,9,10))*
- 6. 6th child *(Show if 6 or more children (S3 = 6,7,8,9,10))*
- 7. 7th child *(Show if 7 or more children (S3 = 7,8,9,10))*
- 8. 8th child *(Show if 8 or more children (S3 = 8,9,10))*
- 9. 9th child *(Show if 9 or more children (S3 = 9,10))*
- 10. 10th child *(Show if 10 or more children (S3 = 10))*

- 1 under 6 months
- 2 6 months to less than 2 and a half years
- 3 2 and a half years to less than 5 years
- 4 5 years to less than 12 years
- 5 12 years to less than 18 years

B0

During the survey we would like to ask you about your child who is [**under 6 months / 6 months to less than 2 and a half years / 2 and a half years to less than 5 years / 5 years to less than 12 years / 12 years to less than 18 years**] old. If you have more than one child in this age group, please think of the [**youngest / oldest**].

In order to simplify your responses for the rest of the survey, please provide their initial(s) or a nickname which will be used to refer to this child throughout the survey. This information will not be kept or associated with any of your responses. It will only be used for you as a reference as you are completing this survey.

Please do not use your child's full name

B1

What is your relationship to <<**B0.text**>>?

- 1 Birth parent
- 2 Step-parent
- 3 Adoptive parent
- 4 Foster parent
- 5 Sister or brother
- 6 Grandparent
- 7 Other relative
- 8 Unrelated

B5

Does <<B0.text>> currently live in your household (primary or secondary residence)?

- 1 Yes
- 0 No
- 8 I prefer not to answer

B2ageunder6months *Show if Selected Child Under6months (SelectedChild = 1)*

What is the exact age of <<B0.text>>?

- 1 1 month
- 2 2 months
- 3 3 months
- 4 4 months
- 5 5 months
- 8 I prefer not to answer

B2age6monthslessthan2half *Show if 6monthslessthan2half (SelectedChild = 2)*

What is the exact age of <<B0.text>>?

- 1 6 months
- 2 7 months
- 3 8 months
- 4 9 months
- 5 10 months
- 6 11 months
- 7 1 year old
- 8 2 years old
- 8 I prefer not to answer

B2age2halflessthan5 *Show if 2halflessthan5 (SelectedChild = 3)*

What is the exact age of <<B0.text>>?

- 1 2 years old
- 2 3 years old
- 3 4 years old
- 8 I prefer not to answer

B2ageChild5to11 *Show if Child5to11 (SelectedChild = 4)*

What is the exact age of <<B0.text>>?

- 1 5 years old
- 2 6 years old
- 3 7 years old
- 4 8 years old
- 5 9 years old
- 6 10 years old
- 7 11 years old
- 8 I prefer not to answer

B2ageChild12to17 *Show if Child12to17 (SelectedChild = 5)*

What is the exact age of <<B0.text>>?

- 1 12 years old
- 2 13 years old
- 3 14 years old
- 4 15 years old
- 5 16 years old
- 6 17 years old
- 8 I prefer not to answer

Immunization Coverage 1

C1

The next set of questions are about public health topics relating to children. For these questions, please **only** consider health experiences that apply to <<B0.text>>.

Has <<B0.text>> **ever** been vaccinated?

Refers to recommended childhood vaccines as well as COVID-19 vaccines.

- 1 Yes
- 0 No
- 8 I prefer not to answer
- 9 I don't know

Immunization Coverage 2

Show if Child is vaccinated OR Dont know OR Pref not to answer (C1 = 1, I prefer not to answer, I don't know)

C2

(if Selected Child Under6months (SelectedChild = 1)) The following immunizations are recommended in Canada for children aged **under 6 months**:

- Diphtheria, Tetanus and Pertussis (DTaP, Tdap or Td)
- Haemophilus influenzae Type b (Hib)

- He
- Rotavirus (Rota)
- Bacille Calmette-Guérin (BCG) (*Only recommended in Northwest Territories and Nunavut)

(if 6monthslessthan2half (SelectedChild = 2)) The following immunizations are recommended in Canada for children aged 6 months to less than 2 and a half years:

- Diphtheria, Tetanus and Pertussis (DTaP, Tdap or Td)
- Haemophilus influenzae Type b (Hib)
- Hepatitis B (Hep B or HB)
- Hepatitis A and B (HAHB) (*Only recommended in Quebec)
- Meningococcal (Men, Men-C-C)
- Pneumococcal (Pneu-C-13 or Pneu-C-10)
- Polio (IPV)
- Rotavirus (Rota)
- Bacille Calmette-Guérin (BCG) (*Only recommended in Northwest Territories and Nunavut)
- Measles, Mumps, Rubella (MMR)
- Measles, Mumps, Rubella, Varicella (MMRV)
- Varicella (Var)
- Seasonal influenza (flu)

(if 2halflessthan5 (SelectedChild = 3)) The following immunizations are recommended in Canada for children aged 2 and a half years to less than 5 years:

- Diphtheria, Tetanus and Pertussis (DTaP, Tdap or Td)
- Haemophilus influenzae Type b (Hib)
- Hepatitis B (Hep B or HB)
- Hepatitis A and B (HAHB) (*Only recommended in Quebec)
- Meningococcal (Men, Men-C-C)
- Pneumococcal (Pneu-C-13 or Pneu-C-10 or Pneu-P-23)
- Polio (IPV)
- Rotavirus (Rota)
- Bacille Calmette-Guérin (BCG) (*Only recommended in Northwest Territories and Nunavut)
- Measles, Mumps, Rubella (MMR)
- Measles, Mumps, Rubella, Varicella (MMRV)
- Varicella (Var)
- Seasonal influenza (flu)

(if Child5to11 (SelectedChild = 4)) The following immunizations are recommended in Canada for children aged 5 years to less than 12 years:

- Diphtheria, Tetanus and Pertussis (DTaP, Tdap or Td)
- Haemophilus influenzae Type b (Hib)
- Hepatitis B (Hep B or HB)
- Hepatitis A and B (HAHB) (*Only recommended in Quebec)
- Meningococcal (Men, Men-C-C or Men-C-ACYW-135)
- Pneumococcal (Pneu-C-13 or Pneu-C-10 or Pneu-P-23)
- Polio (IPV)
- Rotavirus (Rota)
- Bacille Calmette-Guérin (BCG) (*Only recommended in Northwest Territories and Nunavut)
- Measles, Mumps, Rubella (MMR)
- Measles, Mumps, Rubella, Varicella (MMRV)
- Varicella (Var)
- Human Papillomavirus (HPV)
- Seasonal influenza (flu)

(if Child12to17 (SelectedChild = 5)) The following immunizations are recommended in Canada for children aged 12 years to less than 18 years:

- Diphtheria, Tetanus and Pertussis (DTaP, Tdap or Td)
- Haemophilus influenzae Type b (Hib)
- Hepatitis B (Hep B or HB)
- Hepatitis A and B (HAHB) (*Only recommended in Quebec)
- Meningococcal (Men, Men-C-C or Men-C-ACYW-135)
- Pneumococcal (Pneu-C-13 or Pneu-C-10 or Pneu-P-23)
- Polio (IPV)
- Rotavirus (Rota)
- Bacille Calmette-Guérin (BCG) (*Only recommended in Northwest Territories and Nunavut)
- Measles, Mumps, Rubella (MMR)
- Measles, Mumps, Rubella, Varicella (MMRV)
- Varicella (Var)
- Human Papillomavirus (HPV)
- Seasonal influenza (flu)

More information can be found here: [Canada provincial territorial immunization information \(https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information/provincial-territorial-routine-vaccination-programs-infants-children.html\)](https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information/provincial-territorial-routine-vaccination-programs-infants-children.html)

To the best of your knowledge, would you say that <<B0.text>> has received all, some, or none of these recommended vaccines as of today?

- 1 All
- 2 Some
- 3 None
- .8 I prefer not to answer
- .9 I don't know

C2a Show if C2 Not All (C2 = 2,3,I don't know)

Which of the following recommended vaccines has <<B0.text>> not received?

Select all that apply

- 1 Diphtheria, Tetanus and Pertussis (DTaP, Tdap or Td) (Show if All Age Group ((SelectedChild = 1) OR (SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))
- 2 Haemophilus influenzae Type b (Hib) (Show if All Age Group ((SelectedChild = 1) OR (SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))
- 3 Hepatitis B (Hep B or HB) (Show if All Age Group ((SelectedChild = 1) OR (SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))
- 4 Hepatitis A and B (HAHB) (*Only recommended in Quebec) (Show if 6m to 17 Group ((SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))
- 5 Meningococcal ([Men or Men-C-C / Men or Men-C-C / Men or Men-C-C / Men, Men-C-C or Men-C-ACYW-135 / Men, Men-C-C or Men-C-ACYW-135]) (Show if All Age Group ((SelectedChild = 1) OR (SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))
- 6 Pneumococcal ([Pneu-C-13 or Pneu-C-10 / Pneu-C-13 or Pneu-C-10 / Pneu-C-13 or Pneu-C-10 or Pneu-P-23]) (Show if All Age Group ((SelectedChild = 1) OR (SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))
- 7 Polio (IPV) (Show if All Age Group ((SelectedChild = 1) OR (SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))

- 8 Rotavirus (Rota) *(Show if All Age Group ((SelectedChild = 1) OR (SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))*
- 9 Bacille Calmette-Guérin (BCG) (*Only recommended in Northwest Territories and Nunavut)
(Show if All Age Group ((SelectedChild = 1) OR (SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))
- 10 Measles, Mumps, Rubella (MMR) *(Show if 6m to 17 Group ((SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))*
- 11 Measles, Mumps, Rubella, Varicella (MMRV) *(Show if 6m to 17 Group ((SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))*
- 12 Varicella (Var) *(Show if 6m to 17 Group ((SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))*
- 13 Human Papillomavirus (HPV) *(Show if 5 to 17 Group ((SelectedChild = 4) OR (SelectedChild = 5)))*
- 14 Seasonal influenza (flu) *(Show if 6m to 17 Group ((SelectedChild = 2) OR (SelectedChild = 3) OR (SelectedChild = 4) OR (SelectedChild = 5)))*
- 8 I prefer not to answer
- 9 Don't know

Vaccination-Related Obstacles, Reasons & Hesitancy 1

C4

What obstacles if any, have made it more difficult to get <<B0.text>> vaccinated with one or more of the recommended childhood vaccines?

Please select all that apply.

- 1 No obstacles *(Exclusive)*
- 2 Difficult to book time off work/ school for a vaccine appointment *
- 3 Live in a remote area (limited transportation) *
- 4 Language barriers (e.g., lack of access to relevant information in my preferred language) *
- 5 Concerns about racism or discrimination towards your child *
- 6 My child fears needles *
- 7 At least one parent opposed it *
- 8 Other, please specify: _____

*Levels marked with * are randomized*

C5 *Show if Child has some or none routine vaccines (C2 = 2,3)*

For what reason(s) has <<B0.text>> **not** been immunized with **one or more** recommended childhood vaccines?

Please exclude COVID-19 vaccines. Please select all that apply.

- 1 I did not know that one or more of these vaccines was important for my child to get *
- 2 I did not consider it necessary for my child *
- 3 Concerns about the risk of side effects of vaccines *
- 4 Not confident in the effectiveness of vaccines *
- 5 Religious or philosophical reasons *
- 6 My child has or had a pre-existing medical condition *

- 7 Other, please specify: _____
- 8 I prefer not to answer
- 9 I don't know

Levels marked with * are randomized

C7 Show if Child has all or some routine vaccines (C2 = 1,2)

Why did <<B0.text>> receive **one or more** recommended childhood immunizations?

Please **exclude** COVID-19 vaccines. Please select all that apply.

- 1 Advice from my doctor or health care professional *
- 2 Advice from a friend or a family member *
- 3 To protect my child, myself or others from disease *
- 4 Benefits are more important than risks *
- 5 I know or knew someone who got a vaccine-preventable disease *
- 6 I fear I may regret it later if I don't *
- 7 Need it for daycare or school entry *
- 8 Other, please specify the reason:

- 8 I prefer not to answer
- 9 I don't know

Levels marked with * are randomized

C9a

Are you or have you been hesitant to vaccinate <<B0.text>> with **one or more** recommended childhood immunizations?

Vaccine hesitancy refers to a reluctance or delay in acceptance or refusal of vaccines despite availability.

Please **exclude** COVID-19 vaccines.

- 1 Yes
- 0 No
- 8 I prefer not to answer
- 9 I don't know

C10 Show if Hesitancy to immunize child (C9a = 1)

For what reasons were/are you hesitant and/or decided not to get <<B0.text>> immunized for **one or more** recommended childhood immunizations?

Please **exclude** COVID-19 vaccines. Please select all that apply.

- 1 My child is not at risk for infection *
- 2 I wanted to discuss the vaccine(s) with my child's health care practitioner *
- 3 Concerns about the effectiveness of the vaccine(s) *
- 4 Concerns about the safety of the vaccine(s) and/or side effects *

- 5 My child had a bad experience with previous vaccines *
- 6 Do/did not know where to get reliable information *
- 7 Religions or philosophical reasons *
- 8 My child had a bad experience with health care providers *
- 9 Concerns about racism or discrimination *
- 10 Mistrust in vaccine-related information
- 11 Other, please specify: _____
- 8 I prefer not to answer
- 9 Don't know

Levels marked with * are randomized

C3 Show if Child is over 6 months vaccinated ((SelectedChild > 1) AND (C1 = 1, I prefer not to answer, I don't know))

How many doses of the Health Canada approved COVID-19 vaccines has <<B0.text>> received?

Moderna Spikevax and Pfizer-BioNTech Comirnaty are approved vaccines for use in children aged 6 months and older; and Novavax Nuvaxovid is an approved vaccine for use in children of age 12 years and older

- 1 None
- 2 1 dose
- 3 2 doses
- 4 3 doses or more
- 8 I prefer not to answer
- 9 I don't know

C8 Show if Child over 6 months AND covid doses ((C3 = 2,3,4) AND (SelectedChild > 1))

Why did <<B0.text>> receive a COVID-19 vaccine?

Select all that apply

- 1 To protect themselves and/or household members against COVID-19 infection *
- 2 To protect themselves against long COVID (also known as “post-acute COVID-19”; refers to either lingering or new physical and mental health symptoms experienced 4 or more weeks after COVID-19 infection) *
- 3 Based on public health recommendations *
- 4 To prevent the spread of COVID-19 in my community *
- 5 The COVID-19 vaccine was recommended by a health care professional *
- 6 To help restore a more normal life (e.g., to lift public health measures, participate in extra-curricular activities, travel) *
- 7 Other, please specify: _____
- 8 I prefer not to answer
- 9 I don't know

Levels marked with * are randomized

Vaccination-Related Obstacles, Reasons & Hesitancy 2 *Show if Child is over 6 months (SelectedChild > 1)*

C9b

Are you or have you been hesitant to vaccinate <<B0.text>> against COVID-19?

Vaccine hesitancy refers to a reluctance or delay in acceptance or refusal of vaccines despite availability.

- 1 Yes
- 0 No
- 8 I prefer not to answer
- 9 I don't know

C11 *Show if Hesitancy to immunize child COVID19 (C9b = 1)*

For what reasons were/are you hesitant and/or decided not to get a COVID-19 vaccine for <<B0.text>>?

Please select all that apply.

- 1 My child fears needles *
- 2 Do/did not consider it is/was necessary *
- 3 My child is not at risk of getting COVID-19 or at risk of severe infection *
- 4 I want(ed) to first discuss COVID-19 vaccines with my child's health care practitioner *
- 5 Concerns that not enough research on the vaccine has been done in children *
- 6 Concerns about the effectiveness of COVID-19 vaccines *
- 7 Concerns about the safety of COVID-19 vaccines and/or side effects *
- 8 My child had a bad experience with previous vaccinations *
- 9 My child already had a COVID-19 infection *
- 10 Religious or philosophical reasons *
- 11 My child had a bad experience with health care providers *
- 12 Concerns about racism or discrimination *
- 13 Mistrust in COVID-19 vaccine-related information *
- 14 Other, please specify : _____
- 8 I prefer not to answer
- 9 I don't know

*Levels marked with * are randomized*

Knowledge, Attitudes and Beliefs 1

D1a

(if Part of 2SLGBTQ+ or MSM or FSF ((S6 = 1,2,3,4,6,7) OR (S5 = 3,4,5,6,7) OR (((S6 = 5,7,I prefer not to answer) AND (S5 = 2,5)) AND (S6b_2 = 1 OR S6b_5 = 1)) OR (((S5 = 1,4) AND (S6 = 5,7,I prefer not to answer))) We are interested in understanding how the COVID-19 pandemic has influenced your perspective on recommended childhood vaccines.

Excluding the COVID-19 vaccines, how likely it is that you will get [<<B0.text>> / your children / your

child] vaccinated with the recommended childhood vaccines **in the future?**

- 1 Definitely will
- 2 Probably will
- 3 Probably won't
- 4 Definitely won't
- 5 Not applicable, my child has received all recommended childhood vaccines (Exclusive;
Show if Child is 12 to 18 (SelectedChild = 5))
- 8 I prefer not to answer
- 9 I don't know

Knowledge, Attitudes and Beliefs 2

D1b *Show if Child is over 6 months (SelectedChild > 1)*

How likely is it that you will get <<**B0.text**>> vaccinated with a **COVID-19** vaccine **in the future?**

Currently, Moderna Spikevax and Pfizer-BioNTech Comirnaty are approved vaccines for use in children aged 6 months and older; and Novavax Nuvaxovid is an approved vaccine for use in children of age 12 years and older in Canada.

- 1 Definitely will
- 2 Probably will
- 3 Probably won't
- 4 Definitely won't
- 8 I prefer not to answer
- 9 I don't know

D1c *Show if Child is under 6 months (SelectedChild = 1)*

How likely is it that you will get <<**B0.text**>> vaccinated with a **COVID-19** vaccine **in the future** if it becomes available?

- 1 Definitely will
- 2 Probably will
- 3 Probably won't
- 4 Definitely won't
- 8 I prefer not to answer
- 9 I don't know

Knowledge, Attitudes and Beliefs 3

D2

Please rate your level of agreement with the statements below:

1. In general, my views about vaccines have changed since the COVID-19 pandemic.
2. Before the COVID-19 pandemic, I believed that vaccines were **safe** for children.

3. Before the COVID-19 pandemic, I believed that vaccines were **effective** for children.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 8 I prefer not to answer
- 9 I don't know

D3

Which of the following sources of information would you be most likely to consult in order to find information about childhood immunization?

Please select all that apply.

- 1 Health care providers *
- 2 Family/friends *
- 3 Social media (e.g. Twitter, Facebook) *
- 4 My local public health unit/clinic *
- 5 Ministry of Health within my province or territory *
- 6 Public Health Agency of Canada or Health Canada *
- 7 Community nursing stations or clinics *
- 8 News/media *
- 9 Scientific publications, journals *
- 10 National Advisory Committee on Immunization (NACI) *
- 11 International organizations (e.g., World Health Organization (WHO)) *
- 12 Other, please specify : _____
- 8 I prefer not to answer
- 9 I don't know

*Levels marked with * are randomized*

D4

To the best of your knowledge, please rate whether the following statements about childhood immunizations are true or false.

1. In general, vaccines are safe.
2. In general, vaccines are effective.
3. In general, COVID-19 vaccines are safe.
4. In general, COVID-19 vaccines are effective.

- 1 True
- 2 False
- 8 I prefer not to answer
- 9 I don't know

D5

To the best of your knowledge, please rate the extent to which you agree or disagree with the following statements about childhood immunizations:

1. In general, vaccines help to protect my child's health.
2. In general, I am concerned about the potential side effects from vaccines.
3. In general, the use of alternative practices, such as homeopathy or naturopathy, can eliminate the need for vaccination.
4. In general, a healthy lifestyle such as healthy nutrition and hygiene can replace the need for vaccination.
5. Having my child vaccinated helps to protect the health of others in my family and/or community.
6. Most parents in my community have their children vaccinated with all recommended vaccines.
7. Children receive too many vaccines at the same visit.
8. Children receive too many vaccines, overall.
9. It is better to develop immunity from having a disease rather than from a vaccine.
10. Delaying child vaccines causes risks to their health.
11. Unvaccinated children are at higher risk of getting some serious diseases, including COVID-19.

- 1 Strongly agree
 2 Somewhat agree
 3 Somewhat disagree
 4 Strongly disagree
 -8 I prefer not to answer
 -9 I don't know

Sociodemographic 1

A1

In order to better understand the diversity of the Canadian population, as well as to help achieve greater equity and diversity in public health, we would like to ask you a few questions about you and your child's general background. We acknowledge that some of these questions might result in uncomfortable feelings.

Remember that all the information you provide for the following questions is completely anonymous and will be kept confidential.

What was <<B0.text>>'s sex at birth?

- 1 Female
 2 Male
 -8 I prefer not to answer
 -9 I don't know

A2

Which of the following best describes the racial or ethnic community that <<B0.text>> belongs to? We recognize this list of racial or ethnic identifiers may not exactly match how you would describe your child.

Please select all that apply to your child.

- 1 Black (African, Afro-Caribbean, African descent)
- 2 East/Southeast Asian (e.g., Chinese, Korean, Japanese, Taiwanese, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other East/Southeast Asian descent)
- 3 Indigenous (First Nations, Métis and/or Inuit)
- 4 Latino/Latina (e.g., Latin American, Hispanic descent)
- 5 Middle Eastern and North African (e.g., Arab, Algerian, Egyptian, West Asian descent (e.g., Iranian, Israeli, Lebanese, Turkish, Kurdish))
- 6 South Asian (e.g., Afghan, Indian, Pakistani, Bangladeshi, Sri Lankan)
- 7 White (e.g., European, Caucasian)
- 8 Other, please specify: _____
- 8 I prefer not to answer

A4

Now, we would like to ask you some questions about your general background.

What was **your** sex at birth?

- 1 Female
- 2 Male
- 3 Other
- 8 I prefer not to answer

Gender and orientation

S5

What is **your** gender?

Gender refers to your current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.

- 1 Woman (cis-gender female; my sex assigned at birth is the same as my current gender)
- 2 Man (cis-gender male; my sex assigned at birth is the same as my current gender)
- 3 Non-binary
- 4 Transgender woman
- 5 Transgender man
- 6 Two-spirit/bi-spirit
- 7 Another gender
- 8 I prefer not to answer

S6

What is **your** sexual orientation?

- 1 Gay
- 2 Lesbian
- 3 Bisexual
- 4 Asexual
- 5 Heterosexual (“straight”)
- 6 Pansexual
- 7 Other, please specify: _____
- 8 I prefer not to answer

S6b

What gender is (are) your sexual partner(s)?

Select all that apply

- 1 Woman (cis-gender female; sex assigned at birth is the same as their current gender)
- 2 Man (cis-gender male; sex assigned at birth is the same as their current gender)
- 3 Non-binary
- 4 Transgender woman
- 5 Transgender man
- 6 Two-spirit/bi-spirit
- 7 Not applicable (*Exclusive*)
- 8 I prefer not to answer

Sociodemographic 2

A10

Our racial and ethnic identities may shape how we are treated by different individuals and institutions.

Which of the following best describes the racial or ethnic community that you belong to? We recognize this list of racial or ethnic identifiers may not exactly match how you would describe **yourself**.

Please select all that apply to you.

- 1 Black (African, Afro-Caribbean, African descent)
- 2 East/Southeast Asian (e.g., Chinese, Korean, Japanese, Taiwanese, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other East/Southeast Asian descent)
- 3 Indigenous (First Nations, Métis and/or Inuit)
- 4 Latino/Latina (e.g., Latin American, Hispanic descent)

- 5 Middle Eastern and North African (e.g., Arab, Algerian, Egyptian, West Asian descent (e.g., Iranian, Israeli, Lebanese, Turkish, Kurdish))
- 6 South Asian (e.g., Afghan, Indian, Pakistani, Bangladeshi, Sri Lankan)
- 7 White (e.g., European, Caucasian)
- 8 Other, please specify: _____
- 8 I prefer not to answer

A5

What is the highest level of formal education that you have completed?

- 1 Less than a high school diploma or equivalent
- 2 High school diploma or equivalent
- 3 Registered apprenticeship or other trade certificate or diploma
- 4 College/CEGEP or other non-university certificate or diploma
- 5 University certificate or diploma below bachelor's level
- 6 University – bachelor's degree or equivalent
- 7 University – post-graduate degree above bachelor's level or equivalent
- 8 Other, please specify : _____
- 8 I prefer not to answer

A6

Please indicate your **total household income**, before taxes and deductions, for the year ending December 31, 2022.

Your total household income consists of the total amount of money earned by all household members.

- 1 Under \$20,000
- 2 \$20,000 to just under \$40,000
- 3 \$40,000 to just under \$60,000
- 4 \$60,000 to just under \$80,000
- 5 \$80,000 to just under \$100,000
- 6 \$100,000 to just under \$150,000
- 7 \$150,000 and above
- 8 I prefer not to answer
- 9 I don't know

S7

Are you a single parent?

- 1 Yes
- 0 No
- 8 I prefer not to answer

A11

Do you live in a community with a population of fewer than 1,000 people?

- 1 Yes
- 0 No
- 8 I prefer not to answer
- 9 I don't know

A7

So we can classify responses based on where people live, please enter the first three digits of your postal code.

Note that we cannot identify your address from this information since the first three digits of your postal code are not residence-specific.

-
-
- 8 I prefer not to answer
 - 9 I don't know

A12 Show if Did not provide OR invalid FSA ((A7 = I prefer not to answer,I don't know) OR (RegionValue))

In which province or territory do you reside?

- 1 Newfoundland and Labrador
- 2 Prince Edward Island
- 3 Nova Scotia
- 4 New Brunswick
- 5 Quebec
- 6 Ontario
- 7 Manitoba
- 8 Saskatchewan
- 9 Alberta
- 10 British Columbia
- 11 Nunavut
- 12 Northwest Territories
- 13 Yukon
- 14 I live outside of Canada

End

NonIndigenous *Show if not indigenous ((custom: <<current_mode_is("web")>>) AND (A10_3 != 1))*

This is the end of the survey. On behalf of the Public Health Agency of Canada, we would like to thank you for participating in this survey. Your responses will provide invaluable and insightful information about childhood immunization coverage in Canada.

[Wellness Together Canada \(https://www.wellnesstogether.ca/en-CA/about\)](https://www.wellnesstogether.ca/en-CA/about) offers free live counselling through Homewood Health, 24 hours a day. To speak to someone, call 1-866-585-0445.

Indigenous *Show AND indigenous (A10_3 = 1)*

This is the end of the survey. On behalf of the Public Health Agency of Canada, we would like to thank you for your participation. Your responses will provide valuable and insightful information about immunization in Indigenous communities across Canada.

The First Peoples Wellness Circle (FPWC) is a national not-for-profit corporation governed and managed by Indigenous Leaders and exists to improve the lives of Canada's First Peoples by addressing healing, wellness and other mental health challenges. Call 1-833-311-FPWC (3792)

[Hope for Wellness Helpline \(https://www.hopeforwellness.ca/\)](https://www.hopeforwellness.ca/) is available 24/7 to all Indigenous people across Canada. Telephone and online counselling are available in English and French. Additional languages can be requested.

Call the toll-free Help Line: 1-855-242-3310 or connect to the online chat at [hopeforwellness.ca](https://www.hopeforwellness.ca)

Status Code: -1