

Researchers profile four types of non-vaccinators

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Table 1. Suggestions for Interventions According to the Reason for Non-Vaccination.

	Complacency	Convenience	Confidence	Calculation
	Goals: <ul style="list-style-type: none"> • Raise perceived risk of infection • Stress social benefit • Stress that vaccination is the norm • Strengthen positive attitude toward vaccination 	Goals: <ul style="list-style-type: none"> • Strengthen positive attitude toward vaccination • Change structure to facilitate vaccination • Strengthen self-control and the implementation 	Goal: <ul style="list-style-type: none"> • Debunk myths 	Goals: <ul style="list-style-type: none"> • Raise perceived risk of infection • Debunk myths • Stress social benefit • Add incentives
Informational interventions				
Campaigns to raise risk perceptions	X	X		X
Campaigns with appeal to social motives	X	X		X
Debunking vaccination myths	X	X	X	X
Campaigns to foster vaccine acceptance: framing	X	X		
Structural interventions				
Incentives	X	X		X
Default = Opt-out	X	X		
Mandatory/compulsory vaccination	X	X		X
Interventions to support self-control and implementation				
Implementation intentions		X		
Pre-commitment		X		
Reminders		X		
Making strong recommendations	X	X		

Note. The table gives suggestions regarding which strategy can address potential determinants of vaccine refusal that we see as predominant in certain types of non-vaccinators. There are not enough studies to make evidence-based recommendations. Moreover, it has not been tested whether these interventions are especially suitable for the suggested types of non-vaccinators. Future research should address this question.

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While scientists are continuously improving vaccinations to stop the spread of disease, many people continue to opt out. In a new review of the literature, researchers identified four types of people who decide not to vaccinate due to issues of complacency, convenience, confidence, and calculation, and offer strategies to address these issues. This study is published today in the new issue of *Policy Insights from the Behavioral and Brain Sciences*.

Analyzing factors that influence decisions to vaccinate and issues that impede [vaccinations](#), [researchers](#) Betsch et al. put decision-makers into four broad categories:

Complacent: Individuals who do not care about immunization

- Researchers recommend changes in relaying [information](#), such as campaigns that increase awareness about the likelihood of infection, strengthen positive attitudes toward vaccinations, stress the social benefit of vaccines, position vaccination as the norm, and debunk vaccination myths, such as the myth about the link between vaccination and autism. Strong recommendations to vaccinate, such as those coming from doctors, may also be an effective way to motivate this type. Additional strategies include changes to vaccination policy, such as changing from opt-in systems to opt-out systems or making vaccination mandatory. Adding incentives, such as fines for non-vaccination and cash rewards for vaccination uptake, may also be influential for this type.

Convenience: Individuals who lack the willpower to

vaccinate or face the inconvenience of cost and travel

- Researchers recommend changes to the decision structure that facilitate the act of vaccination. Further, doctor recommendations to vaccinate as well as other interventions that support self-control and follow through can be effective with this type, such as asking [individuals](#) to pre-commit to vaccination and issuing phone and SMS appointment reminders.

Confidence: Individuals who possess incorrect knowledge that distorts their perceived risk of vaccination and weakens their trust in vaccinations

- Researchers recommend exposure to information that debunks vaccination myths and that comes from trustworthy sources, like doctors.

Calculation: Individuals who weigh potential pros and cons of vaccination, and may not vaccinate when information is contradictory

- Researchers recommend debunking myths, increasing awareness about the likelihood of infection, and stressing the social benefits of vaccines, which will provide calculating individuals with correct information to aid their decision making. For this type, contradictory information can result in inaction, so providing additional information in support of vaccination can be effective. Incentives may also be influential for calculating individuals.

The researchers assume confident individuals to be the hardest to persuade, and that attempts to do so may have negative effects, such as

increasing their resistance to vaccination.

"Efforts should be concentrated on motivating the complacent, removing barriers for those for whom vaccination is inconvenient, and adding incentives and additional utility for the calculating," the researchers wrote. "These strategies might be more promising, economic and effective than convincing those who lack confidence in vaccination."

More information: "Using Behavioral Insights to Increase Vaccination Policy Effectiveness" *Policy Insights from the Behavioral and Brain Sciences*, 2015.

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