

Ready, set, vaccinate! But how can the government boost coverage?

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The rapid availability of effective COVID-19 vaccines is a good thing, and the government has launched a nationwide campaign to promote vaccination. But will that campaign work? Florian Heine, researcher at

Tilburg University, believes it will, provided the government communicates moral dimensions to greater effect. In addition, the RIVM (the Dutch national institute for public health and the environment) should move to attune its communication more closely to the demographic most likely to refuse.

Vaccine availability in and of itself does not lead to high vaccination coverage. In the previous pandemic, the H1N1 swine flu crisis of 2009, at 59% vaccination coverage in the Netherlands was substantially higher than it was in Italy (a mere 5%) and Germany (8%). Even so, with coverage of the Dutch national vaccination program having been on the decline for years, protective group immunity is increasingly under pressure. Now that several promising COVID-19 vaccines are within reach, the matter of the general public's willingness to be vaccinated takes on renewed relevance. And for that reason, it is important to understand which factors inform that willingness. In the Netherlands vaccination is free; here, falling levels of vaccination coverage are related not so much to not having access to vaccination as they are to acceptance arguments amongst the population. Our findings indicate which intuitions and values should play a more prominent role in an effective communication strategy to increase vaccination acceptance.

Moral foundations

Scientific literature links refusal to be vaccinated to deep-rooted intuitions and values more strongly than to facts and figures. These intuitive ethical motives, which play a role in guiding [human behavior](#), can be measured using the Moral Foundations Theory, a relatively new theory, proposed in 2012 by American professor and social psychologist Jonathan Haidt. In his theory, Haidt distinguishes six foundations: care, fairness, loyalty, authority, sanctity, and liberty, and they are mostly used to identify the moral dimensions of politically sensitive issues, such as capital punishment, abortion, and gun control. Liberal voters tend to

prioritize care and fairness, while conservative voters are inclined to favor authority and loyalty.

Ennie Wolters and I study how the Dutch government communicates vaccination information. Which moral foundations are accentuated or understated in the brochures the RIVM routinely provides to parents whose children are eligible for vaccination? We linked the data to the Dutch national immunization register to find out what effect using moral dimensions in the government's communication had on vaccination acceptance.

Authority and liberty

Our findings point to a strong positive effect on vaccination acceptance when communication appeals to authority and liberty. For example, sentences such as "You are under no legal obligation to have your child vaccinated; it is your responsibility to decide" (authority) and "Having your children vaccinated is your own choice; the government cannot force you" (liberty) have an effect of 1 (for authority) and 0.3 (for liberty) percentage points per signal word. Furthermore, it appears that the words authority and liberty are used too little in the RIVM's communication on the vaccinations of the Dutch national vaccination program. Notions relating to sanctity and care (such as safety, harmful behavior, hygiene or illness), are used approximately three times more frequently than notions relating to authority and also significantly more often than liberty (notions like duties, choices or immunity).

Vaccine hesitancy

In recent weeks, the RIVM has mostly communicated COVID-19 [vaccine](#) information through a [Frequently Asked Questions](#) web page and [factsheet posters](#) on its website. Today the government has also

launched a publicity campaign in newspapers. Regrettably, the language used follows a pattern similar to that used in government communication about other vaccines: scant attention to the moral aspects that matter to population groups that are most likely to refuse to be vaccinated. Such notions as freedom, choice, rights, duties, and respect can be particularly effective with that demographic, and the RIVM would do well to target potential objectors accordingly.

More information: Marloes Bults et al. Pandemic influenza A (H1N1) vaccination in The Netherlands: Parental reasoning underlying child vaccination choices, *Vaccine* (2011). [DOI: 10.1016/j.vaccine.2011.06.075](https://doi.org/10.1016/j.vaccine.2011.06.075)

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