

COVID: The three barriers that prevent people from being vaccinated

June 21 2021, by Tracy Epton



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Getting everyone in a country vaccinated is like watching software updates load: it whizzes along for the first 80% or so and then seems to take forever to finish the rest. Around [80% of the UK adult population](#)

has received at least one dose of the vaccine.

To fully vaccinate all adults is going to take a final big push. For it to be successful, those responsible for the [vaccine rollout](#) need to ensure that the public are sufficiently capable, have sufficient [opportunity](#), and are sufficiently motivated to take the [vaccine](#).

Capability is about having the knowledge and skills to take up the vaccine. For example, some people might not have had enough information to convince them that the vaccine is safe. They may not know when, where and how to get the vaccine. Or they may not be able to make plans to have the vaccine.

Opportunity is about having the necessary conditions to take up the vaccine. For example, someone might not have the encouragement or social support from family and friends. Or the vaccine might not be available in their region, so they don't have the opportunity to be immunized.

Motivation is about having the desire to have the vaccine. For example, some people might not believe the vaccine will protect them from COVID-19, or they may not be able to overcome their fear of needles.

People differ in their capabilities, opportunities and motivations, so steps to increase vaccination uptake need to target the appropriate barrier. For example, it is not helpful to tell people about the positive outcomes of COVID-19 vaccination if the vaccination isn't available to them. It would be irresponsible to increase people's fear by telling them about the [health risks](#) of not vaccinating but not ensure they can easily get to the vaccination centers at a time that's convenient for them.

New guidance

Researchers in the UK recently [reviewed the evidence](#) about what works to encourage people to take up vaccinations in pandemics and epidemics. They found that the focus of previous interventions were mainly on changing capability (explaining why vaccines are safe and correcting misunderstandings) and motivation (telling people about the benefits of vaccination). There was little in the interventions that seemed to address opportunities.

This research formed the basis of a [guidance](#), written by the British Psychological Society, to be considered by people in [public health](#) when trying to get people to have the vaccine. It recognized that people's capability, opportunity and motivation to take up the vaccine differed because of factors that are often outside of people's control.

For example, some countries have low opportunity because of the cost of the vaccine prevents mass vaccination. Some people may have low capability as there may not be enough information about vaccine safety for their particular group—for example, pregnant women. And some people may have low motivation if they are afraid of leaving the home after shielding.

A person can have different capability, opportunity and [motivation](#) over time. For instance, some may worry more about [vaccine safety](#) for the first dose but have problems with opportunity, because of a lack of local vaccination sites, for the second dose. Public health experts need to address all of these barriers to ensure that people can have the vaccine so we can all be protected from COVID-19 and get back to normal life.

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