

- Vaccination / Virus

What causes it, what can change it? – study

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In the time since the coronavirus vaccine has been made available to the public, there have been many instances of hesitancy, reluctance and even refusal to be vaccinated. A new study published by the Israel Journal of Health Policy Research has examined this phenomenon and discovered that there are several distinct phases of vaccine hesitancy, all presenting in different ways.



The peer-reviewed study entitled “Understanding the phases of vaccine hesitancy during the COVID-19 pandemic” examines the distinct categories under which vaccine-hesitant people fall and the way in which socio-economic background, circumstances and the changing phases of the pandemic itself have affected the reluctance some show when it comes to the vaccine.

The phases defined by the study are listed as follows: Vaccine Eagerness, Vaccine Ignorance, Vaccine Resistance, Vaccine Confidence, Vaccine Complacency and Vaccine Apathy. The authors of the study note that the phases, although seemingly sequential, can also co-exist at the same time in different regions, or can present in a different order to the way in which they are listed above.

Vaccine hesitancy must be understood as a “behavioral characteristic which changes according to human mental capacity and thoughtfulness,” the study says, adding that the phenomenon is both dynamic and complex, due to the way it differs from place to place.

In order to best understand and address the phenomenon, the study works to examine each phase and category of vaccine hesitancy, independent of the others.

Vaccine eagerness

Vaccine eagerness can also be referred to as vaccine desperation, and it occurred during the early stages of the pandemic when little was known about the virus and people thought that vaccines would return the world to how it had been before. However, this eagerness to return to normal life was coupled with the awareness that even when vaccines were made available to the public, many would have to wait a while based on eligibility criteria. This waiting period made many even more desperate for the vaccine, which they thought would allow them to resume their normal lives.

While the study clarifies that this stage is not considered to be part of the overall vaccine hesitancy phenomenon, it is still important to understand it as it gives perspective to what came before.

Vaccine ignorance

The next stage of vaccine hesitancy stemmed from ignorance about the authorization process that the COVID-19 vaccine underwent, the study states. In order to ensure that it was made available to the public as fast as possible, the US Food and Drug Administration (FDA) issued an Emergency Use Authorization, rather than cause delays through full licensing.

The EUA process and its legitimacy was first introduced following the 9/11 attacks and, prior to Covid, was most widely used during the Swine Flu pandemic of 2009. Lack of knowledge regarding it caused some people to doubt the efficacy and safety of the vaccine.

The speed of the authorization for use and the subsequent rollout of the vaccine caused some to view themselves as “guinea pigs for the vaccine drive by the government agencies,” the study says, saying that this phase, while unfortunate, was inevitable.

Vaccine resistance

The study continues, elaborating on vaccine resistance, which both overlapped with and followed the previous phase. Vaccine resistance refers to an unwillingness to receive the vaccine, and this phase was caused by several factors.

Firstly, the study says, the spread of anti-vaxxer conspiracy theories in online spaces contributed to the spread of anti-vax rhetoric in both privileged and underprivileged communities. This rhetoric preyed on vulnerable populations such as those with anxiety, lack of access to knowledge and religious communities who could be told that receiving the vaccine went against their beliefs.

Another factor that contributed to vaccine resistance was the reduction in severe cases when the rhetoric began to spread. Rather than see this as proof that the vaccine was doing its job, some felt that it meant there was no need to be inoculated, as the virus appeared to be disappearing on its own.

The last factor noted in the study as contributing to vaccine resistance was the reporting of its adverse side effects. Although the people experiencing severe or adverse side effects were the minority rather than the majority, fear of experiencing these effects led some people to choose to remain unvaccinated.

Vaccine confidence

The phase following vaccine resistance actually reduced overall hesitancy around receiving the vaccine, as it was caused by people observing a reduced morbidity rate in vaccinated people.

This phase, the study reports, saw people who had initially been hesitant but not resistant to the idea of the vaccines decide to get theirs. This behavior, writes the study’s author, is consistent with a theory known as the Health Belief Model, which says that “protective health behaviors will be adopted in due course of time if the individual rationally assesses the threat to be severe with a high probability of occurrence, and the individual perceives the overall benefits to exceed the risks and costs.”

This means that people who had been hesitant due to reasons such as the novelty of the vaccine, the manufacturing process or speed of delivery saw that there was a significantly higher chance of serious disease in unvaccinated people, and concluded that the threat of the illness was more severe than their concerns about the vaccine.

Vaccine complacency

This stage of vaccine complacency directly follows the previous one, as it occurs when there are low rates of transmission and disease. Therefore, when a large amount of the population is vaccinated and there is a lull in pandemic waves, people become complacent.

This presented itself, the study explains, as people who may have only received one dose of the vaccine deciding not to receive a second, thereby remaining only partially vaccinated. It may also mean that wholly unvaccinated people are not motivated to change their minds as they were in the previous stage of vaccine confidence.

Another factor that contributes to vaccine complacency is the development of milder coronavirus strains, such as Omicron. While wildly infectious, people perceived it as much less severe to unvaccinated people in comparison to previous strains, leading them to view vaccination as unnecessary at that time.

This complacency makes the public vulnerable to the virus once more as it means herd immunity is not reached, and it creates an increased risk of new strains developing.

Vaccine apathy

The final phase of vaccine hesitancy could be considered by some as separate from the previous phases, but nevertheless, the study’s authors consider it to be a crucial component of the overall picture.

Vaccine apathy is defined by the study as “disinterest or feeling of not being interested in vaccination,” and it can occur both distinctly or concurrently with the other phases examined in the study.

Vaccine apathy occurs across various socioeconomic groups for a variety of reasons, the study explains. In some cases, vaccination may be low on the list of priorities due to a loosening of restrictions and a return to some semblance of normalcy. In other cases, it is caused by individuals being overwhelmed with higher priority problems.

But it is difficult to understand the true magnitude of vaccine apathy, the study states, saying that “people tend to want to present themselves in a manner they think is favourable, so-called social desirability bias.”

Therefore, unvaccinated people may choose to present their disinterest in personal terms, such as “lack of concern, indifference to preventive health care, health disinterest/fatalism, rather than state their true reasons which may be linked to doubts about efficacy and safety. This then, means that they are presenting themselves as apathetic towards vaccines, instead of vaccine-resistant, which would more accurately describe their views.

How can vaccine hesitancy be reduced?

In order to truly address vaccine hesitancy, it is “essential” to address the complexity, origin, existence and spread of the phenomenon during each individual stage.

“While various solutions to the problem have been proposed” none have successfully lowered the numbers of vaccine-hesitant people, precisely because they have not examined it as several distinct phases, rather than one singular event.

“Humanity is in dire need of a solution for vaccine hesitancy, and we believe that the solution lies in effective communication and appropriate mass education,” the study concludes.

“There are many countries that have handled vaccine hesitancy and rolled out the vaccination program successfully with effective communication. Learning from different parts of the world in dealing with various phases of vaccine hesitancy may help each country make effective communication plans for individuals, families, communities, and the nation as a whole.”